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HIV/TB Agency, Information and Services Activity

# “Voices Unheard: Implementing Inclusive Strategies for WWUD”



**Best Shelter - Yangon**

No.135(G), Mawyawaddy Road, 8 Mile, Mayangone Township, Yangon.

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[www.facebook.com/BestShelterMyanmar](https://www.facebook.com/BestShelterMyanmar)

[www.bestsheltermyanmar.org](http://www.bestsheltermyanmar.org)

**Presented by:**  
**Thazin Than Naing**  
**Deputy Director**  
**Best Shelter - အရိပ်စင်**  
**30 April 2024**

# Speaker's Profile



Thazin Than Naing

Deputy Director

Best Shelter

- 21 years experience in counseling field as Counseling Supervisor, Counseling Trainer, Counseling Officer, Counseling Coordinator at MSF-Holland, AHRN and Best Shelter
- 8 years experience in program management and project implementation at AHRN and Best Shelter

**Speaking Topic – “Voices Unheard: Implementing Inclusive Strategies for WWUD”**



# Untold-Stories of Women Who Use Drugs in Myanmar

**Many Stories  
Left Untold!**

**Name : Zoe**

**Place : Seng Taung Village, Kachin**

**Profession : Dancer, Sex Worker**

*“ When you grow up **being a woman who uses drugs** is more **stigmatizing even if** you are sharing the family responsibility of raising children and taking care of family food. It is ok that man drinks or smoke, but **not ok** if a woman does the same especially with **using drugs!**”*

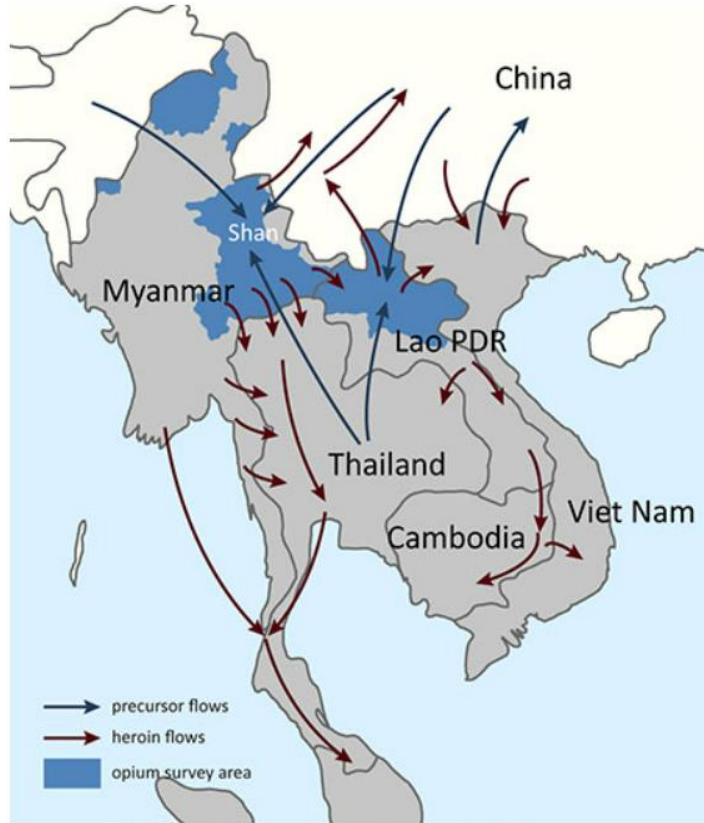


Ref: NIDA Addiction Art

# Women who use drugs in Myanmar & some common challenges



# Issues and context? - Myanmar



Map of Golden Triangle opium cultivation and heroin flows

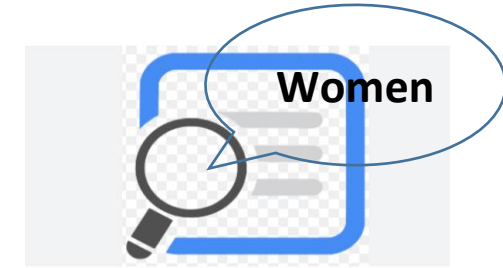
Source: UNODC

Covid



Coup

humanitarian crisis  
(women with ongoing need for harm reduction services in Ethnic Rural Hard to Reach Areas)



A Multi-Millions Grant Call for Proposal

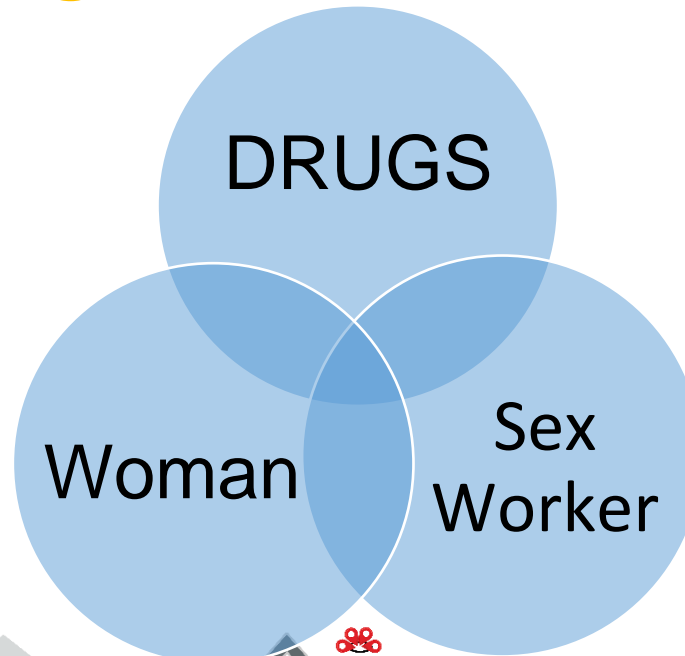
- Myanmar is now the world's largest opium producer, the UN Office on Drugs and Crime (UNODC) reported on December 2023
- Easily accessible
- Stimulant Drugs and Club Drugs ☒ Higher Use



# Women who use drugs in Myanmar & some common challenges

- Face daily **barriers in accessing** basic health services because **of being 'shamed, blamed and discriminated'**

## Stigma : Double, Triple



**Hidden  
Women Users**





# Women who use drugs in Myanmar & some common challenges

- Do not have **?** much support from **their families and communities** **?** **GBV** and intimate partner violence
- Often abandoned
- Lack of information on Sex, Drugs
- No **perinatal harm reduction**
- **Poor consideration** of gender
- Women **uncomfortable in mixed settings**



# Myths: Women Who Use Drugs

## Donors

- High vs Low Risk
- Expensive Unit Cost

## Govt/Policy

- SW vs LGBT vs PWID
- No policy

## IPs

- Separate services for men only
- Specific women needs ignored

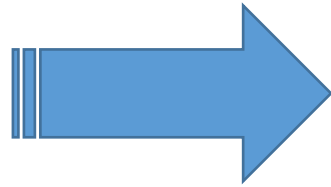
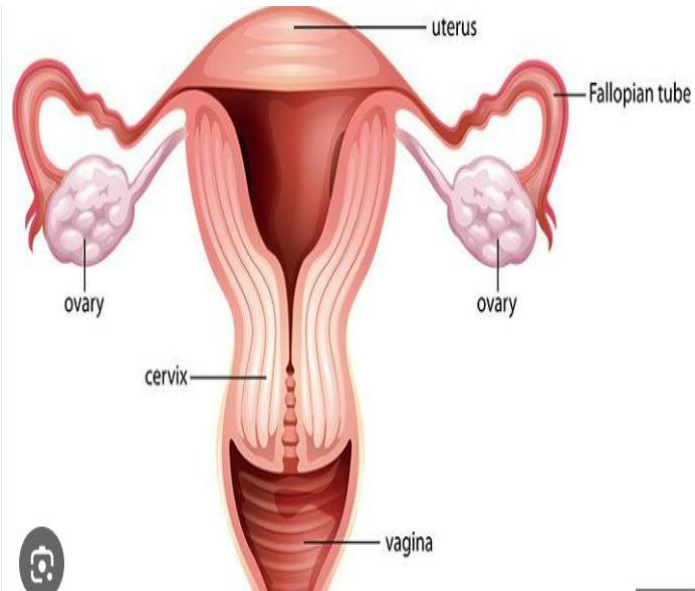




# Women Uniqueness: Understanding Specific Needs



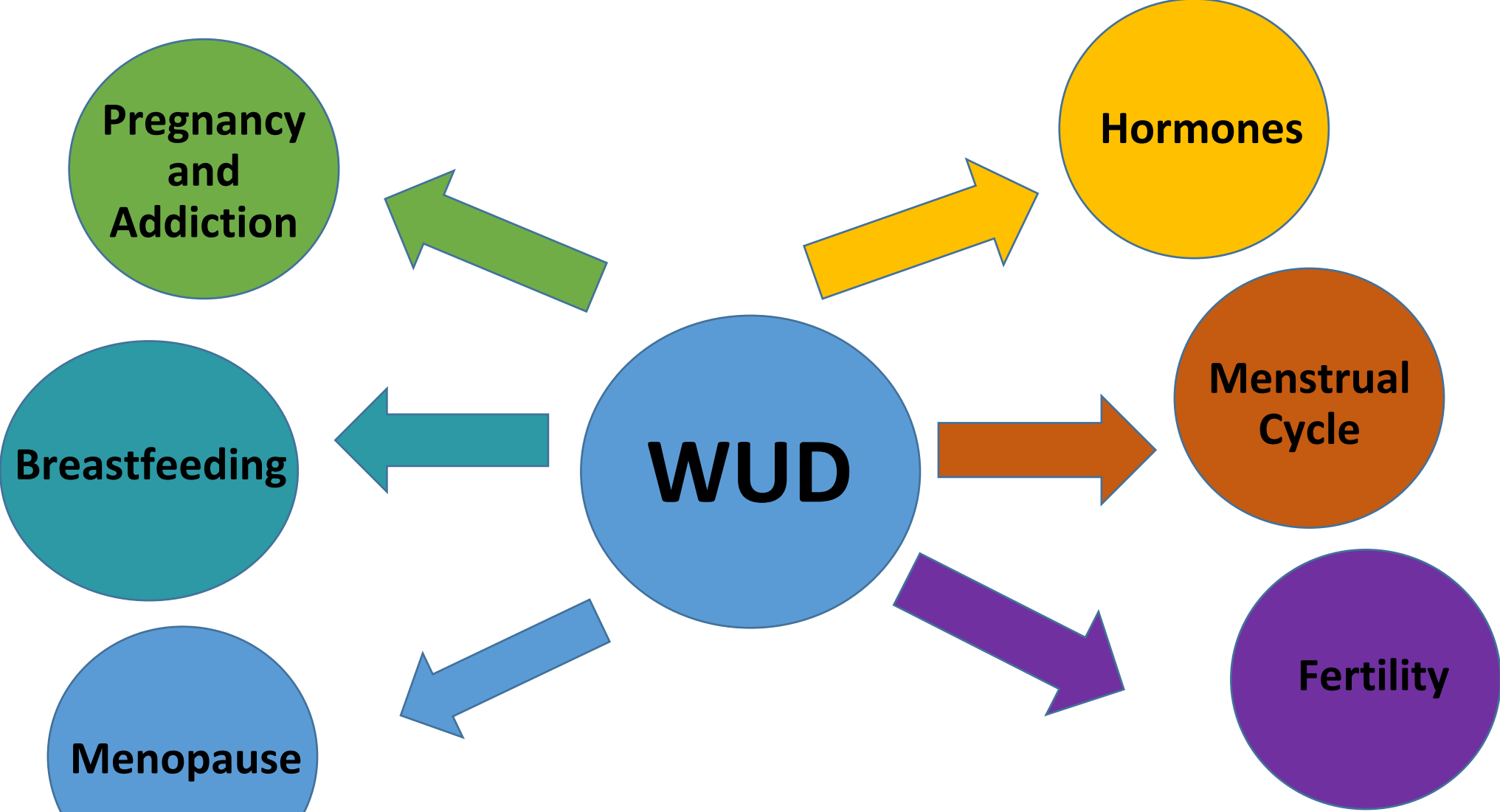
# Women Uniqueness: Understanding Specific Needs



"Being a woman itself is something"



# Women Uniqueness: Understanding Specific Needs



**"Being a woman itself is something"**

# Women Uniqueness: Understanding Specific Needs



**Intimate Violence Drug Related Sex Assault**



**Less Social, Economics, Gender and Human Rights**



**DOUBLE Less Social, Economics, Gender and Human Rights**



# What We Do, How We help



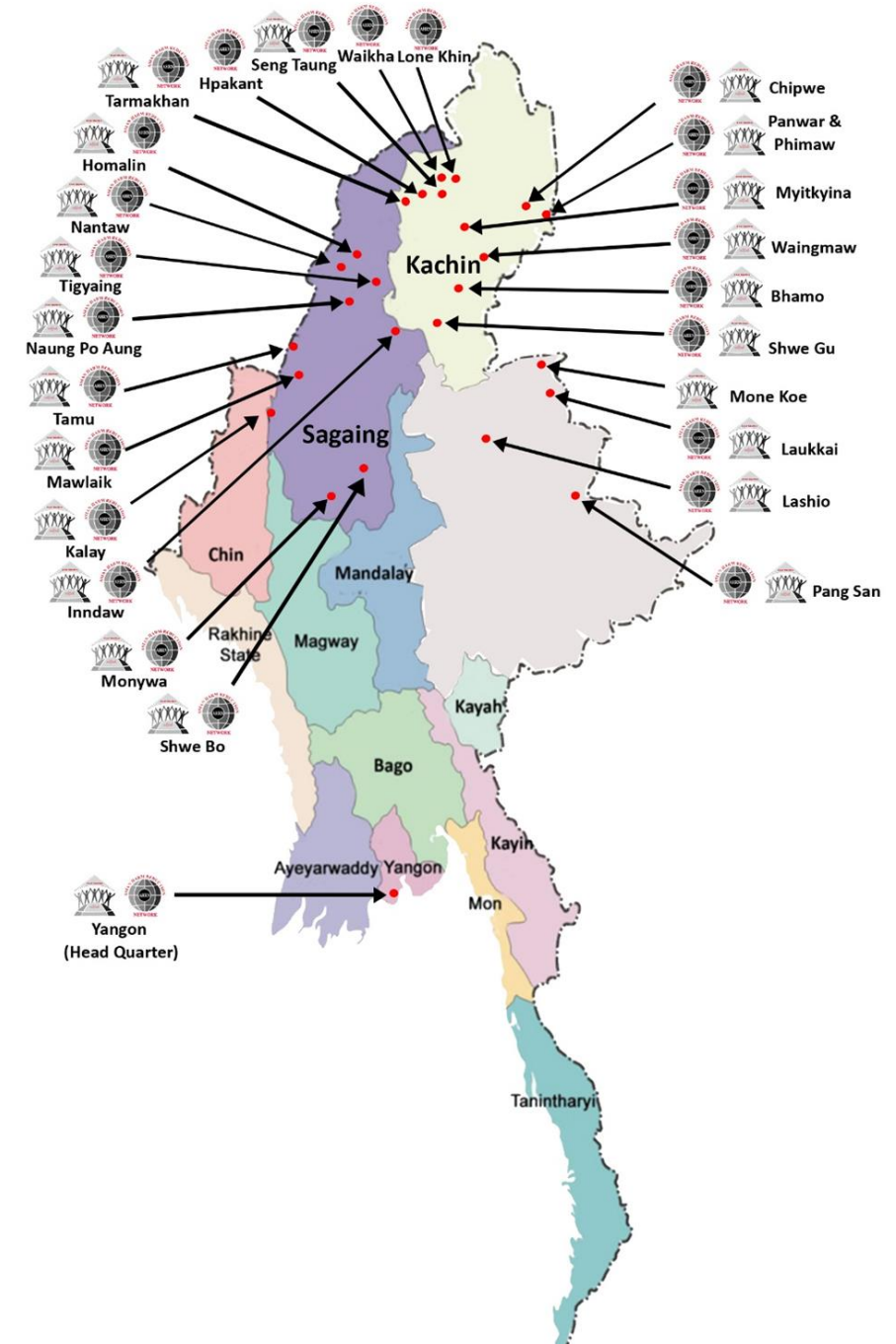
# What We Do, How We help

- **AHRN** – Facility-based
- **Best Shelter** – Community-based

Service delivery for the specific to women

- **Kachin, Sagaing and Shan State** which is drug prominent areas.

Asian Harm Reduction Network and Best Shelter Project Sites Map





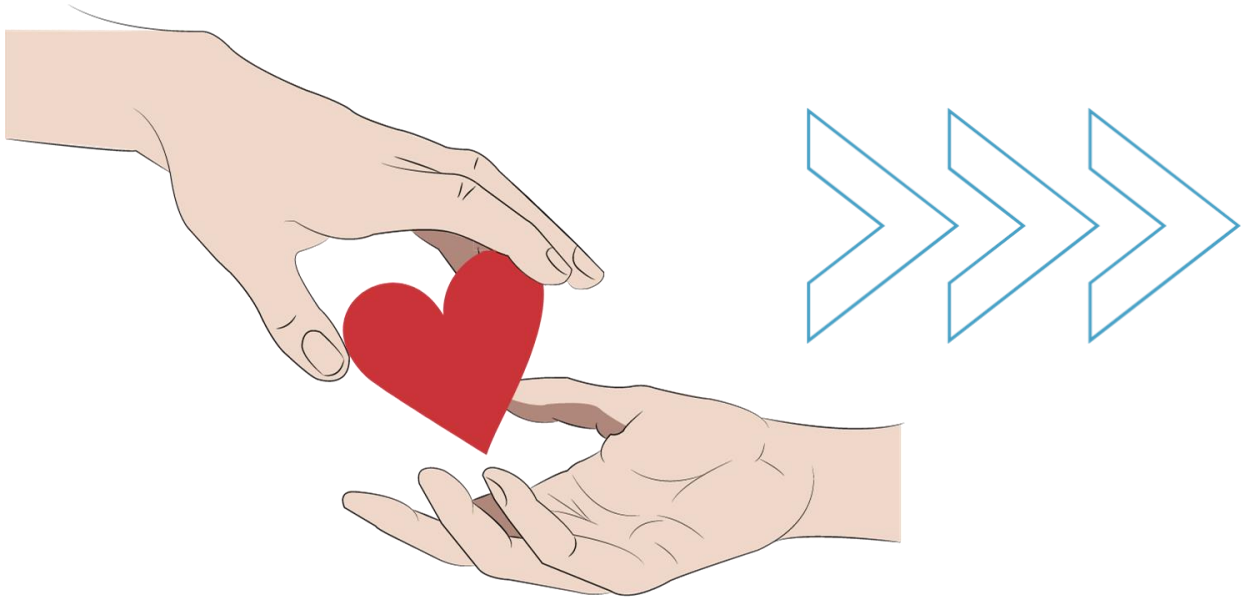
# What We Do, How We help

- Set up safe “home-like” **Women-friendly corners**
- **Women DIC** in Seng Taung.
  - ❖ They can **gather**
  - ❖ Access **peer support**
  - ❖ Access **Harm reduction services**
  - ❖ Access **Pre and Post Natal Care**
- **Hidden ? Reach? Recruit women Peer**
  - ❖ improve **harm reduction for women**, offer **specific peer outreach**, **links** to sexual and reproductive health and HIV treatment services
- **Flexible working hours**, STI and women days



# Offer Non –Judgmental

# STIGMA



# Provide 10 comprehensive package services

## 'Comprehensive Package of Services'

1. Needle and syringe programmes (NSP) တစ်ခါသုံးဆေးထိုးအပ်ဖြန့် ဝေခြင်း အစီအစဉ်များ။
2. Opioid substitution therapy (MMT) and other drug dependence treatment (ဘိန်းအစားထိုးကုသမှုနှင့် အခြားသော ဆေးစွဲကုသမှုများ (မက်သဒုံး)
3. HIV testing and counselling (သွေးစစ်ဆေးခြင်းနှင့်နှစ်သိမ့်ဆေးနွေးခြင်း)
4. Antiretroviral therapy (အေအာတီဆေးတိုက်ကျွေးခြင်း)
5. Prevention and treatment of sexually transmitted infections (ကာလသားရောဂါများ ကာကွယ်ကုသခြင်း)
6. Condom programmes for PWID and their sexual partners (ကွန်ဒုံးများ ဖြန့်ဝေပေးခြင်း)
7. Targeted information, education and communication (သတင်းအချက်အလက်နှင့် ပညာပေးစာစောင်များဖြန့် ဝေခြင်း)
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis (အသည်းရောင် ရောဂါအတွက် ကာကွယ်ခြင်း၊ ကာကွယ်ဆေးထိုးခြင်း၊ ရောဂါရှာဖွေ ကုသခြင်း)
9. Prevention, diagnosis and treatment of tuberculosis (အဆုတ် တီဘီရောဂါ နှင့် ပတ်သက်သော ကြိုတင်ကာကွယ်ခြင်း၊ ရောဂါရှာဖွေခြင်း နှင့် ကုသပေးခြင်း။
10. Overdose Prevention and Management



Source: 'WHO UNODC, UNAIDS 2013

# Women Specifics Services



Sexual & Reproductive Health



Pre & Post Natal Care



Pregnancy and Drug Use



Gender-based Violence



Income generation – job creation





# Best Shelter (အရိပ်စစ်အဖွဲ့၏ အမျိုးသမီးနှင့် သက်ဆိုင်သော လက်ကမ်းစာစောင်များ)



**အမျိုးသမီးနှင့် မူးယစ်ဆေးဝါး**

UNODC  
United Nations Office on Drugs and Crime

**ကိုယ်ဝန်ဆောင်ခြင်းနှင့် မူးယစ်ဆေးဝါးသုံးစွဲမှု အမျိုးသမီးမူးယစ်ဆေးဝါးသုံးစွဲသူနှင့် ဖက်သဒုန်းအားထိုးကုသမှု**

UNODC  
United Nations Office on Drugs and Crime

အမှတ် (၁၅၅/၅)၊ သော့တော်လမ်း၊ ၁၀၆၊  
မရမ်းကုန်းမြို့နယ်၊ ရန်ကင်းမြို့၊  
၀၁-၆၆၆၅၀၀၊ ၀၉ ၅၀၇၅၀၇၉၂  
www.bestsheltermyanmar.org  
www.facebook.com/BestShelterMyanmar

**ကိုယ်ဝန်ဆောင်ခြင်းနှင့် မူးယစ်ဆေးဝါးသုံးစွဲမှု**

ကမ္ဘာ့ဆေးဝါးအဖွဲ့အစည်းကော့စ်ဖရမ်နှင့် ကိုယ်ဝန်ဆောင်ပြုသောဆွဲခြင်းကုသမှုများနှင့်ပတ်သက်၍ အရိပ်စစ်အဖွဲ့၏ အချက်အလက်များကို မှတ်တမ်းတင်နိုင်ပါသည်။

**သားဖွားမီ ပြုစုစောင့်ရှောက်မှုများ**

- စောင့်ရှောက်ပေးပါ။
- နှိပ်စားမှုများကို ရှောင်ကြဉ်ပါ။
- ဝန်ထုပ်ဝန်ပိုးကုသမှု ခံယူနိုင်ရန် သတိပြုစောင့်ရှောက်ပါ။
- မူးယစ်ဆေးဝါးသုံးစွဲမှုများ (SUDs) နှင့် ကူညီစောင့်ရှောက်မှုများအား တတ်ကျွမ်းသည့်သူများ (ဥပမာ-နာရီကုသမှုများ) နှင့် ဆက်သွယ်ပါ။

**သတိပြုရန်မှာ -** (မြူစတော်) မှု ရယူရန် အတွက် ဆေးကုသရန် မလိုအပ်ပါ။

**ပြုစုစောင့်ရှောက်မှုများ**

- မိခင်နှင့် ကိုယ်ဝန်ဆောင်ခြင်းသည် မူးယစ်ဆေးဝါးသုံးစွဲမှုများကို အန္တရာယ်ကင်းစေရန် လိုအပ်ပါသည်။
- ကိုယ်ဝန်ဆောင်ခြင်းမီ မိခင်သည် မူးယစ်ဆေးဝါးသုံးစွဲမှုကို ရှောင်ကြဉ်ရန် လိုအပ်ပါသည်။
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- မူးယစ်ဆေးဝါးသုံးစွဲမှုများ (Fetal Drug Use) သည် ကိုယ်ဝန်ဆောင်ခြင်းမီ မိခင်သည် ကိုယ်ဝန်ဆောင်ခြင်းမီ မူးယစ်ဆေးဝါးသုံးစွဲမှုကို ရှောင်ကြဉ်ရန် လိုအပ်ပါသည်။
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**မိခင်နှင့် ကိုယ်ဝန်ဆောင်ခြင်း**

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**အဖုကို အသုံးပြုပါ။**

**ကင်ဆာအကြံပြုအဆင့်မြှင့်တင်ရေး တာလုပ်ရမည်**

သော့တော်လမ်း၊ အရိပ်စစ်အဖွဲ့၏ အချက်အလက်များကို မှတ်တမ်းတင်နိုင်ပါသည်။

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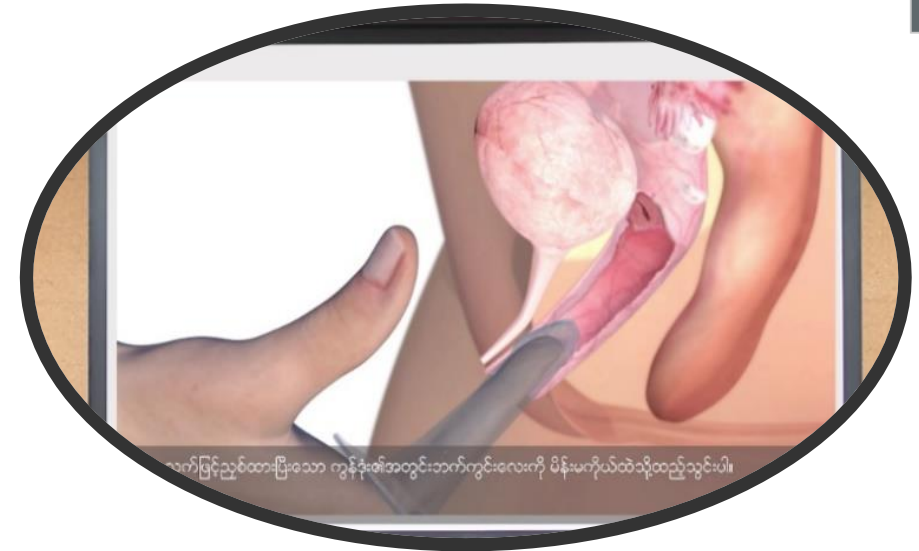
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# Best Shelter (အရိပ်စစ်အဖွဲ့၏ ပညာပေးမီဒီယံများ)





# Achievements and Contributions of the model

No	Activities	4 Sites	7 Sites
		Oct'2021 - Sep'2022	Oct'2022 - Sep'2023
1	No. of women reached - Drug Users (PWUD)	393	1100
	No. of women reached - Injecting Users (PWID)	67	231
	No. of women reached - Sexual partner of PWID, PWUD and PLHA	565	1105
	No. of women reached - Sex-Workers	373	442
2	No. of women who received HIV test and known result - Drug Users (PWUD)	342	822
	No. of women who received HIV test and known result - Injecting Users (PWID)	56	108
	No. of women who received HIV test and known result - Sexual partner of PWID, PWUD and PLHA	537	858
	No. of women who received HIV test and known result - Sex-Workers	315	329
3	No. of women who are newly identified HIV positive - Drug Users (PWUD)	19	10
	No. of women who are newly identified HIV positive - Injecting Users (PWID)	13	4
	No. of women who are newly identified HIV positive - Sexual partner of PWID, PWUD and PLHA	54	24
	No. of women who are newly identified HIV positive - Sex-Workers	10	8
4	No. of women who are newly identified HIV+ and enrolled to HIV care - Drug Users (PWUD)	18	9
	No. of women who are newly identified HIV+ and enrolled to HIV care - Injecting Users (PWID)	13	4
	No. of women who are newly identified HIV+ and enrolled to HIV care - Sexual partner of PWID, PWUD and PLHA	53	22
	No. of women who are newly identified HIV+ and enrolled to HIV care - Sex-Workers	9	8
5	No. of women who are newly identified HIV+ and initiated to ART - Drug Users (PWUD)	12	6
	No. of women who are newly identified HIV+ and initiated to ART - Injecting Users (PWID)	8	4
	No. of women who are newly identified HIV+ and initiated to ART - Sexual partner of PWID, PWUD and PLHA	49	18
	No. of women who are newly identified HIV+ and initiated to ART - Sex-Workers	7	5

# Achievements and Contributions of the model

No	Activities	4 Sites	7 Sites
		Oct'2021 - Sep'2022	Oct'2022 - Sep'2023
6	No. of SHG meeting	147	128
7	No. of Health Education Session	150	631
8	No. of women client received <b>psycho-social support</b>	281	564
9	No. of women received <b>medical interventions</b> (STI, Condoms, HTC etc..)	1445	2563
10	No. of women who has <b>daily Wages jobs</b> for Catering, Buddy care, cleaning jobs, client referrals etc	64	380
11	No. of women who received <b>STI screening</b>	936	939
12	No. of women who received <b>STI treatment</b>	167	135
13	No. of women who <b>received SRHR consultation</b>	261	600
14	No. of women who <b>received family planning service (OC pill, Depo, EOC - short term intervention)</b>	187	149
15	No. of women who <b>received family planning service (implant, IUD - long term intervention)</b>	7	55

4 Project Sites – Waingmaw, Bamaw, ST-F, TMK

7 Project Sites - Waingmaw, Bamaw, ST-F, PW/PM, Kalay, Shwebo, Lashio

# Women's health; mother do well => child's better

Health  
(HIV, TB, HBV, SRHR)

Drug Treatment



Psychosocial

**Perinatal Addiction**



# What is Perinatal Addiction?

What if I get pregnant and use drugs?

Stop? Reduce?

Baby Health? HIV?

Breast feeding?

Why Sad?

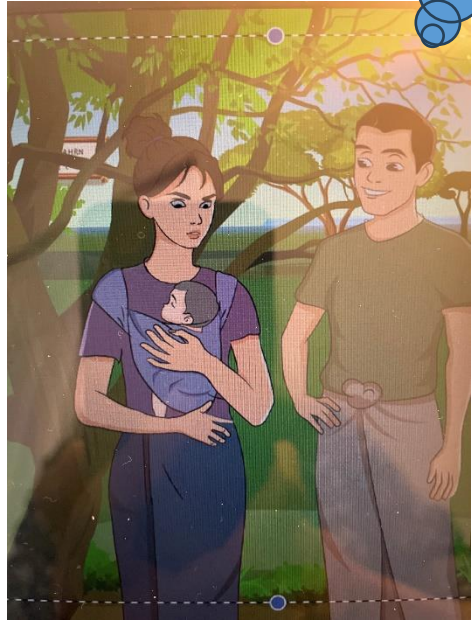
Infant withdrawal? Neonatal abstinence syndrome (NAS)



Prevention Perinatal Addiction



Before Birth (Antenatal or pre-natal)



After Birth (Postnatal or postpartum)



# Recommendation

- 1) Donor ☐ Not only WID but only WUD
- 2) Service Provider ☐ Meaningful consideration of gender
- 3) Hidden ☐ Reach☐ Recruit ☐ Peer Women
- 4) Flexible working hours
- 5) Women specific services
- 6) Perinatal ☐ opioid user ☐ MMT
- 7) Perinatal Harm Reduction
- 8) Income generation program





# Best Shelter (အရိပ်စစ်အဖွဲ့၏ ဝက်ဆိုက်ဒ်နှင့် ဖေ့ဘုတ်စာမျက်နှာများ)



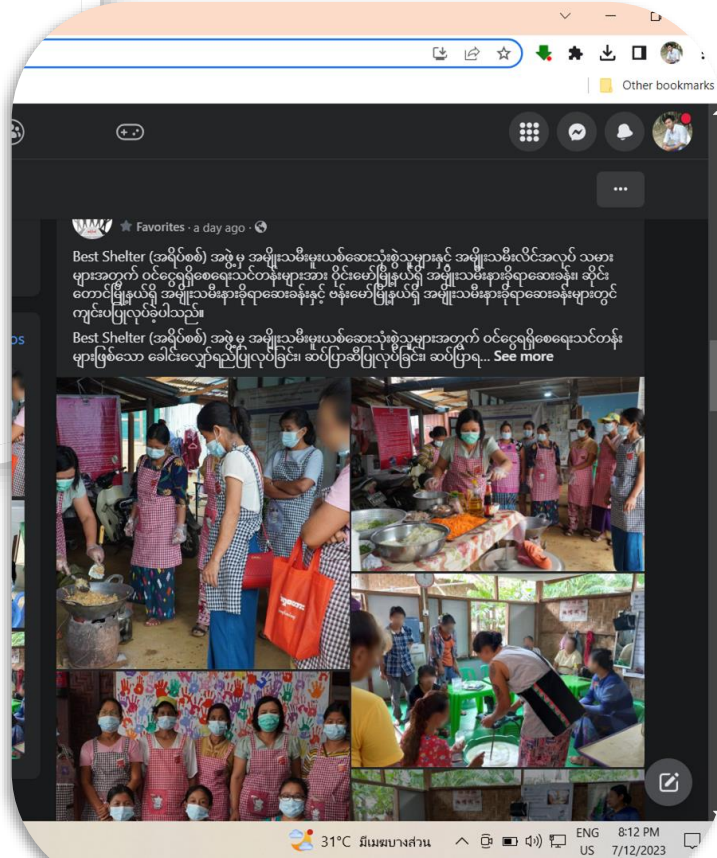
1. FB: [www.facebook.com/BestShelterMyanmar](https://www.facebook.com/BestShelterMyanmar)



1. Website: [www.bestsheltermyanmar.org](http://www.bestsheltermyanmar.org)



1. Best Shelter for Her Tag on AHRN website





**THANK YOU!**



[www.facebook.com/BestShelterMyanmar](https://www.facebook.com/BestShelterMyanmar)  
[www.bestsheltermyanmar.org](http://www.bestsheltermyanmar.org)



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## HIV/TB Agency, Information and Services Activity

# Harm Reduction for Amphetamine Type Stimulant Users: Experiences Sharing on Peer-led Approach

Ms. Ei Ei Soe  
Partnership Officer  
Médecins Du Monde (MDM)

30<sup>th</sup> April 2024



# Rationale and Key Issues

- Preliminary assessment in three MDM intervention localities in June 2021
- Higher number of ATS users were found in Hopin and Moegaung (compared to Myitkyina where heroin use remains more prevalent).
- Hopin was selected as a project location to start a pilot project
- A Series of interviews/face-to-face discussions/FGDs with ATS active users, ex-users & patient support group members
- Formed ATS Project Working Group with 12 participants
- The group was named as “Light of Dawn” အရှုဏ်ဦးအလင်းတန်း

# Objectives of the Specific Harm Reduction

- Adapted HR services to ATS Users through peer-led approach
- Integrate with existing HR services
- Technical Capacity, Organizational and Structural Development of peer-led group strengthened

# Background data

Project Title: Peer-led Project on Harm Reduction for Amphetamine Type

Stimulant Users in Kachin State, Myanmar

Project Location: Hopin

Coverage area: 4 wards, Hopin

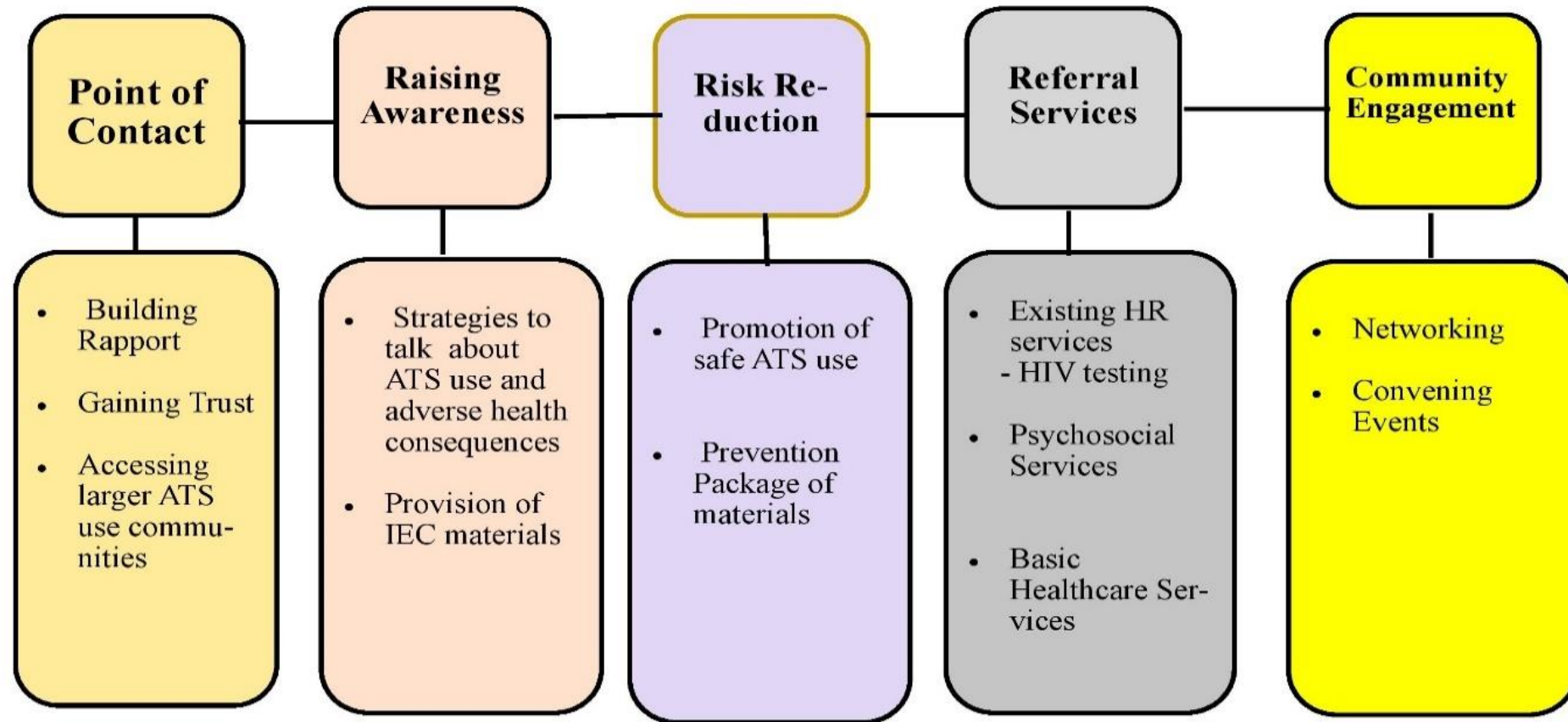
Target populations: Pure ATS, Polydrug, FSW, MSM

Project period: 18 months (1<sup>st</sup> Apr 2022 – 30<sup>th</sup> Sep 2023)

No. of estimated PWUM: Maximum-1340 (*2022-PSE Assessment*)

- Almost 90% are polydrug users and the most common using method is smoking.
  - ATS are commonly known as Yote Hsoe, Ah Sae, Pae Sae.
    - Female ATS use is around 300. 70% are hidden.

# Description of Model and Approaches





# Detail Activities

## Assessment/Survey

- ATS paraphernalia assessment
- Quick Needle Survey
- Population Size Estimation

## Creation

- ATS kit preparation (full package)
- Small box for local use (to put needles)

## Distribution

- ATS commodities (needles, pipe, foil)
- IEC (Methamphetamine, ChemSex) – Original developed by WHO & Burnet Institute

# Detail Activities

## Accompany referral (Linkage to care)

- Testing, MMT referral, STIs, Mental Health referral

## DIC recreational services

- Taking rest, playing guitar, music, carrom match, hair cutting, sport activities

## Community Mobilization & Advocacy

- Sensitization, Awareness raising sessions, Events/Campaign, Female friendly activities, Community engagement activities

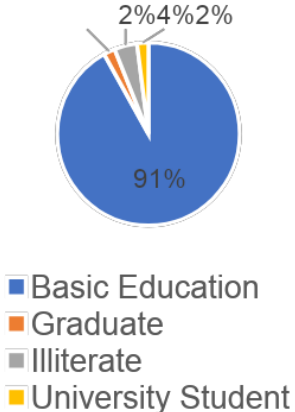
# Monitoring, Supervision, and Quality control

- **MDM** provide financial, technical, capacity building and coaching, assigning ATS Project Officer as a focal person
- **Peer-led group** takes the overall implementation of the project in Hopin coverage areas

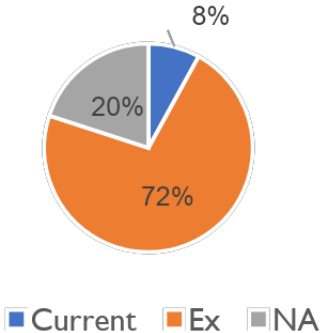
# Achievements

697 ATS users has been registered  
- male-652, female-45 (6%)

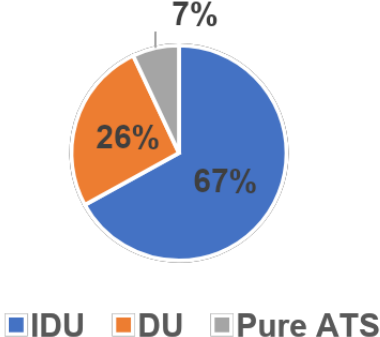
Level of education



Jade/Gold Mine Worker



Other Risk Factors



# Achievements

- People who were referred for linkage to care - 264
- People who received HIV testing - 96
- People who were referred for ATS related psychosis - 29
- DIC attendance numbers– 3998
- Distributed ATS Kits- 1672



# Good Practices of the Project

- Community-Based Approach (including ex-users, active users)
- Integrate Approach
- Experienced Leaders and Members
- Coordination and Networking Effort
- Accompany Referral

# Challenges

- Time investment to build trust & self-confidence
- Technical persons & skills: reporting, data collection, and IT equipment use
- Inadequate Human Resources: Women Outreach Workers, Service providers, Counsellors
- Can not organize big events in public areas, officially advocacy to local administrators

# Way forward

- Integration of current approaches into the existing HR Program
- To build capacity for the psychosocial support
- Female volunteer approach (more reaching women)

# Lesson learnt

- Engagement with family members: Become trust the peer-led group, voluntarily come to seek help from the group for their family members especially rich persons/family
- Adoption of safer practices: Mostly to have good practices such as oral care, personal hygiene, washing nose after ATS use, taking rest, sharing ATS risks and harms to others
- Community acceptance: Empowerment and service provision by peer-led group
- Empowerment of ATS users: Explore the potential leaders among them

# Photos



ATS kits preparation



“အပ်နှင့်ပိုက်ကို အသစ်သုံးပါ၊ ရောဂါမရအောင် ဂရုစိုက်ပါ၊ အိပ်ဖို့ စားဖို့လည်းမမေ့နဲ့ဟာ သတိရှိပါသူငယ်ချင်းရာ ”

## ATS Kit

တစ်ဦးနှင့်တစ်ဦး ပေါင်းမသုံးခြင်းဖြင့် ကူးစက်ရောဂါအန္တရာယ်များကို လျော့ချရန် ဖြန့်ဝေခြင်းဖြစ်ပါသည်

ATS Slogans on Kits

“အပ်နှင့်ပိုက်ကို အသစ်သုံးပါ အဟောင်းသုံးမှ ရောဂါရ ဆေးသုံးပြီးတိုင်း သတိရပါ နှာခေါင်း၊ ပါးစပ်ကို သန့်ရှင်းပါ ”

## ATS Kit

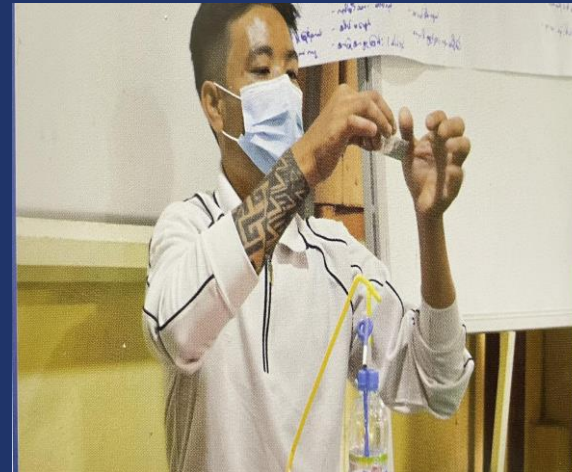
တစ်ဦးနှင့်တစ်ဦး ပေါင်းမသုံးခြင်းဖြင့် ကူးစက်ရောဂါအန္တရာယ်များကို လျော့ချရန် ဖြန့်ဝေခြင်းဖြစ်ပါသည်



# Photos



Needle with lighter (From ATS paraphernalia assessment)



Demonstration session on ATS safe use

# Photos



Small box creation for local use



Neighborhood Cleaning Activity



IOAD Event



Awareness/ATS HE



HIV/TB Agency, Information and Services Activity

THANK YOU.





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## HIV/TB Agency, Information and Services Activity

# Sexualized Drug Use: Confronting the Alarming Issue with a Holistic Harm Reduction Approach

Dr. Min Thet Phyto San  
Technical Officer (HIV) | PATH

April 30<sup>th</sup>, 2024



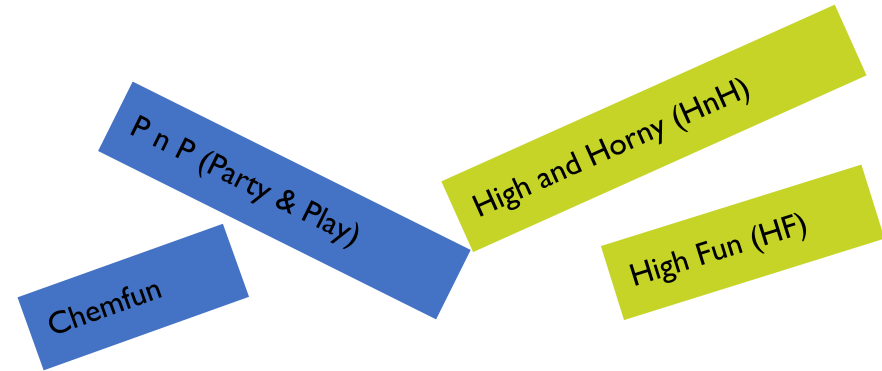
# What is sexualized drug use?

A wide range of drugs used just before or during a sexual activity – usually includes all popular drugs used by individuals including **stimulants** and **psychoactive drugs** like crystal methamphetamine and methamphetamine-based tablets, and **party drugs** (such as ecstasy, ketamine, and cocaine) can be used either alone or in combination with **other recreational drugs**, such as marijuana, poppers, or **medications for erectile dysfunction** (e.g., Viagra).



# What is chemsex?

Chemsex is a colloquial term describing a particular subset of sexualized drug use, any combination of **methamphetamine**, **mephedrone**, and **GHB/GBL** used by MSM **before** or **during** sex to facilitate a long sexual session with multiple sex partners.



Gay drug use trends have changed





# Background

HIV prevalence among MSM 8.8% overall, in notably high in Yangon (28.3%) (IBBS 2019).

Globally, chemsex is a particular **subculture among MSM**.

Chemsex practices among MSM across Asia - as low as **3.1%** to as high as **30.8%**.

The **increasing the popularity of party drug use** among young people in Myanmar.

**16% of respondents reported sexualized drug use** 2019 online survey among young MSM in Myanmar.

**IBBS MSM 2019** also reported drug use for non-medical purposes in the past 12 months was **10.9% of MSM**

**Increased risk factors** associated with drug use and chemsex which leads to

- *Increased vulnerability to and transmission of HIV, viral hepatitis, and other sexually-transmitted infections among MSM who engage chemsex*
- *Increased mental health impairment and addiction issues and other negative life impacts.*

# Why practicing chemsex?

## Personal

- Pain relief  
နာကျင်မှုသက်သာစေရန်
- For longer sexual intercourse and sexual pleasure  
လိင်ဆက်ဆံချိန် ပိုကြာမြင့်စေရန်၊  
လိင်မှုကိစ္စကျေနပ်မှုရစေရန်
- Sexual adventure  
လိင်စွန့်စားမှုတခုအနေဖြင့်
- Less inhibition and social bonding  
ကြောက်စိတ်နှင့် ကန့်သတ်ချုပ်ချယ်မှုများကို ဖယ်ရှားစေရန်၊  
လူမှုရေးဆိုင်ရာ ချိတ်ဆက်မှုရန်

## Social

- Easily accessible and popular in their network  
ရလွယ်လာပြီး ပိုခေတ်စားလာခြင်း
- Persuasion from social media/dating apps  
လူမှုကွန်ရက်မှလှုံ့ဆော်မှုများနှင့် ဒိတ်တင် app များ

## Environmental

- Stigma and societal rejection  
အထင်အမြင်သေးခံခြင်းနှင့် လူမှုရေးပိုင်းဆိုင်ရာပစ်ပယ်ခံရခြင်း
- Homophobic environment  
လိင်တူမှန်းတီးသောပတ်ဝန်းကျင်
- Heteronormative social pressure  
လိင်ကွဲ ဆက်ဆံမှုကိုသာ သဘာဝဟုသတ်မှတ်ထားသော ပတ်ဝန်းကျင်

## Black Tar Heroin (ဘိန်းမဲ)



## Heroin (ဘိန်းဖြူ)



## Mushroom (မိုး)



## Kratom cocktail (ဘိန်းစာရွက်)



## Marijuana (ဆေးခြောက်)



**MORE →**

# Common substances used for sexualized drug use

Methamphetamine based tablet



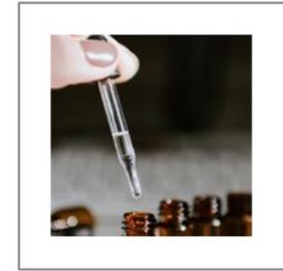
Crystal methamphetamine



Mephedrone



Gamma hydroxybutrate



K



E



Cocaine



Other: happy water, LSD, etc.





# Combining drugs/medications to enhance sexual pleasure



+



# Mode of administration

- ❑ **Ecstasy** (tablet form) → take it orally.
- ❑ **Ketamine** (powder form) → sniffing
- ❑ **WY** (tablet form), **crystal meth** (crystal form) → inhalation of the smoke burnt on the aluminum foil; pipes and bongs as inhaling instrument
- ❑ **Crystal meth** is also used as injection form, a practice know as “**slamming**” or or through a method called "**booty bumps**," which is slang for rectal administration (who wants effect immediately for sexual purpose)



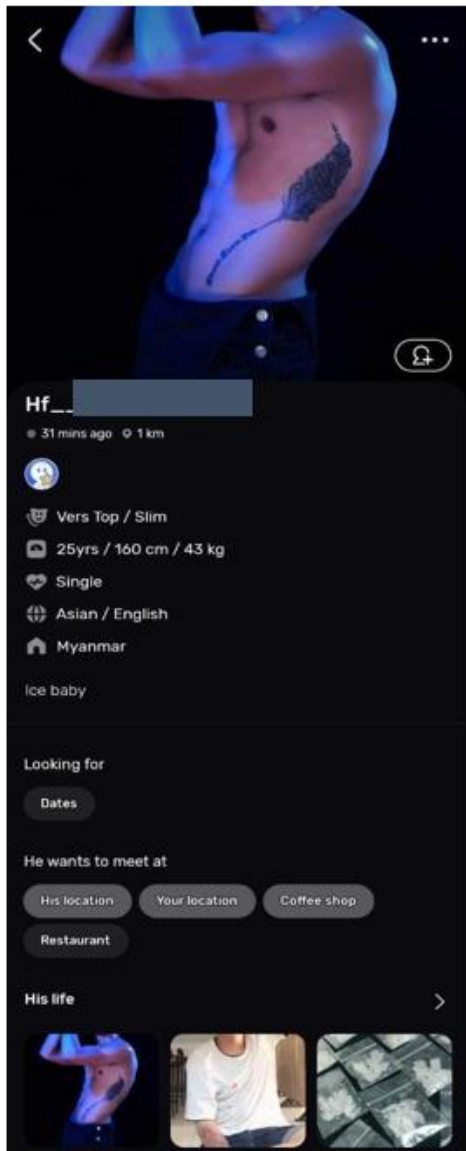
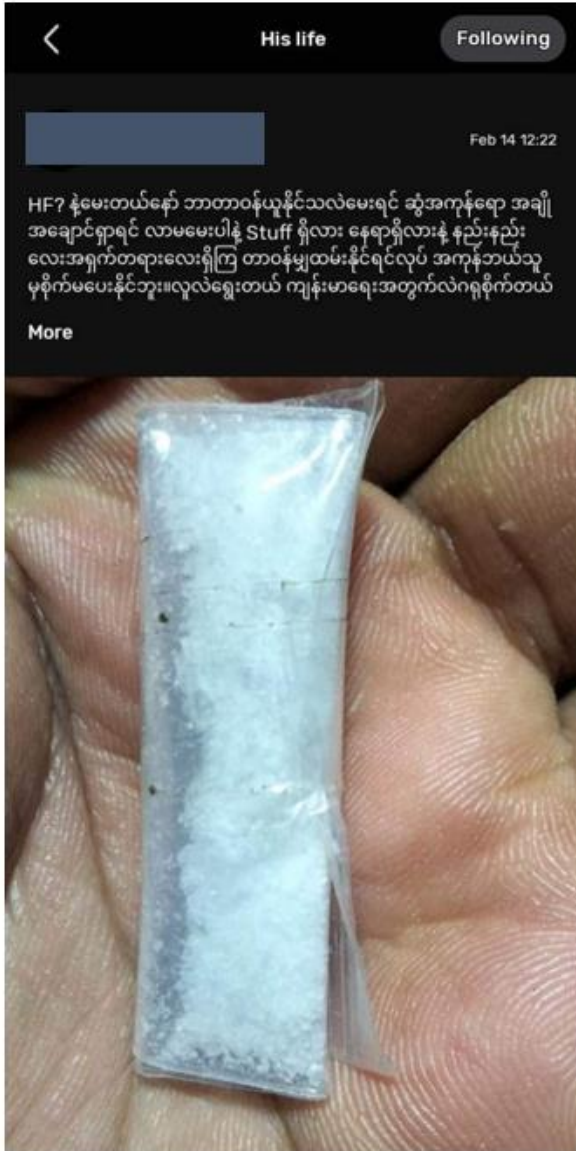
**You are no longer having sex without  
drugs, and you are no longer having  
drugs without sex.**



**[Friday Fever Video Link](#) by Mainline Organization**

# Sexualized drug use issue

- **Complex Issue (more than sex and drug):**
  - intersection of sex, drugs, and gender
  - faces double stigma and often do not disclose their engagement in chemsex
- **Demographics:**
  - common in urban areas, within younger age groups
  - trendy among Young MSM
- **Facilitating factors:**
  - MSM – dating apps
  - SW – client request and higher pay, to accommodate multiple clients, or to engage in sexual activity despite lacking desire
  - PWUD - may unintentionally engage in chemsex while under the influence partly driven by the sexual stimulation induced by the substances



# Sexual health and associated risks

- Studies have shown that MSM who engage in chemsex:
  - are 4 times more likely to be diagnosed with a **sexually transmitted infection**
  - are 5 times more likely to be diagnosed with **HIV**
  - are 9 times more likely to be diagnosed with **hepatitis C**.
- 12.7% of participants from the chemsex group (n = 251) reported having planned for **suicide** at least once in their lifetime.
- 46.6% of chemsex users report **non-consensual acts** during sex, and **violence** during sex was experienced by 16.8%.



Source: Pakianathan M et al. Chemsex and new HIV diagnosis in gay, bisexual and other men who have sex with men attending sexual health clinics. *HIV Med* 2018 May 22; [e-pub].

Bohn A, Sander D, Köhler T, Hees N, Oswald F, Scherbaum N, Deimel D and Schecke H (2020) Chemsex and Mental Health of Men Who Have Sex With Men in Germany. *Front. Psychiatry* 11:542301.

# Problematic chemsex

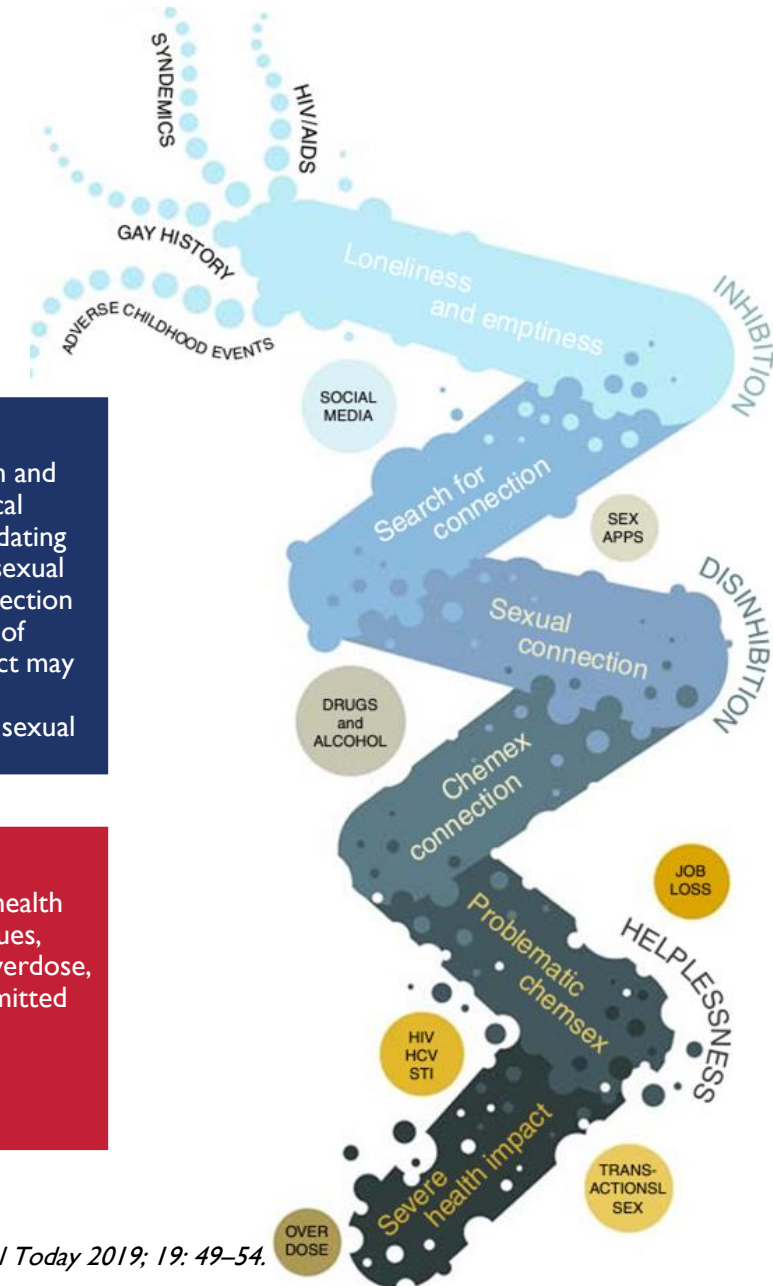
- Not everyone who uses drugs will try chemsex, and not everyone who has chemsex will experience problems.
- There are different levels of use, from experimenting once to daily drug taking.





# The problematic chemsex journey

Each stage described in the below journey provides the opportunity to intervene and help people step out of the process or develop better harm reduction skills.



## 1. Loneliness and emptiness:

Events and challenges in an individual's past or present may impact their personal and mental health and social relations, leading to emotional vulnerability. Anxieties related to body image and sexual performance can contribute to emotional or sexual inhibition.

## 2. Search for connection:

When people feel lonely and empty, they seek connection with others. This can involve engaging with friends, family, or finding community belonging through social media. Some individuals also seek connection through casual sexual partnerships.

## 3. Sexual connection:

Casual sexual encounters can be fun and satisfying, meeting desires for physical intimacy and self-validation. Online dating websites and mobile apps facilitate sexual connections. However, sexual connection alone may not fully address feelings of loneliness and emptiness. This impact may be intensified when individuals are introduced to substance use during sexual interactions.

## 4. Chemsex connection:

Drug use among gay men individuals is normalized. Via gay dating culture, individuals may rapidly transition to chemsex to enhance sexual pleasure. Chemsex can promise sexual and emotional connection through disinhibition.

## 5. Problematic chemsex:

As chemsex becomes more frequent and intense, it can lead to problematic use. Individuals may prioritize chemsex over other aspects of their work and lives, risking physical and mental health.

## 6. Severe health impact:

Problematic chemsex leads severe health consequences and mental health issues, including substance use disorder, overdose, and increased risk of sexually transmitted infections.



# Education and commodity package

Category	Sub-topics
<b>Drugs and drug use</b>	Drug literacy <ul style="list-style-type: none"><li>• Side effects</li><li>• Drug interactions among people who use multiple drugs</li><li>• Tips for safer drug use</li></ul>
<b>Harm reduction, overdose prevention, and emergency care</b>	Overdose and emergency management/referrals Substance use disorder management
<b>Healthy body and mind</b>	Promoting physical health and self-care. Promoting mental health and linkage to mental health services.
<b>Sex and relationships</b>	Soft skills (negotiation, consent) Sober sex (alternative ways for sexual pleasure without drugs)
<b>Stigma</b>	Self-stigma or stigma from peers/social networks (intracommunity/ intragroup stigma) Societal stigma

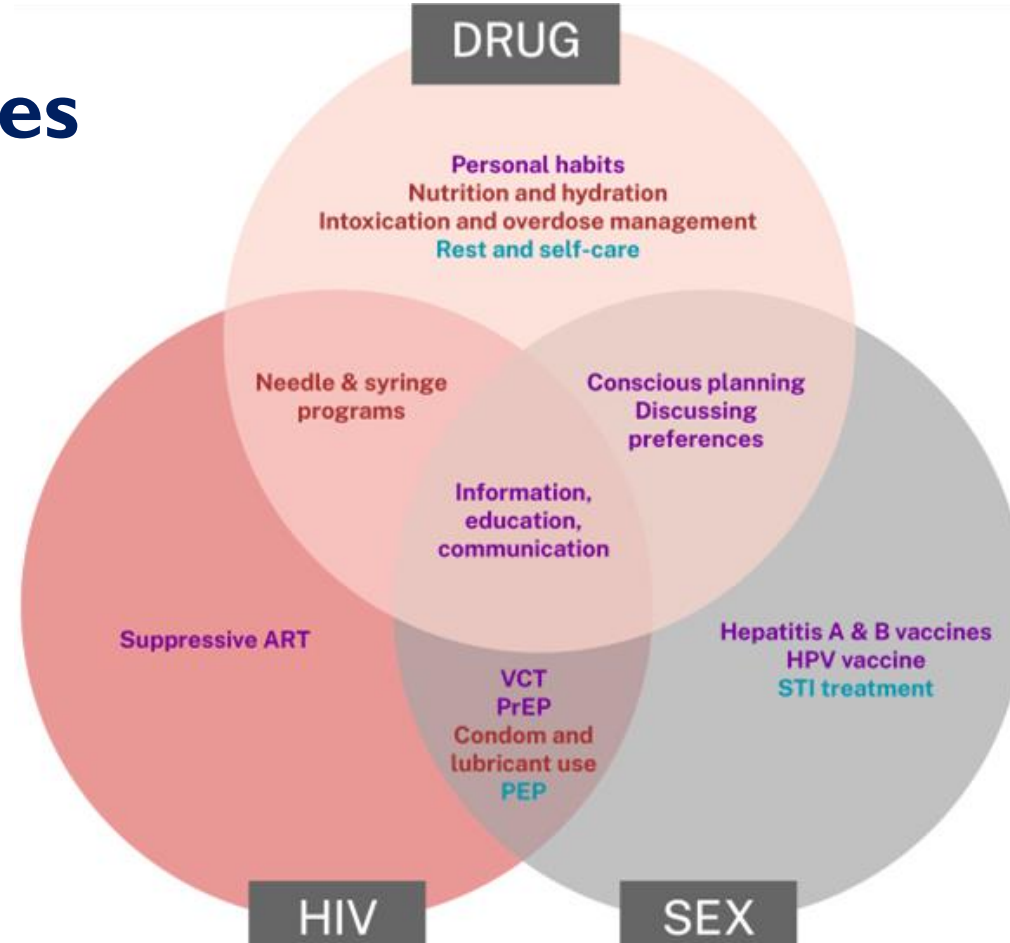
# Education and commodity package

1. 1ml Fixed Needle Syringes\*
2. Safe Loc single sharps box (with instructions)
3. Alcohol Prep Pads
4. Spoons with Filters\*
5. Measuring Syringe (2ml)
6. Contents and 'G' Tracker (A5 folded leaflet)
7. Straws\*
8. Latex Gloves
9. 5ml Skins Aqua Water Based Lubricant sachets
10. Skin Condoms
11. Electrolyte Tablets for salt replacement
12. Mints
13. ID Wrist Bands\*
14. Safer Chemsex (booklet)
15. Health and wellbeing (booklet)
16. Your Rights on Arrest (booklet)
17. Overdoses and Emergency Call
18. Safer Hook-Up (booklet)
19. HIV/ HCV/ STI Risk-O-Meter (flyer)



\* Color-coded to reduce sharing and transmission of blood-borne infections such as HIV and Hepatitis.

# Harm reduction strategies for chemsex



ART=antiretroviral therapy  
 HPV=human papillomavirus  
 VCT=voluntary counseling and testing

Before the chemsex session
  After the chemsex session
  During the chemsex session

# Service approach

- The philosophy of harm reduction is that [not] all individuals are ready, willing, and able to pursue abstinence as a treatment goal.
- The aim is to keep individuals safe while minimizing death, disease, and impact from high-risk behaviours.
- Be able to incorporate the LGBTQI+ affirmative approach into service.
- Counselling for safer sex and harm reduction
- Referral network for services that are outside of the area of harm reduction but very likely to be needed such as violence, mental health, etc.



# Recommendations regarding harm reduction for individuals engaging in chemsex

- Meaningful **involvement of the community** at every stage (e.g. design, implementation, evaluation)
- Investment in and scale up of **community-led harm reduction services** for sexualized drug use
- **Integrated service delivery** covering harm reduction, sexual health, and mental health services with a focus on men who have sex with men
- An **online presence**, as digital technologies have a central role in the chemsex scene
- A **one-stop-shop** for all harm reduction **commodities** (e.g. syringes, pipes, condoms, lubricants, PrEP, PEP)
- Easy access to **HIV, hepatitis B/C, and other STI testing, counseling, and treatment**
- Appropriate knowledge of the **community context and the drugs used** in the local scene
- **Meeting people where they are**, and treating them with respect and dignity



HIV/TB Agency, Information and Services Activity

THANK YOU.