

A message from the guest editor of this special “Chemsex” edition of *Drugs and Alcohol Today*

Marcus Day is based at Caribbean Drug and Alcohol Research Institute, Castries, Saint Lucia.

Despite a growing number of deaths by overdose or rising incidence of HIV, the wider gay community largely ignored the contribution that illicit drugs, largely synthetic stimulants consumed orally, intranasally or anally but rarely injected, had to morbidity and mortality in their community.

Harm reduction was originally focussed on the prevention of HIV and other blood borne diseases acquired through injecting drug use. The focus of interventions was street based and focussed on people who injected opioids. Despite there being LGBT people represented in harm reduction, there was a prevailing culture of heteronormativity that was a barrier to accessing services for some.

Two challenges needed to be overcome in applying a harm reduction lens to chemsex. First, chemsex is largely a non-injecting drug scene and the World Health Organisation has yet to enunciate the HIV risks associated with non-injecting stimulant use. Second has been the denial and stigmatisation of men participating in chemsex by their gay peers. The first made men who were using drugs through non-injecting routes invisible, while the second created a barrier to accessing services, either with gay men’s health services that often has a palatable aversion to drug use, or traditional heteronormative harm reduction services.

Finding no appropriate services that addressed a growing epidemic of death and disease, chemsex activists took example from the 1980s AIDS epidemic and the community response that addressed a need ignored by the medical and political establishments. The result: a community spurred on to action reminiscent of the actions of the early pre-ART days of the “AIDS crises”.

The response was pragmatic and realistic, drawing on the spirit of activism so evident in the early days of “Act Up”. Assessing the situation, determining behaviours, outcomes from those behaviours, and developing sex-positive responses to educate men how to do what they have been doing, but in a safer way. “This is what we’re doing about it. We’re not sitting waiting for someone else to do something about it, we’re up and out there making it happen, learning by previous practice and adapting to our unique situation”. The gay men’s community is taking existing harm reduction practice and adapting it to meet this new situation, filling some of its gaps and failings, including heteronormativity. The papers in this special issue show that the gay community took existing harm reduction practices and adapted them to meet this new situation, filling some of its gaps and correcting some of its deficiencies.

The pragmatic and harm-reduction approach illustrated in this special issue does not only represent the response of the very community affected, it also demonstrates how the existing philosophy of harm reduction provides a firm foundation on which structures can be modified to accommodate new situations. In the case of chemsex this can be seen as a generous and humane offer to wider health and social policy thinking by practitioners and decision makers from a community which has in the past been subjected to marginalisation and dismissal. Here the gay community is demonstrating what it has long called for and where possible practised: recognition, not denial, of behaviours and cultures, problem solving, creativity, compassion. Such an approach and its general acceptance by practitioners almost makes UK government responses redundant, based as they currently seem to be on a notion of moralising, a failure to acknowledge a science-based reality, and a general indifference that veils a foundation of homophobia. Perhaps the gay community’s examples of providing an effective, inclusive, human rights based, public health response can help shape future government interventions, by example.

This special edition of *Drugs and Alcohol Today*, entitled “Chemsex – Apps, drugs and the right to pleasure”, acknowledges an aspect of drug taking that is often ignored in the discourse on the “scourge” of drug abuse – that drugs enhance pleasure. Amidst the pleasure brought on by “chems”, there has been pain. Drug overdoses and deaths fuelled by a prohibition that supports an illicit market of unlabelled, often adulterated drugs and fear that calling an ambulance will implicate you in a crime.

As guest editors of the edition, and as activists within our own communities who believe strongly in regulated drug markets, in an over-arching philosophy of harm reduction applied to healthcare, and, critically, the right to pleasure, particularly where that pleasure might be inhibited or obstructed by stigmas or social constructs, we were determined to recruit contributors whose expertise lay in their unique cultural connection to chemsex culture; and to the individuals and communities who are affected by chemsex or engage in it.

All the contributors are passionate; we learned that through the compilation process, and it was a joy to work with them all. Most of the contributors are therapists who work one to one with gay men who engage in chemsex, whether that be in a consultation room, or in the community as probation workers or community mobilisers/activists. It is fair to say that all contributors have a sincere and vested interest in the holistic well-being of the hearts, minds and community engagement of men who engage in chemsex, whether that manifests problematically or otherwise.

Chemsex is a unique phenomenon, requiring unique public health responses. The melding of smart phone apps, spatial data and real time “personal adverts requires a significant re-think and re-design when developing public health responses”.

This special edition of *Drugs and Alcohol Today* is preceded by a wealth of excellent research and peer reviewed articles on chemsex, informing and supporting the public health responses to chemsex, particularly in regard to an HIV/STI epidemic response.

What makes this edition very special, quite unique, is that it publishes work from experts that help gay communities to mobilise their own responses. It takes the onus off public health policy to respond, and respectfully recognises the agency and resilience within gay communities, to formulate culturally and contextually competent community responses to chemsex.

By drawing expertise about the complex psychosocial, psychosexual and deeply personal experiences of chemsex, this issue refers respectfully to the motto embedded into the Denver Principles that says plainly: “nothing about us, without us”. This issue honours that principle by resourcing the expertise and experience of contributors who have engaged in chemsex themselves, or who work and live psychosocially and culturally with people who engage in chemsex. The focus of the articles in this issue lies in the cultural integrity, and the tools communicated therein, that help communities at the centre of the chemsex phenomenon to build strong resilient community responses.

These are the features and contributors that make this special chemsex edition unique. We want to thank the contributors especially for their heart and compassion that gilds their words and their work. Wherever there might be a need for a response to chemsex, we hope the articles in this issue provide building blocks for kind and strong community responses to chemsex.