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Health and rights for key populations

LIGHTHOUSE
DNXH HẢI ĐĂNG

SUMMARY

Sexual risks among Men who have sex with men who use Amphetamine-type-stimulants in the context of Chemsex in Vietnam

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AIDS	Acquired immunodeficiency syndrome
ATS	Amphetamine-type-stimulants
CBO	Community-based organization
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
MSM	Men who have sex with men
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
STIs	Sexually transmitted infections

INTRODUCTION

Background

There is an estimated 208,371 people living with HIV in Vietnam, and men who have sex with men (MSM) is one of the three high-risk groups for HIV infection, along with female sex workers and people who inject drugs (VAAC, 2018). According to the Vietnam Administration of HIV/AIDS Control (VAAC, 2017), HIV prevalence among MSM was 12.2 percent in 2017, nearly double that of 2015. It was also reported that the number of MSM having sex under the influence of drugs accounted for 14 percent.

In this study, the term "Chemsex" (or high fun, chem fun), was used to indicate the voluntary intake of certain psychedelic drugs in the context of sex parties and sexual intercourse with the intention of facilitating and/or enhancing the sexual encounter mostly among MSM (McCall H. et al., 2015).

Previous research has shown that Chemsex and the associated negative sexual health outcomes are disproportionately high among the MSM community (Sewell, 2017; Hegazi et al., 2017; Pakianathan et al., 2018; Pufall et al., 2018). Increased recreational drug use, reported in the MSM community, has a complex association with various risky sexual behaviors, such as condomless anal intercourse or having sex with multiple partners, which may result in the contraction of HIV, overdose and death (Sewell et al., 2017).

In Vietnam, recreational drug use, particularly Amphetamine-type-stimulants (ATS), has gained increasing attention from public health professionals and organizations working in HIV prevention and/or vulnerable populations since the early 2000s. Until 2011, the proportion of MSM who used drugs in Hanoi and HCMC was recorded at 31.8 percent and 25.3 percent, respectively (NIHE, 2014). In a cross-sectional study of 210 MSM, conducted in Hanoi, Vietnam (Vu T.T.N. et al., 2016), 10.5 percent, 2.9 percent, and 3.8 percent of the men had used methamphetamine, amphetamine, and ecstasy before or during sex in the last three months. In multivariable analysis, HIV infection was associated with recent sex-related methamphetamine use, engagement in recent sex work, and perceived homosexuality-related stigma. It is documented that condomless sex is associated with drug use (Vu N.B. et al., 2012).

Therefore, there is a need for harm reduction and intervention efforts to reduce the negative effects of substance use and risky sexual behaviors among MSM who use ATS (or methamphetamine).

Objectives

The research on sexual risks among Vietnam's men who have sex with men using Amphetamine-type-stimulants in the context of Chemsex aims to describe sexual behaviors, including those that put people at risk of sexually transmitted infections, of MSM who use ATS for sexual purposes and to identify the needs of harm reduction for MSM who use ATS in the context of Chemsex. Findings of the research will be used by Lighthouse Social Enterprise to inform strategic choices on how to develop a harm reduction package that is relevant and culturally responsive to Vietnamese MSM Chemsex experiences.

Key objectives of the research:

- To describe sexual behaviors, including those that put people at risk of sexually transmitted infections of MSM;
- To describe ATS use in the context of Chemsex;
- To identify the needs of harm reduction for MSM who use ATS in the context of Chemsex.

Sampling

The research was conducted on 269 MSM (quantitative study) and 24 MSM (qualitative study) with a set of designated criteria as follow:

- Biologically born as a male;
- Aged 18 or older;
- Self-reported being a gay, bisexual or heterosexual man;
- Self-reported having homosexual behaviors in relation to ATS use (ecstasy, crystal methamphetamine, amphetamine) with at least another man in the last three months;
- Vietnamese nationality;
- Living, studying or working in Vietnam for the duration of the study;
- Having very good command of Vietnamese; and
- Agree to participate in the research.

Ethical approval

The research protocol was submitted to the internal review board in human subject research at the Institute for Social Development Studies prior to the implementation of the study for ethical review.

The participants were informed about the research's objectives, process, procedures, benefits, risks and how the findings are utilized. All participants were informed that they could stop taking part in the study at any time. Participants voluntarily indicated acceptance to participate in the study.

METHODOLOGY

This is a mixed-method research design which combines an online cross-sectional survey and a qualitative study using in-depth interviews, including four primary domains:

- Socio-demographic characteristics
- Chemsex in the last three months
- Sexual risk and protective behaviors
- Needs for harm reduction

Quantitative study

The research team approached potential respondents through MSM social networks. Invitations to participate in the survey and survey link were sent via dating apps (Blued, Grindr, Jack'D), Facebook groups, Zalo, websites of organizations and community groups working with MSM across the country. Participating men were encouraged to refer their MSM friends to the research.

Collected data from the online survey were pre-processed by Microsoft Excel, and then analyzed by IBM SPSS Statistics 21.0 software.

Qualitative study

Qualitative data were collected through in-depth interviews conducted by trained interviewers who were not affiliated with the interviewees. Snowball and convenience sampling methods were used to select participants who were available and approachable. No direct identifiers were collected from the participants. The interviews were primarily conducted at the Lighthouse's and Glink's offices. These were quiet, private and friendly places trusted by the LGBT+ community. However, some flexibility in location was offered based on the participants' preferences, interviews were conducted at a place of the participant's choice but one which also allowed for audio-recording.

Interviews were recorded and transcribed verbatim to obtain complete and detailed interview records. Transcripts of these interviews were then coded and analyzed using nVivo12 software. More details of the questionnaires and data collection process are presented later in this section.

RESULTS

Socio-demographic characteristics

The online survey was conducted from June to August 2019 on 269 participants (out of 433 persons who were screened). Among the 269 respondents, 81% of them was gay, 16% heterosexual man and 3% bisexual man. 61% of them lived in two big cities, Hanoi and HCMC, while the rest lived in other provinces. The participants' median age was 24.5, with the median monthly income being 6 million VND. 98% of them had graduated high school and above. 94% of them was currently employed, 32% students, 31% freelance/self-employed, 26% working in the private sector, and 6% working in the public sector.

Table 1. Socio-demographic characteristics of respondents

	Frequency	Percentage
Median age in years (IQR)	24 (21 - 27)	
18 - 21	69	26%
22 - 25	112	42%
> 25	88	33%
Sexual orientation		
Gay	219	81%
Bisexual	7	3%
Heterosexual	43	16%
Hometown		
Hanoi	62	23%
HCMC	38	14%
Nghe An	23	9%
Others	146	54%

Current place of living		
Hanoi	105	39%
HCMC	58	22%
Nghe An	22	8%
Others	84	31%
Highest educational qualification		
Not graduate high school yet	5	2%
High school degree	47	18%
Vocational school	21	8%
Bachelor degree	174	65%
Postgraduate degree	21	8%
Current job		
Unemployed	15	6%
Student	86	32%
Private sector	68	26%
Public sector	15	6%
Freelance	58	22%
Self – employed	23	9%
Relationship status		
Not in a romantic relationship	133	49%
In a romantic relationship	136	51%
Median monthly income (million VND) (IQR)	6 (4-8.5)	
< 5	78	29%
5 - 8	98	36%
> 8	93	35%
Find out about this survey through		
MSM friends	100	37%
Dating apps	10	4%
Social network: Facebook, Zalo etc.	144	54%
Community-based organizations (CBO)	15	6%

Chemsex among MSM

The participants started engaging in Chemsex at a fairly young age, with their median age of 20 years old. In the last three months, on average, they engaged in Chemsex 3 - 4 times (Mean = 3.64).

Experiences in Chemsex

The context engaging in Chemsex

The most common circumstance when they engaged in Chemsex was being invited. However, most participants were informed about Chemsex before engaging in it and consented to the use of substances for sex. No cases of coercive Chemsex were reported. Some people only knew about Chemsex after they arrived. These participants might feel uncomfortable at first, but still joined Chemsex after using substances.

> *"...after a few times I was invited, actually at that time I was under stress so I also did not care, I followed my friend, I also used (drugs)." (M, 27 years old)*

In terms of individual purposes, 89% of the survey respondents reported the main reason for substance use during sex was to increase pleasure while 54% said Chemsex was for increasing arousal. In addition, respondents also engaged in Chemsex out of sheer curiosity, to find new sensations in sex, to earn money, or simply because they were stressed or unhappy.

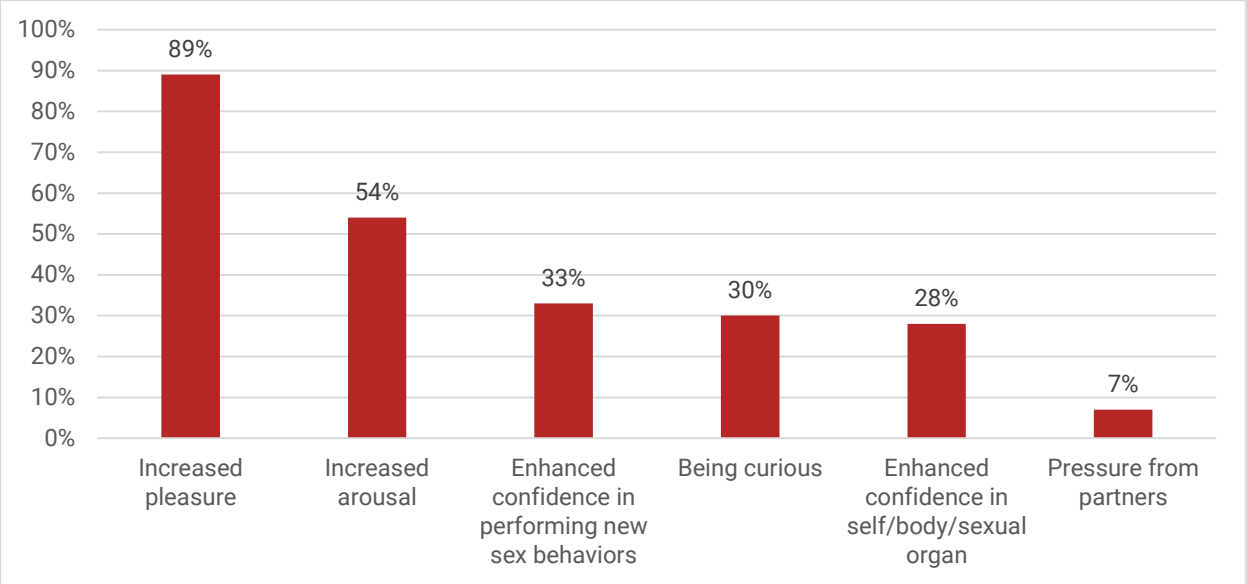

Figure 1. Reasons MSM engage in Chemsex

(n=269)

Partners

Respondents said that Chemsex partners could be found mainly via the Internet, especially dating apps such as Grindr, Jack'D, Blued etc. (76%). Facebook and Zalo were also popular channels (56%). 77% of respondents indicated that it was not difficult to find Chemsex partners. To identify people who was looking for Chemsex, key words like "HF", "Highfun", "2F", "BB", "Ai" could be used.

"Partners were found on Blue. Just add to your info that you're seeking Highfun and everyone would know, there were enough things for Highfun there, just invite them to Highfun and then go for it." (T, 27 years old)

Beside the key words, logo of smoking or substances used as avatars in apps was another way to identify Chemsex activities. Participants easily found each other by sending messages which were often short and to-the-point ("Highfun?"). They also discussed a little about using substances.

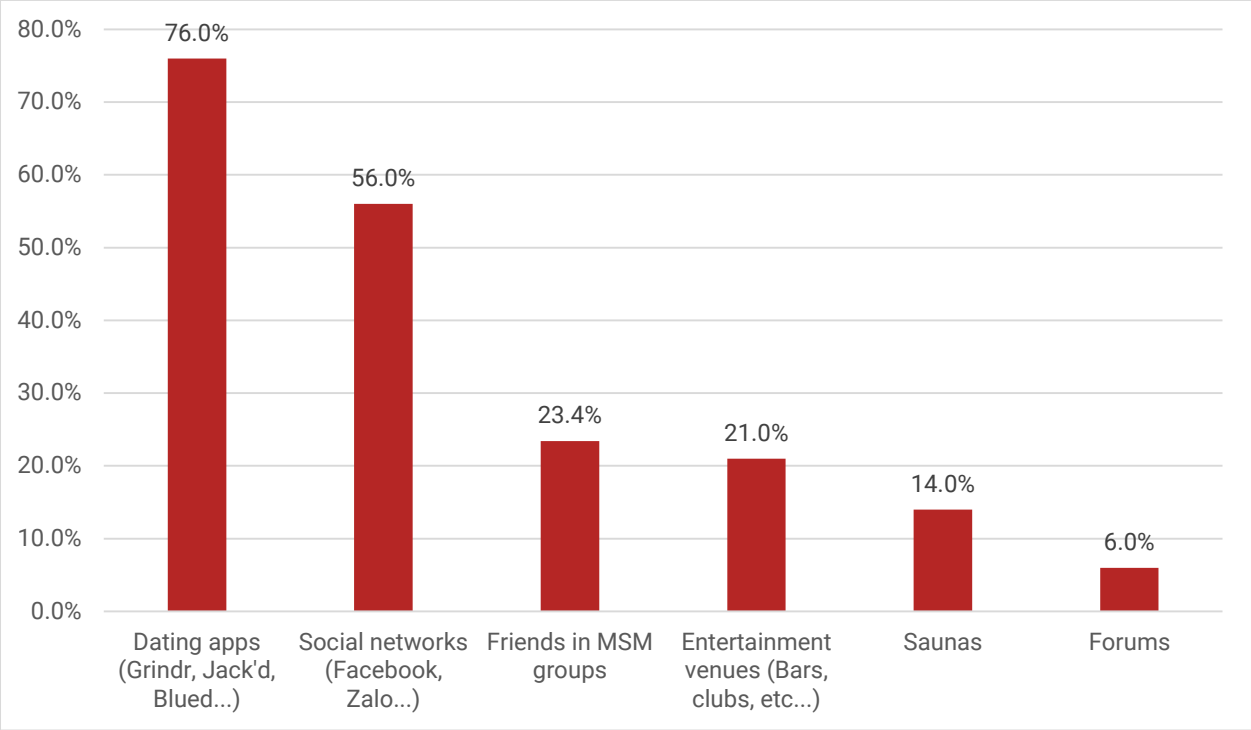

Figure 2. Where Chemsex partner(s) can be found

(n=269)

"Look at their make-up or lifestyle habits. The more promiscuous they are, the higher risk that they have sex with many people at the same time." (N, 26 years old)

Their understanding of other participants was very limited. Participants often did not have enough information about their partners and felt worried having Chemsex with strangers. They also hid their private information. But these things were not enough to discourage them from Chemsex. The participants also judged others by their appearance, dressing style, and facial expression, etc.

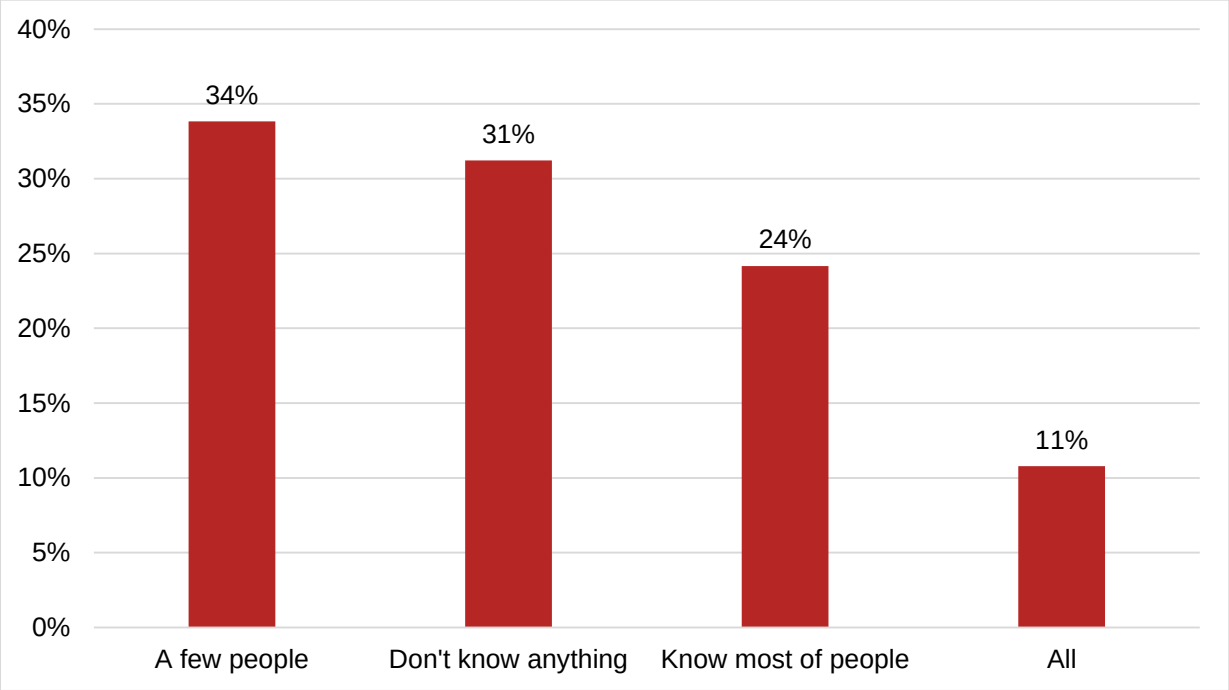

Figure 3. Known HIV/STIs status of partners

(n=269)

When asked about the HIV/STI status of their partners before Chemsex sessions, 31% of the respondents reported that they "do not know anything". Moreover, participants tended to hide information about their health condition, current medications, Chemsex activities, and HIV status. When they had Chemsex in the group, it was more difficult to know each other's status because many people were involved and because of frequent changes in members.

Drugs use in Chemsex sessions

A large proportion of respondents (74%) believed that crystal methamphetamine was the most popular drug that could be used in a sexual context among MSM. Ecstasy and amphetamine account for 54% and 38% respectively. Those figures bear resemblance to the percentage of drugs used in their own experience. In particular, the results indicated that 62% of respondents used crystal methamphetamine, 37% used ecstasy and 20% used amphetamine in their Chemsex. It should be noted that one person can use more than one drug during their Chemsex. At the same time, respondents also used other substances such as alcohol (53%) or spice/K2 (18%).

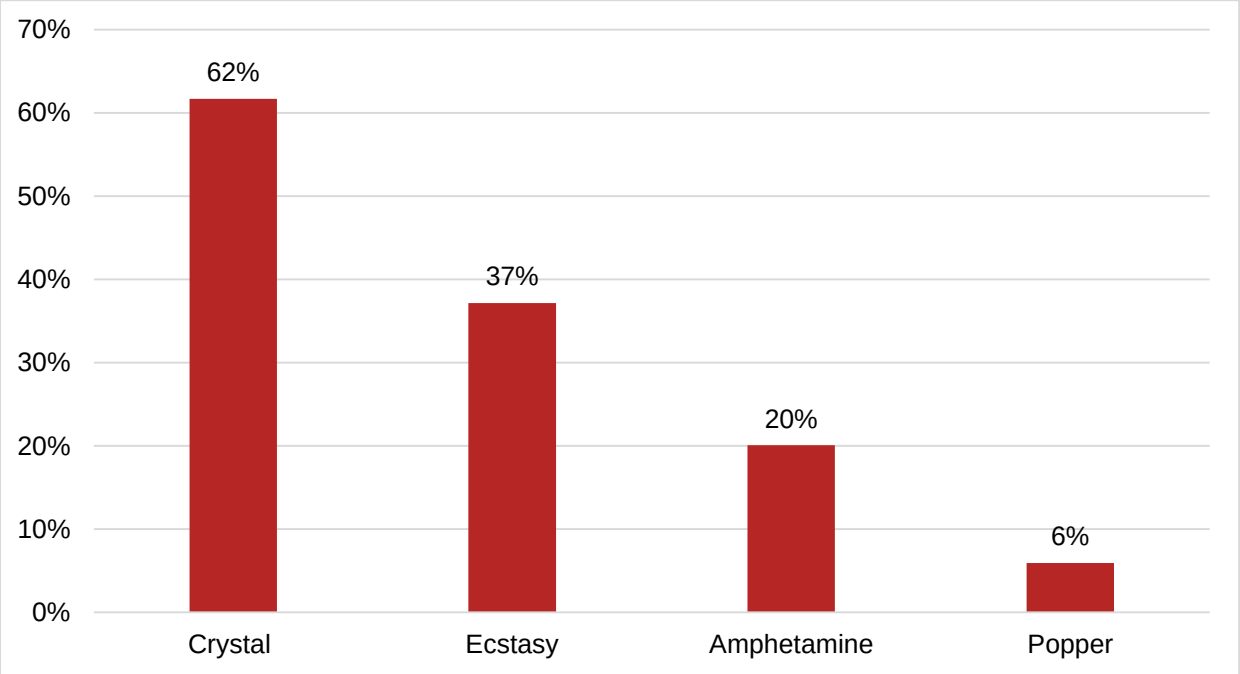

Figure 4. Commonly used drugs in a sexual context with other men

(n=269)

The procedure of Chemsex

Sexual behaviors during Chemsex are described as uncontrolled. A person's ability to control themselves is very low during Chemsex.

The sexual behaviors include daring and diverse sexual postures, sex marathons, group sex (from 2 to 5 people), repeated oral sex, and switching of usual insertive/receptive roles. They have little or no memory of what happened during Chemsex when they wake up the next day. In addition, during Chemsex, participants can continuously change partners because of newcomers.

A Chemsex session lasting from one to a few hours is the most popular (38%), including time of using drugs. The reason is because crystal meth can delay ejaculation. Some people can have sex for many hours without ejaculation. Participants can gradually increase the time of having sex after each Chemsex session. Some explained that this was due to inexperience for the first time or increased desire.

"Yes. I climaxed a lot of times. I lasted longer and the level of desire also increased. When I finished using it, I didn't feel anything anymore, and felt bored." (N, 26 years old)

However, some participants said that sexual intercourse duration would not change because they didn't have Chemsex often (about once a month). Some believed that it was due to their condition and health, and that the time of each Chemsex was different.

"Actually long or not depends on individual conditions. For example, when I used it, I could last for like 1 to 2 or 3 hours. Because of your condition, for example, when you are healthy, your body will be different and when you are weak, your body will be different. As for Chemsex, it only affects 80% of my body." (M, 27 years old)

“Highfun is sexual intercourse involving many people, not between two people. It is rare that only two people have sex during Highfun because it is boring.” (T, 27 years old)

“It felt like I didn't know anything... At that time, I almost lost control. Just let everything happen; pretty tiring. My emotions were 2 or 3 times higher. it stoped at a level called high.” (T, 26 years old)

Perception about Chemsex

95% of respondents reported that their frequency of Chemsex engagement was not high and 72% of respondents was satisfied with their current frequency of Chemsex engagement. The frequency of Chemsex depends on the needs of participants. After their first Chemsex, most participants have Chemsex a few times a month. The frequency of Chemsex is one of the important factors to adjust to protect the participants' health. Instead of Chemsex with high frequency (many times per week), it is recommended to reduce the amount of drug used and moderate the frequency of Chemsex. However, some believed that "moderate" Chemsex might cause more harm to health.

Opinions on safe Chemsex

The views on safe Chemsex among the participants only focus on safe sex, personal safety, and security. Some claimed that *"Highfun is never safe" (T, 27 years old)* because it is difficult for the participants to control themselves. They might not be able to use condoms -*"If you have Highfun, having sex would be unsafe." (C, 25 years old)*

When asked about safety measures, participants mentioned using condoms, PrEP, lubricants, or getting to know sexual partners to avoid HIV infection and other sexually transmitted infections, or even violence. Some people said that it was safe only when you were not using Crystal meth (L, 24 years old).

Although participants of the research could describe the harms of the drugs that they used during Chemsex, they were not equipped with adequate safety-related knowledge to classify drugs, identify drugs and their characteristics, their effects, safe dosage and cutting. Poly-drug use was very common, but participants did not have sufficient knowledge about combined effects of drugs, substances that cannot be used together, and time of use.

"If I had happy thoughts, the drugs could make me extremely happy. In contrast, if I thought I was sad, the drugs could make me feel worse. I could not control myself." (N, 26 years old)

"It had very negative impacts on my health and took me a while to recover. Memory loss also had negative influences on my study. After Highfun I always felt exhausted. I couldn't do anything." (H, 24 years old)

Feelings about Chemsex

When asked about their feelings of Chemsex, all participants said that Chemsex increased excitement, pleasure, and libido, made it easy to climax, and prolonged sex time. Some people also felt more lucid and enthusiastic. The words used to describe Chemsex feeling are "lightheaded"; "climaxed many times"; "on cloud nine"; "no pain"; "more pleasure"; "like it so much". These are the advantages of Chemsex from the view of participants.

Besides the advantages, the harmful effects on health and financial life from using drugs and sexual behaviors were recorded.

The first factor was the harmful effects of drugs. Drugs might cause fatigue in 2 -3 days after Chemsex, insomnia, headache, anorexia, skin problems, weight loss, inability to concentration at work, bleeding gums, exhaustion, etc. Mental and brain effects were also recorded, such as sadness, heavy thoughts, stress, idle thoughts, anger, memory loss, and inability to control their behaviors. Particularly, the feeling of participants was controlled by the drugs used.

"There are many people who have psychosis. It is frightening and shocking. These people cannot control themselves - they repeat their actions like a tape" (C, 28 years old)

It was reported that using multiple drugs might cause short breath and apnea. Sleep disturbance, a typical effect associated with Chemsex, was reported happen to all participants. Among them, some people might suffer insomnia for 2 to 3 days, while others slept excessively but not deeply. Besides, overdose might cause a coma. Most participants could not control their behaviors during Chemsex. Hallucination was also reported. Some participants reported having memory loss about what they did during Chemsex. This feeling often caused participants to repeat certain actions.

The second factor was sexual behaviors when using drugs. There was sexual violence causing mental and physical harms to participants. The injuries could be experienced during rough sex, especially sadism. These injuries made the participants uncomfortable and caused them pain when going to the toilet in the following days.

"Because I joined Highfun for a long time, I can eat normally. In general, I do not look as terrible as those who do not know how to have Highfun. But I easily get irritated." (C, 28 years old)

The perceptions and feelings the participants on the advantages and disadvantages of Chemsex were very clear and specific. Although many people were aware of the negative effects of Chemsex, they tended to accept them and look for solutions which were shared after Chemsex sessions. However, Chemsex veterans suffered the same effects as beginners did even when they could try to adjust to minimize the negative effects.

Understanding of Chemsex community

Most participants said that they had some forms of connection/relationship with a few dozen people in a Chemsex community. When they were asked about the proportion of MSM who engage in Chemsex, the lowest estimation was 5% and the highest was 50%.

Mutual concerns of the Chemsex community are sex and drugs. HIV and STI prevention is also a big area of interest. However, participants will discreetly search for information rather than joining public events. The Chemsex community rarely shares personal information or interests. The age of members of Chemsex community is mostly 30 years old or younger, including those born in the 2000s.

In this research, no particular Chemsex community were reported. There were only activities of community-based groups, such as small group events, game events, fashion shows, music events. The message of safe Chemsex was integrated in these activities.

It is easy to discuss and get straight to the main topic regarding Chemsex in the community. People can look for Chemsex through many applications which has hundreds of users. As mentioned in "Case study of Highfun", participants find friends and Chemsex events through mobile apps like Green and Blued. It's rare that Chemsex information is presented on Facebook because of fear of being disclosed.

In the MSM community, discrimination against Chemsex participants exists. This is also a reason why the Chemsex community does not share information. When people know that a person have joined Chemsex, they may avoid that person due to worries that he *"has psychological problems, have rough sex, or being abnormal." (T, 27 years old)*

Sexual behaviors in the context of Chemsex

A large proportion of respondents had reported having tested for HIV, STIs, HBV or HCV. These numbers were 79%, 66%, 70% and 54% respectively. The proportions of those reportedly tested positive for HIV, chlamydia, gonorrhea, syphilis, HPV, HBV and HCV were 6%, 4%, 5%, 6%, 5%, 5% and 3% respectively. Meanwhile, 22% of them were currently on PrEP. It should be noted that in the last 3 months, 26% of respondents reported having engaged in sex under the influence of drugs in exchange for money/gifts.

Regarding protective sexual behaviors, the survey adopted the Safe Sex Behavior Questionnaire (SSBQ) (Dilorio, Dudley, Lehr & Soet, 2000) to measure the participants' frequency of use of recommended practices that reduce one's risk of exposure to, and transmission of HIV. The total scores range from 18 to 72 with higher scores indicating greater frequency of safer-sex practices. The median score is 47. When categorizing into three groups, the normal one (36 - 53 scores) accounts for 76% of participants, the low one (18 - 35) accounts for 3%, and the high one accounts for the rest, 22%. It means that among those who engaged in Chemsex, around 80% do not have high safe sex practice.

Table 2. Risky and protective sexual behaviors

	Frequency	Percentage
Last HIV test		
Never	56	21%
In the past one month	128	48%
In the past 6 months	43	16%
In the past 12 months	26	10%
> 12 months ago	16	6%
Last STIs test		
Never	91	34%
In the past one month	101	38%
In the past 6 months	37	14%
In the past 12 months	22	8%
> 12 months ago	18	7%

Last HBV test		
Never	81	30%
In the past one month	96	36%
In the past 6 months	33	12%
In the past 12 months	30	11%
> 12 months ago	29	11%
Last HCV test		
Never	123	46%
In the past one month	80	30%
In the past 6 months	29	11%
In the past 12 months	19	7%
> 12 months ago	18	7%
Tested positive		
HIV	17	6%
Chlamydia	10	4%
Gonorrhea	13	5%
Syphilis	16	6%
HPV	13	5%
HBV	12	5%
HCV	8	3%
Viral load result of HIV positive respondents (n = 17)		
Undetectable	6	35%
Detectable	4	24%
Don't know	7	41%
PrEP status of HIV negative/unknown respondents (n = 252)		
Using PrEP	56	22%
Not using PrEP	169	67%
Having used but no now	27	11%
Engaged in sex under the influence of drugs in exchange for money and gifts in the last 3 months		
Yes	70	26%
No	185	69%
Unsure	14	5%
Safe sex behaviors (Median, IQR)	47 (44-53)	
Low (18-35 scores)	8	3%
Normal (36-53 scores)	203	76%
High (54-72 scores)	58	22%

It should be noted that 71% of respondents did not always use condoms and lubricants in each Chemsex session and 5% even never used these protective tools. It is an alarming sign because just 11% respondents knew the HIV/STI status of all of their sex partners during each Chemsex session. 34% just knew the status of a few people and 31% did not know anything.

During Chemsex, participants use condoms and lubricants as protection measures. Besides, other protective measures include having Chemsex with known acquaintances, using PrEP after Chemsex, getting tested after unsafe Chemsex. It is recommended to not be exposed to semen, not have sex if there is any scratch or injury, and clean before and after sex. The inspection of any injuries or scratches was mentioned in an interview of Chemsex participants in Ho Chi Minh City.

"Yes, I have to clean the inside first. Then apply the lubricant in it, put a ring on the anus and ask if they feel any pain." (T, 24 years old)

The participants would prepare condoms to protect themselves. Condoms should be worn before Chemsex because participants may forget to wear them when using drugs. However, the research participants did not always use condoms. The use of condoms or not would be discussed before Chemsex. Some people could wear condoms by themselves, others needed help to wear them. Condoms were changed when they changed partners.

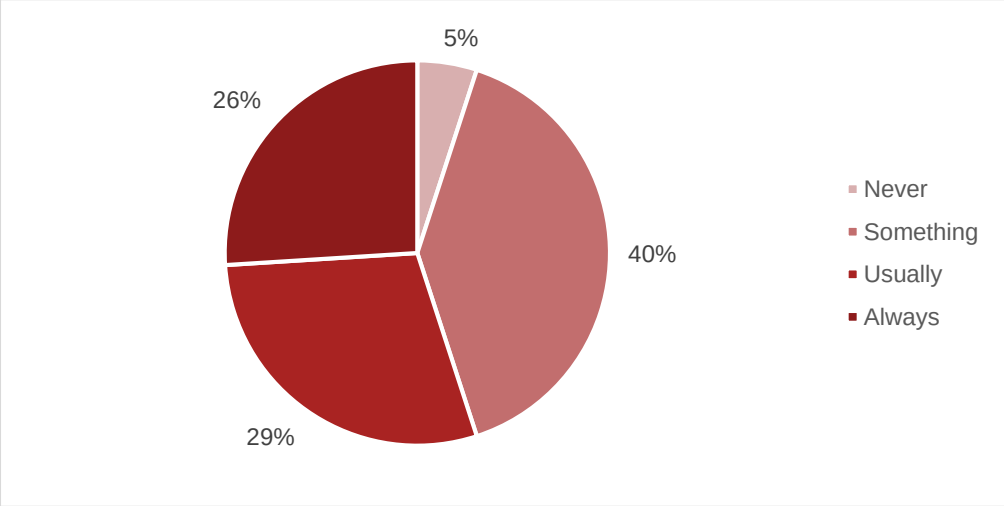

Figure 5. Condom and lubricant use in each Chemsex session

(n=269)

"If someone calls me when I am at home then I will prepare in advance. However, if I am out on the street when someone calls, I will not have enough time to prepare." (M, 31 years old)

"At first I always used safety measures, but stopped after using PrEP." (H, 24 years old)

There are several reasons why participants did not use condoms. Firstly, there is a notion that Chemsex participants should have no fear. Secondly, they have no control over themselves. Thirdly, condoms may affect the feeling of both insertive (TOP) and receptive (BOT) partners. Some believs that people who take top position need to use condoms while people who take bottom position do not.

Other reasons include partners not agreeing to use condoms or being pressured by the group. Besides, it is reported that participants prepared condoms but did not use, or used but did not notice whether condoms were used correctly during Chemsex.

On the other hand, it is said that using condoms was “backward” in the Chemsex community. Using PrEP is one of the common reasons why the participants did not use condoms. Someone might tell a lie that they were using PrEP to join Chemsex without condoms.

"... for example, they might say “I used PrEP”, which made me/others feel safe and have sex without worries." (T, 27 years old)

Needs for harm reduction

Experience in using Chemsex-related services

98% of respondents have used at least one Chemsex-related service. Blood test is the most used service (66%). Three HIV/sexual health-related services stand at the next three positions, namely HIV/AIDS testing/treatment (52%), distribution of harm reduction commodities (35%) and STI testing/treatment (33%). Meanwhile, counselling services such as consulting/treatment for substance use or psychological counseling/treatment are rarely used (13% and 9%).

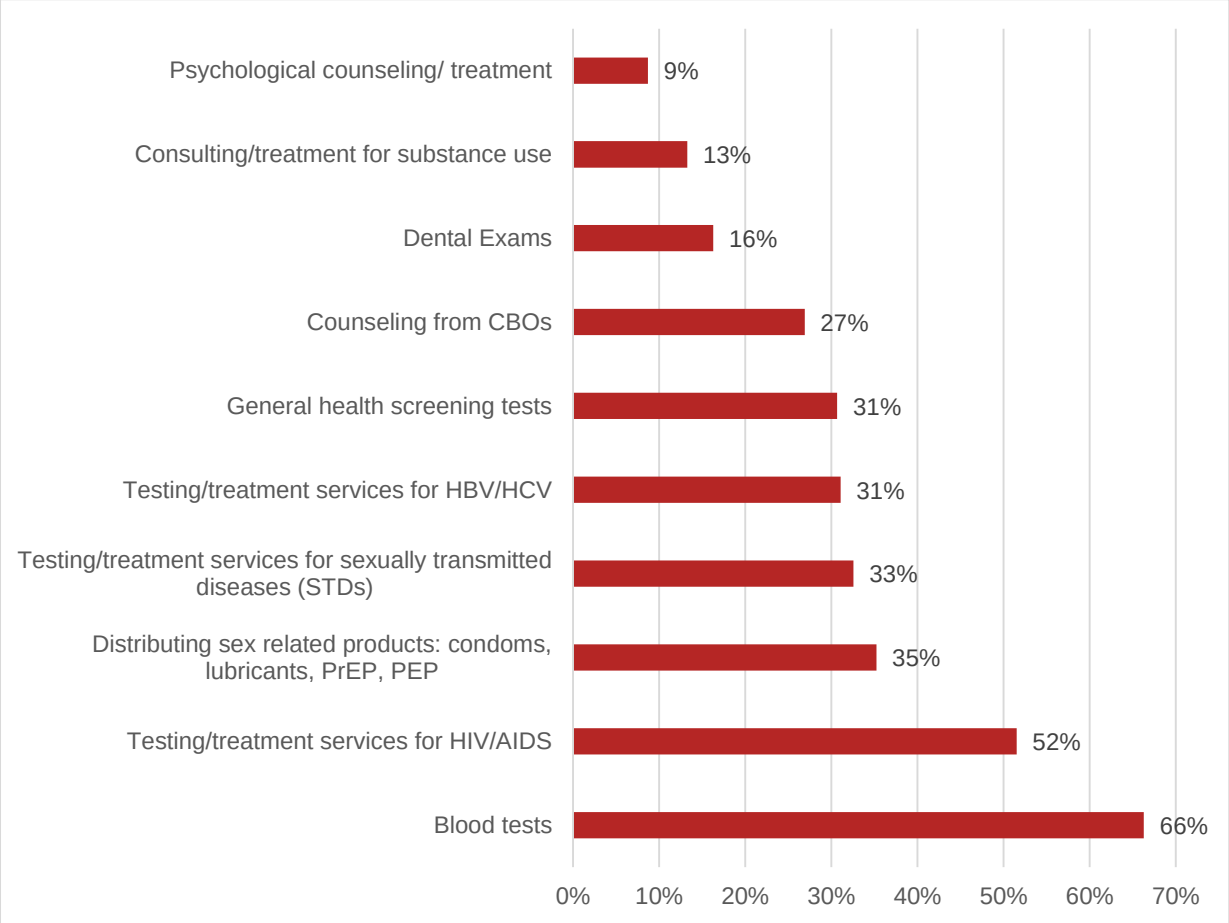

Figure 6. Services ever used

(n=264)

The needs for harm reduction

98% of respondents thought that harm reduction services were somewhat necessary. 89% of them also thought that the MSM community was somewhat knowledgeable about safe sex, safe drug use, harm reduction or mental health.

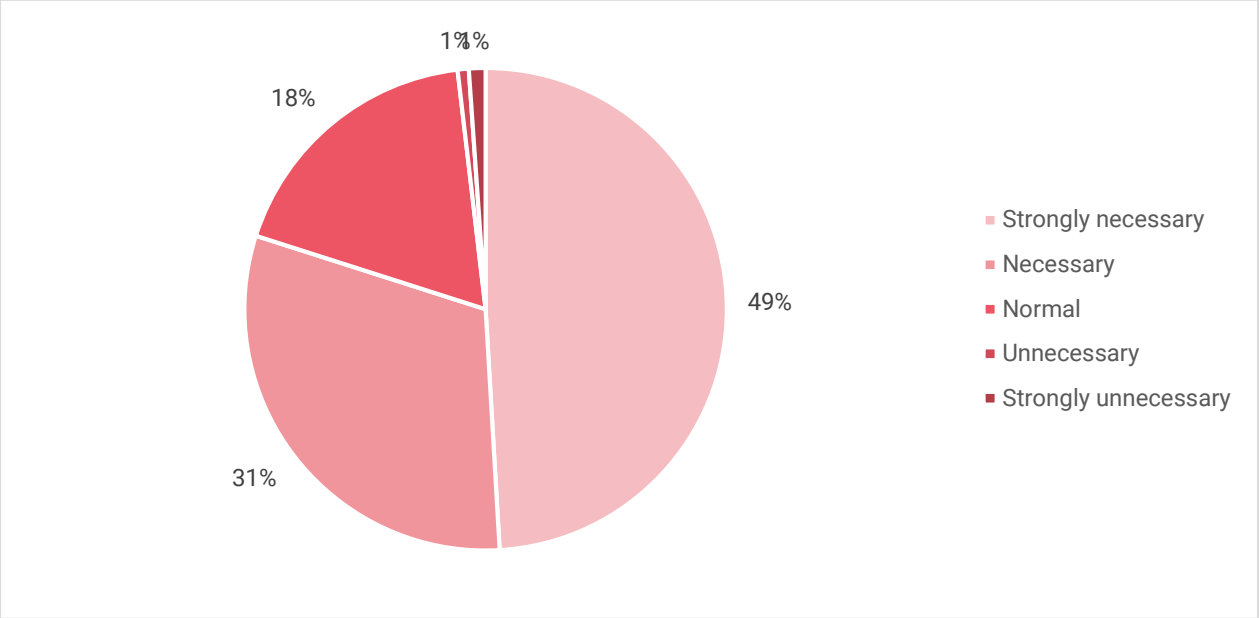

Figure 7. The level of necessity for harm reduction services
(n=269)

The respondents often said that modern information sources were preferred by the MSM community over traditional ones. Online sources of information (42%), MSM CBOs (41%) and online newspapers (28%) were the three most popular information sources that respondents thought MSM community often access. Also, most participants who were interviewed got information about Chemsex such as which substance to use, where to buy, how to use via their friends who had participated in Chemsex and they thought that this information could be credible because it reflected their own personal experiences.

"Yes. My group, some community they recommended. Besides, I can find it on the Internet, I often look for information…" (T, 24 years old)

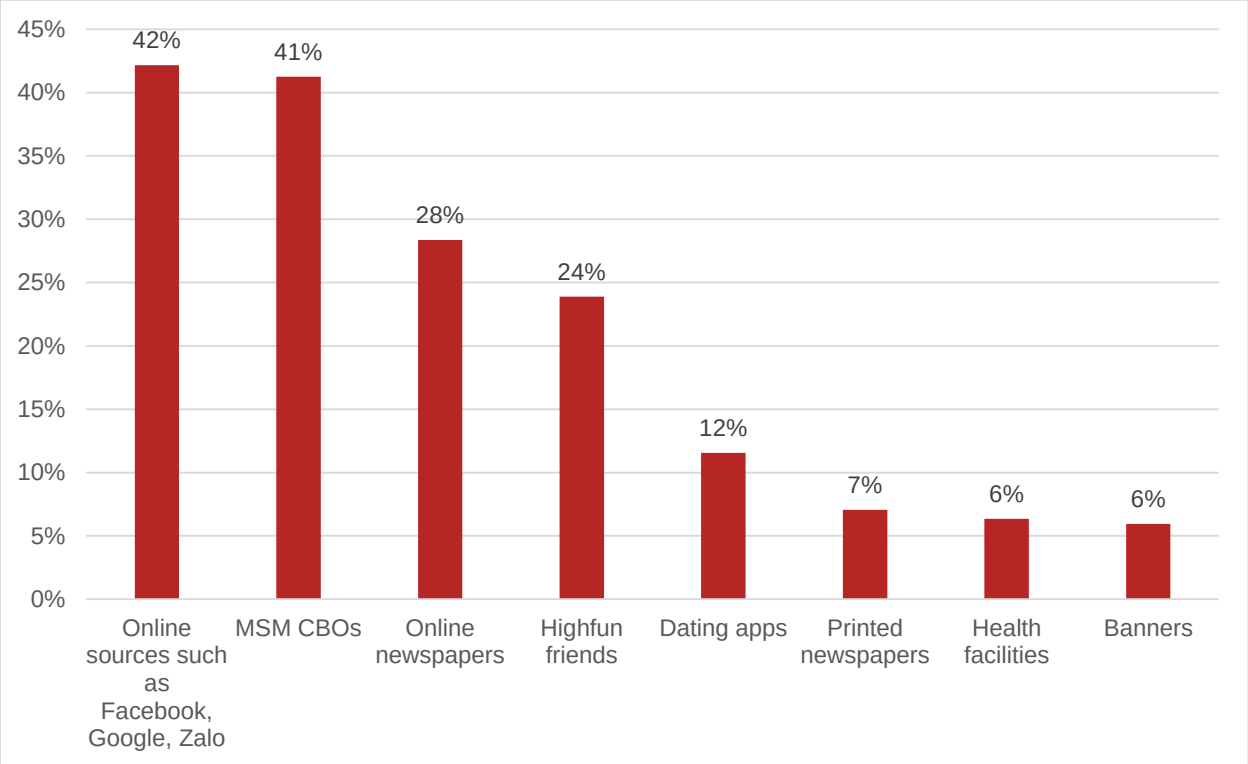

Figure 8. Information sources about safe sex, safe drug use or harm reduction, mental health

Barriers for harm reduction services among MSM community

MSM is a vulnerable group and MSM who engage in Chemsex are even more anxious when accessing harm reduction services. The below tables show that more than 90% of the participants worried, on different levels, about being judged, poorly treated or having their information disclosed by health providers.

Table 3. Worry of MSM when accessing harm reduction services

	Worried	Partly worried	No worried
Being judged by health providers because of engaging in Chemsex	57%	24%	19%
Being poorly treated by health providers because of engaging in Chemsex	52%	28%	20%
Health providers inform others that you engaged in Chemsex	61%	25%	15%

Besides, 100% of participants reported that "health providers not having sufficient knowledge and skills related to Chemsex", confidentiality, stigma and discrimination for being MSM and/or using drugs, financially unaffordable, inflexible working hours, and lack of information about the quality and friendliness of services are the barriers for MSM community to access Chemsex services.

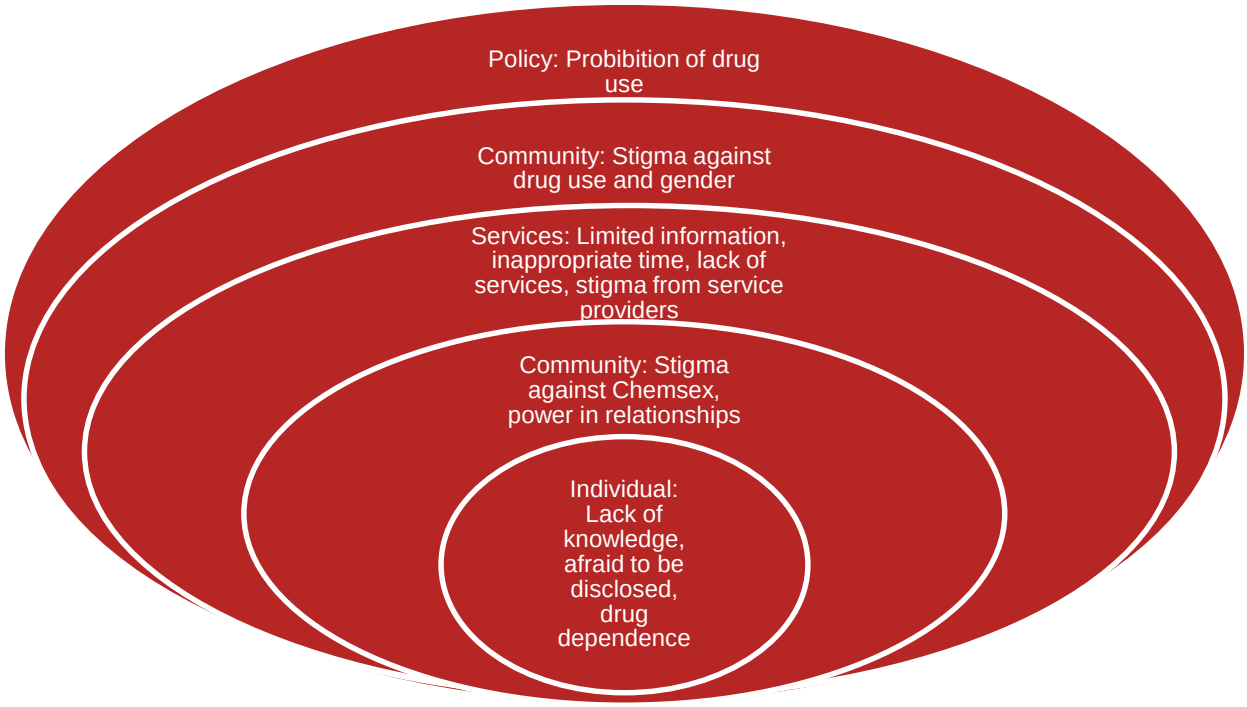

Figure 9. Model of barriers in Chemsex-related service provision

Hence, the study identified the barriers that MSM engaging in Chemsex faces in accessing Chemsex-related services based on the modified socio-ecological framework (Tan et al., 2018). In particular, "services" was added to clearly show the barrier directly from service providers/ facilities.

At the community level, discrimination against MSM who engage in Chemsex exists. It is one of the barriers hindering the openness in sharing of information about Chemsex. Besides, the participants were also afraid of being arrested, which could lead to risky behaviors and untimely intervention. Therefore, there is a need for safe spaces so that the community can share information without legal concerns or discrimination.

At the policy level, Chemsex participants also claimed that they were afraid of being arrested for violating the law if they shared information about Chemsex to health care workers in clinics or when looking for professional care. Disclosure of drug use and having unsafe sex to service providers is the optimal way to support the treatment of Chemsex participants in both physical and mental health. At the same time, it is also a way to link each affected Chemsex participant with appropriate treatment. Therefore, fear of being in conflict with the law may prevent individuals from accessing and using the services they need.

Preferences for Chemsex-related services

As mentioned in the previous section, MSM are afraid of stigma. Thus, they seem to trust and believe in their community more than health providers or experts. Regarding finding support, the participants preferred MSM-related CBOs (82%) the most. They also preferred MSM who are knowledgeable in Chemsex to support them (49%) over experts (13%) or health providers (6%). Similarly, the participants also preferred modern information sources such as online channels (75%), MSM-related CBOs (54%) or dating apps (35%).

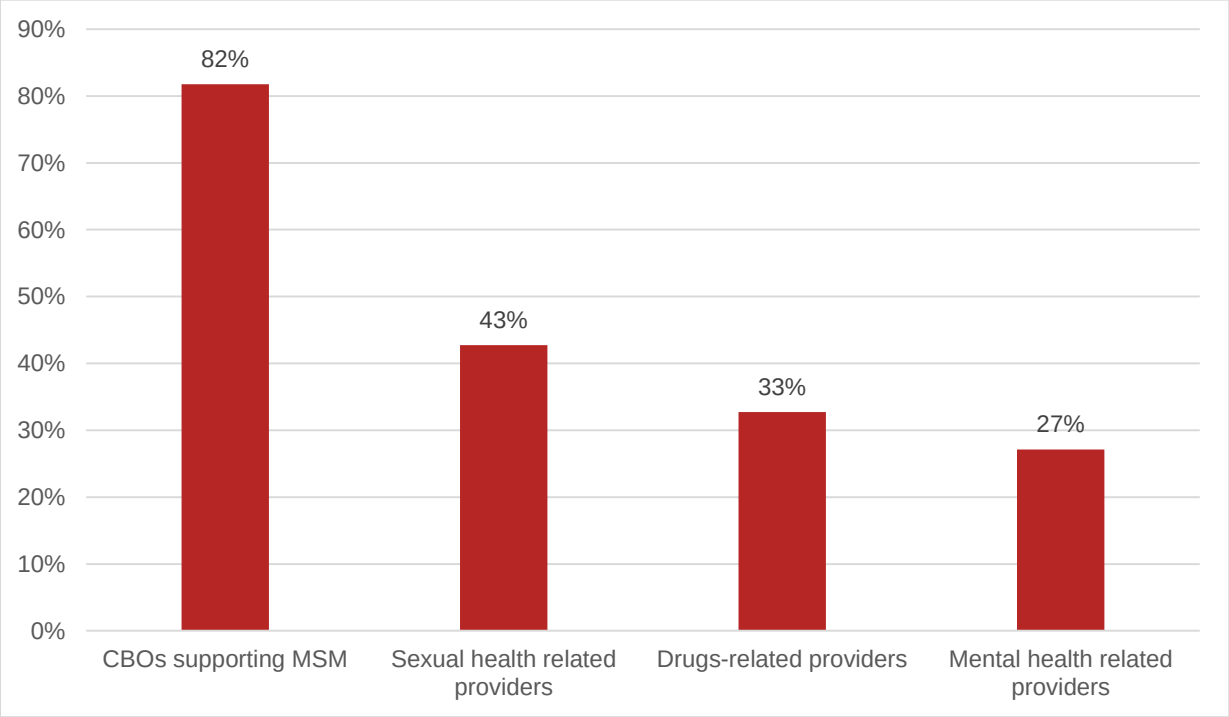

Figure 10. Preferred sources of support
(n=269)

Online information is the resource that 75% of the participants preferred. Noticeably, research participants also said that it was necessary to provide information to young people via websites to ensure confidentiality. That way, the Chemsex community can access and look for information without being detected or identified.

"... service providers must be members of this community to understand and counsel, they are the best to guide, reach out, and understand, not the outsiders. If they are not LGBT+ community, they cannot counsel." (H, 18 years old)

CBOs was also a highly recommended information channel (54%). Because participants said that people who provide counseling for the community need to understand psychological aspects of the community.

Dating apps were recommended by 35% of the respondents. However, many MSM shared that most MSM did not care about advertisements since they just focused on their main purpose of finding sex partners.

The information can be shared in the common places for Chemsex, such as saunas, massage parlors, and bars.

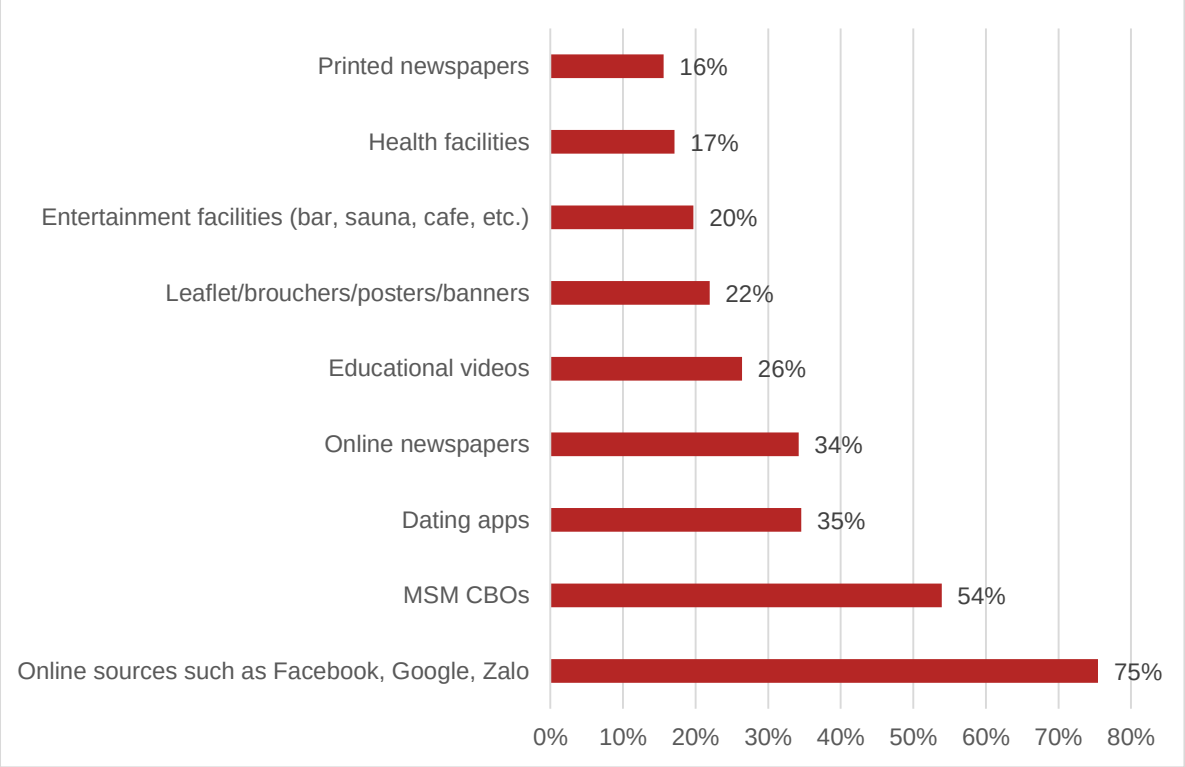

Figure 11. Preferred information sources

In general, MSM want to access many Chemsex-related services. Distribution of harm reduction commodities such as condoms, lubricants, PrEP, PEP (62%), HIV/AIDS testing/treatment services (61%) and STI testing/treatment services (60%) are three services that the respondents wanted to access the most.

Table 4. Services that MSM need

	Don't want to access	Neutral	Want to access
Blood tests	12%	33%	55%
Dental Exams	15%	36%	49%
General health screening tests	11%	32%	57%
Testing/treatment services for HIV/AIDS	11%	28%	61%
Testing/treatment services for sexually transmitted infections (STIs)	11%	28%	60%
Testing/treatment services for HBV/HCV	12%	30%	59%
Consulting/treatment for substance use	14%	33%	53%
Psychological counseling/treatment	15%	36%	49%
Distribution of harm reduction commodities: condoms, lubricants, PrEP, PEP	13%	26%	61%
Counseling about safe sex when engaging Chemsex	10%	32%	57%
Counseling about drugs	15%	30%	56%
Counseling about PrEP	9%	33%	58%
Counseling about drug rehabilitation	17%	35%	48%
Connect with Chemsex community	16%	31%	54%

Expectations from Chemsex community

The community has come up with ideas for activities to reduce the negative effects of Chemsex. These activities include increasing knowledge about safe drug use.

Relevant information can be shared in locations where Chemsex most likely takes place, which include saunas, massage parlors, and bars.

The participants of the research also said that it is necessary to provide information to young people via websites to ensure confidentiality. This way, the Chemsex community can access and look for information without being detected or identified.

Table 5. Comments on necessary support services

I	***Counselling and information regarding specialized contents***
1	The risks of engaging in Chemsex
2	Dosage of drugs and time to use
3	Drugs that should not be used together
4	Identification of drug cutting
5	Protective measures during Chemsex
6	Characteristics and identification of unsafe Chemsex
7	How to have safe sex
8	Classification of drugs
9	To have Chemsex health and safety related testing (besides HIV testing)
10	To have HCV, HBV testing (besides liver and kidney examination)
11	Side effects of supportive treatment medications
12	Health services for LGBT
13	STI services
14	Psychological counselling to establish mutual trust
15	Testing is the most essential among all kinds of services

II.	***Information regarding administrative procedures***
1	Advice on Social Health Insurance and where to buy it
2	Name and address of administrative office for each procedure in each district
3	Prices of medications, the percentage of co-payment and insurance coverage
4	Name and address of medication dispensers and counselling centres in each district
III.	***Preference for service providing methods***
1	Through service providers
	Private consulting room (with more specific knowledge)
	Equipment for testing
	Soundproof room
	Testing and communication can be provided periodically by CBOs
	Individual counselling, on drug use, testing, safe Chemsex etc. should be implemented as a separate activity and not be integrated in testing sessions or communication events.
	Private room for counselling instead of providing counselling when giving out medications
	Spend more time for counselling activities
2	Through small group communication (to increase accessibility in the community)
	Through interesting games to help participants easily remember important information
	Through hands-on activities
	Repeat communication sessions on the same topic among a group, and among different groups to improve the effectiveness of information sharing
3	Through big events (to attract many people)
	Attract people with music and game events: gameshow, Kahoot, fashion show.

IV	**Location of services (an important factor to increase accessibility)**
1	Locations that are easy to find. They should not be in small alleys.
2	Located close to the main roads. But it should not be decorated by large ads, posters, images.
V	**Time (an important factor to increase accessibility)**
1	To provide service package after office hours or in the late afternoon
VI	**Price (a factor to maintain long-term service use)**
1	Prices need to be stable and transparent
VII	**Attitude of service providers**
1	Not showing fear or phobia
2	Being friendly to the community
3	No discrimination
4	Staff should be members of the community, so they have better understanding of the clients
5	Counsellors can be members of the community or no, but they should have a common voice with and understand the community.
VIII	**Others**
1	Information must be confidential at all stages
2	Information should be provided via the Internet to ensure accessibility and confidentiality of the community. Information should be specific, clear and include a hotline number for discussions when necessary.

CONCLUSION & DISCUSSIONS

In conclusion, the participants of this research are mainly gay men (81%), the rest are bisexual or heterosexual men (19%). 60% of them live in two big cities, Hanoi and Ho Chi Minh city. Similar to other studies, the participants are young (median age is 24 years old). They are well-educated (98% graduated from high school and above), have a job (only 6% are unemployed) and good income (71% earn more than VND 5 million each month).

Regarding Chemsex among MSM community, 77% of participants think that it is not difficult to find Chemsex partners. It should be noted that now, most MSM often find Chemsex partners via non-traditional sources such as dating apps or social networks. Just around one fifth of MSM find their partners at traditional sources like entertainment venues. On average, the median age of starting Chemsex is quite young, at 20 years old. In terms of types of drugs used for Chemsex, 62% use crystal, 37% use ecstasy and 20% use amphetamines. It should be noted that one person can use more than one drug during their Chemsex. Apart from the commonly used drugs (crystal, ecstasy, amphetamine and popper), MSM also use other substances/drugs such as alcohol, spice/K2, cannabis, etc. during Chemsex sessions.

One focus of this research is risky and protective sexual behaviors, especially during Chemsex sessions. Around 80% of MSM have tested for HIV and around 70% have tested for STI. The Safe Sex Behavior Questionnaire was adopted to measure the participants' frequency of use of recommended practices that reduce one's risk of exposure to, and transmission of HIV. 75.5% of participants have normal safe sex practice score (ranging from 36-53 scores) and only 3% have low score (ranging from 18-35 scores). The median score is 47. However, it should be noted that 71% of participants do not always use condoms and lubricants in each Chemsex session and 5% even never use these protective measures. It is alarming since just 11% participants know HIV/STIs status of all of their sex partners during each Chemsex session. 34% just know the status of a few people and 31% even do not know anything.

98% of respondents think that harm reduction services are somewhat necessary. However, MSM is still a vulnerable group and MSM who engage in Chemsex are even more anxious when accessing harm reduction services. The research finds that more than 90% participants worry, on different levels, about being judged, poorly treated or disclosed information by health providers. Therefore, MSM seem to believe in their community more than health providers or experts. In the case of finding support, they prefer MSM-related CBOs (82%) the most. They also prefer MSM who are knowledgeable in Chemsex to support them (49%) than experts (13%) or health providers (6%). The participants also prefer modern information sources such as online channels (75%), MSM-related CBOs (54%) or dating apps (35%).

In general, the research finds that the respondents of this research are young, well-educated and relatively high-income MSM, who actively engage in Chemsex due to the popularity of modern tools such as dating apps or social networks. They have normal safe sex practice but nearly three fourth of them do not always use condoms and lubricants in each Chemsex session. It is alarming because in each Chemsex session, most of them do not really know the HIV/STIs status of their partners. Therefore, harm reduction services are strongly necessary to support those who engage in Chemsex. It should be noted that as a vulnerable group, they prefer MSM-friendly services, even from those who are not health providers or experts.

RECOMMENDATIONS FOR HARM REDUCTION INTERVENTION

***Using private channels for Chemsex community*:** The research results show that the channels to find Chemsex partners and to search for Chemsex is through mobile applications. Thus, messages related to drug use and prevention of HIV/AIDS transmission should be shared in the mobile applications. The apps also provide information on Chemsex locations, common places, and community-based facilities in order to establish the appropriate and convenient location for service provision. The messages should be shared in times that are appropriate for MSM, such as in the late afternoon, the evening and at night. The messages need to focus on Chemsex, treatment locations or support from peers.

Reducing discrimination among MSM: Apps and social networks for MSM should be used to spread messages promoting the reduction of discrimination against Chemsex participants and the solutions to minimize the harms of Chemsex.

Providing direct services for those who want to reduce and control the harms of Chemsex: This research shows that all participants want to control the harms of using drugs during Chemsex. Current Chemsex-related harm reduction methods are informally shared but trusted by the community. It is shown that many participants follow these methods to minimize the negative effects of Chemsex. However, the participants have no information regarding service providers. Official and professional information services and experts are needed. At the same time, it is stated that the participants are aware of the negative effects of Chemsex on their health and lives. That is why they need the services to minimize the harms of Chemsex.

It is necessary to have monthly/bi-monthly sessions to share information with and counsel ATS-dependent participants. These sessions should focus on personal counselling to ensure privacy and confidentiality. The frequency of the sessions should be higher to repeat the information and combine with interesting activities to attract the community. Information can be provided via the Internet or through community-based groups. The focus should be to address specific issues such as improving health, or minimizing sleep disorders, headaches, and Chemsex-related injuries.

Providing psychosocial intervention services: (1) Motivation interview, based on existing knowledge of Chemsex participants about the harmful effects of Chemsex, can be conducted at individual counseling sessions, when they wait for rapid HIV test results, or at counseling sessions on PrEP, or during condoms distribution. (2) Contingency Management Interventions - this activity is to encourage positive behaviors such as reducing the amount of substance used after each Chemsex, reducing the frequency of Chemsex, and practicing safe substance use or safe sex. There should be small rewards for those who engage in positive behaviors, to encourage these behaviors. This activity should be integrated in individual counseling sessions or in community-based groups. Behaviors that require special attention include refusing to join Chemsex, stopping Chemsex for a period of time (one or two months, etc.), engaging in Chemsex after stopping for a while, and maintaining Chemsex abstinence.

Providing counseling packages to reduce harm: Counseling packages on how to take care of their own health should be provided for Chemsex participants. Health services for Chemsex participants should focus on reducing post-Chemsex harms such as providing sleep aids, psychotherapy, strengthening the immune system, etc. Guidance on safe drug use, and training sessions on ATS information and safe sex behaviors should be conducted.

Providing specific advice on the relationships between PrEP, STIs and condom use: There should be a strategy and plan to advise on condom and PrEP use in the context of Chemsex. Chemsex communities should be made aware of two important roles of using condoms together with PrEP, which include protection from other STIs besides HIV, and additional support to those who cannot ensure their daily intake of PrEP. It is also important to provide information on how to correctly use condoms for the MSM community.

Improving understanding about Chemsex: At an individual level, the research does not specifically indicate the causes for why a person seeks Chemsex, but the circumstances in which they engage in Chemsex. Therefore, further research on psychology and sociology is needed to gain a deeper understanding on the causes and factors affecting the behavior of seeking Chemsex among MSM. Drug use should be considered as a health issue rather than a law violation.

Having quality service providers: The participants indicate that they like to use services provided by people who clearly understand Chemsex and the characteristics of this community. If service providers are people who have engaged in Chemsex, it will be easier to share information. Service providers can also be health workers with sufficient knowledge of Chemsex. Confidentiality, sense of security and friendliness, and qualifications of service providers are also emphasized.

LIMITATIONS

This is the first research that explores the awareness and experiences of using ATS among MSM in Vietnam. We highlight some of the characteristics of sexual behaviors, drug use, knowledge and awareness of safe Chemsex, the reasons for participating in Chemsex and some recommendations within the research framework in order to guide the interventions to address Chemsex and HIV/STI among MSM in Vietnam.

Some limitations of the research include: (1) Quantitative research was conducted in the form of online responses instead of asking questions directly to Chemsex participants, this creates an open and anonymous environment, but also brings some errors in the answer because the participants might have misunderstood the questions. This has been solved by cleaning up, eliminating ineligible subjects, illogical answers (2) Qualitative research conducted in Hanoi and Ho Chi Minh City; thus, it may not be representative for other areas. The young MSM accounted for most of the sample, so the results partially reflect Chemsex activities in the young MSM community instead of all different ages.

The study also suggests more areas for future studies with a bigger sample. For instance, the level of safe sexual behaviors among those positive with HIV/STI and factors influencing treatment adherence can be explored. Other researchers can also study more about how long MSM have used ATS in relation to their physical and mental health.

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