GROUND-UP HARM REDUCTION PRACTICES FOR CHEMSEX IN THE CONTEXT OF PUNITIVE DRUG LAWS: A QUALITATIVE STUDY AMONG SEXUAL MINORITY MEN IN SINGAPORE

Authors:

Eleanor Joan Ong¹, Kuhanesan Naidu², Rayner Kay Jin Tan¹

- ¹ Saw Swee Hock School of Public Health, National University of Singapore and National University Health System, Singapore
- ² Department of Psychological Medicine, National University Hospital, Singapore

Background:

Harm reduction responses for chemsex remain suboptimal around the world, and are limited by the presence of punitive drug laws. This qualitative study explored how sexual minority men in Singapore rely on ground-up approaches to negotiate harm reduction in the context of chemsex.

Methods:

Semi-structured in-depth interviews were conducted with 33 purposively sampled GBMSM seeking treatment for chemsex in Singapore. Interview topics included participants' experiences and life histories of chemsex, substance use, incarceration, trauma, and ongoing recovery from chemsex. Interviews were audio-recorded and transcribed verbatim. Data were and analyzed via inductive thematic analysis.

Results:

Participants articulated a context characterised by punitive drug laws and a lack of resources for Chemsex. Despite this, participants highlighted several ground-up means through which they navigated harm reduction in the context of Chemsex. At the individual level, participants learnt through their interactions with others how to develop personalised safe drug use practices. These included safety in the context of dosing and mixing drugs, routes of administration, and recognising dependence. Second, at the interpersonal level, participants articulated issues around negotiating safety during Chemsex sessions, including how to recognise overdose and harms typically associated with Chemsex, protecting oneself from sexual transmissions, and learning how to trust others. Third, at the community level, participants learnt how to stay safe from drug enforcement agencies, including developing a 'safe' lexicon of drug use terminologies, understanding the evolving enforcement practices that such agencies undertook, as well as techniques of seeking out necessary formal health services while navigating risks of prosecution. Nevertheless, participants also recalled instances in which reliance on ground-up knowledge sometimes led to experiencing harms associated with Chemsex.

Conclusions:

Communities engaging in Chemsex have developed ground-up harm reduction practices even in the absence of formal frameworks. Community interventions may leverage such ground-up dynamics should to address gaps that deepen harm reduction inequities.

Disclosure of Interest Statement:

None