

Chemsex Sex Study Analysis

A Mixed-Methods Study of Chemsex Practices, Health
Implications, and Service Accessibility in Lebanon

January 2025
MENAHR





Table of Contents

1. Executive Summary
2. Introduction
 - 2.1 Definition and Relevance of Chemsex
 - 2.2 Objectives of the Study
 - 2.3 Background on MENAHRA
3. Methodology
 - 3.1 Mixed-Methods Approach
 - 3.2 Participant Demographics and Inclusion Criteria
 - 3.3 Survey and Interview Structure
 - 3.4 Ethical Considerations
4. Findings and Analysis
 - 4.1 Demographics and Geographical Distribution
 - 4.2 Patterns of Chemsex Participation
 - 4.3 Motivations and Perceived Benefits
 - 4.4 Health Implications
 - 4.5 Existence and Accessibility of Services
5. Consultation with CSOs on Chemsex in Lebanon
 - 5.1 Understanding Chemsex Context
 - 5.2 Health Implications as Observed by CSOs
 - 5.3 Interventions by CSOs
 - 5.4 Gaps and Limitations
6. Comparison with International Trends
7. Recommendations
8. Conclusion



List of Acronyms

ART: Antiretroviral Therapy

CSO: Civil Society Organization

GBL: Gamma-Butyrolactone

GHB: Gamma-Hydroxybutyrate

H&H: High and Horny

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer, and others

MENA: Middle East and North Africa

MSM: Men who have Sex with Men

PNP: Party and Play

PreP: Pre-Exposure Prophylaxis

PEP: Post-Exposure Prophylaxis


STI: Sexual Transmitted Infection



1. Executive Summary

Chemsex, the intentional use of psychoactive substances to enhance sexual experiences, has emerged as a global phenomenon over recent decades. In many countries, particularly where open dialogue about sexuality and drug use is more socially acceptable, this practice has been the subject of increasing academic and public health scrutiny. Studies conducted in these regions have offered valuable insights into the trends, motivations, and health implications of chemsex, enabling the development of comprehensive and evidence-based interventions. However, Lebanon presents a uniquely challenging context for addressing chemsex. Deeply rooted cultural taboos surrounding sex, homosexuality, and drug use, combined with legal restrictions, contribute to a significant lack of data and understanding about this phenomenon. These barriers not only impede research but also exacerbate stigma and discrimination faced by individuals who engage in chemsex.

The urgency of this study is further heightened by Lebanon's ongoing socio-economic and political crises. Times of conflict and instability often correlate with increased substance use as individuals seek coping mechanisms for heightened stress, anxiety, and trauma. In this context, the intersection of chemsex with systemic stigma, discrimination, and limited access to support services creates an environment of compounded vulnerabilities.



This study, therefore, seeks to fill a critical gap in understanding chemsex practices in Lebanon. By exploring trends, patterns, and health implications within this context, the research aims to inform the development of holistic, culturally sensitive, and effective public health interventions. Through this work, we hope to contribute to reducing harm, enhancing support systems, and cultivating a more inclusive and understanding society for individuals engaging in chemsex.

02

Study Contributors

This investigation represents the collaborative efforts of multiple organizations and individuals. Elie Aaraj of the Middle East and North Africa Harm Reduction Association (MENAHRRA) and Georges Azzi of Linear Lines jointly led the study. Georges Azzi authored the comprehensive report and analysis, while Sarah Tannoury of Linear Lines spearheaded the data collection process with valuable outreach support from Dany Hanna. Thea L. Khoury served as the project coordinator at Linear Lines, ensuring quality control throughout the study's duration. With great appreciation to all participating CSOs and individuals who provided insight and knowledge for the informed development of this study, more information pertaining to participating CSOs is reflected in this report.

Definition and Relevance of Chemsex: Chemsex refers to the deliberate use of specific psychoactive substances, such as methamphetamine (crystal meth), mephedrone, and GHB/GBL, before or during sexual activity to enhance or prolong the experience. While chemsex has been extensively studied in regions where open discussions about drug use and sexuality are less stigmatized, the phenomenon remains under-researched in Lebanon. Here, cultural taboos surrounding sex, homosexuality, and substance use complicate public discourse and hinder efforts to understand and address this issue.




2. Introduction

Globally, chemsex is recognized as a public health concern due to its association with high-risk behaviors, mental health challenges, and the transmission of sexually transmitted infections (STIs). In Lebanon, the relevance of chemsex is further accentuated by the country's ongoing socio-economic crises, which often amplify substance use as a coping mechanism for stress and trauma. The convergence of stigma, discrimination, and limited access to harm reduction services underscores the importance of this study in addressing chemsex within the Lebanese context.

Objectives of the Study

This study aims to:

1. Investigate the trends and patterns of chemsex usage in Lebanon, including the substances used and demographic characteristics of participants.
2. Examine the health implications of chemsex, including physical and mental health risks.
3. Explore the correlation between chemsex and high-risk sexual behaviors, such as unprotected sex and multiple partners.
4. Understand the underlying motivations for engaging in chemsex and the psychosocial factors that perpetuate it.
5. Propose evidence-based recommendations for public health interventions and harm reduction strategies.



Background on MENAHRA: **The Middle East and North Africa Harm Reduction Association** (MENAHRA) is a regional network dedicated to improving the quality of life for people who use drugs through harm reduction approaches. Active in over 20 countries, MENAHRA focuses on empowering civil society organizations to implement inclusive and sustainable health services. This study aligns with MENAHRA's mission by addressing the intersection of drug use, sexual health, and human rights within marginalized communities in Lebanon. MENAHRA contracted **Linear Lines** to conduct this research assignment.




3. Methodology

Mixed-Methods Approach This study employs a mixed-methods approach to provide both quantitative and qualitative insights into chemsex practices in Lebanon. Data collection includes:

1. **Online Surveys:** The online surveys, which received 140 responses, were designed to gather comprehensive quantitative data. These surveys captured demographic information, patterns of substance use, and health-related outcomes. The online format allowed for anonymity, facilitating candid responses and providing an overview of chemsex practices in Lebanon.
2. **Qualitative Interviews:** In-depth qualitative interviews were conducted with individuals who engage in chemsex. These interviews offered valuable insights into personal motivations, lived experiences, and the challenges faced by participants. By complementing the survey data, the interviews highlighted the nuanced and contextual factors influencing chemsex behaviors.
3. **CSO Consultations:** Consultations were held with nine representatives from Civil Society Organizations (CSOs) specializing in harm reduction, public health, and LGBTQ+ advocacy. These discussions provided expert perspectives on the societal, legal, and health contexts surrounding chemsex. CSOs shared their observations on service gaps, barriers to access, and effective strategies for intervention, adding a critical organizational dimension to the study.

Participant Demographics and Inclusion Criteria Participants include individuals aged 18 and above who:

- 
- Engage in chemsex activities.
 - Identify as members of the LGBTQ+ community or as sex workers.
 - Provide informed consent to participate in the study.


Survey and Interview Structure

- Survey Sections: Demographic information, substance use patterns, sexual behaviors, health implications, and awareness of support services.
- Interview Focus Areas: Personal experiences with chemsex, perceived benefits and risks, barriers to accessing services, and recommendations for intervention.

Ethical Considerations

- Informed Consent: Participants are fully informed about the study's purpose, procedures, and potential risks before consenting.
- Confidentiality: Data is anonymized and securely stored to protect participants' identities.
- Voluntary Participation: Participants can withdraw from the study at any time without any repercussions.

Additional Correlations to Explore Beyond the established objectives, the study will also examine:

- 
- The psychological factors driving chemsex participation, such as coping with stigma or trauma.
 - The impact of socio-economic conditions on the prevalence of chemsex.
 - Community-level dynamics, including the role of social networks in perpetuating chemsex practices.
 - The reasons individuals engage in chemsex and the barriers to cessation or harm reduction.

The adopted methodology aims to provide actionable insights for addressing chemsex in Lebanon and informing broader public health strategies.

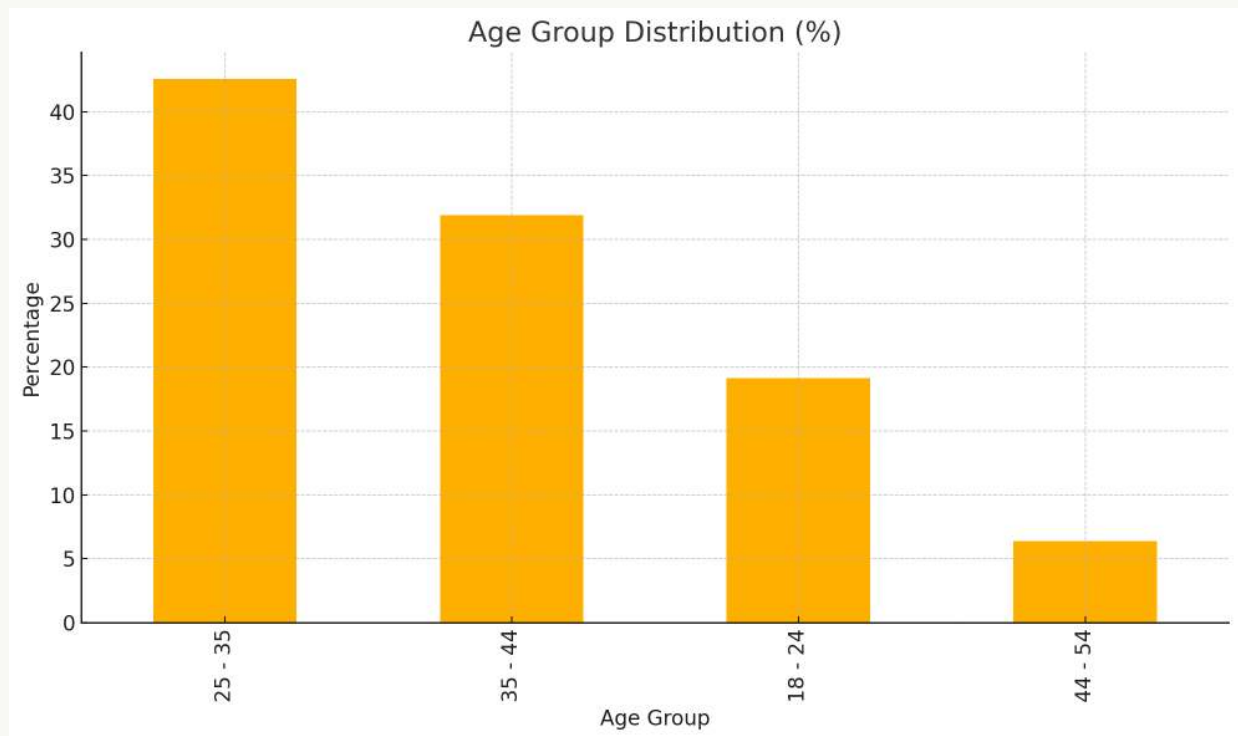
4. Findings

4.1 Demographics and Geographical Distribution

The demographic characteristics of the study participants provide essential insights into the profiles of individuals engaging in chemsex in Lebanon. Below is a breakdown of the key findings:

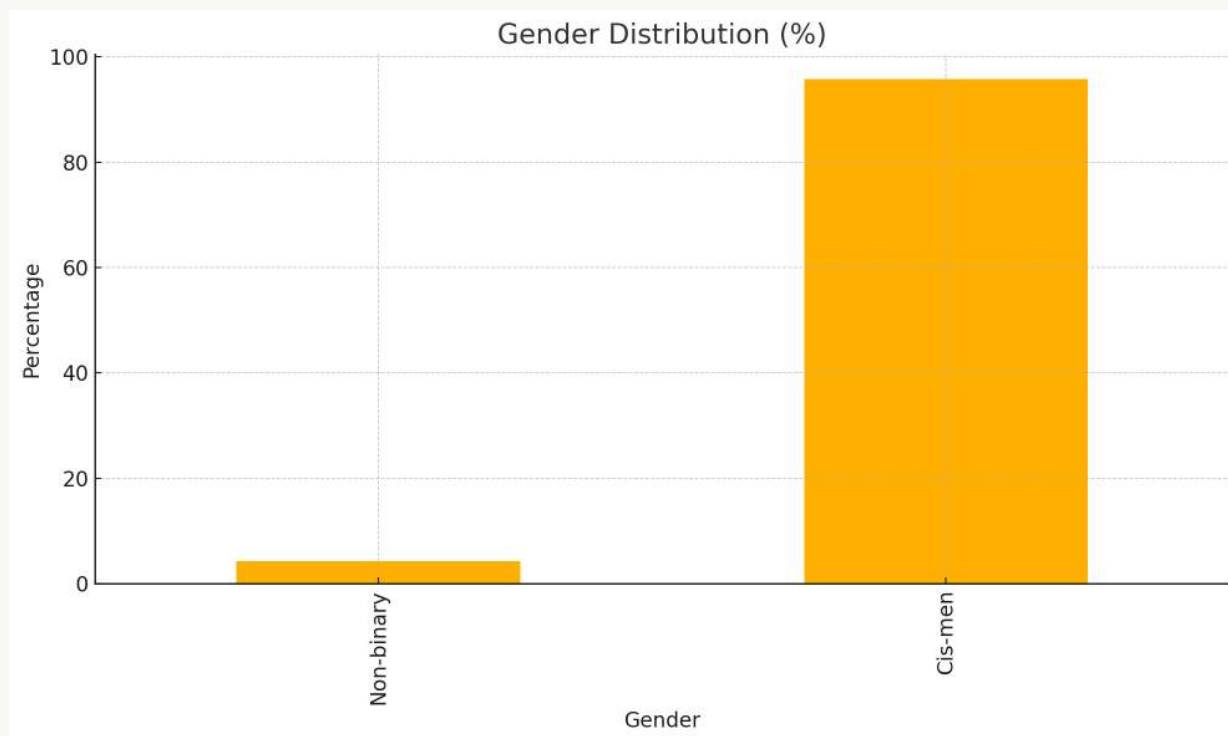
Age Group

The majority of participants (41.7%) belong to the 25–35 age group, followed by 33.3% in the 35–44 age group. A smaller proportion (15%) are aged 18–24, while 8.3% are aged 44–54. These results indicate that chemsex practices are most prevalent among young adults and middle-aged individuals.



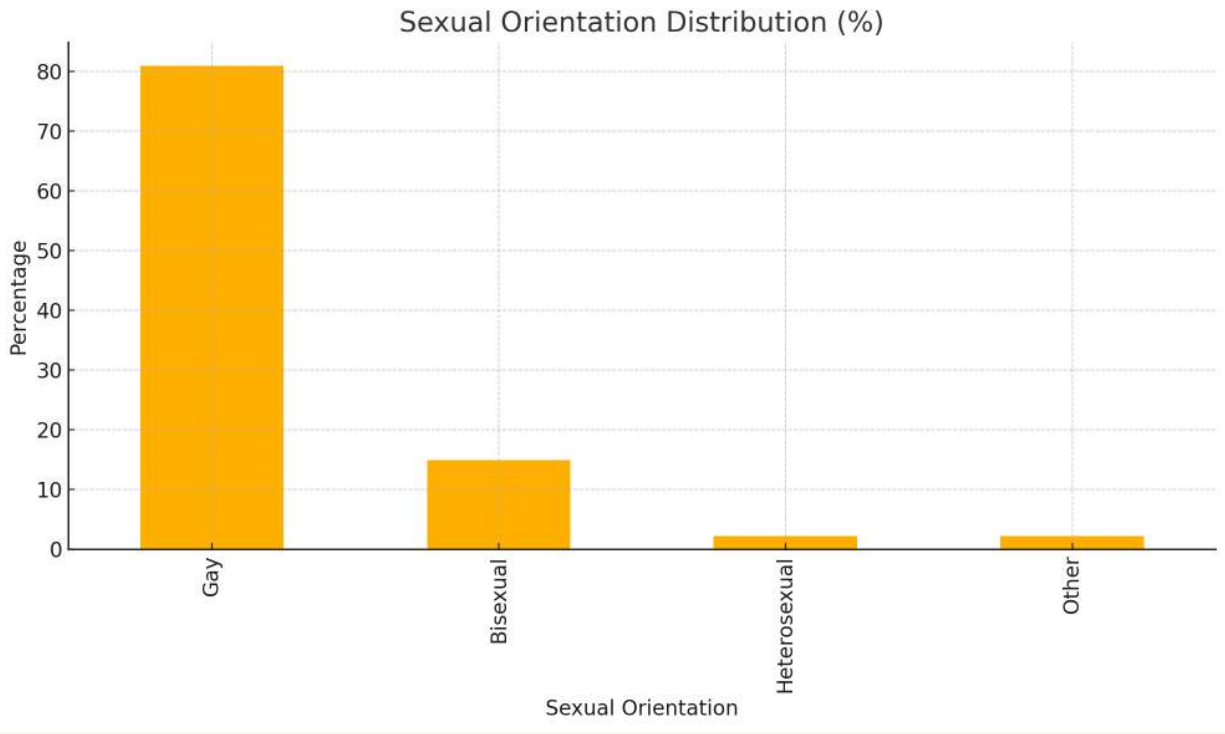
Gender

Participants identifying as cis-men constitute the largest group (85%). This category includes individuals who explicitly identified as cis-men or described their gender identity in equivalent terms. Non-binary participants represent 4%, highlighting the involvement of gender-diverse individuals in the phenomenon.

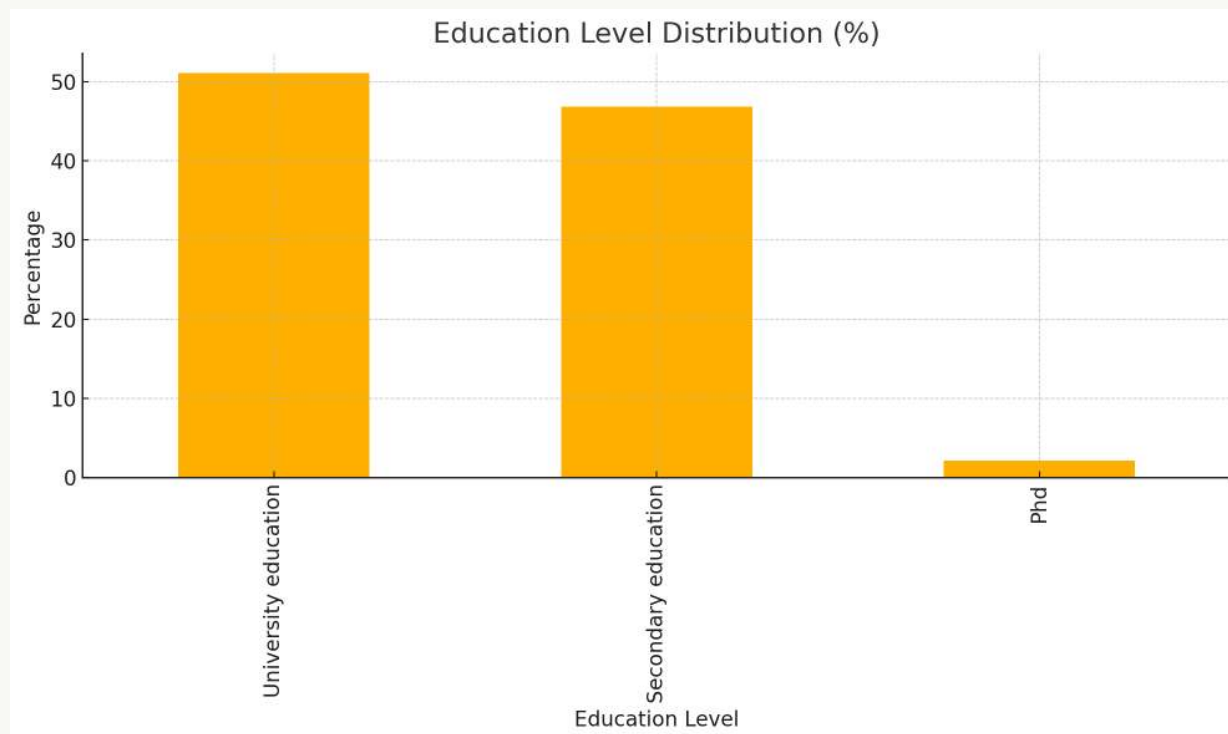


Sexual Orientation

The majority of respondents (69%) identify as gay, followed by bisexual participants (13%). A smaller proportion identify as heterosexual or listed alternative responses. These results reflect the significant intersection of chemsex with LGBTQ+ communities.



Education Level



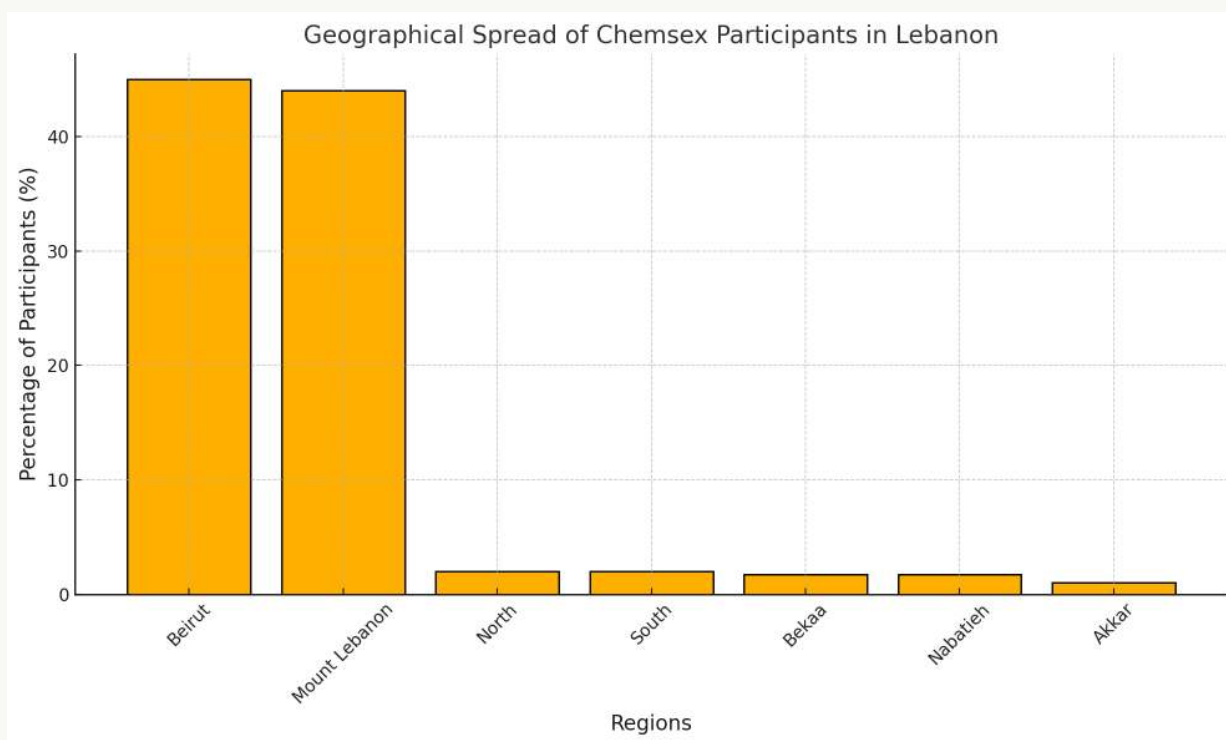
Participants were largely well-educated, with 44% reporting university-level education and 40% having completed secondary education. Only a small percentage (2%) hold advanced degrees such as a PhD.

Employment Status

Most participants (47%) reported being employed full-time, with an additional 9% working part-time. However, 22% identified as unemployed, while 5% were students. These findings highlight the varying socio-economic circumstances of those engaging in chemsex.

Geographical Distribution

The geographical spread of participants reflects a concentration in Beirut (40%) and Mount Lebanon (35%), the country's most urbanized regions. Other participants were from the North (2%) and the South (2%), indicating a smaller but notable presence of chemsex practices outside urban centers.



4.2 Patterns of Chemsex Participation

Narrative Analysis

Chemsex participation in Lebanon follows notable trends concerning substance use, frequency, and regional cultural terminology, reflecting both global similarities and unique local nuances.

Substances Used

The survey and qualitative interviews highlight the diversity of substances used during chemsex sessions, often in combination. The most commonly reported substances include:

1. Crystal Meth (Tina):


66.6% of respondents reported using crystal meth. Among these:

8% used it rarely,

20% occasionally,

22% frequently, and

50% always.



Crystal meth is the most frequently used substance. It is primarily sought for its ability to enhance sexual stamina, euphoria, and disinhibition.

- - Crystal meth was described as a key factor in prolonging sessions, which often lasted from 12 to 48 hours.
 - Injection or "slamming" was reported by a small subset (5%), with many expressing regret or fear of its effects.

One participant shared:

"The first thing I used to feel is that the self-confidence... was at 99%, and then it would go to 1000%"

1. GHB/GBL ("G"):


63.3% of respondents reported using GHB. Among these:

15.7% used it rarely,

18.4% occasionally,

28.9% frequently, and

36.8% always.



GHB/GBL is often described as a "balancer" to crystal meth. It is sought for its relaxing properties and ability to reduce inhibitions during intimate encounters. Participants warned of the risks of overdose due to misjudged dosing.

"I was around 18. I was invited to an orgy, and it was extremely casual actually how I was introduced to it... It looked and sounded very appealing

1. Cocaine:

48.33% of respondents reported using Cocaine. Among these:

41.3% used it rarely,

20.4% occasionally,

6.1% frequently, and

13.7% always.

While some participants described transitioning from "party drugs" to chemsex settings, cocaine was often used alongside other stimulants for heightened effects.

1. Ecstasy/MDMA:

66.6% of respondents reported using MDMA. Among these:

20% used it rarely,



22.5% occasionally,

22.5% frequently, and

35% always.

primarily for its role in fostering emotional connections and amplifying pleasure. Participants often described MDMA as less "intense" than crystal meth but more socially engaging.

1. Ketamine (K):

53.3% of respondents reported using Ketamine. Among these:


21.8% used it rarely,

28.12% occasionally,

18.75% frequently, and

31.25% always.

Ketamine was described as a substance that induces dissociation and emotional numbness, particularly for individuals seeking an escape from stress or trauma.



"K took me to another place—away from my problems, away from reality."

1. Poppers (Amyl Nitrate):

66.6% of respondents reported using Poppers. Among these:

17.5% used it rarely,

22.5% occasionally,

17.5% frequently, and

35% always.

poppers were commonly used during chemsex sessions to enhance short-term euphoria and physical sensations.


1. Viagra and Other Erectile Dysfunction Drugs:

58.33% of respondents reported using Viagra. Among these:

8.5% used it rarely,

15% occasionally,

34.2% frequently, and



31.4% always.

participants admitted to using Viagra or similar drugs to maintain physical performance during prolonged chemsex sessions.

1. Mephedrone (Meow Meow):

10% of respondents reported using Mephedrone. Among these:

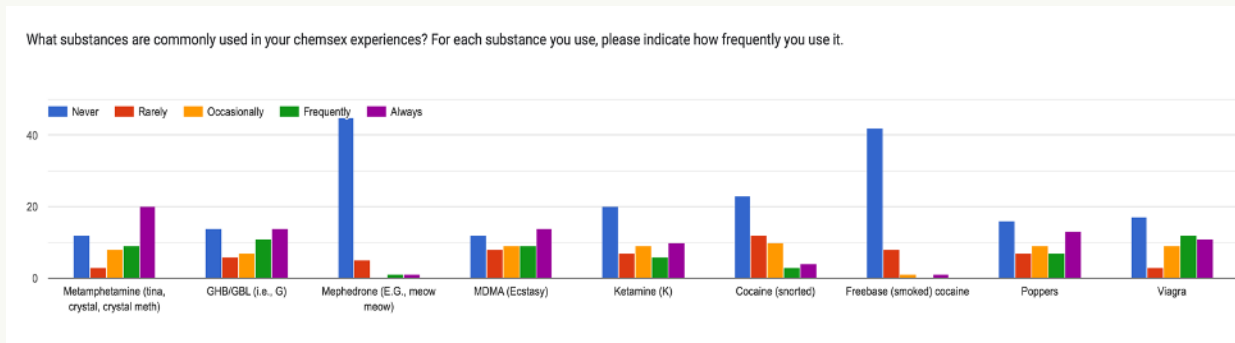
83% used it rarely,

17% frequently

Mephedrone was less prevalent but noted for its stimulant properties and role in maintaining high energy levels.

Both the quantitative data and the qualitative interviews emphasized poly-substance use during sessions, where individuals combined multiple substances to achieve varying effects. For instance, crystal meth and GHB/GBL were often used together to alternate between stimulation and relaxation. This practice, however, increases the risk of overdose, particularly with substances like GHB.

In addition to the above drug, Hash (15%) and Alcohol (3%) we reported as used during chemsex sessions




Frequency and Duration

Patterns of frequency varied across participants:

- 21.2% reported engaging in chemsex on a monthly basis, often during weekends or special events.
- 25% reported weekly participation, which was more common among individuals facing high levels of stress or emotional distress.
- 23.1% engaged in chemsex sporadically, influenced by social events, parties, or dating app arrangements.
- 21.2% reported daily use.

Participants described sessions that ranged from 8 to 48 hours, depending on the substances used. Crystal meth was most commonly associated with prolonged sessions, leading to physical exhaustion and mental fatigue.

“I engaged in chemsex about seven times. The lifestyle wasn’t necessarily tied to specific events but, for example, to techno parties. Later, I realized that I didn’t even enjoy that kind of music.”



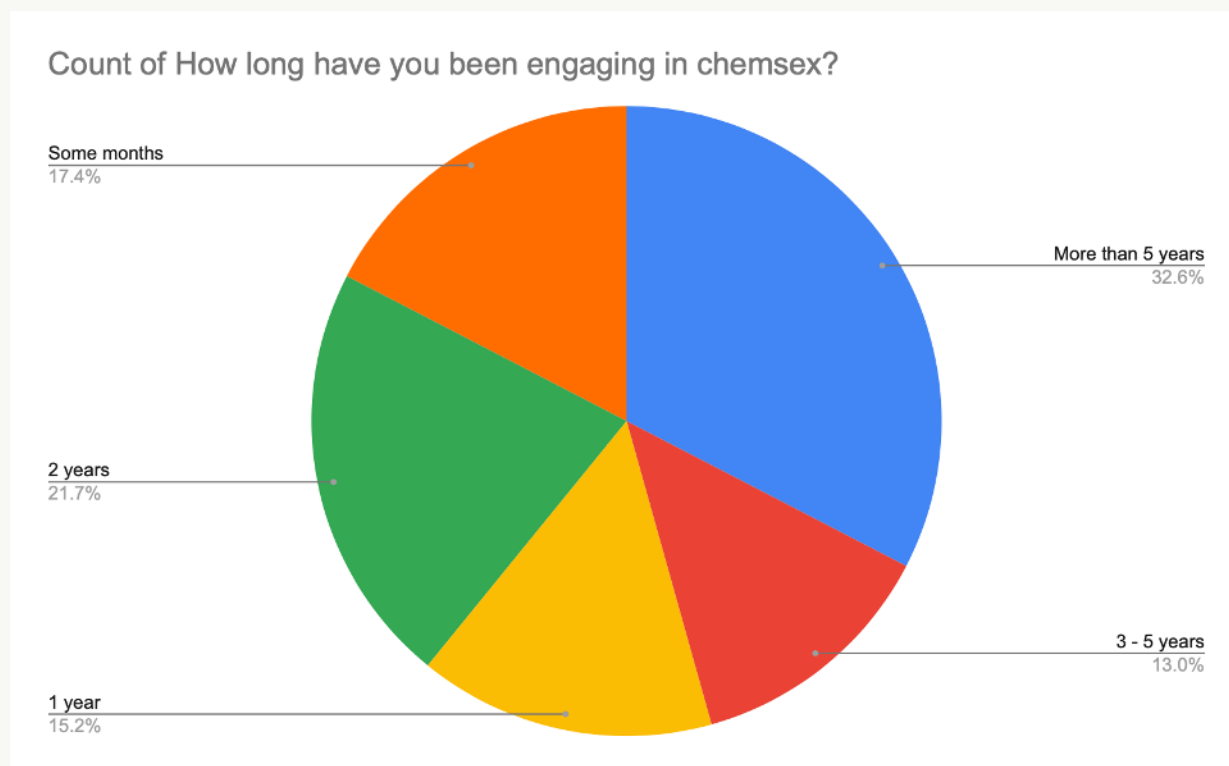
Drug administration Drug administration methods during chemsex sessions in Lebanon reveal both global trends and local nuances. Among participants reporting their methods of substance use, oral administration emerged as the most common route, reported by 79% of respondents. This was closely followed by smoking, practiced by 75%, and snorting, reported by 58%. These methods align with the preference for less invasive routes often associated with social settings and ease of use.

However, injecting drugs ("slamming"), a higher-risk practice, was reported by 25% of participants. This figure, while not the most common, highlights a critical concern due to its association with increased risks of bloodborne infections, such as HIV and hepatitis C. Participants engaging in injecting practices often emphasized the stigma and secrecy surrounding this method, which limits their access to harm reduction services.

“If someone cannot afford it, they should never share a needle with anyone, and there should be promotion of needle distribution.”

Duration of Participation

Engagement in chemsex ranged widely among respondents:



- 15% reported participating for just a few months.
- 13% had been involved for about a year.
- 19% had engaged for two years.
- 11% reported a duration of 3–5 years.
- 31% had been participating for more than five years.
- 10% selected “other,” often referring to irregular or sporadic participation.



Prevalence of Chemsex

When asked about the prevalence of chemsex in their regions, participants provided diverse insights:

- 65% stated that chemsex is becoming more popular.
- 33% described it as limited to a small number of users.
- 13% noted an increase in injection-based drug use.
- 4% felt that chemsex is declining in popularity


The growing prevalence of chemsex in Lebanon reflects broader social dynamics and highlights the need for tailored support and harm reduction services. Participants noted its increasing visibility, particularly within digital spaces, with one participant observing,

“If you just open Grindr, you can see the number of people who are just high on it on a Tuesday morning or have been high for the last 4 days.”

...underscoring its normalization in certain contexts. Another shared,

“The use of crystal meth is booming now, and it’s causing a lot of problems,”

...pointing to the rising popularity of specific substances and their implications. Social connections and peer dynamics also play a significant role, as one participant explained,



“I hoped my friends would stop and go to an organization to ask for help, but it seems like they’re getting too attached to it. They even said, ‘You really stopped, right?’”.

Regional Terminology and Cultural Perceptions

Chemsex remains largely taboo in Lebanon, with participants primarily relying on international words and codes to discuss the practice;

- “High and Horny (H&H)”: The most frequently mentioned term, reported by 67% of participants, reflects the central focus on enhanced sexual experiences during substance use.
- “Chemsex”: Directly referenced by 46% of participants, indicating growing awareness of the global terminology for the practice.
- “Party and Play (PNP)”: Used by 40% of participants, highlighting a connection between recreational drug use and extended sexual encounters.
- “High fun”: Mentioned by 44% of participants, emphasizing the pleasure and euphoria associated with the experience.
- “Chems fun”: Reported by 21% of participants, reflecting a more lighthearted framing of the practice.
- “Ice”: A term for crystal meth, was mentioned by 4% of participants, underscoring the substance's association with chemsex in some circles.

Some respondents also highlighted the use of coded emojis on dating applications, such as the rocket emoji 🚀, to discreetly indicate interest in chemsex and related activities.




4.3 Motivations and Perceived Benefits

While participants in Lebanon are acutely aware of the risks associated with chemsex, many continue to engage in these practices due to the multifaceted benefits they perceive. Chemsex often provides a pathway to addressing deeply rooted feelings of shame, struggles with accepting one's sexuality, and even discomfort with one's own body. It offers a temporary escape from societal judgment, enabling participants to experience a sense of freedom, self-acceptance, and emotional relief.

“It was a way to shut off all the guilt and shame that came with my sexuality. The desired effect was euphoric... it was just for the lust to be there without prohibition.”

For many, the appeal of chemsex extends beyond physical pleasure. Increased sexual pleasure and enhanced sensory experiences, reported by the majority, are often tied to the ability to engage in sexual activity without fear or inhibition. This freedom allows participants to reconnect with their bodies, foster intimacy, and explore sexual identities. Additionally, chemsex sessions can help individuals cope with profound feelings of loneliness, serving as a means to connect with others and navigate the often stigmatized world of sexual expression.



However, the psychological dimensions of chemsex participation extend far deeper. It is not merely about heightened pleasure but also about managing anxiety, confronting internalized stigma, and finding community in a context where sexual expression is frequently marginalized. Many participants described a sense of liberation from judgment during chemsex, highlighting its role in fostering acceptance of their identities.

“With everything happening, I realized I tend to run away into sex when I don’t feel right. It doesn’t have to be chemsex, but the stimulation and escape it offers are better.”

Addressing chemsex requires a holistic and integrated approach that goes beyond harm reduction. Mental health support is paramount, as the underlying drivers of chemsex often stem from isolation, internalized stigma, and struggles with identity. Strategies to reduce harm must therefore be accompanied by efforts to promote mental well-being, create supportive communities, and provide judgment-free spaces for sexual health care. Engaging chemsex users in the development of these interventions is critical to ensure that services are effective, relevant, and sensitive to their lived experiences.

“It helped me with coping... I was able to accept the reality and continue my night calmly. It felt like nothing else mattered, even the war going on outside.”



Perceived Benefits of Chemsex

“I felt like I wasn’t enough, but when I used chems, I could finally engage in what I wanted, without hesitation.”

Participants in Lebanon highlighted several benefits associated with chemsex, reflecting both personal and social factors that drive engagement:

- **Increased Sexual Pleasure:** Reported by 90% of respondents, this was the most frequently cited benefit, with participants describing heightened sensory experiences as a primary motivator.
- **Increased Duration of Sexual Activity:** Mentioned by 81%, extended sessions were noted as a key appeal of combining substances with sexual activity.
- **Reduced Inhibitions and Shame:** Reported by 40%, chemsex was perceived as a way to overcome internalized stigma and fears, particularly around sexuality.
- **Sense of Liberation and Acceptance:** 38% described a newfound freedom and less judgment about their sexual identity during chemsex sessions.
- **Facilitation of New Connections:** 31% valued chemsex for enabling them to meet new people and fulfil sexual fantasies in a context where sexual expression might otherwise be limited.
- **Improved Social Interactions:** 33% noted that substances used during chemsex helped them navigate social dynamics more easily, reducing feelings of anxiety or discomfort.




One participant shared;

“I wanted this openness in sex... I wanted to feel more like myself without judgment or fear.”

Perceived Harms of Chemsex

“The aftermath is the worst part. It’s not just the physical recovery; it’s the mental toll, paranoia, anxiety, and feelings of regret that stay with you for days.”

Despite the reported benefits, participants recognized significant harms associated with chemsex:

- 
- **Physical Health Risks:** The most cited harm, mentioned by 87%, included risks of infections like HIV, hepatitis C, and sexually transmitted infections (STIs), as well as complications from substance use such as overdoses.
 - **Psychological and Emotional Impacts:** Reported by 67%, participants noted mood swings, mental health struggles, and increased feelings of isolation.

“I realized people around me were losing control—forgetting medication, overdosing, and putting themselves at serious risk.”

- **Legal and Financial Consequences:** 42% highlighted risks such as criminalization, job loss, or theft, often exacerbated by the secrecy surrounding chemsex.
- **Social and Relational Issues:** 33% expressed concerns about damaged relationships, loss of friendships, and stigma within their social circles.
- **Dangerous Choices and Situations:** 31% described engaging in high-risk behaviors or ending up in unsafe environments during chemsex sessions.
- **Death or Overdose:** A smaller but critical 27% reported concerns about the potential for fatal consequences.

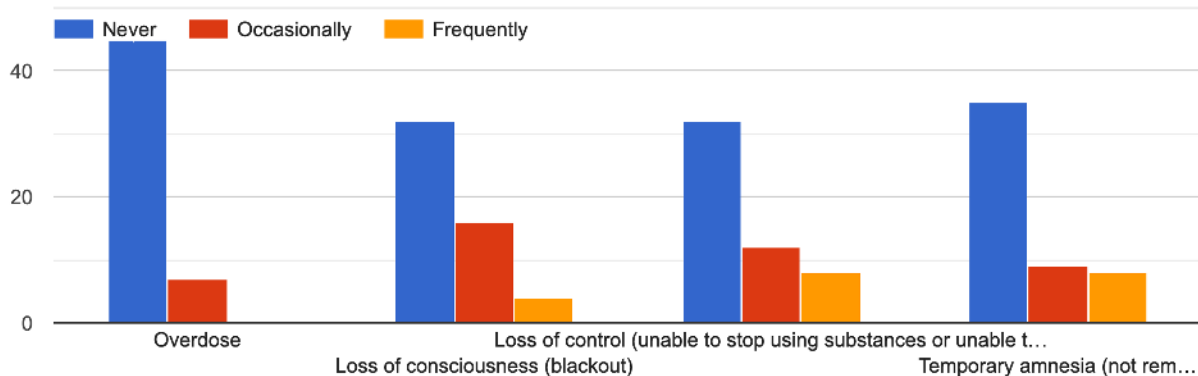
Incidents Experienced During Chemsex


Participants also reported specific adverse experiences during or after chemsex sessions:

- Overdose: While 87% had never experienced an overdose, 13% reported occasional overdoses.
- Loss of Consciousness (Blackout): 38% occasionally experienced blackouts, while 8% reported frequent occurrences.
- Loss of Control: 23% occasionally felt unable to stop substance use or decline participation in activities, and 15% experienced this frequently.
- Temporary Amnesia: 17% occasionally experienced memory loss, and 15% reported frequent episodes of amnesia.

“I used to feel a sense of euphoria, but afterward, I realized it wasn’t worth it. It affected my relationships, my health, and my perception of pleasure itself.”

Have you experienced any of the following incidents during or after using substances in a chemsex context? Please select all that apply and specify how often each has occurred.





Additionally, stepping away from chemsex is challenging for many participants due to peer pressure and social dynamics, with some reporting difficulty maintaining friendships or navigating social circles after deciding to stop, as reflected in the sentiment.


“After I stopped using, my friends didn’t talk to me the same way anymore. It was hard to admit I’d stopped, and I felt like they were treating me differently because of it.”

4.4 Health Implications

The data highlights significant health risks for individuals engaging in chemsex practices in Lebanon, particularly a heightened prevalence of sexually transmitted infections (STIs). These risks emphasize the need for harm reduction strategies specifically designed to address the unique dynamics of chemsex. Traditional prevention methods, such as condom distribution, while essential, are often insufficient in the chemsex context, where factors such as substance use, prolonged sexual sessions, and complex social dynamics create barriers to consistent use.

One participant reflected,

“The only thing that differs is that I last longer when I’m on drugs, but the sessions could last from 9 pm until 9 am. Without them, the session ends after an hour or two,”



...illustrating how substance use prolongs risk exposure during sexual activity. Participants also reported challenges in managing their health risks. One explained,

“I got HIV after I started using. I know it’s not right to put all the blame on myself, but there’s surely some blame on taking the drugs,”

...underscoring the intersection of substance use and STI vulnerability.

Others highlighted gaps in harm reduction practices, such as the lack of access to PreP, as critical areas needing attention. Developing effective harm reduction strategies requires a collaborative and empathetic approach that engages chemsex users directly.

“First of all, we need to listen, not just hear and then judge,”

...noted one participant, highlighting the importance of creating a safe and judgment-free space for individuals to share their experiences. By fostering trust and inclusivity in service provision, interventions can address specific risks, such as unprotected sex and substance use, while promoting better health outcomes. A comprehensive strategy that integrates mental health support, STI prevention, and harm reduction measures is essential to meet the needs of this community with compassion and understanding.



Unprotected Sexual Practices

A majority of respondents reported engaging in unprotected sexual activities:

- 90% had unprotected anal intercourse.
- 96% had unprotected oral intercourse.
- 29% had unprotected vaginal intercourse

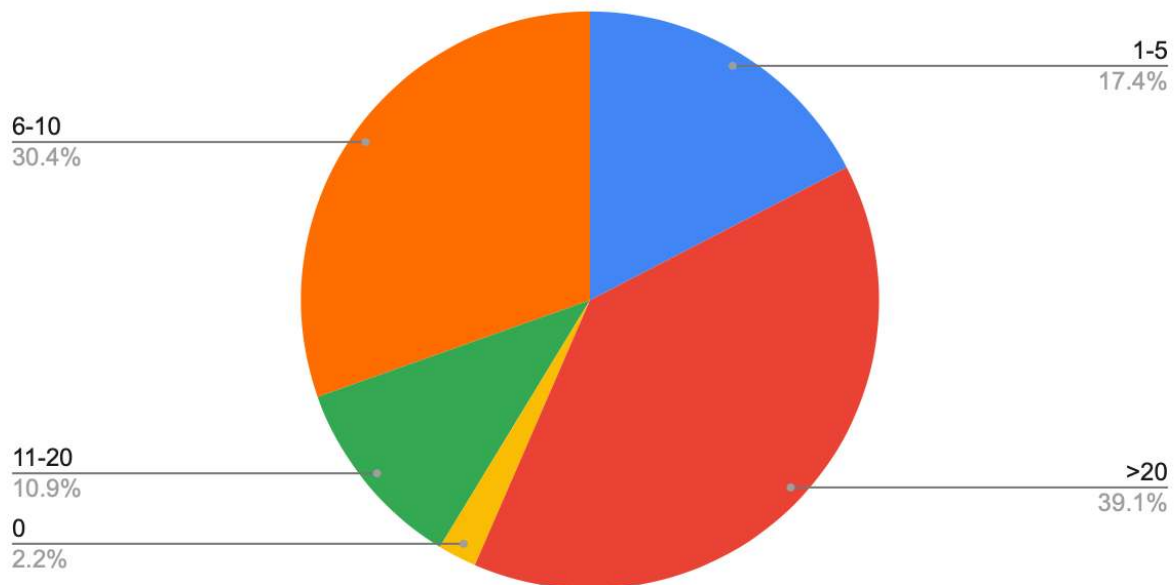
Number of Sexual Partners

In the last 12 months:

- 39% of respondents reported having more than 20 sexual partners.
- Another 30% reported between 6–10 partners.

These findings reflect patterns of high partner turnover, a known risk factor for STI transmission, necessitating regular health screenings and accessible prevention measures.

Count of In the last 12 months, how many sexual partners did you have?



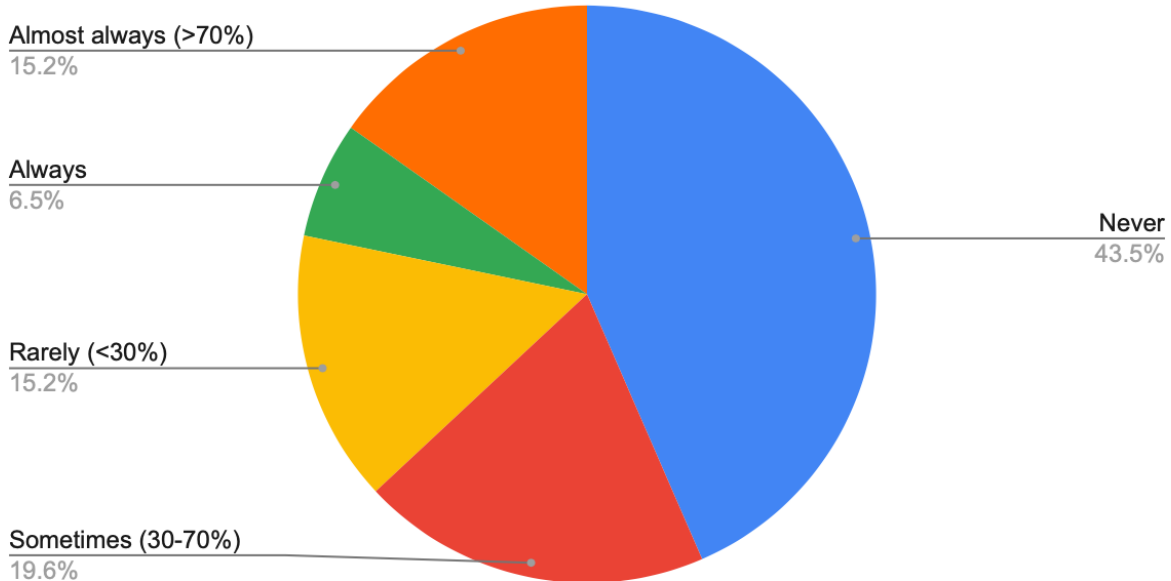
Condom Use

Condom usage among respondents was notably low:

- 43.5% never used condoms with male partners.
- Only 6.5% consistently used condoms.

This underscores the need for adapted harm reduction strategies adapted to chemsex users.

Count of In the last 12 months, did you use condoms with male partners?

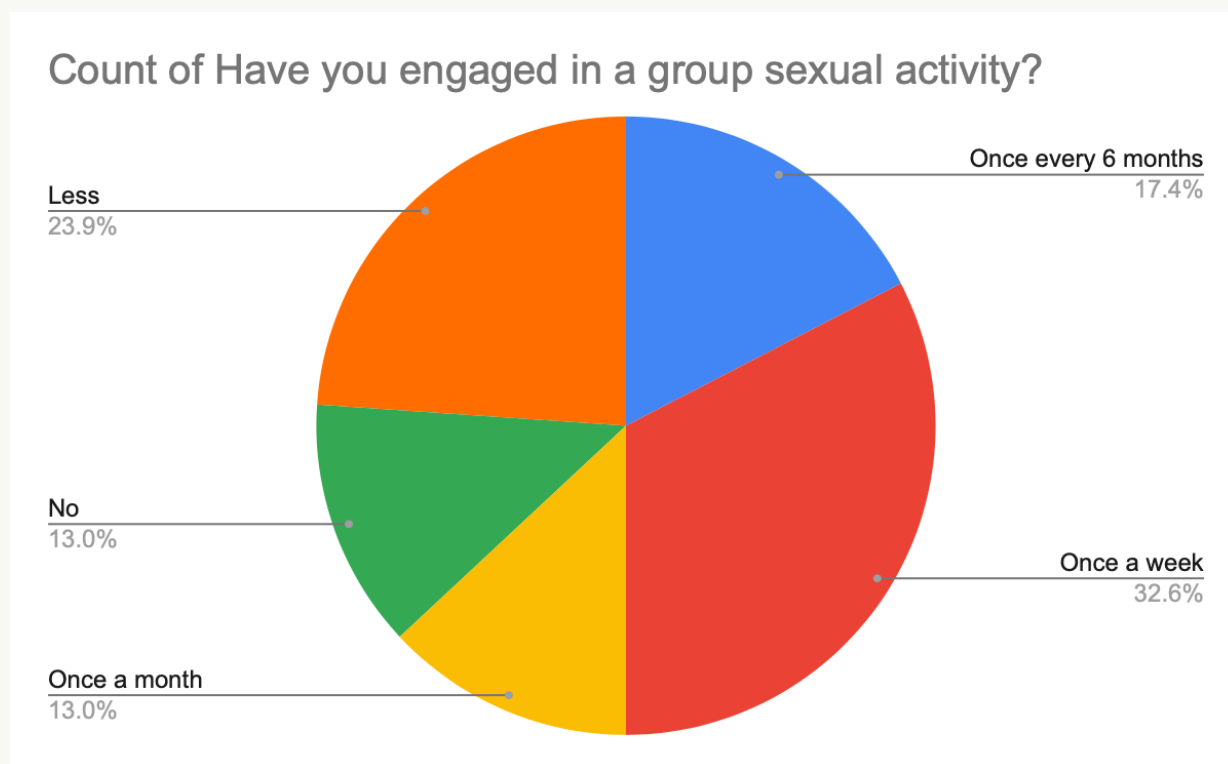


Group Sexual Activities

Group sexual activities were common:

- 32.6% participated in such activities weekly.
- An additional 30% engaged in them less frequently but still within a significant timeframe (monthly or biannually).

Group activities inherently increase exposure to risk behaviors, such as substance use and unprotected intercourse, reinforcing the necessity of targeted interventions.

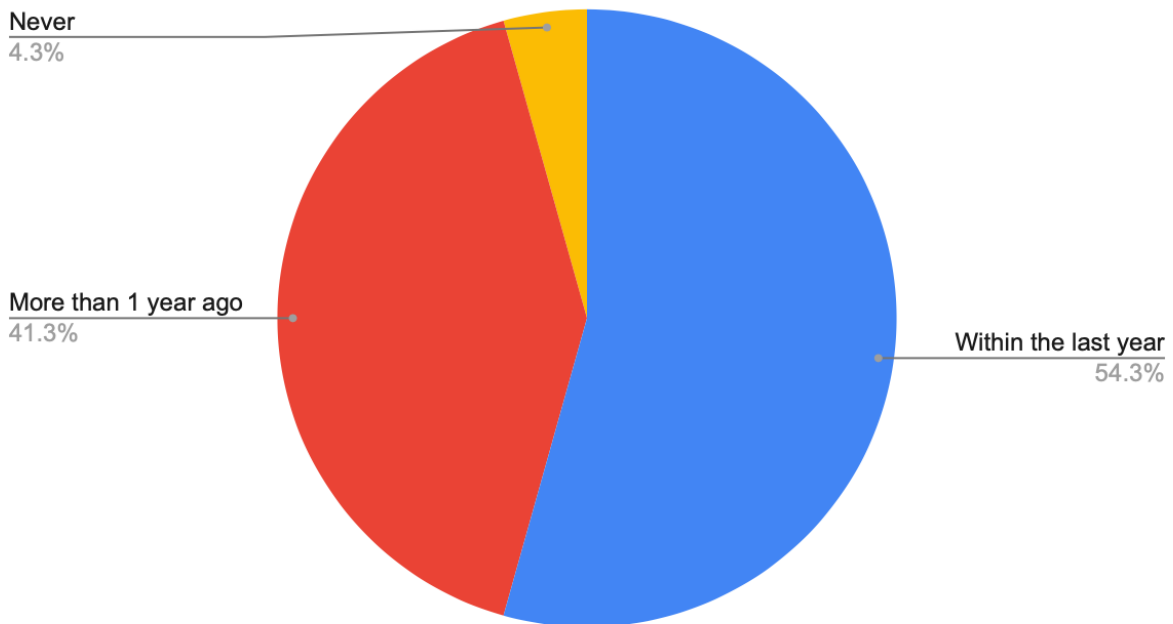


HIV and STI Testing

Testing practices among participants showed some of the following trends:

- 54.3% had been tested for HIV within the last year, reflecting awareness of the need for regular testing.
- However, 41.3% had not been tested in over a year or were unsure about their status, representing a gap in consistent health monitoring.

Count of When, if ever, were you last tested or HIV?





HIV Diagnosis and Treatment

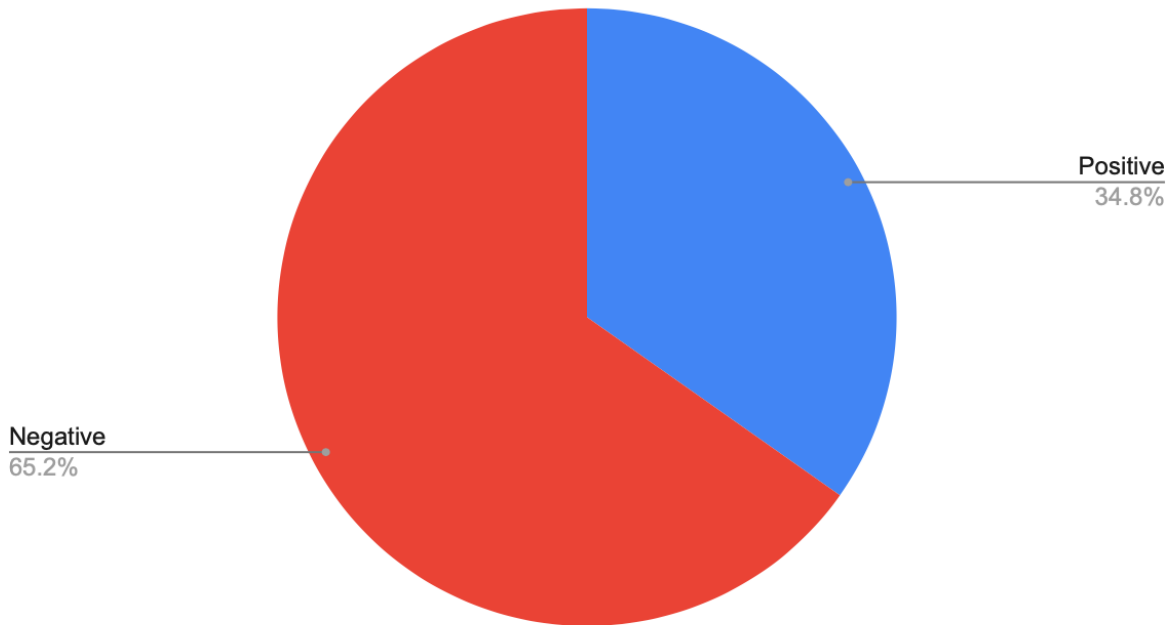
Among those diagnosed with HIV:

- 34.8% of all respondents were HIV-positive, with diagnoses ranging from 2013 to 2021.
- All HIV-positive participants reported undetectable viral loads, indicating successful management and treatment adherence.

“Despite using, I never forgot to take my medication, but many people do.”

This success demonstrates the feasibility and importance of providing accessible, stigma-free antiretroviral therapies (ART) and supportive care.

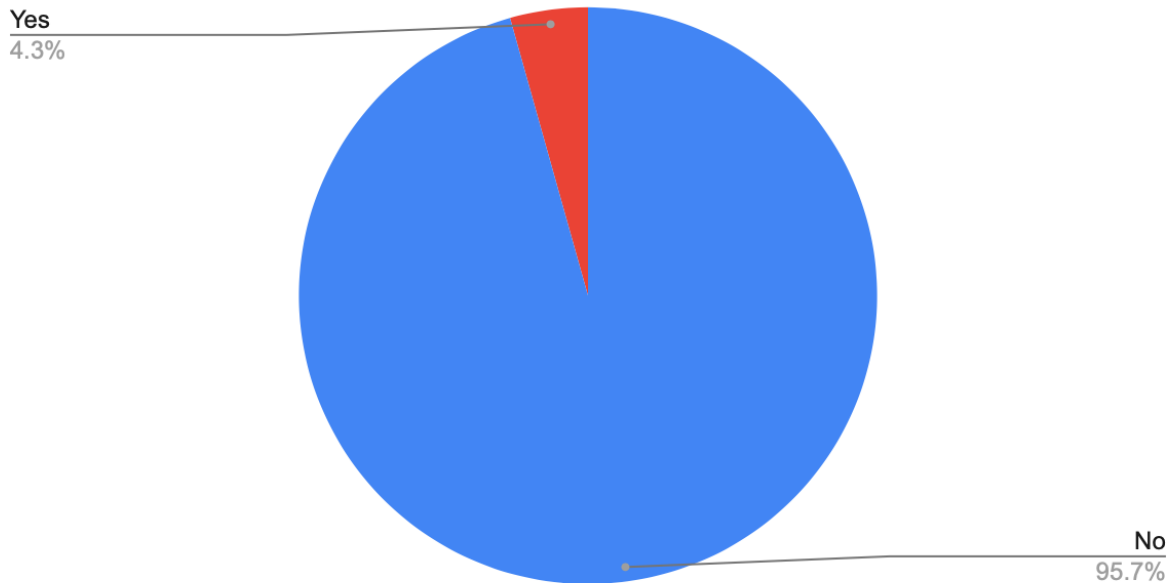
Count of What was the results of your last HIV test?



PreP Usage

Despite the elevated risks, only 4% of participants reported using PreP (Pre-exposure Prophylaxis), which is proven to be the most effective harm-reduction method in the context of chemsex.


Count of Are you currently on PreP (Pre-exposure Prophylaxis)?



STI Prevalence

The prevalence of STIs among respondents underscores the health challenges faced by this group:

- 46% tested positive for syphilis.
- 33% for gonorrhea.
- 23% for chlamydia.
- 13% for hepatitis C.



These figures reveal the urgent need for integrated STI prevention, testing, and treatment services that cater specifically to the chemsex community.

4.5 Existence and accessibility of services The data reveals a complex and challenging landscape of service awareness, accessibility, and barriers for individuals engaging in chemsex in Lebanon. While many participants are aware of available support services, significant issues such as mistrust, breaches of confidentiality, and perceived judgment from service providers deter actual utilization. For example, one participant shared, “At [an LGBT organization], one of the staff started using the information I was giving him against me, telling me I deserved what was happening because I’m a drug user,” highlighting the critical role of trust and professionalism in service accessibility. Many participants also reported turning to the internet or trusted friends for information and support rather than seeking formal help. This reliance underscores gaps in outreach and the need for services to demonstrate genuine confidentiality, respect, and cultural sensitivity. Addressing these barriers through enhanced visibility, proactive and empathetic outreach, and better training for service providers is crucial to ensuring that chemsex users perceive these services as trustworthy, relevant, and nonjudgmental, thereby improving their utilization.

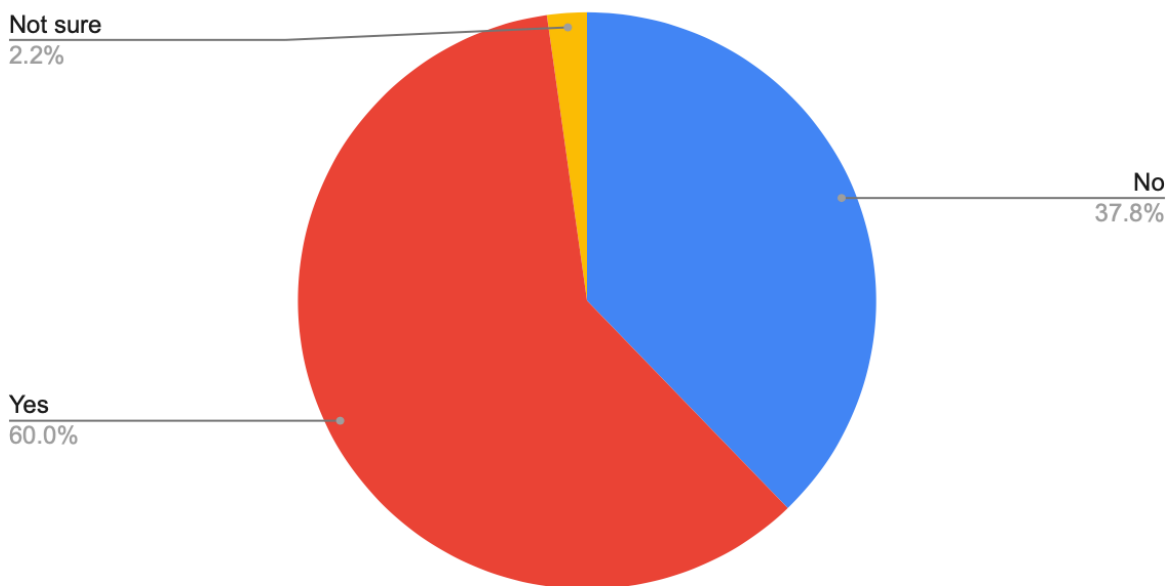
Awareness of Services

60% of respondents reported being aware of services available for chemsex participants, while 37% were either unaware or unsure.

- Among those aware, the most commonly identified services included:
 - HIV, HCV, and STI health screenings (73%)
 - Harm reduction services (58%), such as needle exchange programs and safer substance use training.
 - Substance abuse counseling (45%)
 - Fewer respondents identified peer support groups (10%) and online support (23%), reflecting limited access to community-based or virtual resources.

However, some participants explicitly noted a lack of awareness in certain regions, indicating uneven distribution and outreach efforts.

Count of Are you aware of services available for individuals engaging in chemsex in your area?





Accessibility of Preventive Measures

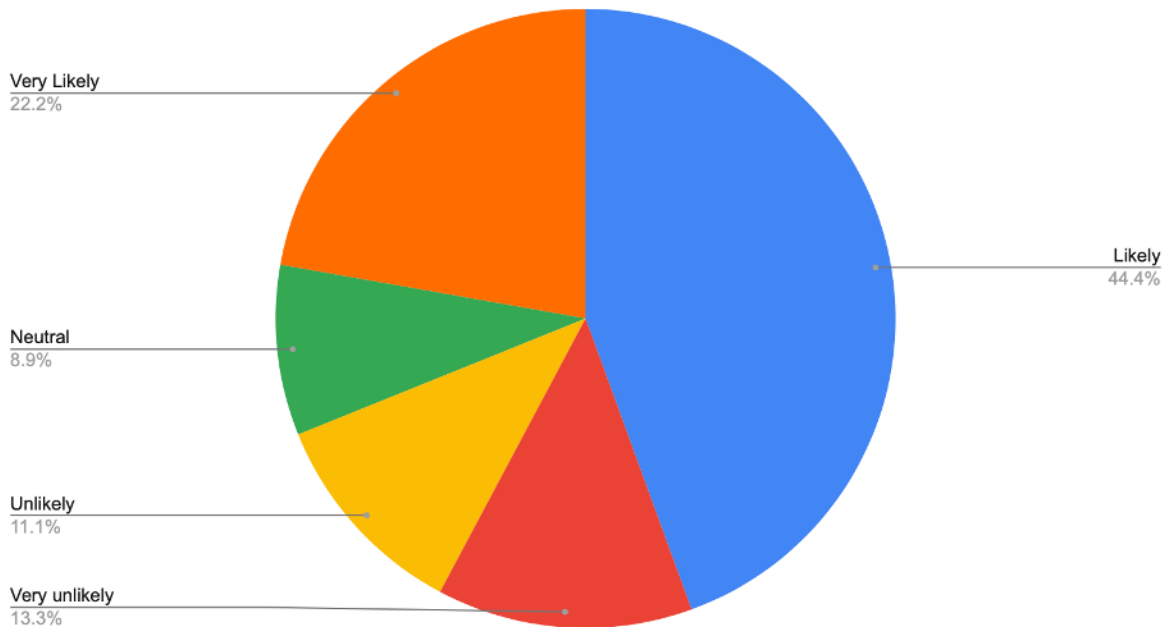
The accessibility of preventive tools and services varied significantly across different measures:

- Condoms and Lubricants: Highly accessible, with 81% reporting "very easy" access to condoms and 75% reporting the same for lubricants. These findings highlight effective distribution networks for basic sexual health supplies.
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP): Accessibility was marked low, with 46% describing access to PrEP and PEP as "very difficult" and only 6% reporting "very easy" access. This gap underscores the critical need to improve availability and affordability of these life-saving interventions.
- Needles for Injection: Responses were more mixed, with 54% reporting "neutral" or "somewhat easy" access, while 23% found them "very difficult" to obtain. This highlights the need for expanded harm reduction programs.

Help-Seeking Behaviors

Participants expressed varying levels of likelihood to seek help in emergencies such as overdoses or severe health reactions:

Count of If you were to experience a serious problem such as an overdose or a severe health reaction while using substances during chemsex, how likely re you to seek help from a hospital or other health services?



- 66.7% were "likely" or "very likely" to seek medical assistance, reflecting a potential openness to engage with healthcare systems under the right conditions.
- However, 24.4% were "unlikely" or "very unlikely" to seek help, underscoring ongoing barriers and mistrust.



Factors Influencing Help-Seeking

Encouraging factors included:


- Trust in medical professionals (71%)
- Accessibility of services (35%)
- Anonymity and confidentiality (35%)
- Positive healthcare experiences (35%)

Discouraging factors, however, were significant:

- Fear of legal consequences (90.4%) emerged as the dominant deterrent, reflecting concerns about criminalization of drug use.
- Fear of being judged (23%), stigma (19%), and lack of trust in healthcare (15%) also prevented participants from seeking help, highlighting the need for stigma reduction and provider training.

Sources of Information

Chemsex discussions and partner-seeking methods reflect a range of experiences and practices across Lebanon, shaped by varying levels of stigma, social networks, and accessibility to digital platforms. While 52% of participants reported that people “don’t talk about it,” 58% mentioned discussing chemsex only with trusted friends. A smaller proportion (15%) indicated that chemsex was openly discussed within the community.



“Even today, you’re the first person I talk to openly about my experience. I trust you on a certain level because X told me that you're someone I can talk to.”

Participants noted that mobile apps and internet platforms (67%) were the most common tools for seeking partners, “From what I see on the dating apps, 90% of the Lebanese people are using drugs,” underscoring how these platforms have become hubs for connecting individuals engaging in chemsex.

Participants primarily relied on informal and digital networks for information:

- 67% accessed the internet (websites, forums, blogs).
- 58% relied on friends or personal networks, highlighting the community's role in disseminating knowledge.
- Local NGOs or community health centers were used by 29%, but only 12% sought information from healthcare professionals or government health departments, indicating a lack of engagement with formal institutions.



5. Consultation with CSOs on Chemsex in Lebanon

The consultation with Civil Society Organizations (CSOs) was conducted through a combination of a focus group discussion and one-on-one interviews involving organizations including Skoun Lebanese Addictions Center, Association of Justice and Mercy (AJEM), Society for Inclusion and Development in Communities and Care for All (SIDC), and The Lebanese AIDS Network Association (LANA) Network. This approach provided critical insights into the prevalence, challenges, and support systems related to chemsex in Lebanon. CSOs play a pivotal role in understanding the realities faced by marginalized communities, including MSM and individuals engaging in chemsex, due to their direct engagement with these populations. By leveraging their expertise, this consultation aimed to identify gaps in services, explore effective interventions, and inform strategies to reduce harm, stigma, and exclusion. The findings underscore the importance of collaborative, community-driven approaches to addressing the multifaceted impacts of chemsex.



A. Understanding Chemsex Context

- Prevalence and Trends:
 - Chemsex is increasingly common, especially within the MSM community.
 - Younger individuals (ages 17-18) are being introduced to chemsex through peer groups, often without prior knowledge of drugs.
 - Methamphetamine use has grown significantly and is often normalized within certain social circles.
- Perception and Awareness:
 - Chemsex remains taboo; many individuals do not openly discuss it, even with service providers.
 - MSM and marginalized populations disproportionately engage in chemsex, driven by trauma, stigma, or exclusion.
- Challenges and Risks:
 - Risks include STI transmission, overdoses, and mental health issues like depression and anxiety.
 - Stigma and societal judgment exacerbate isolation and reduce willingness to seek help.

B. Health implication as observed by CSO



Physical Health Risks

1. STIs (HIV, Hepatitis C):

- Participants noted that chemsex users face a high risk of contracting STIs due to unprotected sex and inconsistent adherence to preventive measures like PrEP.
- One participant stated, “The idea is that people who do chemsex might take PrEP to protect themselves from HIV, but there is nothing that guarantees they’ll remember to take PrEP on time”.

2. Cardiovascular Issues:

Substance use during chemsex, particularly with drugs like crystal meth, was linked to significant physical health risks, including cardiovascular problems.

3. Overdoses:

Overdose risks were frequently mentioned, especially with drugs like GHB and methamphetamine. One participant emphasized the importance of rapid response mechanisms to address these emergencies.




Psychological Impact

Trauma and Mental Health:

- Participants noted that many individuals engaging in chemsex have histories of trauma, often stemming from childhood or past relationships. This trauma can include familial rejection, sexual abuse, or societal discrimination.
- A participant highlighted, “People here already have problems from childhood... they tend to seek out partners, sometimes same-sex, or they have multiple partners. This is definitely related to mental health. Trauma has led them to this stage, where they start using substances”.

Stigma and Exclusion:

- Societal stigma against LGBT individuals creates a sense of isolation and exclusion, which pushes some MSM towards chemsex as a coping mechanism.
- The taboo around discussing same-sex relationships and drug use exacerbates feelings of alienation. One participant shared, “Chemsex, in our understanding, is simply sexual activity among homosexuals under the influence of drugs... there’s still so much taboo around discussing this openly”.



Coping with Marginalization:

- For many MSM, chemsex provides a temporary escape from societal judgment and a way to experience self-acceptance and freedom.
- A participant remarked, “It was a way to shut off all the guilt and shame that came with my sexuality. The desired effect was euphoric... it allowed me to feel free and accepted, even if just for a moment”


C. Interventions

The focus group highlighted a range of interventions implemented by different CSOs to address the challenges of chemsex and its associated risks. Each organization brings unique approaches tailored to their expertise and target populations:

Skoun Lebanese Addictions Center (Skoun):

- Skoun, a harm reduction organization, provides psychological and clinical support to chemsex users.
- Offers harm reduction tools specifically designed for chemsex users.
- Developed informational materials on chemsex following focus groups with chemsex users, ensuring that the content is relevant and user-centered.
- These materials are distributed to organizations working with the MSM community to expand awareness and promote safer practices.

Association of Justice and Mercy (AJEM):


- 
- Provides Opioid Agonist Therapy (OAT) and mental health support for individuals dealing with addiction, including those engaging in chemsex.
 - Operates a shelter offering housing and group therapy sessions for marginalized individuals, particularly those facing stigma and discrimination.
 - Facilitates awareness sessions and HIV testing, emphasizing confidentiality and harm reduction.

Society for Inclusion and Development in Communities and Care for All (SIDC):

- Offers harm reduction services, including condom and needle distribution, and testing for HIV, Hepatitis B and C, and other STIs.
- Conducts pre- and post-test counseling to educate individuals on safer practices and health monitoring.
- Provides individual therapy sessions for chemsex users, focusing on mental health and support tailored to either total abstinence or harm reduction, depending on individual needs.

The Lebanese AIDS Network Association (LANA) Network (Collaborative Efforts):

- Facilitates partnerships between CSOs to ensure seamless referrals and resource sharing for chemsex users.
- Works on joint projects targeting key populations, such as MSM, to improve access to comprehensive care and harm reduction strategies.



D. Gaps and limitations

The focus group highlighted several significant gaps in existing support services for individuals engaging in chemsex, as well as the barriers that prevent many from seeking care. These gaps and barriers reveal critical limitations in the current system and underscore the need for tailored interventions and systemic improvements.



1. Identifying Gaps

- Lack of Specialized Services:
 - While harm reduction services such as HIV testing, condom distribution, and needle exchange are available, there are no dedicated programs specifically addressing chemsex-related challenges.
 - Many existing services focus on total abstinence or general addiction, which may not align with the needs of chemsex users. One participant noted, “There is no specific program dedicated solely to chemsex; most programs focus on total abstinence or general addiction”.
- Limited Mental Health and Detox Support:
 - Mental health services are often overstretched, and there is little focus on the psychological challenges specific to chemsex, such as trauma, depression, and anxiety.
 - Detox programs for crystal meth users, a key substance in chemsex, are particularly scarce. Participants emphasized that crystal meth addiction requires specialized treatment, which is often unavailable or difficult to access.
- Financial and Logistical Barriers:
 - Financial constraints significantly hinder access to services, with many individuals unable to afford transportation or consistent follow-ups.
 - One participant explained, “Sometimes people can’t come regularly for treatment because they don’t have money or face logistical challenges like transportation”.



2. Barriers to Seeking Services

- Stigma and Discrimination:
 - Many chemsex users avoid seeking help due to fear of judgment or stigma from service providers and society.
 - One participant shared, “People don’t openly discuss chemsex with us, even when they come for services, because of the stigma attached to it”.
- Mistrust in Services:
 - Previous experiences of breaches in confidentiality or judgmental attitudes have led to mistrust among chemsex users.
 - A participant remarked, “They don’t feel safe coming forward because of their past experiences with service providers who judged or disclosed their personal information”.
- Unsuitable Programs:

Services focused on total abstinence may not meet the needs of individuals who are not yet ready to stop using drugs but seek harm reduction or mental health support instead.



3. Community Needs

- Judgment-Free Spaces:
 - Inclusive environments where individuals feel safe from stigma are critical. Shelters, such as those provided by AJEM, offer group therapy and support in a nonjudgmental setting.
 - “The shelter serves as a space where residents are less likely to face discrimination, offering group therapy and support”, a participant explained.
- Comprehensive Support:
 - Services need to integrate mental health, harm reduction, and housing assistance to address the broader needs of chemsex users, including economic and social challenges.
 - Participants highlighted the importance of job opportunities and financial assistance to help individuals reintegrate into society.

4. What Is Needed

- Specialized Programs:
 - Dedicated services tailored to the unique dynamics of chemsex, including mental health counseling, harm reduction, and detox programs for substances like crystal meth.
 - More flexible models that address the varying readiness of individuals, from those seeking harm reduction to those pursuing abstinence.
- Increased Resources:
 - Greater funding for transportation, mental health support, and harm reduction materials such as condoms and needles.
 - Expansion of therapy services, as current capacity is insufficient to meet the demand.
- Awareness and Outreach:
 - Community-based campaigns to reduce stigma and promote available services, particularly targeting vulnerable groups like MSM and youth.
 - Public education efforts to normalize conversations around chemsex and encourage early intervention



6. Comparative Analysis of Chemsex Practices: Lebanon and Global Trends


Substance Use

In Lebanon, commonly used substances include crystal meth, GHB/GBL, MDMA, and ketamine, reflecting global patterns. These drugs are used to prolong sexual sessions and balance their effects, a practice also observed in regions with strong social taboos, such as the MENA, Eastern Europe, and Asia. However, the frequency of crystal meth use in Lebanon is particularly high compared to some conservative regions, where accessibility to such drugs may be more restricted.

In regions like Southeast Asia, methamphetamine is similarly dominant, with 98% of users reporting its use, mirroring its prevalence in Lebanon.

Mental Health and Social Taboos

Chemsex participants in Lebanon and regions with strong social taboos (e.g., MENA, Asia, and EECA) often engage in these practices to cope with societal judgment, internalized stigma, and feelings of isolation. In Lebanon, participants frequently cited chemsex as a temporary escape from the guilt and shame associated with their sexual orientation. This aligns with findings from Eastern Europe and Central Asia, where chemsex is similarly viewed as a response to societal and legal discrimination against LGBT individuals.



While mental health challenges like depression and anxiety are common drivers of chemsex globally, regions with strong social taboos face additional barriers to addressing these issues. In Lebanon, for instance, mental health services are scarce and often inaccessible due to stigma and mistrust. Similarly, in parts of Asia and the MENA region, mental health support for chemsex users is either nonexistent or insufficient, reflecting a shared gap in service availability.

Health Risks

The health risks associated with chemsex, such as STI transmission, overdoses, and mental health deterioration, are consistent across Lebanon and other socially conservative regions. In Lebanon, low uptake of preventive measures like PrEP and inconsistent condom use exacerbate these risks. This mirrors trends in Asia and MENA, where preventive tools are either inaccessible or underutilized due to stigma and lack of awareness.

In contrast, harm reduction services in regions like Eastern Europe, while limited, are somewhat more accessible due to international donor support. For example, needle exchange programs and community-based health initiatives exist in some EECA countries, offering a model that could potentially be adapted to Lebanon's context.




Stigma and Access to Services

Stigma is a universal barrier in addressing chemsex, but its impact is particularly severe in socially conservative regions. In Lebanon, chemsex remains highly taboo, with users avoiding services due to fear of judgment or criminalization. This is consistent with findings from MENA, Asia, and EECA, where similar cultural and legal stigmas discourage help-seeking behaviors.

However, in regions like Southeast Asia, grassroots organizations have started implementing discreet, community-based services to mitigate stigma such as Lighthouse in Vietnam, and Solace in Malaysia. These initiatives, while still limited, offer valuable lessons for Lebanon, where such programs could help build trust and engagement among chemsex users.

Opportunities for Collaboration

While the core drivers and risks of chemsex in Lebanon are aligned with international trends, specific challenges such as pervasive stigma, legal restrictions, and limited service availability highlight the need for context-specific solutions. International collaboration could provide Lebanon with best practices in harm reduction, mental health interventions, and community engagement. However, these models must be adapted to navigate Lebanon's legal and cultural landscape.



By leveraging global expertise while focusing on local needs, Lebanon can work toward reducing harm and improving support systems for individuals engaging in chemsex. This includes advocating for culturally sensitive harm reduction policies, expanding mental health services, and fostering international partnerships to address systemic gaps.

Recommendations

1. Expand and Tailor Harm Reduction Services

- **Establish Chemsex-Specific Programs:** Develop harm reduction services tailored to the unique needs of chemsex users, including safe drug use practices, STI prevention, and overdose management.
- **Increase Access to Preventive Tools:** Expand the availability and awareness of PrEP, condoms, and needle exchange programs to reduce STI transmission and injection-related risks.
- **Introduce Community-Based Support:** Implement discreet and accessible harm reduction initiatives, such as peer-led outreach and anonymous testing, modeled on successful programs internationally.



2. Strengthen Mental Health Support

- **Provide Trauma-Informed Care:** Offer counseling and therapy specifically designed to address the mental health challenges linked to chemsex, including trauma, depression, and anxiety.
- **Integrate Mental Health into Harm Reduction:** Ensure that mental health support is a core component of all chemsex-related services, with trained professionals available to provide nonjudgmental care.
- **Increase Service Availability:** Invest in expanding mental health infrastructure to meet the growing demand, particularly in underserved areas.

3. Address Stigma and Build Trust

- **Train Service Providers:** Conduct training programs for healthcare professionals and CSO staff to ensure they provide judgment-free, confidential, and inclusive services to chemsex users.
- **Launch Public Awareness Campaigns:** Create targeted campaigns to reduce stigma around chemsex, drug use, and LGBT identities, emphasizing empathy and understanding.
- **Promote Inclusive Spaces:** Support shelters and community centers that provide safe, stigma-free environments for chemsex users to access services and peer support.



4. Foster Collaboration and Knowledge Sharing

- **Enhance CSO Networks:** Strengthen collaboration among CSOs through formal partnerships and resource-sharing initiatives to ensure comprehensive and continuous care for chemsex users.
- **Leverage International Expertise:** Collaborate with organizations in regions facing similar challenges (e.g., MENA, Asia, EECA) to adopt best practices and culturally sensitive models.
- **Engage Chemsex Users:** Include individuals with lived experiences in the design and implementation of interventions to ensure their relevance and effectiveness.

5. Advocate for Legal and Policy Reforms

- **Decriminalize Drug Use and LGBT Identities:** Advocate for reforms that protect chemsex users from criminalization and enable them to seek help without fear of legal repercussions.
- **Implement Protective Policies:** Develop policies that promote confidentiality and nondiscrimination in healthcare and social services.
- **Engage Policymakers:** Work with government stakeholders to prioritize harm reduction and mental health services as part of national public health strategies.



6. Develop Context-Specific Interventions

- Address Socio-Economic Barriers: Provide financial support, transportation assistance, and housing solutions to improve access to services for chemsex users facing economic challenges.
- Adapt Global Models Locally: Modify successful international approaches to fit Lebanon's cultural and socio-political context, ensuring their acceptance and effectiveness.

7. Promote Research and Data Collection

- Conduct Local Studies: Invest in more qualitative and quantitative research to better understand the prevalence, trends, and needs of chemsex users in Lebanon.
- Monitor and Evaluate Programs: Establish mechanisms to evaluate the impact of interventions and adapt them based on feedback and outcomes.
- Consolidate data and resources: Create a consolidated space for various CSOs working on Chemsex in Lebanon and MENA to upload relevant resources that they have created.
- Contribute to Regional Knowledge: Share findings and insights with regional and international partners to build a broader understanding of chemsex and its challenges.



Conclusion

The findings of this study present non-negligible dimensions of chemsex practices in Lebanon, revealing an urgent need for integrated, nonjudgmental, and culturally sensitive interventions. While participants acknowledged the physical and psychological risks, the significant role of chemsex in coping with stigma, isolation, and societal judgment cannot be overlooked.

The data shows that traditional harm reduction approaches, such as condom distribution, fall short in the chemsex context. Substance use, prolonged sessions, and the dynamics of group activities demand tailored harm reduction strategies. The lack of accessibility to essential preventive measures, like PreP and PEP, compounded by fears of stigma and legal consequences, further highlight the barriers to effective intervention.

This study underscores the importance of engaging chemsex users in the development of services to ensure they address their lived realities. A holistic approach, integrating mental health support, harm reduction, and sexual health services, must be at the core of any strategy. This can be the only way for Lebanon to move toward creating a safer and more supportive environment for individuals engaging in chemsex, ultimately reducing harm and improving community well-being.

**Substance and Sexuality: A Mixed-
Methods Study of Chemsex Practices,
Health Implications, and Service
Accessibility in Lebanon**