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Dynamics of Chemsex among Gender and Sexually Diverse People in Urban Bangladesh and Way Forward

Golam Sarwar[1], Dr Mohammad Niaz Morshed Khan[1], Md. Masud Reza[1], Tasnim Rahman Nira[1], Pritom Kumar Das[1], Zahidul Islam Khan[1], Sudipta Das Gupta[1], Sania Islam Afsana[1], Dr Md. Rahanul Islam[2], Dr Mohammad Muntasir Maruf[3], Dr Md. Sharful Islam Khan[1]*

[1]Programme for HIV and AIDS, HSPSD, icddr,b
[2]Central Drug Addiction Treatment Center, Department of Narcotics Control, Bangladesh
[3]Department of Community and Social Psychiatry, National Institute of Mental Health, Dhaka
*Senior and corresponding author

Background

Chemsex entails the consumption of certain forms of sexualised drugs before and during sexual activities to heighten pleasure [1]. The United Nations Office on Drugs and Crime (UNODC) has associated substances such as methamphetamine, mephedrone, and gamma hydroxybutyrate (GHB)/gamma butyrolactone (GBL) with chemsex practices [2]. In an Asia-wide review, the prevalence of sexualised drug use among men who have sex with men (MSM) ranged from 3.6% to 91.2% [3], with varying rates of chemsex from 3.1% to 30.8% [4]. Global literature on chemsex indicated adverse impacts, such as on physical, sexual, and mental health, on users' lives, and risky sexual behavior, such as condom less sex [5]. Bangladesh lacks comparable epidemiological data, but local qualitative studies indicated methamphetamine (Yaba) use among gender and sexually diverse people including Men who have Sex with Men (MSM), Male Sex Worker (MSW), and Transgender Women (TGW) locally known as hijra [6]. Moreover, there is a lack of research on interventions for chemsex among MSM, MSW, and TGW in Bangladesh and elsewhere. Considering the increasing prevalence of HIV and STIs among these population groups in Bangladesh, it was crucial to conduct focused research with chemsex practices and related issues so that finding could be operationalised into actionable programmes.

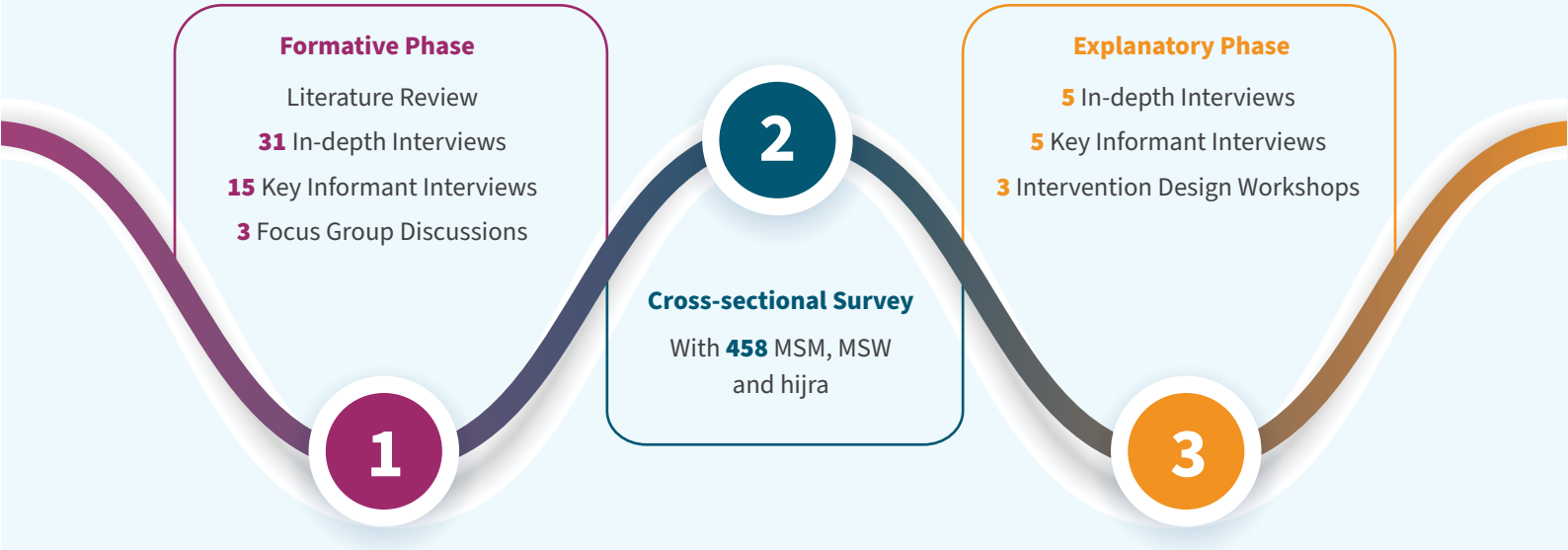
Study Objective

The study aimed to bridge knowledge gaps by exploring the overall scenario of chemsex, its underlying contexts, and associated perceptions, and proposing recommendations for addressing the harms associated with chemsex.

It also attempted to formulate culturally relevant, context-specific, gender-sensitive, and evidence-based recommendations for chemsex interventions.

Methodology

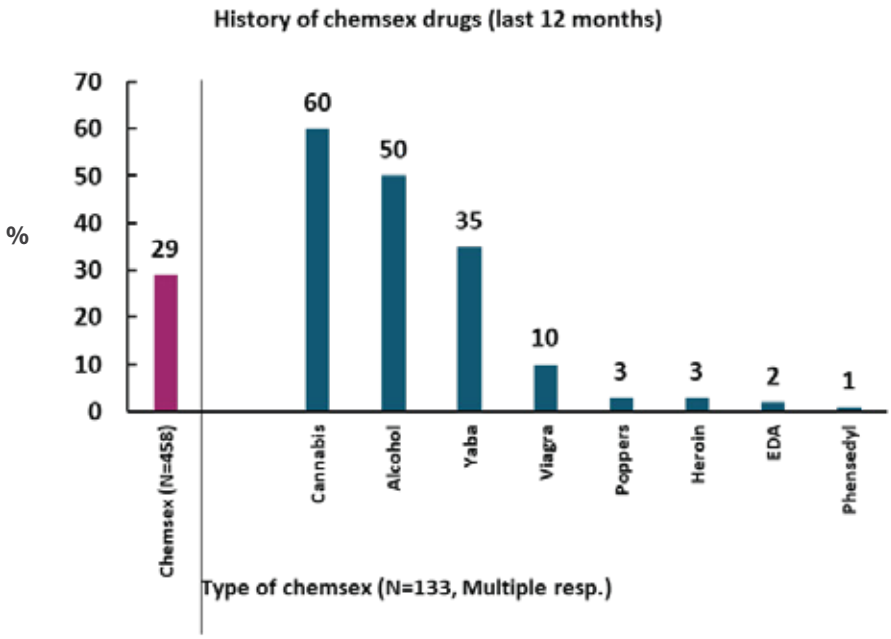
This was a sequential, exploratory, mixed-methods study comprising qualitative and quantitative strands that unfolded in chronological phases. The study was conducted at four drop-in centers (DICs) for MSM, MSW, and hijra in Dhaka city.



Key Findings

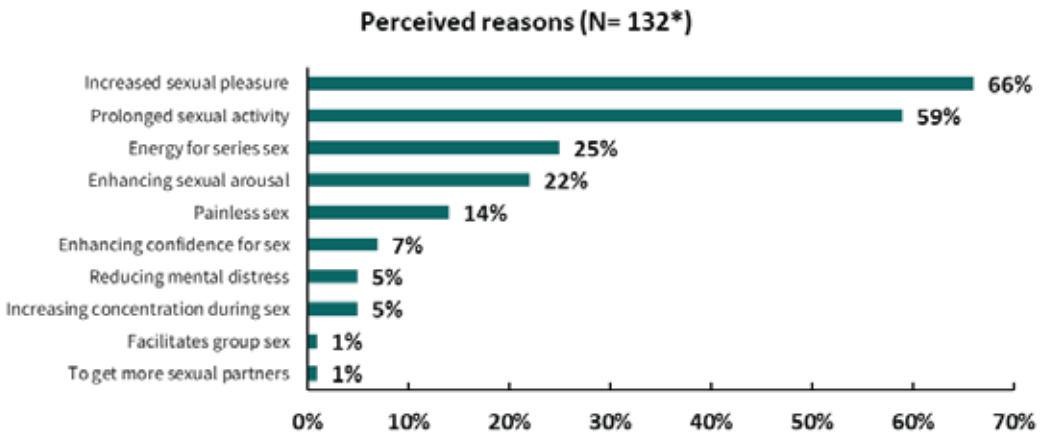
Types and frequencies of chemsex and sexualised drug use

Both qualitative and quantitative data revealed that methamphetamine or yaba, cannabis, viagra, and alcohol were the most used sexualised drugs among the participants. Additionally, participants also made use of poppers, cocaine, and phensedyl in the sexual context. Qualitative interviews revealed several factors, such as participants' intention in using the drug, occupation, sexual role, socioeconomic position, and drug price, that combinedly determined the types of drugs participants used.



Perceived reasons for engaging in chemsex:

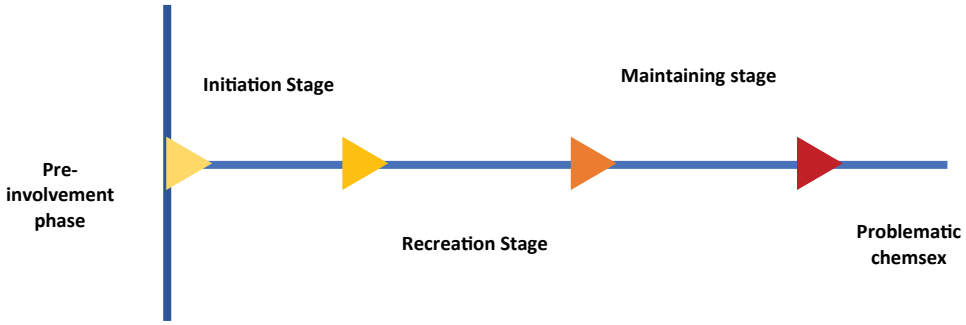
66% of the participants reported increasing sexual pleasure as a reason for using sexualised drugs. Many participants (22%), who primarily played insertive sex roles (top) and occasional versatile roles, utilised yaba and ice that helped to maintain an erection.



*1 respondent did not provide answer

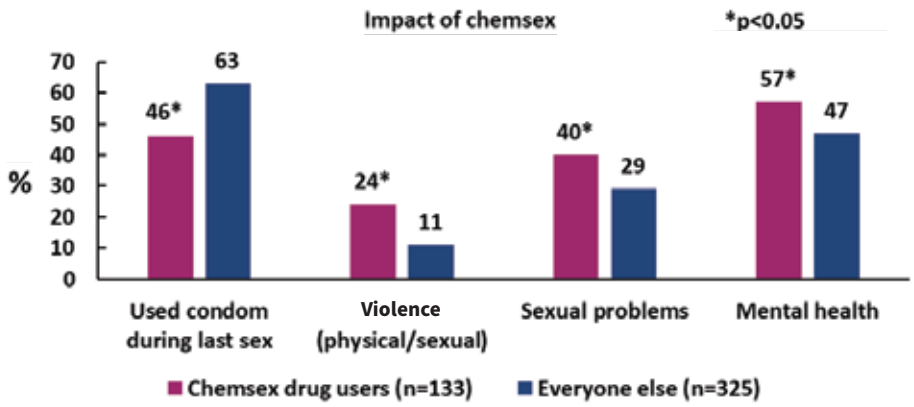
Stages of the chemsex continuum

Qualitative data from participants show that chemsex is not an isolated behavior instead follows a continuum consisting of four distinct stages. The first stage is initiation, where participants are first introduced to chemsex through peer groups, marked by curiosity, social pressure, or the influence of close networks. This is followed by a recreational phase characterised by occasional use. The third stage is maintenance, where use becomes regular and tied to problem-solving in their lives (e.g., sustaining energy in sex work, managing fear of shame from partners due to early ejaculation). Finally, there is a problematic phase where the perceived benefits fade and harms begin to outweigh them. Understanding this continuum is vital—not only for tailoring interventions to people at different stages but also for preventing those in earlier stages from sliding into more harmful patterns.

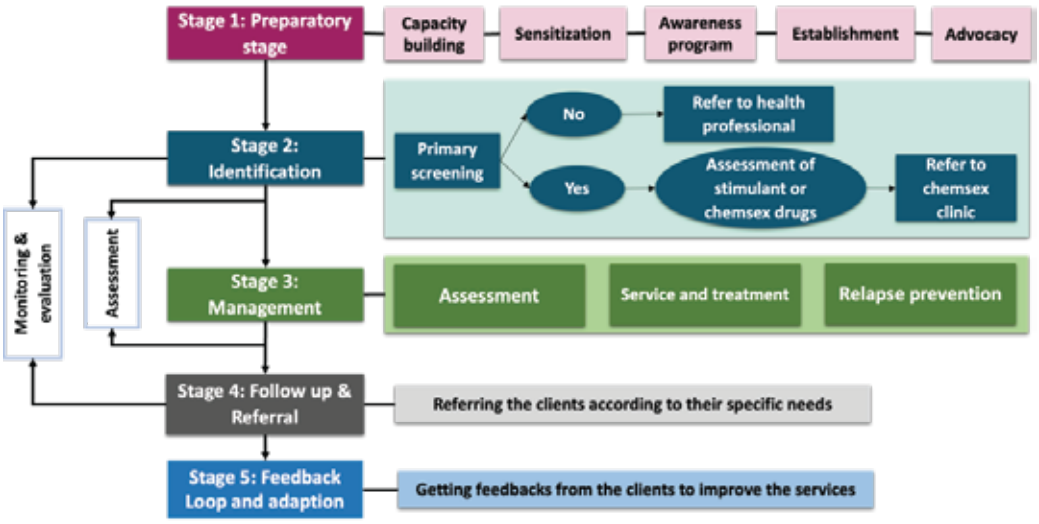


Stages of chemsex continuum

Impacts of chemsex on users and their sexual partners



The first chemsex intervention model in Bangladesh



Way forward

- As chemsex moves quickly to the problematic stage, intervention must start from the very first day when it is known, preferably, awareness of chemsex and its abusive potentials must be discussed in the awareness programme. This is also important as chemsex will diminish safer sex practices.
- Combined effects of chem and sex need further exploration with a more rigorous quantitative study.
- The matrix developed in our study as an assessment tool needs to be validated on a large-scale population.
- A large-scale sample is needed to explore the possible stages of chemsex within the country-wide populations.
- To ensure scientific rigor and practical applicability, we need to implement the model with a focus on making it user-centric, cost-effective, and sustainable.

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Advancing Sexual and Reproductive Health and Rights (AdSEARCH) by icddr,b
68, Shaheed Tajuddin Ahmed Sarani, Mohakhali, Dhaka 1212
Email: adsearch_official@icddrb.org | **Website:** adsearch.icddrb.org

icddrb-adsearch /icddrb.adsearch