«That's what I do when I feel pain»

GUIDE ON WORKING WITH CHEMSEX USERS

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FOREWORD

When I first heard the term chemsex, I had some unpleasant associations: «*chemical sex*», «*sex under chems*»[1]. For me, it sounded like a distant and artificial concept. Certainly, back then I had no idea about it and was not able to recognize how important chemsex could be in the lives of my clients. Now, when I have quite an extensive experience of working with chemsex users, I can respond to my old self who first heard this word: ***«Chemsex is an important term and an important phenomenon; you should be able to work with it, so please remember this word, it is not quite so simple»***.

If we try to give a definition, technically ***chemsex can be described as the use of certain psychoactive substances by men who have sex with men and trans* people right before or during sexual intercourse to facilitate, prolong and/or intensify their sexual experiences***[2].

This definition is quite dry and instrumental, which is why, despite its brevity, it strives to equate chemsex to the traditional sexualized drug use, which is a big conceptual problem. Indeed, people have been using psychoactive substances before or during sex for quite a long time, so the temptation to say that chemsex is not a new phenomenon is very strong. However, it is not so simple, and chemsex users need a special approach and a special form of support. That is what this guide is about.

So how is chemsex different from the traditional sexualized use of psychoactive substances??

Why, when a gay man uses psychoactive substances during sex, we call it chemsex, while when a cisgender heterosexual person uses the same substances during a heterosexual contact, we do not call it chemsex?

How is working with chemsex users different from working with people who use drugs?

How can we provide assistance and support to chemsex users?

The attempt to answer these as well as other questions is the main task of this guide. We will be exploring this topic step by step. You will see chemsex as a cultural phenomenon with its own history and specific substances it involves. We will discuss which substances are used by our clients when they engage in chemsex. We will take a detailed and deep look at the role of chemsex in the life of the LGBT community from the perspective of the functions that it has in the context of mental health. Finally, we will look at five stories of chemsex users, and that's the main value of this guide. Those are real "living" stories, which will gradually cover various facets of chemsex and the place it takes in the lives of different people who seek our support.

The guide will also present the tools and the best practices, which will be part of the clients' stories and will also be covered in a separate chapter at the end of the document.

This guide is first of all aimed at the helping professionals whose job may involve working with chemsex users: psychologists, peer consultants, social workers, medics and paramedics. However, it may also be helpful to all the people who are interested in this topic. So, if you are not a psychologist or a medical professional and do not belong to any of the groups mentioned above, do not be discouraged: if you hold this guide in your hands, it has been written for you, too.

THE HISTORY OF «CHEMSEX» TERM

The person who is considered to be the «inventor» of such term as chemsex is David Stuart. And it makes sense. David has not invented the chemsex itself, but he was the first who paid attention to it, making this phenomenon visible and bringing it up within a broader public discourse[3]. His autobiography freely available at his website is essentially a colorful literary text showing the history of chemsex as a phenomenon[4]. In this Guide, however, we will focus on some key aspects of this phenomenon.

> I didn't invent chemsex,
> but started talking about it

Firstly, chemsex is not about all psychoactive substances. When we talk about chemsex, we talk about the so-called «classic triad»: ***crystal methamphetamine, mephedrone and gammahydroxybutyrate (GHB)***. We will discuss how these drugs affect the state of mind in the next chapter. Now, we are just going to mention that they all potentiate (cause and/or enhance) sex drive and sexual desire. Those are not traditional party drugs, which are familiar to us because of the rave culture *(rave — a dancing party with DJs)*. The ***«classic triad»*** we are talking about is also used at the rave parties, but because of their effect stimulating sexual desire these drugs, more than any others, are used for sex.

Secondly, in the recent forty years gay dating culture has changed a lot[5]. Dating *(casually meeting sex partners, usually without further long-term relationships)* is typical not only for men who have sex with men and trans* people, but for the latter it is sometimes the only possible way to meet a partner. Special websites, internet channels and gay dating apps not only made it easier for LGBT people to look for dates, but also accelerated their initiation to psychoactive substances[6]. Dating platforms became a new market for drug dealing.

Here is an illustration: let's imagine that we have a young gay man, who could try drugs during sex. How can he do it? He can go to a party at a night club to have fun and to meet someone, but there is no guarantee that he will meet another gay man there. If he meets a potential sex partner, there is no guarantee that his partner will have drugs.

Even if our young man's sex partner has drugs, there is no guarantee that those would be the drugs intensifying sexual desire. However, apart from the offline venues where people meet each other, there are also various dating platforms, where almost every profile belongs to a potential sex partner of our young man. In this case, the purpose of dating is sex and the drugs offered by sex partners are sex drugs. Thus, the dating platforms became a new market not just for any psychoactive substances, but specifically for those, which potentiate sexual desire, and this market allows selling such drugs super quickly.

Or we can take another example, allowing us to answer the question and emphasize why chemsex is a phenomenon typical exclusively for men who have sex with men and trans* people: ***«How soon will the young man access and be exposed to chemsex as a phenomenon?»***. Let's assume that I have a sister and she is relocating from a small town to a big city. Let's say that the big city is called Happyville. The first thing she needs to do is to find new friends, someone to hang out with. She will start going to clubs and parties. Maybe at some point one of her friends or people around her will offer her to try drugs, those can include crystal methamphetamine or mephedrone. Anyway, her way from relocation to initiation to drugs will take several weeks or even months.

In my case, when I sit in the airport and wait for my flight to Happyville, I will just open one of the dating apps and will find a sex partner for the night. As soon as I arrive to the city, I can go to this person's place or to a place where there are going to be different people, who will probably offer me chems. Thus, I will be exposed to chems, while I am still sitting at the airport in my home town.

Nobody has really «invented» chemsex as a phenomenon, it appeared and spread with the development of the gay community and its internal communication channels. The term itself, however, is relatively new. It was proposed by David Stuart and is now widely used not only in the LGBT community, but also in the wider public discourse. When we analyze the clients' cases below, we will see that those are very different people with different social status and different values. *But what do they have in common?* We will talk about it and will discuss the deep reasons behind chemsex in our next chapters.

WHY THOSE SUBSTANCES?

As we have mentioned above, the «classic triad» of chemsex substances are crystal methamphetamine, mephedrone, and gammahydroxybutyrate (GHB). Those three substances are most widespread and, if we can put it this way, «recognized» in the gay community. In this section, we will give a short description of those drugs in terms of their effect on the state of mind to better understand why they are used for chemsex.

1 METHAMPHETAMINE

(also called crystal methamphetamine, crystal meth, Tina, T or ice) is a potent psychoactive substance discovered in the late nineteenth century in Japan. Methamphetamine is a tasteless and odorless crystal substance. If it is in tablets, they can contain the logo of the producer.

Hi, I'm Tina! I am a solid crystalline substance without taste or smell.
I stimulate the central nervous system.
I was the first chemsex drug

The medical use of methamphetamine in narcolepsy has been banned for decades as it is very addictive. However, in some countries, methamphetamine is very rarely used to treat attention deficit disorder.

Methamphetamine stimulates the central nervous system (CNS), so it can cause elevated blood pressure and increased heart rate with a feeling of increased self-confidence, openness to communication and a burst of energy. Crystal methamphetamine can suppress appetite and fatigue, leading to insomnia. When taken orally (swallowing crystals, powder or tablets), its effect usually occurs within 30 minutes and can last for several hours

Photo: David Ebener/ picture alliance / dpa

Later, the user may experience irritation, fatigue, anxiety, depression and drowsiness. Methamphetamine stimulates the activity of the norepinephrine and dopamine systems, demonstrating its euphoric, empathogenic and hallucinogenic properties[7].

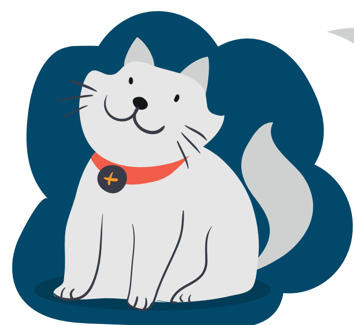
People have been using crystal methamphetamine for chemsex for quite a long time. In fact, it was the first drug used by people engaging in chemsex[8].

Usually people smoke, swallow, sniff or inject this drug, often in combination with mephedrone and gamma hydroxybutyrate. Like the other two drugs described in this chapter, methamphetamine can be sexually liberating and can increase sexual arousal and sex drive[9].

It should also be noted that methamphetamine is the most dangerous of all the substances presented here due to its additive and neurotoxic effects.

2 MEPHEDRONE

(also called meph or meow) is a cathinone-type euphoric substance, first synthesized in 1929. Mephedrone often looks like loose white powder or thin, needle-like crystals. Due to its chemical structure, mephedrone can be relatively easily produced in non-professional drug laboratories, which, of course, affects its cost and makes it more accessible to chemsex users.



And I'm Meow. I am a loose floury powder. Like Tina, I act on the central nervous system. But I need to take more often for a long effect

So far, the pharmacological effects of mephedrone have not been extensively studied. It is assumed that it acts as a stimulator of the central nervous system, increasing the release and inhibiting the reuptake of certain substances in the CNS[10]. Like methamphetamine, it stimulates the CNS, causing an intensive feeling of euphoria and sexual emancipation, with a surge of sexual desire [11]. However, unlike methamphetamine, it has a short effect and requires new doses to prolong it.

Mephedrone is sniffed or injected, often in combination with other drugs. Injections can be done both intramuscularly and intravenously, which increases the risk of drug dependence[12]. In some cases, chemsex users administer mephedrone rectally to achieve a faster effect with a lower dose [13].

The side effects of mephedrone may include: loss of appetite, dry mouth, nausea, vomiting, hand tremors, headache, agitation and anxiety. As mephedrone has not been studied properly, it is difficult to make any final conclusions about its negative effects and consequences for the human body[14].

Источник: https://www.bbc.com/news/newsbeat-10004383

3 GAMMA HYDROXYBUTYRATE

(also called GHB, G, fantasy, juice or liquid), unlike the other two drugs presented here, is a sedative. It has a depressive rather than stimulating effect on the CNS. There are some pharmacological characteristics distinguishing the effect of GHB from other sedatives: alcohol, barbiturates or benzodiazepines[15]. GHB causes a mild euphoria and a feeling of intoxication, boosts sexual desire and arousal[15].

Hello, I'm Žižka. Unlike Tina and Meow, I am not stimulating, but on the contrary, I am a sedative. They drink me. But I do not deal with alcohol, it is very dangerous and leads to an overdose

It is a liquid that people drink. It should be noted that GHB is incompatible with alcohol and is extremely dangerous in case of overdose. The interval between GHB doses should be at least one and a half to two hours, and between alcohol and GHB – 6-8 hours.

It is very important to warn our clients about this as GHB overdose is a rather common cause of death among chemsex users[16].

As we see, those three substances have different effect on the human body and different consequences, but they have one thing in common: they increase sexual desire and cause a feeling of emancipation. I want to emphasize it before we move to the next chapter.

Source: https://adf.org.au/drug-facts/ghb/

There are some terms which seem to be familiar only to professionals, but which really help such professionals to better understand their clients and describe what is going on in their internal and external lives. One of such terms is minority stress[17]. In its essence, minority stress means a high level of discomfort or subjective suffering, which is experienced by members of a certain social group because of stigma and bias in relation to such group existing in the society. Minority stress may apply to any small social group, but in this guide, we are specifically focusing on the minority stress experienced by men who have sex with men and trans* people. In this context, minority stress is a subjective response of the LGBT community to the spoken or unspoken «norms» according to which they are not viewed as approved, equal or desirable members of the society[18]. One of my clients said:

I constantly feel like a stranger in a world created for straight people. For instance, I have been fond of the Disney movies since I was a child, but in those movies a prince will never wake up another prince with a kiss of love, because it is just impossible

So even despite the fact that in the society, where our client lives, being a non-cisheteronormative person, there is a rather high level of acceptance and tolerance towards LGBT people, the situation when cultural and social traditions are so to say «tailored» to strictly defined models of gender, romantic and sexual frames, still creates a lot of stress, which our clients have to deal with in one way or another.

Of course, our clients never come to us saying ***«I experience minority stress, what should I do about it?»***. Many people do not see a clear linkage between stigma in relation to LGBT people in the society and the level of their subjective suffering

Usually, clients say something like:

Those subjective feelings of suffering and internal discomfort that our clients experience all the time need to be dealt with. Dealing with this internal pressure means feeling it and doing something to reduce it. For instance, if on Friday night, when I finish my work, I come home and feel very sad because of my loneliness, which is caused by a number of internal and external reasons, there may be different ways I can use to deal with my negative emotions. Some of them may be more effective, others — less effective, some of them may bring something good to my life, make it more fulfilling, while others may be bad for my mental or physical health. The ways in which people deal with excessive mental stress do not come from nowhere. They develop and consolidate over time as a result of complex interactions of each unique personality with their unique life – both internal and external. It's like a table with tools. Imagine that you have a leaky pipe in your kitchen and you need to fix it, so you take out all your tools and put them on the table.

How you fix the pipe, which way you do it and how effective and safe it is depends not only on how skilled you are, but also on what tools you have. It may turn out that you simply do not have the necessary tools to fix the leak safely for yourself and for others, or it may turn out that even if you have the right tools, the situation can seem so bad that you will choose such a way to fix the leak that tomorrow will make it even worse. There are many different options, so how our clients deal with their minority stress («I feel bad», «I feel pain», «I feel lonely»…) depends greatly on the skills that are available and seem effective to them at a certain moment. When we speak about chemsex, it is one more way that our clients use to deal with their minority stress. One of my clients has once put it this way: ***«Chemsex is what I do when I feel pain»***.

In this context, chemsex can never be viewed as a separate, isolated phenomenon. In many ways, it is a tool (and for some of our clients, perhaps the only tool available to them), which they can use to endure their challenging external and internal emotional realities[19]. It should also be mentioned that chemsex does its job well, i.e. it is quite an effective tool[20].

AN EFFECTIVE TOOL

When we analyze some client cases, we will be able to take a closer look at how chemsex is embedded in the lives of different people, what tasks it performs and what experiences it co-exists with. For a start, I would like to admit that, despite all the negative consequences that chemsex brings to the lives of our clients, it is a highly effective tool and it does its job quite well. Chemsex is a quick, simple, specific, vivid, and most importantly effective way to deal with one's inner tension, and many of our clients, even those who have chosen the path of rehabilitation, will probably keep the memories of their chemsex experience for many decades. They will have dreams where they use those substances. When they face some challenging periods in their lives, they will tell us that they want to «give up» and resort to chemsex again. It is very important for us as professionals to understand and respect this. Here I mean respect not chemsex itself as a phenomenon, not substances or sexual practices, but respect the function that chemsex performs in the lives of our clients. If we understand the role of chemsex in their lives, we will be able not only to better understand their experiences, but also offer them some alternatives.

When I had less experience, I was stumped when I pointed out the negative consequences of chemsex to my client, and he agreed with me, but asked me a very honest question: ***«Fine, but what will you offer me instead? What should I do, when I feel bad, so that I can feel that good?»*** I guess that was the moment when I first realized what an important place chemsex can take in the emotional self-regulation system of our clients. What alternatives can we offer to them? Holotropic breathwork, mindfulness practices and emotional self-regulation skills – all those do not look as attractive as the ability to quickly, brightly, simply and effectively «drain» your mental stress through chemsex, at least initially. By no means I am trying to say that chemsex is good, but I would really like to encourage you, colleagues, when working with the clients who engage in chemsex to keep in mind what place it can take in the lives of some people and what function it performs. This understanding will help you not only build a more trusting empathetic contact with your clients, which is certainly very helpful in our work, but also will allow you to set more realistic goals. For our clients suffering from the minority stress around the globe, chemsex is a really good tool, so we will need to focus not only on prevention and harm reduction, but also on helping our clients build resilience and emotional self-regulation skills. We will need to offer our clients some new, safer tools to deal with minority stress as an attractive alternative to chemsex.

Why has chemsex become a way for LGBT people to deal with challenges? Earlier we have mentioned that almost any small community can experience minority stress as a mental and social phenomenon, so it is very common to hear objections from some colleagues: ***«So why, for example, do women not use chemsex as a way to cope with stress in a world created by men and for men?»*** However, we have already said that the skills which help us to interact with the world around us and the things which happen in it do not come from nowhere.

Remember the metaphor about the table with tools: those tools do not appear on a person's table out of nowhere. They are accumulated over time, and people borrow most of them from their societies and communities.

When we are in pain or face a challenge, we usually seek help in our social groups and from the so-called ***social referents***[21,22]. This can be very clearly illustrated by the example of adolescents who start to live separately from their parents and start to face difficulties in organizing their everyday life. At first, they seek the advice of their parents, who, in turn, do nothing else than pass on to their children the tools and skills they can use to cope with their everyday issues. Similarly, LGBT people constantly turn to their community with the question: ***«What can I do to not feel so bad?»*** — and the community has many different answers and tools to offer them, one of them being chemsex[3].

SUMMARY

In the chapters above, we have responded to some introductory questions, and now let's repeat the points we will build our further discussion on:

1. *Chemsex is a cultural phenomenon with its history*. It is not the classic sexualized use of psychoactive substances in the format familiar to helping professionals, it is part of the gay culture and that aspect of its social reality that has been developed under the influence of many factors.

2. *Chemsex is associated with the minority stress*. We can even say that it is ***directly*** related to the minority stress: if not for the minority stress, there would be no need for this phenomenon to exist.

3. *Chemsex is not just about sex*. It is not even so much about sex. In this guide and in the cases described below, we will look at chemsex not as a separate, isolated phenomenon in the lives of people who are otherwise doing great, but as a tool which our clients use to cope with the excessive mental stress, thereby integrating chemsex into their system of stress resistance and emotional self-regulation skills.

These messages will become the «prism» through which we will try to look at our clients in order to better and deeper understand their stories, which will make our work more empathic and effective.

INTRODUCTION TO THE CLIENTS' STORIES

Before we present the stories of our clients, I should say a few words about the activities, which were the basis of these stories. The organization I work for is a charity offering HIV services. Thus, the «heart» of the organization is the services of voluntary counseling and testing for HIV and STIs as well as social and psychological support. If a client, when receiving services helping him to prevent acquiring HIV, has a request relating to chemsex (for example, ***«I am concerned about how often or how regularly I use chems» or «I want quit chemsex»***), he is invited to start working with a chemsex consultant. This service is free of charge and anonymous. In most cases, chemsex users are offered one-hour consultations once a week or once every two weeks. At the very beginning, for the first two months the appointments can be made often — every week — while the work with the client is more «intensive», and then, depending on the relevance of the client's request and the natural transformation of this request, meetings can become rarer: once every two weeks or once a month. Finally, at some point, the client reports that he no longer needs the services offered by the organization, but is still able to make an appointment with the consultant if necessary.

Depending on the case, the topics and the tasks of such appointments may differ from client to client, from consultation to consultation. However, the general, «basic» tasks are usually as follows:

- framing the request and setting the goals;
- educating the client in harm reduction techniques that are right for them;
- providing the client with psychoeducation and assistance in determining the place of chemsex in his life, as well as the functions that chemsex performs for him;
- helping to identify triggers as well as trigger situations when the client is most vulnerable to using chemsex as a way to resolve his internal conflicts;
- helping the client to build stress resistance and emotional self-regulation skills;
- referring the client to a trusted psychologist, a self-help group or to other medical or paramedical professionals.

It is very useful to keep these tasks in mind as a minimum plan to implement when working with a client. Besides, it allows you to define the boundaries of your responsibility as a professional and demonstrate the depth and quality of your competencies to your clients, while not replacing other professionals that the client could turn to, be it a psychotherapist or a substance abuse specialist.

THE FIRST CLIENT'S STORY: «WITHOUT IT, EVEN LOOKING AT GUYS IS DISGUSTING FOR ME» — CHEMSEX AS A PERMISSION TO HAVE SEX WITH A MAN

The name of our first client is Ivan. Ivan is a young man of 25. When Ivan first entered my office, he seemed very scared, I would even say that it looked like he expected to be treated with cruelty and neglect. He was sitting in a closed position, his movements were abrupt, and his speech was sparse and disconnected. When I saw Ivan, I realized that first of all I need to show him that ***my office was safe for him*** and can be organized according to his rules. For this purpose, I told him that, firstly, he can take any place in the room (he chose to sit two meters away from me, near the door) and, secondly, at any point of our consultation he hasd a right to stop it and leave with no explanations. Besides, I told him that if he hid something from me or did not tell me the whole story — ***nothing bad would happen***, so he could tell me only what he deemed appropriate and go as far as he wanted to go in his stories. Just talking about those details of our interaction, I was able to win his cautious disposition, and by the middle of our consultation we were sitting much closer to each other than in the beginning.

Ivan came for testing and counseling because he was worried about the risks related to chemsex. According to Ivan, he was ***«an ordinary guy who grew up in an ordinary family in an ordinary provincial town»***. When he was 20, he moved to a big city to study and made a lot of friends. Every two or three weeks, he went to a night club with his friends to have fun. They were drinking alcohol, dancing, meeting other people. Ivan never got acquainted with guys, he thought that homosexuality was something abnormal and disgusting. Ivan had never identified himself as a homo- or bisexual man, he said he had ***«always hated gay stuff»***. He tried to have relationships with girls, but usually those relationships did not last more than two weeks. Ivan said that it was important for him to feel free and the relationships were limiting him. Once, when they were in a club, one of his friends offered their group to try mephedrone to ***«have fun»***, and Ivan agreed, without giving it a long thought.

«It's like something was awakening in me that I never suspected before. I looked at my friend and really wanted to kiss him — him, not the lady who was my girlfriend back then».

When they used mephedrone, Ivan kissed his friend and later went to his house with a group of other friends, where they kept on using mephedrone and were having sex with each other. The next morning, Ivan was really frightened and was self-loathing for having sex with a man.

«In my head, I heard my father's voice. He had always said that gays were a mistake of evolution. I was ashamed, I decided to leave as soon as possible, to forget what happened, like a bad dream, but it was impossible to get it out of my head — I constantly thought about what I felt when I had sex, how good it was».

Then Ivan returned to his usual rhythm of life, his studies and his work. He spoke with his friends coldly, they avoided discussing what happened. About a month after this episode, Ivan decided to go to a nightclub alone and met the guy he had sex with.

«I hated him, he seemed disgusting and vile, but I really wanted to talk to him, and now I understand that I really wanted him to have some meph so that we could have sex again. He did have meph, and so we had sex again».

According to Ivan, for him it was a ***«turning point»***. He started engaging in chemsex more and more often — first once a month, then once every two weeks, and finally once or twice a week.

«Without meph, even looking at guys is disgusting for me. When I'm sober, I think about how I ruined my life with my own hands, that I'm a mistake, that I shouldn't exist and I have to change, but with meph such thoughts don't bother me and I can have sex».

In the two years when Ivan used chemsex as a «permission» to have sex with men and as the only way to fulfill his bisexual desire and arousal, he lost his job, dropped out of university and made a living attending chemsex parties and engaging in sex work.

«I failed. I do not see a way out. I want to get rid of that part of myself that wants sex, wants meph, but I don't know how to live without it either».

After listening to Ivan's story, I offered to help him. We agreed to meet once a week for one-hour consultations. For the first month, I just listened to him, when he described his experiences; I asked questions, ***«mirrored»*** him, clarified what he felt and what I felt in his presence.

At first, it seemed to me that our work was not going anywhere and that Ivan came just to talk to me, but later he told me that for him I was the first person with whom he could openly talk about how hurt he felt, and through our conversations he started better understanding his own feelings.

Like many other clients who are horrified with the devastating consequences of chemsex in their lives, initially Ivan framed his request categorically: ***«I want to quit»***. I would like to emphasize how important it is to protect yourself and your clients from being so categorical. In Ivan's life, chemsex was playing a crucial role, some of the building blocks of his identity were based on it (***«I can only have sex with men when I use mephedrone»***). From this perspective, any categorical goals most likely will lead to disappointment and despair in case of a relapse. Frustration after relapsing to chemsex is perhaps the most common reason a client may refuse to continue working with a consultant. Adjusting your client's goals allows you to have more realistic expectations, which prevents the client from refusing to continue consultations. Here is what I said to Ivan:

> *«If you have a relapse, I will not be disappointed. I understand how though it is for you. Maybe it sounds weird, but a relapse can be a part of the positive rehabilitation process, so I want you to know that I will be happy to see you here again irrespective of the fact if you spend your weekend with mephedrone or without it».*

This is important, because Ivan relapsed every week. He suffered a lot, said that he was weak and dependent, but even though he could never manage to observe the time limits of our consultations (came late and then asked me to stay for another ten minutes), he still came. Gradually, as his request changed from ***«Quit chemsex for good»*** to ***«Take a break for at least one weekend»***, it was possible for us to discuss harm reduction options. He became more aware of his possible relapses, and because of my attitude he was able to discuss with me without too much shame or fear what to do if he found himself going to a chemsex party.

In my opinion, it was not possible to work with Ivan without him attending therapy sessions and self-help groups, but Ivan persistently refused my referrals, saying that he was not ready and working with me was enough for him for the moment. Later we will see how important it is, while respecting our client's desire, not to overlook this aspect. At the same time, it seemed that Ivan's life was stabilizing: a month after we started our consultations, he said that he found a job. The traditional approach to identify triggers, combined with the development of stress-resistance skills, gave its results: he was able to achieve his first goal of abstaining from chemsex for one weekend. Ivan's problems, worries and suffering about the conflict between his sexual desire and behavior (I want to have sex with men and do it under drugs) and his sexual identity (I'm not the one who is allowed do this) were the central topic of our conversations. However, this is exactly what required long-term work with a psychotherapist and was beyond my competence.

Gradually, we started meeting less and less frequently: once every two weeks, then once a month. Ivan started acquiring and mastering the tools to cope with his minority stress (for example, he saw that sports and swimming allowed him, as he said, ***«to free his head just like a gangbang»***), so he was engaging in chemsex not as often as he used to. At our last meeting, he told me that he had not been having chemsex for over a month. In total, our work with Ivan lasted for about seven months.

When Ivan failed to contact me or respond to my messages for more than three months, I began to worry, but decided that perhaps he no longer needed my services. A month later, two guys came to me for a consultation. They knew Ivan and learned about me from him as he told them I was helping him. They told me that ***Ivan was no longer alive***. He got into an argument with his boss at work, engaged in chemsex to «relieve stress» and overdosed on hydroxybutyrate at one of the parties.

Unfortunately, Ivan's story is a story with no happy end, but at the same time it is a story that illustrates very well how high the cost of dealing with the minority stress and internalized homophobia can be for our clients. Going back to Ivan's story, I would like to underline how important it is to work together with psychotherapists, support groups and other mental health, medical and paramedical services and professionals. We will never find out how Ivan's life would have turned out had he decided to engage in long-term psychotherapy, but we can use his story as an example to better define the boundaries of our competencies both for ourselves and for our clients. This was an important but sad lesson for me as a helping professional. I promise that the heroes of our next stories will stay alive.

THE SECOND CLIENT'S STORY: «I KNEW FOR SURE THAT I WOULD LIKE MYSELF AT LEAST FOR THESE FEW DAYS» — CHEMSEX AS A WAY TO ACCEPT YOURSELF AND YOUR BODY

Ilya is 36 years old. He calls himself ***«an unremarkable guy»***. Ilya is gay, he recognized and understood it back when he was very young, but, as he noted, ***«he never considered himself a pervert and the one who needs a lot of sex with different people»***. He is an office worker in a big city, to which he moved about ten years ago from a small town.

«Before chemsex, my life was smooth and straightforward. I had a job that gave my life some sense, I didn't really make any friends, my elderly parents lived in another city and had no idea that I was gay, and I often thought about finding a lesbian and getting married with her to show the world, at least through a fake marriage with a woman, that I am normal and I do not need to be asked questions about why I am single».

When we had our consultations, Ilya often said not only that he was lonely, but also that subjectively his life felt empty and meaningless. He said that he did not allow himself to have close relationships with men and filled his life with work as much as he could. Ilya had a very prejudiced attitude towards other gay men that he met:

«They all seemed to be arrogant, pompous animals who only wanted a beautiful young body to have sex with. In my opinion, I was not someone they could "go for": I was not athletic, I had a belly and bald patches on my head, and I was a 34-year old office worker — nobody likes people of my type».

I should separately describe how Ilya arranged his sex life:

«I rarely had sex — once every two or three months, usually with guys who were 5-7 years younger than me as I couldn't feel like a real man in bed with someone my age. But even when I had sex, I was not really able to relax. I was constantly thinking that my partner was disgusted when he looked at me and my body. Actually, I have always thought that gay sex is wrong and dirty».

As opposed to the hero of our previous story, Ilya identified as a gay man and allowed himself to have sex with men, but the pressure of his internalized homophobia and minority stress did not let him build close long-term relationships with men or have sex in a way to actually enjoy it.

Once, Ilya came to have sex with a young man, who offered him to try mephedrone:

«Back then, I felt terrified when he suggested it. I have always thought that using substances is unacceptable for me, so I grabbed my stuff and just left, I felt he insulted me, but this guy was very handsome and I liked him a lot, so we kept in touch».

Ilya told me that, when he kept in touch with that handsome young man, he tried to understand why he was using chems. The guy was talking about the relaxation and satisfaction he felt when he was having sex ***«with meph»***. Later he invited Ilya to have group sex and ***«relax»*** and Ilya said yes.

That is how he described his impressions:

«I expected to see all kinds of things: syringes lying around, scary people injecting drugs, lots of garbage — I thought I was going to a drug den. Yet when I entered the room, I saw some nice guys, there were about fifteen people, nobody was having sex, people were just talking and drinking tea. As soon as I came in, I felt embarrassed. I saw the most beautiful guy and decided that I have no chance with him, so I should keep myself away from him. I thought that I would probably just have sex with the boy who brought me there and then go home to sleep. When it all started, I tried mephedrone, my heart was pounding, so at first I was very scared and wanted to run away. In the hallway on the way to the bathroom, there was a floor mirror and I looked at myself. I liked my arms and my legs — probably for the first time since I was very young — so I took my T-shirt off and looked at my body. I liked my body, it did not seem fat or ugly, I liked myself, I felt relaxed and really, really horny. The guy, whom I liked most of all, came to me and gave me a kiss. I stayed there for two days, I did not want to leave as I knew for sure that at least for those several days I would like myself and would be having the sex that I like».

The next weekend, Ilya came back to the same apartment. Later, the frequency of his chemsex weekends varied: first he did it every week, then — once every two or three weeks, and when he came to me seeking help, he was engaging in chemsex once a month for a year. Ilya came to get tested for HIV and share his concerns about using chems.

He had two major concerns: firstly, he said that a couple months before he tried injecting drugs, and for him it was a sign that something was going wrong. Secondly, over the time when Ilya was engaged in chemsex, he lost a big part of his savings, which he planned to use to buy his own apartment.

When we started our work, Ilya was rather specific about his request: ***«I want to use chems as rarely as possible and so that it does not hurt my wallet»***. So we began to work with him.

Ilya was rather well-organized and motivated: we met once every two weeks and he always respected the time limits of our appointments, was responding to our efforts to identify and address his triggers quite well, eagerly joined an NA group and was easily sharing with me all his impressions. ***The main tool that we used to maintain Ilya's motivation was setting the goals not directly related to chemsex***. For example, about a month after we started our work, I figured out that the goal ***«abstain from using chems for one month»*** triggers and demotivates Ilya as he was sure he was not able to resist his cravings. Then we transformed his goals using the language of savings and expenses, which, on the one hand, was not so much associated with his inability to abstain from chemsex for a long time, and, on the other hand – was clear and specific enough for him. So, for this client we changed the goal from ***«abstain from using chems for a certain period of time»*** to ***«save 5% from the amount of lost savings»***, For Ilya, it worked quite well, and here I would like to underline ***how important it is to use the words clear to the client when setting the goals***.

Besides, thanks to his engagement with the NA group, Ilya was motivated to face his painful emotions and start attending individual psychotherapy sessions.

The story of this client is interesting because of one aspect, which was quite unexpected for me back then. Despite the fact that Ilya achieved good progress and was able to better control his drug use, he did not and would never get rid of his minority stress, which he would experience till the end of his life, as well as many of our clients, as well as many of us. After Ilya was able to achieve some progress, he developed a phobia: he was very scared that without engaging in chemsex he would gain weight again. The thing is that while the man was actively engaged in chemsex, he lost a lot of weight. He was very proud of it and was talking about it almost every time we met.

Now this phobia was added to his personal trigger system: ***«I want to have chemsex, when I think that I'm gaining weight»***. For me, it was a real challenge as initially I did not think that this aspect was so important for my client. I could not understand why Ilya was suffering so much about his relapses and why he was saying he was so helpless, unable to resist his cravings to have chemsex. An ***intervision group*** arranged by our charitable organization to deal with such difficult cases helped me to find a way out of this situation.

Clearly, my client's phobia was beyond my competences, considering the format of our consultations, so I delegated the task of working with his phobia to a psychologist. Later, after about six months of our work with Ilya, he no longer needed such regular appointments, so we closed our work with the «open door» option. At that moment, he was abstaining from chemsex for more than two months.

Ilya's story is one of the most «typical» and frequent cases of clients who engage in chemsex and seek our help. This story is not over, and I still continue working with Ilya: from time to time, he texts or visits me to get an advice or share his experiences, get support or talk about what is going on in his life.

When telling this story, which is the most «stereotypical», I would like to emphasize that rehabilitation and gaining control over drug use is a long process. For Ilya, as for many of our clients, it may take years. I am sure that the effectiveness of my efforts when working with Ilya was largely determined by ***his engagement in support groups and long-term psychotherapy***. It is very important to understand the limits of what we as helping professionals can offer our clients engaged in chemsex within the scope of our competences and to involve other specialists in this work if needed.

THE THIRD CLIENT'S STORY: «WITH DRUGS NOBODY CARES IF YOU HAVE HIV OR NOT» — CHEMSEX AS A WAY TO DEAL WITH STIGMA INSIDE THE COMMUNITY

Igor's story was not typical for me as a helping professional at any of its stages.

Firstly, Igor found me through his friends at his own initiative and came to me with a very specific request related to chemsex. When we first met, he described the role, which he expected I would play for him, and the functions, which he wanted me to perform: ***«I have problems with chemsex, I cannot quit on my own, so I want you to help me figure it out»***.

Secondly, Igor has already tried to control the frequency of his chemsex episodes and developed his own distraction system, which helped him engage in chemsex more rarely, but did not allow him to quit.

Thirdly, the reason why Igor started practicing chemsex and the place that chemsex took in his life were unusual for me. So let's look at his story.

Igor is a young man of 28. He is very tall — 190 cm — fit and sporty. Igor has a fairly high-paying job, he studies to learn a modern and in-demand profession, travels a lot and lives with his partner, with whom he has a monogamous relationship. When Igor was a boy, he did gymnastics and he says that he has ***«never felt ugly, unattractive or unworthy of attention»***. He grew up in a rather religious Muslim family, but he said he never had any problems because of it. Igor identified as gay, but when asked directly what he felt about his sexual identity, he responded: ***«I do not think it's normal, but that's the way I am and I do not want to be anybody else»***.

He always kept straight and watched his posture, even when sitting on a couch, and his words were very objective and straightforward, with almost no emotions. Generally, Igor gave the impression of a person with an obsessive-compulsive type of character, i.e. someone who thinks or does rather than feels or expresses his feelings. Four years ago, during a routine health check-up, Igor tested positive for HIV. He said that he took it calmly just as another thing he had to deal with to take care of his health.

About six months after being initiated on antiretroviral therapy, Igor started meeting people again for sex and dating and faced stigma related to his HIV status:

«All of a sudden, it turned out that all the things that were attractive about me meant nothing. HIV changes the way people look at you. For the first time in my life, I was facing rejections and could do nothing about it. It's like HIV put a mark on me, I could no longer have sex with whom I wanted. Now, despite of who I am, it did not depend on me, but on what the guy, who may not even seem attractive to me, thought about my HIV status».

Once, Igor agreed to have group sex with chems, because as he said ***«with drugs nobody cares if you have HIV or not»***. That is how he started regularly engaging in chemsex. About six months after regular chemsex episodes, Igor discovered that it significantly affected his health and performance:

«I felt exhausted, my hands were "saggy", I did not have any energy to work and, when I realized I had been skipping gym for a month, I decided I had to do something about it. Right away, I stopped going to the groups and every time I wanted chemsex I set some new goals, went to the gym and took more work».

In fact, Igor was trying to substitute chemsex with sports and work. He kept on doing what he was used to: ***«planning and acting»*** instead of ***«feeling and living»***. He was able to reduce the frequency of his chemsex episodes and mitigate the devastating consequences of chemsex in his life. He was having relapses once every three to five months, was in great physical form again and even started a relationship with a young man, whom he was dating, when he came to me. However, he was not able to fully control his cravings, that is why he decided to seek help.

«I seem to be trapped in a vicious circle. What am I doing wrong? What else should I do and how can I get rid of chemsex in my life for good?»

I should separately describe how Igor engaged in chemsex. He really worked a lot and also spent an enormous amount of time in gym, sleeping 4-5 hours a day. He planned almost every minute of his week. According to Igor, his boyfriend was a rather impulsive, jealous, vulnerable and demanding person, which contrasted greatly with Igor.

Honestly, it was almost impossible to notice the transition when Igor finished talking about his work and started talking about his relationship — it seemed that the relationship for him was something to plan and implement, just like his work, his gym workouts, his studies… and chemsex. When the pressure he was putting on himself was too high, while his resources and his ability to respond to this pressure were exhausted, he started fantasizing about chemsex.

His fantasies were obsessive and to «escape» from them Igor increased the pressure even more: he spent more time in the gym and worked even harder. This way, he felt even more tired, and the more tired he felt, the more obsessive his chemsex fantasies became, until he finally started planning his relapse. This plan included many points. He planned almost every step of his «relapse», keeping in mind this plan as a backup option in case, ***«if things get too bad»***. Sooner or later they did — ***he had an argument with his partner, a failed project at work or a difficult exam to pass*** — and then Igor turned from planning to acting.

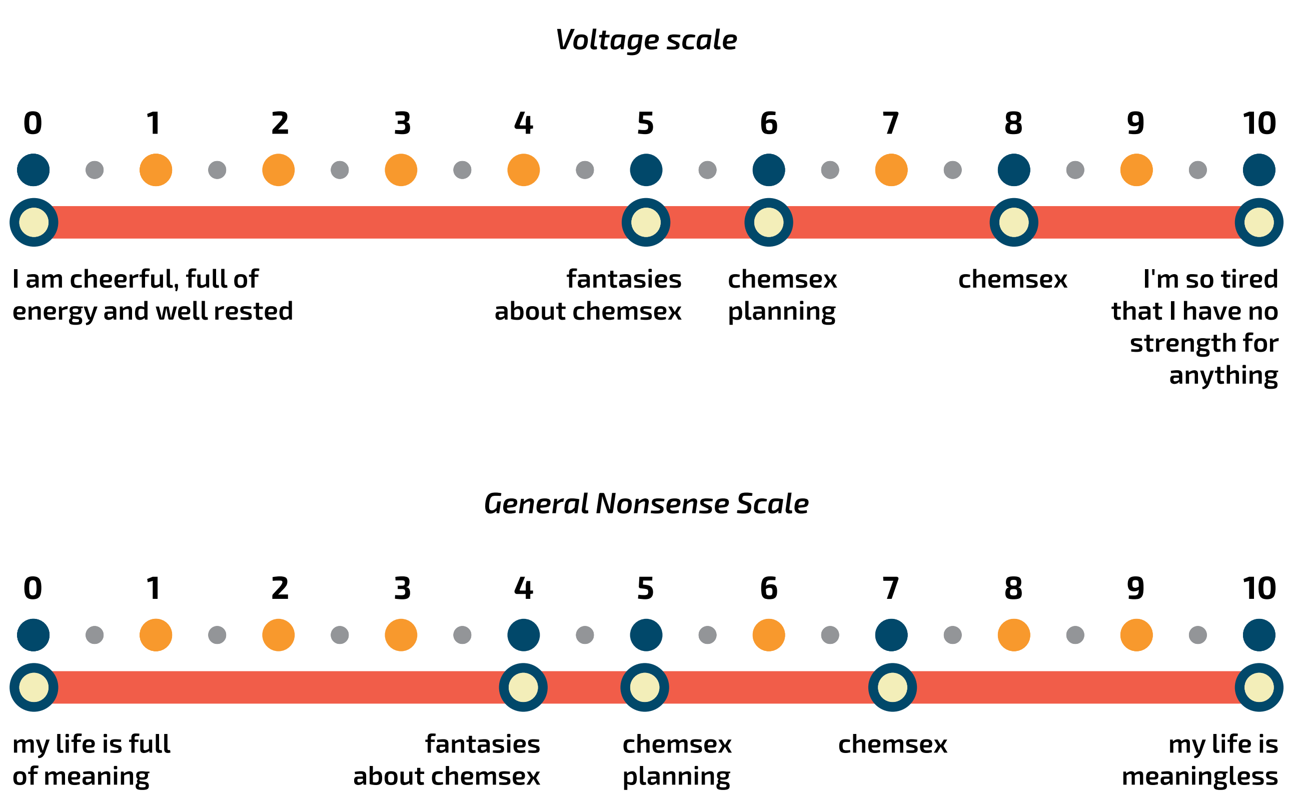
He spent a big part of his savings, rented an apartment for several days, invited sex workers and bought chems. His partner was not engaged in chemsex, he felt very negative about such episodes in Igor's life, so each «relapse» put their relationship under the threat of a breakup. Every time after a passionate reconciliation, Igor promised himself and his partner that it was the last episode, his chaotic period was over and Igor was throwing himself back into his work and gym routines.

I started working with Igor at my usual pace: for the first month we met once a week, then once every two weeks and finally once a month. Igor's life reminded me of endless cycles of expanding control and growing tension resulting from this control, followed by the episodes of chaos and loss of control, where chemsex served as a «release mechanism». What was interesting about working with Igor was that over time his initial request ***«Tell me what else do I need to do to stop using chems?»*** transformed into ***«What should I do less or do differently not to relapse?»*** He realized that his main trigger was his fatigue due to the high performance he expected from himself.

I should also speak about some «instrumental» aspects that allowed me to work with Igor more effectively. He failed to respond to my attempts to empathetically reflect or address his feelings. When I asked him directly how he felt about something, he answered that he felt nothing, but thought a lot about it. ***So together with him we developed some tools that were more understandable and acceptable for him both logically and mentally.*** Igor agreed that the high level of stress and pressure in his life provokes his chemsex fantasies, which he then realizes in practice, so we decided to rank the degree of intensity for these stimuli.

For example, if Igor's stress level is ranked from 0 to 10, where 0 is his lightest state of mind when he does not feel tired at all and 10 is the maximum tension up to the physical pain, then we could see that he started fantasizing about chemsex at 5, planning at 6, and implementing his plan at 8. Besides, we have developed a number of other subjective scales, following a similar logic.

There was a scale of «general meaninglessness», also from 0 to 10, where 0 was when Igor felt his life was full of meaning and 10 was when he subjectively saw his life as meaningless. It turned out that Igor was quite sensitive to his subjective feeling of meaninglessness, so at 4 he already started fantasizing about chemsex, at 5 he began planning and at 7 he was bringing his plans to life.



The practical benefit of such an approach was that, firstly, it allowed Igor to ***link the episodes of engaging in chemsex with a certain intensity of his subjective experiences***, and secondly, thanks to those tools we came up with ***what we called «yellow», «orange» and «red» windows***.

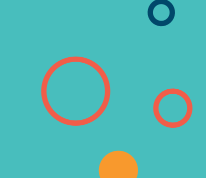
The ***«red window»*** is a certain range on our subjective scale, where our hero implements his plan to engage in chemsex (for example, on the stress level scale — from 8 to 10). At the «red level», Igor can no longer control the fact of his drug use and should focus not on how to stop his engagement in chemsex, but on how to reduce its potential devastating consequences for himself and for others.

The ***«orange window»*** is the stage when Igor plans to have chemsex as a «backup plan» (from 6 to 8 points on the stress level scale). We agreed with Igor to see this stage not as an indicator of his weakness and inability to resist his cravings, but as an indicator of his severe fatigue and a signal that, when he finds himself in this «window», he has to take care of himself and try other ways to rest and relax. For example, if he finds himself in this «window», he should not wait for the tension to build up, but should take a day off from work, find a hobby, go for a walk, etc.

The ***«yellow window»*** is an interval on our subjective scale from fantasies to planning. Igor agreed that this was the most important stage as we later started using it as an indicator that his internal tension was building up so it was the most «appropriate» time to reorganize his life and add some relaxation (for example, not to take a project that will require a lot of effort, not «add weight» in the gym, etc.).

For Igor, it was quite easy to start using this tool, he understood it and it responded to his question about «what to do». However, it did not eliminate the reason why Igor accumulated stress and dealt with it through chemsex, so I invited him to make an appointment with a psychotherapist and after some thought he agreed.

Igor has managed to abstain from chemsex for more than six months. We meet once every six weeks, he shares with me his experiences, if necessary we analyze triggers and see how his subjective scales are transformed over time (for example, he has become more tolerant to stress, so his fantasies about chemsex appear only when he feels very stressed). ***Igor has a long way of psychotherapy and rehabilitation ahead of him***, and I believe that this way will be eventful, interesting and full of unexpected discoveries not only for him but also for the professionals working with him.



THE FOURTH CLIENT'S STORY: «THAT'S MY PACK» — CHEMSEX AS A SOCIALIZATION TOOL

Ildar is a young man, he is 21. He shared his chemsex experiences when he was tested for HIV. He had a positive testing result, so when working with him we combined the efforts related to chemsex and the efforts aimed at him accepting his HIV status and starting treatment.

Ildar was born and raised in a small town in the Caucasus. He said he had felt very lonely since he was a child. The way of life of the people who were surrounding and raising him, their habits and traditions, their expectations and demands were very different from Ildar's:

«Since early childhood, I have been more girlish than other guys, I never like playing soccer, boxing or fixing cars, but I had to do all those things, so that my parents would not think there was something wrong with me. Pretty soon, I realized I was gay as I had always liked boys, but it was dangerous for me to show it at home».

When Ildar was 18, he entered a university in a big city and quickly moved away from the social environment that was a burden to him:

«I ran away. In fact, I didn't care where to study, the main thing was to move away from my homophobic family to Moscow and start living my life to the fullest».

Ildar's life was full of new acquaintances, new friends, romances, wild parties and sex:

«It literally 'blew my head off,' I finally felt I was free, alive, living my life the way I wanted. I was going to clubs, drinking a lot of alcohol, partying till the morning and often having sex. We got together with my girls at the weekend and bragged about how many lovers we had, it was fun».

Ildar was initiated to chemsex when he was 20. That was the first time when he went to a sex party at one of his lover's place:

«First it was just great sex, but we did not just fuck there, we also talked to each other, we interacted and made connections, and one of my lovers from those parties even helped me get a job as a barista at his coffee shop. It was more than just sex with chems, we also met without drugs just to go to the movies together, we celebrated each other's birthdays and helped each other. It was my pack and we had a great time together».

When Ildar talked about his chemsex experience, he straightened up, sitting on his chair, leaning forward, his speech was faster, and his movements were sharper. He recalled his first impressions as a purely positive experience with no negative connotations. Ildar's chemsex episodes were irregular and chaotic: during some months, he attended all the group parties, while during other months he did not engage in chemsex at all.

«When I didn't engage in chemsex for a long time, I felt very bad and lonely. Problems at the university, my parents asking questions, work… Sure, I had my friends, and we were hanging out with them all the time, but they could not understand me, they did not feel what I felt. And I just wanted some fun, freedom and good sex».

Over time, the group of people with whom Ildar was having chemsex became quite stable and regular. It included 10-15 people, including our hero. The members of this group kept in touch with each other quite closely and regularly, sometimes inviting other people to join them. Ildar called them ***«guest stars»***.

«I probably got the virus from one of those "stars." I do not believe that it was one of "my guys." Of course, we did not ask to see each other's medical records, but I'm sure it came from the outside».

Ildar's chemsex group had a number of rules: firstly, its members considered that injecting drugs was shameful, so it was strictly forbidden. Secondly, they committed to trust each other, so if it turned out that someone was lying, they could even be boycotted by the group and barred from sex. Thirdly, no one, not even close friends outside the group, were supposed to know what they were doing, and finally, they agreed to use condoms only with «new people». Ildar followed those rules, he idealized his chemsex experience and made a special emphasis on how he was able to socialize through chemsex.

When Ildar tested positive for HIV, it was the first time when he had to face the negative consequences of his risky sexual behavior, yet it seemed that he was more concerned about being excluded from his chemsex group than about his health.

«I do not know how to tell them about it. I am afraid they would turn their backs on me, and if someone else from the group also gets sick, they will blame it on me, they will tell that I have infected them all».

Ildar's motives were contradictory and chaotic, changing all the time. Sometimes he said that he wanted to quit chemsex for good as he was concerned about his health, sometimes he didn't want to talk about himself and we were discussing how he could get his friends to be tested, but most often he just indulged in the vivid memories of his chemsex experiences, ignoring any other topics. Motivation is one of the key questions to be addressed when working with chemsex users, so I wanted to share this story in particular to prove this point. ***Volatile, vague or unclear motivation leads to unpredictable and unsustainable outcomes.***

While Ildar was recovering from learning about his HIV status and starting his treatment to reach an undetectable viral load, he abstained from chemsex out of fear that he could transmit the virus to his partners (***«I want to quit not to infect anyone»***). After he achieved an undetectable viral load, his motivation was based the fear of rejection (***«I want to quit as I'm afraid people won't want to have sex with me»***). However, the main reason why Ildar engaged in chemsex – his minority stress – has not disappeared, while he rejected any new tools to deal with his stress and was very ambiguous about psychotherapy (***«I understand that I need it, but I'm not ready yet»***). So six months after Ildar started his HIV treatment, he started engaging in chemsex again, and it happened quite often – every weekend. When he returned to his group, its members, who were already aware of his HIV status, welcomed him back.

Currently, we keep in contact with Ildar every three months within our harm reduction activities. Ildar regularly invites his friends to get tested, receives condoms and lubricants from the organization to distribute them among other people and disseminates health-related information at group meetings. We have put our chemsex-related work with Ildar on hold, but it has not stopped, and although he does not need this kind of consultations now, he has established good relationships with me and our organization, so if he ever experiences any difficulties with chemsex, he knows where to seek help.

THE FIFTH CLIENT'S STORY: «WHEN HE SEES ME SUFFERING AFTER THE PARTY, HE WILL REALIZE HOW I NEED HIM» — CHEMSEX AS A WAY TO COMMUNICATE WITH THE PARTNER

Finally, it is the last story in this guide. In this story, you will see the names of two men, though we worked only with one of them.

Denis and Maxim have been together for nine years. They are both from Moscow, they both have fairly high-paying jobs, both are about 35 years of age and both live with HIV. Denis was the one who sought my help. He came to be tested for syphilis because of some rash that appeared on his body, and during our pre-test counseling session he mentioned that he was engaged in chemsex.

Denis is a very emotional person, his descriptions are figurative and his gestures are lively, his has a somewhat artistic, open and friendly style of communication, while Maxim, according to Denis, is more reserved and unsociable, «minding his own business». Their relationship started as a light summer romance and continued as a strong and mutual partnership.

«For the first three or even four years, we had almost no problems, the two of us spent a lot of time together, but we lived separately. We dreamed of renting an apartment and becoming a "real family," so we moved in together and in the beginning it was awesome, but then we started having arguments and he was isolating from me more and more. People are right when they say that routine kills love».

When I asked Denis how their couple coped with crisis situations, what helped them get closer and what, on the contrary, separated them from each other, he kept silent for a while, looked away and them continued with undisguised and even demonstrative sadness.

«I do not know, and it was eating me from within. I had no one to ask for help: neither mine nor his parents knew that we were a couple, it would have killed them, they thought we were just good friends renting an apartment together. I wish I could come to his parents and ask them what to do and how to talk to their son, but it was impossible. As for our friends, some of them were together for ten or fifteen years, but they had open relationships, which had never been okay for me. I was left alone with my pain. I just didn't know what to do, I had no idea where I could even read about it! In any bookstore, you can find plenty of books on how to build a relationship for husbands and wives, parents and children, bosses and colleagues, but none on how two men who are in love with each other can keep their family together. We had a lot of arguments, then we were getting back together, but later we just stopped bothering each other. We kept living in the same apartment, but over time we turned into neighbors».

It all lasted for several years, until one day Denis learned from their mutual friends that Maxim was dating other people for sex

«I was shocked, I just wanted to die. Yes, we were going through a tough time, but I just couldn't believe he could hurt me this way. It felt like the ground under my feet was gone. He betrayed me. I will never forgive him for that».

Despite all the painful emotions, Denis and Maxim never talked about the future of their couple considering the new circumstances, even after the fact that one of the partners cheated on the other was recognized by both. They continued living together in the same household.

«I couldn't understand him, I started to be paranoid and when he was not at home or worked long hours, I thought that he was with someone else. It was unbearable».

When I asked Denis if he told his partner about his feelings and worries, he said that ***«it was clear enough»*** and that he thought it did not make any sense to talk to Maxim. At the same time, Denis showed his aggression to Maxim not in an active, but in a passive way: he accidentally crashed his car, forgot to buy a birthday present for his mother… and one day decided to try chemsex.

«I don't know what I was thinking. Max was late at work again, I could no longer bear it, so I downloaded Hornet (a gay dating app) and wrote to the first handsome guy I saw there. I wanted a revenge, I wanted him to feel the same pain that I felt. This guy invited me to have group sex. I heard about it before and realized everybody was doing drugs there, but if he (Maxim) could do it, I could, too».

When Denis first tried chemsex, he stayed at the party till the next day. When he was going back home, he was blaming himself for what he did, expecting that Maxim would be furious, but his partner didn't make any comments about Denis not spending the night at home.

«I was thinking that when he saw me suffering after the party, he would realize how I needed him, how wrong he was and what he did to me. But he didn't even ask where I was and why I did not come home. I never thought I meant so little to him. And I just lost it, I started going to sex parties more and more often, having more and more rough sex – I hoped that he would finally see how he hurt me».

That's how chemsex became a part of our hero's life. It's not that Maxim didn't care about Denis suffering at all. Denis said that from time to time they had some arguments when he felt particularly bad. When they did, they shared all their pities and pains, then reconciled and even got a little closer to each other. However, then it started all over again. Denis continued passively punishing Maxim, ruining his own life and blaming his self-destructive behavior on his partner. At the same time, Denis could clearly see and feel the negative consequences of chemsex in his life.

«Now I see that it is a problem for me. I feel dirty and disgusting to myself. I keep thinking that I've got sick with some terrible disease, that I'm a drug addict, and that now, even if we break up with Max, I wouldn't be able to stop. I don't know what to do».

I offered Denis to work on his chemsex situation, but I told him that this work would be long and extensive and may involve other professionals. This story is quite «new» as we have only been working with Denis for three months, we have our appointments every two weeks and he attends them regularly.

I don't think that his rehabilitation is possible without individual and/or group psychotherapy and I have informed him about it. At our consultations, we do our traditional activities to build his skills of harm reduction when engaging in chemsex, set the goals, arrange psychoeducation sessions, identify the place of chemsex in his life, identify triggers and work with them to build his sustainability to such triggers. However, the reasons of his suffering, pulling those triggers, are still there, which requires the involvement of additional specialists.

At this point, Denis is already noticing some progress, he has reached his first goal — to abstain from chemsex for over a month — and generally points out that he is becoming more stable. We devoted our last two meetings to discussing the possibility of including psychotherapy to his life as a tool, which would allow him to better understand the reasons and motives of his behavior. So far, Denis is rejecting this opportunity, but when he is sharing his story, he is no longer focusing so much on blaming his partner, so that we can talk about his personal responsibility for his life and his health. For me, it is a good sign.

WHAT DO THEY HAVE IN COMMON?

We have looked at five cases. Those are five different stories of different people with chemsex playing different roles in their lives. Now we need to understand what all those stories have in common, apart from the obvious fact that all the clients used chems for sex.

OF COURSE, THE MINORITY STRESS

Each of the heroes of these stories was permanently in pain, not because they lived a bad life or did something wrong, but because their individual set of personal qualities and characteristics included certain aspects that were initially, even before their birth, negatively seen by the society and by people in their immediate environment. At the same time, we could see the different forms that the minority stress can take and the different levels of identity and skill systems it can affect. For Ivan, the protagonist of our first story, minority stress was manifested at the most fundamental and obvious level: his rejection of his own sexuality, confronted with the stereotypes about sexuality that he was faced with when he was growing, was expressed in the most painful and destructive subjective suffering. Ilya, the hero of our second story, was able to recognize his sexuality as a fact, but the minority stress was expressed in his negative attitude to this fact, so that he was building various conditional rules around the belief in his «badness» (***«if I..., I will be able to compensate for…»***). We could also see Ilya's subjective suffering around the impossibility to accept his body because of the contradictions he had inside him. Igor, the hero of our third story, had no difficulty in incorporating a positive attitude to his body into his individual identity, even despite his minority stress.

However, when he was diagnosed with HIV, the minority stress expressed itself in his subjective feelings of loneliness and rejection due to the stigma against people living with HIV existing in the society. Even when Ildar, the protagonist of our fourth story, accepted his HIV status, he was still experiencing subjective suffering, and in his case, we saw how the need of belonging and being accepted reinforced by the minority stress found its place in his life and had a significant impact on his decision-making system. Finally, Denis, our last hero, who seemed to be able not only to adapt to his sexuality and his HIV status, but also to build a long-term relationship with his partner, was also vulnerable to the minority stress. In his story, the minority stress, multiplied by the individual characteristics of his character, was expressed mainly in the subjective feelings of pain and loneliness and lack of understanding of how he could build a relationship in a homosexual couple, effectively coping with the inevitable partnership crises.

2 CHEMSEX WAS NOT A GOAL IN ITSELF OR AN ISOLATED PHENOMENON, EXISTING IN ISOLATION FROM THE MINORITY STRESS

Looking at the client stories, we can even say that chemsex was a response to the minority stress, a tool, which helped our heroes to cope with their negative emotions. Despite the fact that our heroes engaged in chemsex with different frequency, this phenomenon was integrated in their lives as a tool to reduce their subjective suffering caused by the minority stress. ***«That's what I do when I feel pain»*** — I think this statement is the best description of the functions that chemsex as a tool performs in the lives of our clients. The stories presented in this guide demonstrate what nuances chemsex as a tool to reduce the suffering caused by the minority stress can have for different people. ***«Chemsex as a permission to have sex with a man»***, ***«chemsex as a socialization tool»***, ***«chemsex as a way to communicate»*** — those are not just engaging names of the chapters or promotion slogans, those are the attempts to depict the functional nuances of chemsex in each particular case, which in my opinion is a vital prerequisite to offer support to chemsex users.

CHEMSEX IS «INTEGRATED» IN OUR CLIENTS' EMOTIONAL SELF-REGULATION AND STRESS RESILIENCE SYSTEMS

In my opinion, that is the reason why it is embedded in their behavior. In a short-term perspective, here-and-now chemsex works really well to reduce severe emotional suffering and in the absence of other alternatives looks very attractive, which is what our clients tell us. I am not praising chemsex, but I would like us, helping professionals with various competencies and areas of work, to respect the role that chemsex plays, the instrumental position that it takes in the skills system of our clients. Indeed, for our clients it is a «crutch», so when we knock it out without offering any alternative, we are not really helping them. The stories presented in this guide show us that chemsex is not an «unattractive formation» in a «generally attractive» life. In many ways, it becomes not the center, but one of the crucial pillars, around which our clients' lives are organized and with which they can cope with their difficult inner realities.

That is partly why many of our clients find it so difficult to «quit», so challenging to reduce the frequency of their chemsex episodes. That is what we saw in the stories above. This is a long and intensive process, involving a lot of components and engaging various professionals. I would like the professionals working with chemsex users to avoid overlooking or underestimating how deep the problems that our clients tell us about can be so that they organize their work in the most comprehensive way.

4 CHEMSEX IS A CULTURAL PHENOMENON

In fact, it is a tool developed by the LGBT community. None of the heroes in the stories above «invented» chemsex. This phenomenon exists not only at the individual level of a person engaged in chemsex, but at the level of community, where it manifests itself as a practice, a tool, an opportunity. We can even assume that at the collective level chemsex is a response of community to the minority stress. That is not to say that the community «invented» chemsex, so it is responsible and it is the one to blame for it. Here I would like to emphasize that any accusations are senseless and inefficient. While there is minority stress, people will have different ways to cope with it, and some of them can be quite destructive. People will have different responses to the question ***«What should I do when I feel pain?»*** How attractive, accessible and acceptable those responses are for a particular individual will to a great extent depend not only on the individual efforts aimed at people who engage in chemsex. It requires launching an extensive public discussion, implementing legal and economic mechanisms to reduce stigma and discrimination, and building an alternative public and cultural agenda, which should be aimed at detecting, deconstructing and transforming the conditions, in which the minority stress is formed at different levels (in the society, in the community and in the existing societal institutions).

Of course, this list is not exhaustive and I am sure that you, my dear colleagues, will be able to expand and prioritize it not only based on the stories presented in this guide but also based on your own experience of working with chemsex users — that you already have or will gain in the future.

This section summarizes the best practices related to chemsex. It includes the minimum «action plan» for chemsex consultations, on the one hand, and the ethical considerations and principles, which would be the basis of such consultations, on the other.

1 ASKING ABOUT YOUR CLIENT'S ATTITUDE TO CHEMSEX

Not all people who engage in chemsex need our help, at least not all of them need it immediately. There are much more chemsex users than those who seek our assistance. There are three classic questions developed by David Stuart that a client should answer so that we can understand if he needs our help:

- ***«Do you use drugs while having sex?»***
- ***«What is your drug of choice?»***
- ***«Do you think you have any drug-related problems?»***

If a client says that he engages in chemsex, but does not see it as a problem, we should never try to change his mind or impose our support on him. In this case, we can talk with the client about the risks, discuss harm reduction methods with him and say that if he has any issues or questions, he is free to contact us.

2 FRAMING THE REQUEST AND SETTING THE GOALS

Though it seems that this task is simple enough, based on my experience I can say that this simplicity is apparent. Many of our clients may just not have the skills, which would allow them to set adequate goals. We should not only be ready for it, but also be lenient and patient if the client has difficulties in framing his request and his goals. I should also say that in such situations there is always a risk to «replace» the real request of the client with your own expectations. In this case, the request is rather a fantasy of the consultant about what is best for the client in his opinion, not a «working material» for further consultations. I ask you not to forget about it and be careful and open to your clients' feedback concerning the request and the goals that you set.

I have prepared a list of the key questions, which help me do it right.

Some questions seem to be pretty «standard», but despite this fact, when you ask them sincerely, they can be very helpful both for you and your client:

- ***«What brought you to me?»***
- ***«What would you like to take away from our work?»***
- ***«How do you think I could help you?»***
- ***«What are the problems related to chemsex that you experience and that make your life worse?»***
- ***«How would you like your life to change?»***

To better understand your clients and for your clients to better understand themselves and their needs, it is good to ask questions based on the active listening technique.

- ***«Do I understand correctly that you think that at this stage you are not ready to quit, so now you would like to focus rather on reducing the frequency of your chemsex episodes?»***
- ***«You have mentioned that you think you are not able to resist your desire to engage in chemsex. Do I understand correctly that you would be interested in learning how you could develop such resistance?»***

TIt is also important that the client's request should be in line with the motivation that the client has. If the client does not tell us about his motivation, we should ask him about it. Asking simple direct questions is enough for it:

- ***«Why would you like to reduce your chemsex engagement?»***
- ***«Why is it important for you to quit chemsex?»***

Finally, I'd like to say that it is important not only what goals our clients set and how they frame their requests, but also to which extent they believe in those goals. If our clients do not really believe in the goals they set, it is very probable that the first failures will demotivate them so it will not be possible to continue our work. There is a good saying: «There is only one way to eat an elephant: a bite at a time». When you work with people who engage in chemsex, it means that you need to set only those goals that seem attainable to your client, however small they may seem.

«You have said that your goal is to quit for good, starting from today. How realistic is it in your opinion? Maybe we could select a smaller goal and decide that you could try to ab-stain from chemsex this weekend, for example?»

David Stuart has developed a wonderful website, which contains a great tool allowing you to make this stage of interaction with your client easier, clearer and more effective.

3 EDUCATING THE CLIENT IN HARM REDUCTION TECHNIQUES THAT ARE RIGHT FOR THEM

My friend, colleague and co-author of this guide Nikolay Lunchenkov says: *«When we look at a man engaging in chemsex, we do not ask if he is going to get HIV, we ask* ***when*** *he is going to get HIV».*

It helps us to define the objectives we need to focus on when working with our clients. This may be a tough conversation as the clients motivated to quit chemsex often deny the very possibility of a relapse. It might be helpful to prepare a «backup plan» just in case.

«I believe in the goals that we have set together, but my experience tells me that in the process of our work we may encounter various episodes, including those we try to avoid. I suggest that we think about a situation that you are going to a chemsex party, but we are going to focus not on what you feel but on how you can take care of yourself to make this episode safer».

4 PROVIDING THE CLIENT WITH PSYCHOEDUCATION AND ASSISTANCE IN DETERMINING THE PLACE OF CHEMSEX IN HIS LIFE, AS WELL AS THE FUNCTIONS THAT CHEMSEX PERFORMS FOR HIM

Psychoeducation is an important part of the process. It not only allows us to speak the same language with our clients, it also allows our clients to better understand what is going on. In my work as well as in the stories presented in this guide, the best psychoeducation tools were empathetic understanding and mirroring the clients as well as self-revelation.

«I understand that it is rather easy for us to talk about those processes now, analyze them, but in fact it is not so simple. I can understand what you are feeling, these are really strong emotions, I also think sometimes that there is no other solution, that this is the world we live in, and there is no place for me in this world, so all that is left for me is to survive the way I can and that all the efforts to live a better life just don't make sense. But that is not everything about me, I know myself very well. I know that it is just a reflection of the processes that are going on inside me, which are not an absolute truth and which can be dealt with. In fact, I can always choose what to do though it might not be easy. Let us think about how you cope with similar emotions and what place chemsex takes in this process».

5 HELPING TO IDENTIFY TRIGGERS AS WELL AS TRIGGER SITUATIONS WHEN THE CLIENT IS MOST VULNERABLE TO USING CHEMSEX AS A WAY TO RESOLVE HIS INTERNAL CONFLICTS

Triggers are the stimuli that associate with the client's engagement in chemsex as a pattern of behavior. So that people who are not psychologists can understand, I will share the definition offered by David Stuart: ***«Triggers are things that cause us to crave chems; situations, circumstances, events, emotions, places... anything that might make us think (obsessively sometimes), about doing chems»***.

I can add that triggers can sometimes include unexpected things. The associative chain of triggers can go so far that some clients can be «triggered» by certain things totally unrelated to chemsex. I had a client who was triggered by the need to go to work every day. The website of David Stuart, which we mentioned above in this chapter, offers a great tool to identify triggers based on the experience of thousands of people and David's personal experience. I really recommend you to have a look at this tool and use it in your work.

6 HELPING THE CLIENT TO BUILD STRESS RESISTANCE AND EMOTIONAL SELF-REGULATION SKILLS

To cope with strong emotional experiences (such as related to chemsex), people need to have a well-developed powerful skills system, so that they would have as many effective alternative answers to the question ***«What should I do when I feel pain?»*** as possible. Chemsex is just one of the alternatives, one of the ways, the tools that helps people deal with the suffering that seems unbearable. In this context, we as professionals can help our clients build valid and attractive alternatives to chemsex as a tool. The stronger the skill system of the professional working with such client is, the more options he can offer to the client. It is a creative job based on empathy, interest, patience and focus on the individual needs of the client. Something that works for me may not work for other people, and vice versa. Here it is important to focus on what works best for your client. Do not hesitate to ask your client some leading questions:

- ***«What allows you to feel more relaxed?»***
- ***«What brings you joy and fills your life with meaning?»***
- ***«What did you like to do when you were a child?»***
- ***«What was the recent activity that made you forget about time and feel really engaged? What were you doing?»***

7 REFERRING THE CLIENT TO A FRIENDLY PSYCHOLOGIST, A SELF-HELP GROUP OR TO OTHER MEDICAL OR PARAMEDICAL PROFESSIONALS

As we have seen in the stories above, working with chemsex users is always a comprehensive task. Chemsex is just the tip of the iceberg, a visible and obvious phenomenon with its roots that can go very deep. Working with chemsex users means that those people need to make some radical changes in their lives, sometimes those changes are so big that they may require people to sacrifice something they are not yet ready to sacrifice.

The path of rehabilitation is a long way that requires long-term individual and often group psychotherapy and sometimes involvement of additional specialists. So it is helpful when we, helping professionals working with chemsex users, have a network of friendly specialists, to whom we can refer our clients.

INSTEAD OF A CONCLUSION

In this chapter, I do not want to draw any conclusions, but I would like to say the words of gratitude and wish you luck. The phenomenon of chemsex just recently appeared in the life of the LGBT community as well as in the work of helping professionals. I think that this guide is not exhaustive and it cannot be exhaustive because it lacks your stories of working with your clients — chemsex users. Both those which have happened in the past and those which will happen in the future.

It was very easy and enjoyable for me to work on this text and I would like to thank ECOM for this opportunity to share my experience. Besides, I would like to say a big thank you to my clients who overcome great obstacles and allow me to take part in the challenging process of their rehabilitation. I want to thank them for trusting me and for being ready to accept my help.

If you are reading this guide looking for answers to the question ***«How can we help our clients who engage in chemsex?»***, you are my colleagues and I wrote this guide for you. I am convinced that now your work will be different — more spontaneous and creative in some aspects and more structured and consistent in others — but it will surely be more effective and high-quality. If you are reading this, you are definitely interested in this topic and so you can develop and grow as a professional. I am sure that as time passes you will also be able to teach me how to be even more effective when helping our clients, what practices and tools can be used for this purpose.

Good luck to you! I believe in you and in our joint efforts!

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