

ORIGINAL RESEARCH

Needs and experiences of people practising chemsex with support services: toward chemsex-affirmative interventions

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Abstract

Chemsex involves the use of specific psychoactive substances, namely, methamphetamine, gamma-Hydroxybutyrate/gamma-Butyrolactone (GHB/GBL), ketamine and mephedrone, by sexually diverse men, trans and non-binary people, during sexual relations. This practice, when intensive and prolonged, can have repercussions on various aspects of people's lives. In this context, many turn to support services for their substance use and their sexuality. The literature on interventions with people practising chemsex is fragmentary. This article aims to identify possible interventions adapted to this practice, based on this population's needs and experiences with intervention services. Using community-based research, 64 semi-structured interviews were conducted among men and non-binary people residing in Quebec who use methamphetamine in a sexual context. Participants were mainly recruited by collaborating with addiction and sexual health community-based organizations and using snowball sampling. The sample composition shows diversity regarding the sexual orientation, gender identity, and cultural backgrounds of the participants. The themes addressed are needs and experiences with services, and ways to improve services to make them more responsive to the needs of this community. A thematic analysis was conducted. Participants identified intervention needs and community needs. Intervention needs refer to receiving support, according to one's goals, from professionals who understand the practice of chemsex. As for the community needs, they stressed the importance to integrate into a community in order to be able to reflect on chemsex. Experiences reported by the participants show that services are not adequately meeting all of the needs of people who practise chemsex, while it was particularly difficult for them to talk about methamphetamine use hand in hand with sexuality. The results show the relevance of putting specific, adapted and varied interventions in place to respond to all of the needs of people practising chemsex. Affirmative intervention is identified as a posture that better responds to the needs of this community.

Keywords

Chemsex; Affirmative intervention; Community-based research; Qualitative research; Sexual and gender diverse men

1. Introduction

The term chemsex, also known as Party n' Play or PnP, is often defined in the literature as the use of certain psychoactive substances to intensify or prolong sexual encounters, particularly among men who have sex with men [1]. Some authors situate the practice of chemsex within a cultural context specific to urban gay men [2]. It is important to recognize that the literature addresses little, if any, chemsex practice exclusively among trans and non-binary people, although they do not necessarily share the same cultural practices as cisgender gay men [3]. Møller and Hakim warn that excluding gender diverse people from the definition of chemsex may also exclude them

from funding associated with preventing the potential harms associated with chemsex practice [3]. Therefore, for this paper, we retain the definition according to which chemsex is a practice that involves certain substances, in particular methamphetamine, GHB/GBL, ketamine, and mephedrone, for the purposes of prolonging sexual relations, intensifying sexual pleasure, and exploring one's sexual subjectivity. However, we include not just gay men but all sexually diverse men and trans and non-binary people [4–7].

According to a range of studies [8, 9], the prevalence of chemsex amongst sexually diverse men from Canada would be between 5.8% and 8%, in the 6 months prior to these studies. While there is an ongoing debate on the psychoactive

substances associated with chemsex, methamphetamine and various synthetic stimulants appear to be the most commonly used [8, 10, 11]. The strength of these psychoactive substances and their addictive potential are cause for concern because they can have a considerable impact, particularly when use is intense and prolonged. These impacts can include impaired social functioning [12], isolation [13], symptoms of anxiety or depression or psychotic symptoms [13, 14], dissatisfaction with sober sex [15], and contracting blood-borne and sexually transmitted infections (BBSTIs) and/or human immunodeficiency virus (HIV) [12, 16]. In terms of the potential repercussions of practising chemsex, the particularities associated with methamphetamine and multiple psychoactive drug use, people practising chemsex could like to receive support to reduce the risks associated with this form of sexualized use, but also to reduce, stop or negotiate their psychoactive substance use in a different way. Interventions adapted to people practising chemsex, taking into account both substance use and sexuality are much needed, but slow in coming [17]. The scientific literature is scant in addressing interventions with people practising chemsex and is largely based on empirical data.

Intervention recommendations are mostly formulated on the basis of impacts identified by academics and public health players. For now, little is known to orient service providers in their practice with people practising chemsex. In an intersectional perspective [18], the combination of sexual orientation or gender identity and substances use, which are considered as oppressive factors, might affect their needs and experiences with support resources. However, current recommendations propose intervention focused on preventing sexual health impacts [19], and supporting responses to basic needs [20]. A few public and community organizations have also shared their intervention practices with this community [21, 22]. These organizations, like the Victorian AIDS Council and ACON, in Australia, and the Netherlands Mainline Foundation, opt for a harm reduction approach in combination with interventions based on positive sexuality [23–25]. These interventions appear to have a positive impact on the wellbeing of people practising chemsex, and seem to lead to a reduction in the use of psychoactive substances associated with chemsex [23, 26].

In an effort to further our understanding of interventions with people practising chemsex, this article will be based on the point of view of those people directly involved. Indeed, few studies have documented what this community would like in terms of intervention. In this article, the first objective is to document the needs resulting from the practice of chemsex among sexually diverse men and non-binary people using methamphetamine, as well as this community's experiences with support resources. These elements will allow us to achieve our second objective, namely, to identify possible interventions adapted to the needs of this community.

2. Materials and methods

The data presented here came from the *PnP dans la diversité* research project, funded by Health Canada's Substance Use and Addictions Program, in particular from their component on methamphetamine use. This qualitative research seeks a better understanding of the experiences of sexually diverse

men and non-binary people with respect to the practice of chemsex, with an eye to proposing avenues for reflection that will help to inform public, private and community services for this population.

The research project used a community-based research approach [27], based on the Rapid Assessment Process (RAP), in order to obtain the points of view of the people directly involved in this phenomenon [28]. To achieve this, community players as well as a peer researcher were involved in every stage of the project, so that we could more easily reach men and non-binary people practising chemsex. Various strategies were employed to reach this population. First, the research team collaborated closely with addiction and sexual health community organizations in Montreal, Quebec City and the Outaouais. These organizations promoted the research project on their social media and among their clientele. The project was promoted on traditional social media, in particular Facebook and Instagram, but also on sex hookup sites for men, particularly EasyGayChat and Squirt. The research project was also promoted in public spaces frequented by people who identify as sexual or gender diverse, such as bars, saunas, coffee shops, and other places generally patronized by these communities. These strategies were vital to reaching the participants during the study. Snowball sampling was key to recruiting participants, since people practising chemsex are a difficult population to reach. Building a relationship of trust between the research team and the participants also helped to recruit participants from this community.

In total, 64 people shared their experiences of methamphetamine use and chemsex as well as their experiences with support services. The composition of the sample was defined according to three criteria:

- Identify as a man or non-binary person.
- Have sexual relations with men.
- Actively use methamphetamine, or associated substances, or have used it in the past.

Participation in the project involved a semi-structured interview lasting 60 to 90 minutes, conducted in person or virtually, depending on the participant's preference. At the moment of the qualitative interview, participants also answered sociodemographic questions. Data were collected between October 2021 and June 2022. The interview was comprised of two segments. In the first, the participants were invited to share their experiences of methamphetamine use in the context of chemsex. More specifically, the elements addressed in this first section pertained to the trajectory of methamphetamine use, the repercussions of this use, as well as the relationship with oneself and others. The second segment of the interview pertained to needs and experiences with support services, particularly addiction services and mental health services. If the participant did not have access to a support service for their methamphetamine use, they were invited to talk about the services they would like to receive if needed. The themes addressed during the interview were determined based on a prior review of the literature [17, 29, 30], and were validated by the research project's advisory committee as well as by members of the community, including a peer researcher.

The qualitative data collected underwent continuous thematic analysis, that is, as it was collected [31]. The analysis was conducted using the NVivo 12 software (QSR International, Burlington, Mass, USA). Since all the team worked on the analysis, co-codification of 15% of the interviews was done in order to validate the classification of the data in the thematic tree. Inter-judge agreements obtained exceed the 90% threshold.

As for ethical considerations, given that some of the participants were at times in a precarious situation, certain strategies were put in place to provide a safety net. Some of the participants were provided with a list of resources, which were sexual health clinics and community-based organizations, adapted to people using methamphetamine in sexual context. With the participant's consent, a referral could be made directly to our peer researcher, based on their role as peer helper in a medical clinic specialized in sexual health. The members of the team also had naloxone on hand during the in-person interviews. Furthermore, the participants were compensated for participating in the interview with a \$40 prepaid card.

3. Results

3.1 Sample composition

The majority of people in the study self-identify as cisgender men (83.9%). Other participants self-identify as non-binary (6.5%), queer (4.8%), trans (1.6%), two-spirit (1.6%), or are questioning their gender identity (1.6%). As for sexual orientation, 81.3% of the participants identify as gay, 7.8% as bisexual, 7.8% as pansexual, and 3.1% identify as queer. The age of the participants was also diverse, ranging from 23 to 75 years old, with a mean age of 44. In terms of cultural diversity, 15.6% identified themselves as other than Québécois or Canadian in cultural or ethnic origin. Of the entire sample, 14.1% of the participants were born outside Canada. In terms of employment status, it should be noted that 32.8% of participants were without a job at the time of the interview.

3.2 The needs of people practising chemsex

The participants identified several needs requiring support resources, in particular addiction services. While the needs varied from one participant to the other, based on their substance use trajectory, their objectives around substance use and chemsex, and their life history, the needs expressed can nevertheless be grouped into two main categories: intervention needs and community needs.

In terms of intervention needs, the participants stressed the importance of having access to a safe space for receiving adapted services. Above all, this space must be supported by a health and social services professional, a peer helper or a fellowship sponsor, who is able to listen, and be respectful and understanding about their chemsex experiences. This sense of safety can also be bolstered by the resource offering a flexible structure that respects the self-determination of the person seeking help. The following participant stressed the importance of offering a safe intervention framework by sharing their experience with an organization that address sexual and gender

diversity:

It went really well. I was welcomed and the (worker) was really great with me. I felt like I was being listened to, heard, understood, respected. It really did me a lot of good (...). I never felt judged by the workers at (community organization addressing sexual and gender diversity). For sure this is the basis, feeling like when you talk about something, the person understands. Someone who's not destabilized, someone who, above all, is respectful, empathetic, who gives you the space to talk and express yourself. —Liam, 47 years old, identifies as cisgender and gay.

Of course, the participants talked about more direct intervention needs as well. They are looking for support around their methamphetamine use and chemsex. Some of them mentioned the importance of responding to primary needs. The need for rest predominated for several participants, especially following a period of intense and prolonged substance use. Responding to this need is essential, specifically in living environments and community resources, as it can pave the way to better adherence to the structure and interventions proposed by a resource. One participant highlighted this need as follows:

I needed to go rest somewhere else. I needed to get out of my environment, to not feel ashamed about what was happening to me, to just relax, and take care of myself. —Owen, 35 years old, identifies as cisgender and gay.

Several participants also raised the need to talk to professionals about issues specific to people who practise chemsex, in particular in terms of sexual health. However, this can sometimes depend on having been given prior information regarding the effects and repercussions associated with methamphetamine and chemsex, yet the participants were unaware of reliable information resources. Overall, many of the participants identified psychological support as an intervention priority. There were distinctions in terms of the type of intervention wanted. Some of the participants stated that they preferred more concrete interventions, specifically, an assessment of their substance use and chemsex experiences that would lead to the regular availability of more tangible tools and resources to respond to their objectives regarding sexualized substance use and other dimensions of their lives. Other participants talked about the need for interventions that use a more humanist approach, that is, based on introspection about the causes associated with practising chemsex, as well as an exploration of the emotions experienced during chemsex. This participant talked about the balance between his needs and interventions involving concrete tools:

My need was twofold: I wanted to maintain my abstinence and I wanted guidance on if I could return to work, or if I should return to school. (The public addiction treatment centre) offered both. The morning looked at the helping relationship to maintain abstinence from substance use, and the afternoon focused on access to work. We did tests, we did research, it was really focused on a return to work or to studies. The two combined was very appealing, very motivating. (...) It was perfect for where I was in my process. —Adam, 59 years old, identifies as cisgender and gay.

Most of the people we interviewed expressed a need for community. In order to better respond to this need, several participants pointed to the importance of being able to in-

tegrate into a community, particularly one in which people share a similar chemsex experience. For several participants, the development of community ties and socialization with people in recovery was essential. These ties represent an opportunity for them to express themselves and talk about their chemsex experiences, but also their own perspectives on recovery. Moreover, some of them pointed to the importance of developing relationships that do not revolve around psychoactive substance use and sexuality, as expressed by one of the participants:

And then there's something important after crystal use. Our only interactions, in any case for me, my only interactions with gay men, or men who have sex with men, is through sex, through substance use. Developing ties with the same demographic of people, on a basis other than sex or substance use (...) it's important to learn that. —William, 25 years old, identifies as queer and bisexual.

The participants manage to meet some of their community needs through a community with a chemsex experience. This community provides a space to reflect on substance use by listening to other people's experiences and perspectives, and by revealing their true selves to other members of the community. Indeed, according to the participants, sharing a testimonial with a community in recovery is a way to give back to your community. Participants also stressed the importance of community support for inspiration, motivation and, above all, hope.

3.3 Experiences with support services among people practising chemsex

People who practise chemsex and are seeking support or a response to specific needs can turn to various resources. Many of the participants in this research project had received services from public, private or community addiction treatment centres; mental health and sexual health community organizations; organizations that address sexual and gender diversity; sexual health clinics; and housing resources. The participants reported that these resources provided only a partial response to their needs. The service trajectory of people who practise chemsex appears complex. In this section, we look at this community's experiences with support resources, focusing on the resources that responded to their needs as well as those that fell short.

Firstly, the actual organization of services is reflected in the experiences of people seeking support, particularly with respect to accessibility. A few participants felt that it was generally fast and easy to access resources, particularly when another professional referred them to a resource adapted to their needs, such as a family physician. However, many others reported having difficulties accessing support services. The current saturation of resources, particularly those addressing addiction, and the resulting waiting lists, is one of the major causes of these difficulties. Moreover, the cost of private therapies, as well as the dearth of resources in certain regions, particularly outside urban centres, complicates access to support services. Several participants stated that they had to jump through many hoops and do a lot of research to receive support adapted to the practice of chemsex. The lack of information on resources that could provide them with support negatively

affects accessibility, and also impacts professionals who would like to refer someone practising chemsex to a more specialized resource.

Some of the participants also deplored having to repeat a major part of the support process once they had accessed an additional or new resource. They explained how demanding it is to once again explain their substance use and chemsex trajectory, especially because they have yet to establish a relationship of trust with that professional. Some of the participants stated there should be collaboration between the different resources involved as well as a system navigator to better respond to the plurality of their needs.

I had a worker who was really incredible. She followed me. She strongly advised me to get therapy. (...) It wasn't a therapy centre, as such, but a rehabilitation, reintegration centre, for abstinence, to fight addiction. It was really an appropriate therapy centre for me, for my problem. But she still followed me during my entire process, which involved 11 centres or places I went to over a period of just under a year. I was in contact with her. I'd go see her and she'd come see me in the various places I was. (...) I had permission to go see her at her office, or she'd come see me. So, I'm really indebted to the (addiction treatment community centre). —Oliver, 56 years old, identifies as cisgender and pansexual.

The above-mentioned factors are not the only ones that affect service accessibility. The fear of being stigmatized or judged by professionals, or the other users of a resource, also constitutes a considerable barrier to service accessibility. Participants anticipate stigmatization with regard to their methamphetamine use and the associated sexual practices, and, more generally, their sexual orientation. One of the participants talked about their fear of being seen as a sex addict:

There are (professionals) I didn't feel comfortable talking to, that they'd see me as imperfect, trash, an addict, like a dirty sex addict with no class in some ways. I don't think the workers actually did judge me. But it was a space that didn't allow me to be comfortable enough to show all my colours. —Grayson, 32 years old, identifies as cisgender and gay.

We have already mentioned the need to be welcomed and understood by the professionals working in support services. Many of the participants reported that the posture adopted by some workers made it possible to respond to this need, because they showed an acceptance and understanding of their experiences and the issues specific to chemsex. A few participants stated that a worker's understanding must go beyond the experience of chemsex, by considering the person as a whole, from an intersectional perspective. This posture is supported by a horizontal approach to intervention, in other words, supporting the person's self-determination with respect to their sexualized use of methamphetamine.

It was a really humanist approach. She was truly focused on my emotions, my needs. She set all the paperwork aside, she didn't use it, at my request. Drug use in itself was never, ever, the issue. We talked about what made me use, my suffering in my relationships with people. It was extraordinary. —Noah, 55 years old, identifies as queer.

However, other participants talked about intervention experiences in which the professional did not assume this kind of posture. Instead, the professional would sometimes assume

the posture of the expert in the situation. In this context, the participants expressed a sense of depersonalization of the services offered, and that their needs were no longer fully taken into consideration by the professionals. In fact, they were sometimes insensitive to the specific issues being experienced by the person seeking support. According to these participants, when professionals assume the posture of expert, their interventions are solely based on the methamphetamine addiction, without taking into account the person's individual characteristics, particularly their interests and their recovery goals. This professional posture is also associated with an alarmist discourse on methamphetamine use and chemsex, hindering the possibility of opening up about drug use experiences, and receiving adapted support. Here, a participant talked about developing a sense of blame as a result of a sexologist's alarmist discourse:

I went to see a gay sexologist, and he told me: "crystal meth is the monster, the devil." I was so terrified of seeing my sexologist, because I was blaming myself so much. — Benjamin, 40 years old, identifies as cisgender and gay.

Several experiences that responded to the specific needs of people who practise chemsex were the result of a welcoming posture. With respect to psychological support, some of the participants particularly appreciated receiving tools and practical advice specific to sexuality and methamphetamine use, tools that were suitable to the person's recovery goals. This enabled them to engage in a harm reduction process, or in complete abstinence from sexualized substance use. Adapted tools based on the person's goals seem to be essential to a process of self-determination. A few participants talked about concrete tools that responded to their specific needs. In particular, these tools enabled them to be more aware of methamphetamine use, by establishing a weekly quantity. Other participants talked about tools that specifically address sexuality, such as practical advice for developing a healthier relationship to pornography. Along the same lines, those seeking interventions focused on exploring the causes associated with sexualized substance use based on history of use but also on emotions, were more comfortable pursuing this process when the professionals they met adopted a welcoming, open and understanding posture.

Beyond psychological support, experiences with support services responded to some of the participants' other needs. Interventions that take into account sexual health are important for people practising chemsex. The respondents reported that rapid access to testing for BBSTIs, as well as the possibility of obtaining the pre-exposure prophylaxis (PrEP) against HIV and the associated follow-up, are also an essential aspect of responding to their sexual health needs. Moreover, those actively using methamphetamine appreciate that certain resources provide safe drug use supplies that are also adapted to the different methods of methamphetamine use. Moreover, particularly in residential addiction treatment centres, several participants appreciated the workers' flexibility in terms of the structure established in the resource, in order to better respond to the need for rest at the beginning of the recovery process. In the following excerpt, the participant talks about how a professional's flexibility, in the context of a group intervention, responded to his immediate need:

And when I was in the workshop, I was sleeping standing up.

I was at the corner of the table, sleeping there. The workshop leader said "Oh (Owen), maybe you'd like to just go rest in your room, that's fine. You don't have to do the workshop if you're sleeping standing up!" They sent me back to my room to sleep. It was wonderful. I just needed to rest. —Owen, 35 years old, identifies as cisgender and gay.

According to the participants, peer helpers, people who have had a life trajectory that has involved chemsex, seem particularly well equipped to provide a suitable response to the needs of people seeking support. With their lived experience of chemsex, peer helpers have an excellent understanding of the issues and potential repercussions of methamphetamine use in a sexual context. The participants expressed feeling comfortable reflecting and talking about their experiences in the context of chemsex, with all the nuance and complexity involved. Comparing this with talking to a professional sexologist, this participant highlighted the relevance of the approach used by peer helpers:

"I feel that, it sounds so crazy because I love my sexologist but there's something I was getting from speaking with a previous crystal meth user that was in the PnP scene that I saw, that I knew that he had a healthy relationship with drugs and stuff like that umm well not my counsellor necessarily, but like I knew that they were kind of like, sex positive, they didn't say, prescribe everyone that they were addicts and they had to quit or something like that." —Mateo, 23 years old, questioning their gender identity, identifies as gay

Unlike the above experiences, several participants were faced with a professional who did not understand their reality, particularly with respect to the cultural elements associated with chemsex, but to other aspects as well. Several participants talked about the professional's ignorance of methamphetamine use, the culture of sexual diverse men, and the sexual health of men having sex with men and non-binary people. According to the participants, workers' incomprehension of their trajectory can lead to the stigmatization and judgment of people practising chemsex. Therefore, while they would like to receive support, some of them prefer to keep quiet about their sexuality, even though it is intimately linked to their methamphetamine use. Moreover, in the face of this incomprehension, some of them have found themselves in the position of having to educate professionals about methamphetamine use and chemsex.

In this excerpt, the participant talks about a worker's incomprehension, and stresses the importance of being aware of elements specific to sexual diversity in order to be able to intervene in a way that answers the needs of the communities concerned:

I think that, more often, I felt like I shouldn't say anything. That it was better that way, so that I wouldn't be judged. I think it's more about being ignorant about the problem and the milieu. I don't think the people were there to judge. (...) But, gay, bisexual, whatever sexual orientation, other than straight in the street, is another story. It's a whole other world. And you need to be aware of that. —Oliver, 56 years old, identifies as cisgender and pansexual.

The above results are transversal to all of the intervention contexts and resources used by the participants. Now, we will focus more specifically on the experiences reported by the participants in group interventions and living environments, as

well as with the Crystal Meth Anonymous fellowship.

3.3.1 Challenges in the context of group interventions

In group interventions and living environments, people who practise chemsex sometimes find themselves in delicate situations. The participants pointed out that group interventions address the general population and all forms of addiction. This does not allow space for them to fully express themselves about their methamphetamine use in connection with sex. In this intervention context, many of them worry about being doubly stigmatized for their methamphetamine use and their sexual orientation.

I already have a hard time opening up in general, even with therapists, but with my peers, it's even harder. When I was a child, I experienced a lot of trauma, often related to my sexual orientation. This trauma, it was other boys at school who beat me up, called me "fag." Coming into this environment, where there were only straight guys, was difficult. So, either I didn't say anything or I just said things that would go down easily in the conversation. For instance, I didn't say that I went to the sauna five times a week or that I had a venereal disease, or such and such BBSTIs. (...) I'd just keep things really general, like: "Yes, I have a sex-related drug problem," period. But I wouldn't get into the details. —Noah, 55 years old, identifies as queer.

In terms of living environments, some of the participants' experiences impacted their substance use trajectory. A few talked about the risk of relapse during an episode in a semi-closed addiction resource. For this participant, being shut out of an addiction resource following a relapse during a planned outing negatively affected his substance use trajectory, at a time when he most needed the support:

"It's because on the weekends, they would let you go home, and you were supposed to like not use. But then, I used and, they pee checked me. So, they kicked me out because I wasn't taking it seriously, and like I understand, so it sucks" —Charlie, 36 years old, identifies as cisgender and gay.

Some participants talked about the importance being properly prepared to enter a living environment and, above all, being properly prepared to leave it, and the risk of relapse when re-entering daily life. A few participants talked about a lack of support, particularly in terms of follow-up when leaving the therapy centre, causing a relapse into substance use.

So, I get to the detox, then it's a month, or three months, for some it's six months, and then I'm told I need to return to a world that I probably won't recognize... I was there for two weeks and I already had a hard time recognizing my neighbourhood, because you're sober. It's another way of seeing life. It's another vision, you no longer see the world the same way. You've been stoned for so many years. And then, you're put back in it, you're fragile, fit as a fiddle, like, wow, everything's great, I feel good... I don't recognize my neighbourhood, I keep receiving texts from people I knew who used. I'm tempted, it's hard, I need to find money. And you think I'm going to be able to stay sober? —Leo, 31 years old, identifies as non-binary and gay.

3.3.2 Crystal Meth Anonymous: a limited response to community needs

As noted above, the participants placed a great deal of importance on community needs. One resource in particular was of importance to them: the Crystal Meth Anonymous fellowship. This anonymous group, focused on total abstinence from methamphetamine use, provides a space where people with chemsex experience can express themselves and be understood, and can hear the perspectives and experiences of others, which allows them to make sense of their own experiences. The participants who attended Crystal Meth Anonymous also said that, at times, they were able to rebuild a network and develop friendships. The following excerpt summarizes, at its core, what this fellowship contributes to people seeking support:

Feeling understood by people who know exactly what I'm going through is so important. (...) I tell new people at Crystal Meth Anonymous: even if you don't like lots of things about the meeting, here you'll be doing it with friends who understand you. Doing it without friends who understand you is fucking hard and I wouldn't wish it on anyone. —Grayson, 32 years old, identifies as cisgender and gay.

Some of the structural elements of Crystal Meth Anonymous meet the need expressed by the participants to be able to give back to their community by directly supporting people in recovery. Above and beyond giving testimonials, the groups in this fellowship provide a space to get involved and develop new skills, in particular by contributing to the organization and facilitation. According to the participants, this involvement becomes a personal safety net, because they have to be present in person.

While Crystal Meth Anonymous is essential in providing services to people who practise chemsex, some of the participants expressed some reservations about this community in recovery. Some criticized the 12-step approach, rooted in spiritual principles. For them, the connection between this group and spirituality can sometimes foster a sense of disempowerment and powerlessness in terms of their recovery. Because this fellowship is one of the only organizations that provides a space that adequately responds to community needs, many sign up but choose to ignore the references to spirituality and religion.

Moreover, the Crystal Meth Anonymous fellowship's advocacy of abstinence from substance use makes it difficult for participants to authentically share their chemsex experience, particularly as it relates to sexuality, and the association with pleasure. Some of the participants said that they censored their experiences of substance use in order to meet the structures of the organization. Another repercussion of the organization's focus on abstinence is the tendency to see relapse into substance use as a disaster. Some of the participants who attended Crystal Meth Anonymous meetings and then had a relapse reported feeling even more guilty, and excluded from this recovery community. One participant summarized the main criticisms of Crystal Meth Anonymous as follows:

It's a straightjacket, very rigid, with rules, its culture is a little like that too. You can't join unless you've had one year of therapy, and these rules are also part and parcel of the 12 steps.

It's based on spirituality, God is often mentioned. It makes me feel a little reticent. God, no problem, but it's not true that God will change everything. It's based on religious principles, there are rites, even if they say no, it's not a religion, but it's there. The welcome, the vocabulary. It's this rigid structure that makes it unattractive. Also, there's a lot of focus the period of abstinence. At each meeting, everyone says how long they've abstained from using, and the longer the time, the greater the congratulations. You get a cake after two years. In the 12-step philosophy (...), abstinence time is really important. So, when you relapse, you stop going because you feel bad and it basically becomes an exclusive group of people who have attained a certain period of abstinence, so you no longer feel included. —Hudson, 63 years old, identifies as cisgender and gay.

3.4 Avenues for reflection to better meet the needs of people who practise chemsex

Based on their experiences with support resources, many of the participants offered possible solutions for improving interventions for people practising chemsex. More specifically, these suggestions focused on raising awareness of the realities of people who practise chemsex, access and continuum of care, and diversifying the resources.

For many of the participants, a good place to start is with interventions at the macrosocial level. In particular, they pointed to the importance of raising awareness among professionals of the specific realities and issues facing people who identify as sexual diverse or gender diverse, in order to deconstruct the ever-present heteronormativity and cisnormativity of support resources. Several of the participants also stressed the importance of destigmatizing methamphetamine use by offering specific training to health and social services professionals on this psychoactive substance, as well as on chemsex. For the participants, raising professionals' awareness of the practice of chemsex was important so that they could better understand the chemsex subculture. This would allow them to be better informed of the social and emotional dimensions of chemsex, as well as sexual practices in a context of sexualized substance use. Moreover, raising workers' awareness of methamphetamine use would enable them to provide accurate, non-alarmist information about this psychoactive substance, particularly with respect to the effects and potential repercussions of methamphetamine. In short, specific training on chemsex would provide workers with the knowledge needed to maintain a welcoming and understanding posture when people practising chemsex come in search of support. Some of the participants stressed the importance of giving voice to people who have practised chemsex, and having members of this community lead projects, in order to raise awareness among professionals of their specific trajectories and life experiences.

The participants pointed to the importance of rapid and easy access to support resources. They discussed the relevance of developing free services within the public network adapted to the needs of people practising chemsex. On this point, they stressed the geographic dimension and that these services should be accessible everywhere on the territory, not just in urban centres. Some of the participants suggested democra-

tizing teleconsultations as an interesting alternative, because it would provide access to people living in the regions, in a context in which most of the resources are concentrated in Montreal. This did not take away from the importance of making sure resources adapted to people practising chemsex are available everywhere on the territory. The participants reported that teleconsultation can, however, make certain interventions more difficult, particularly when it involves sharing one's substance use trajectory and related emotional experiences, in all its nuance. Moreover, the participants pointed out that people practising chemsex are often unaware of the resources available. It is important to publicize them in spaces used by people who practise chemsex, such as bars, saunas and sexual health clinics.

The participants made various recommendations to improve the organization of services for people practising chemsex. Firstly, given the plurality of their needs, they suggested as one possible solution the development of resources led by interdisciplinary teams. They said that a single professional cannot respond to all of their needs, and that close collaboration among professionals in sexology, psychology, social work, medicine and psychiatry could be key to receiving adequate support in their recovery process. The participants stressed the inclusion of peer helpers in these multidisciplinary teams, as their experiences can significantly add to the interventions led by the professionals. The participants believe peer helpers who have had chemsex experiences make a specific contribution that cannot be replaced by external knowledge, although this too is important to the development of resources adapted to this community.

The participants also talked about the importance of service continuity, stating that they "have no desire to have to retell (their) story." For them, service continuity is all the more important during a transition period, for example, when leaving a therapy centre. More concretely, service continuity could include a system navigator offering varying degrees of follow-up, based on the needs and objectives of the person seeking support.

Some of the participants pointed to the relevance of receiving spontaneous support, from a harm reduction perspective. For example, it would be beneficial to set up a specialized telephone helpline, a messaging service or a mobile app for people practising chemsex, particularly for support in making informed decisions about psychoactive substance use associated with chemsex.

While Crystal Meth Anonymous has played an important role in the recovery of many participants, others find that their approach does not correspond to their needs. For them, it is necessary to develop community support groups where it would be possible to share their methamphetamine use trajectory in greater depth. The following excerpt summarizes the relevance of these different approaches in the context of community intervention:

I think it would maybe take two approaches. I think that there should be a variety of choices. Maybe a support group approach for those who want to completely stop, who no longer want to have anything to do with it, who are counting the weeks, months, years, a little like Alcoholics Anonymous. But also, a group of people who come together just to talk about

what crystal is, why I take it, what I experience. I'm not saying whether or not I want to stop. I just want to talk about it, hear others, discuss, and maybe I'll even meet people who are using in that group, but everyone is on the same path, saying "We're raising questions about our use." —Maverick, 47 years old, identifies as cisgender and pansexual.

4. Discussion

This research is primarily interested in the perspective of people who practise chemsex with respect to their multiple needs and how they can be supported in the areas of their lives affected by their practice of chemsex. This study also documents their experiences with resources, and their proposals for improving services for this community. The participants' reflections on the support resources are important for orienting the discussion on the intervention practices that should be put in place for people practising chemsex. Presently, the scientific literature on this question mostly focusses on recommendations directly related to the repercussions of chemsex [22, 23] or more recently on the narratives of community organization practices [23, 25, 32]. We are proposing to analyze the results presented above by making connections with affirmative intervention practices, which seem to be a promising approach for this population.

Affirmative and transaffirmative practices are prioritized in interventions with people who identify as sexual diverse or gender diverse. The key principles of these intervention approaches involve adopting a posture of openness, respect and understanding in order to forge a therapeutic alliance [33, 34]; taking into account the impacts of discrimination and stigmatization on the well-being of sexual diversity and gender diversity [34, 35]; considering the person from an intersectional perspective [33, 34, 36]; and the possibility of making individual, community and structural interventions [34].

Our results show the relevance of affirmative practices in interventions with people practising chemsex. From the outset, the participants expressed the importance of having a safe space, workers who are welcoming, open and understanding, and a flexible structure for the support resources. This posture, essential to affirmative intervention, cannot, however, be simply based on the professional's goodwill. The ability to be welcoming, open and understanding toward people practising chemsex can be acquired through awareness-raising, and the participants pointed to three key elements here: the realities and issues specific to sexual diverse and gender diverse people; the effects and repercussions of methamphetamine use; and the subcultural aspects of chemsex, particularly the social and emotional dimensions. Awareness-raising of addiction workers should begin during their university training. However, courses concerning addictions and the reality of sexual and gender diversity are still very little covered in the training of professionals working in the field, including social workers, psycho-educators, psychologists, *etc.* At the policy level, it would be important that governmental addiction plans include people of sexual and gender diversity among the priority populations. This would facilitate the development of interventions, the funding of organizations working in the field and the

training of addiction counselors [20].

Consequently, awareness-raising must respond to the second principle of affirmative intervention, namely, to acknowledge the impacts of homophobic and transphobic discrimination on the well-being of people who identify as sexual diverse or gender diverse. Specifically in the context of chemsex, it seems all the more necessary to consider the repercussions of the discrimination experienced by psychoactive substance users on their well-being, particularly people using methamphetamine, as this substance is particularly stigmatized [37]. For example, health professionals must acknowledge that the stigmatization associated with methamphetamine use has an impact on the well-being of the people concerned and on their access to health care [38]. However, an understanding of the impact of the different forms of discrimination that can affect people practising chemsex is not enough to ensure successful affirmative intervention, keeping in mind that psychoactive substance use in a sexual context is associated with the development of a culture and community spirit among sexual diverse men [7, 39]. Past experiences of discrimination is a starting point in raising greater awareness of the culture of sexual diverse men, and more specifically the cultural dimension of chemsex. But awareness-raising is not the only conduit to ensuring an understanding of the above-mentioned elements. The experiential knowledge of peer helpers is especially relevant in affirmative intervention with a person practising chemsex. A peer helper's cultural understanding of chemsex and their ability to consider the motivations and potential repercussions associated with chemsex fosters a greater sharing of experiences in the context of chemsex.

Intersectionality is a key component of affirmative intervention, and requires professionals to consider the specificities of a person's identity. Sociodemographic data from this research project shows that, while people practising chemsex represent a relatively small community, their positioning and trajectories are varied. Consequently, it is essential that interventions take into account the specificities of each individual. For example, a trans or non-binary person practising chemsex could have experienced transphobic discrimination in the context of chemsex, and this is something that could be addressed during the intervention, at the person's pace. In terms of older people, certain repercussions of chemsex could be more significant for this group, particularly in terms of their physical health and isolation from their social network. Current research rarely employs an intersectional approach, and yet it could pave the way for the development of more specific, nuanced and adapted interventions for people seeking support.

Affirmative intervention does not only involve individual interventions, but also community and structural interventions. Affirmative intervention means putting in place a plurality of resources and initiatives, a "continuum of care" [24], in order to offer a response that is appropriate to the needs of people practising chemsex. Individual interventions are essential for responding to the psychosocial needs of people practising chemsex, but also to their needs in term of sexual health. Participants identified the need for easy access to sexual health services, including those targeting the prevention and treatment of BBSTIs and HIV. The literature on sexual health services for people who practice chemsex emphasizes

the importance of a tailored approach to sexual health, in addition to advocating for a supportive environment [40].

Community interventions represent an opportunity to directly reach people practising chemsex, and to maintain a direct link with this community, for the purposes of prevention and harm reduction [24, 25]. More specifically, community interventions based on the experiences shared by the participants, involve putting in place support groups that can respond to the different objectives pertaining to substance use. Harm reduction or abstinence initiatives are necessary, as they respond to community needs, while respecting the self-determination of the person with respect to their substance use and sexuality. People who wish to receive support will be able to choose the approach best adapted to their needs, and talk about their methamphetamine use and sexuality, but also develop connections and become part of an understanding, reassuring and safe community. In addition, authors emphasize the importance of community-based organizations providing spaces for sexual health discussions, including peer participation [25].

As for structural interventions, professionals, in particular public and community resources managers, can contribute to advocating for the rights of people who practise chemsex, particularly by ensuring that their practice environments are welcoming towards this community. Practice environments must collaborate closely with organizations that respond to the needs of this community, ensure training and awareness-raising of their professionals, and call on government institutions to work on political recognition of the intervention needs of people who practise chemsex. Given the relevance of peer helpers, their inclusion in practice environments offering services to people seeking support around chemsex is imperative for establishing a transdisciplinary and affirmative work team. Lastly, Stevens and Forrest [41] argue that it is a priority for international public policy to identify the need to intervene in the field of chemsex with respect to potential issues associated with substance use and the sexual health of those involved in this practice.

One of the key strengths of this study is the involvement throughout the research process of players in the chemsex milieu, in particular, community resources and a peer helper. The involvement of various players complemented our collection of substantial qualitative data, and the results are based on semi-structured interviews with 64 participants with varied demographic characteristics. The inclusion of non-binary people is a strength of the present study, as they're not necessarily discussed in the literature on chemsex [3]. Further research on trans and non-binary people and chemsex are encouraged, so that services providers know more about their specific needs and experiences in the context of chemsex.

Given the highly defined context of this research, limited to people who use methamphetamine in the context of chemsex in Quebec, we must underline that fact that it is difficult to transfer these study results given the limited parameters of the sample. Additional research, that takes into account certain local cultural specificities related to chemsex, in particular with respect to the psychoactive substances used by the community, and associated practices [32], should be conducted in order to develop a better grasp of the transversal needs of people

practising chemsex.

5. Conclusions

Our results testify to the relevance of developing specific interventions to better respond to the needs of this community. Current approaches to people seeking support around chemsex only partially meet their intervention needs and community needs. The needs expressed by the participants point to the relevance of opting for an integrated intervention approach, chemsex-affirmative interventions, in order to establish individual, community and structural initiatives. Thus, interventions must enable people who are seeking support to freely express their chemsex experiences, with the possibility of jointly addressing methamphetamine use and sexuality. Postures of abstinence and harm reduction are valid approaches around chemsex. A diversity of resources is essential to offer an adequate response to the specific needs of this community, and above all to respect the self-determination of those seeking support. Raising the awareness of professionals about chemsex, acknowledging the expertise of community resources on the question, and integrating peer helpers into practice environments are solutions that will help foster the development of resources adapted to this community.

AUTHOR CONTRIBUTIONS

JFA—designed the research study. YG, JFA and EH—performed the research. YG and EH—analyzed the data. YG—wrote the first version of the manuscript. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This research was approved by the Comité institutionnel d'éthique de la recherche avec des êtres humains (CIEREH) of Université du Québec à Montréal (UQAM) (#2021-3306).

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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