



# CHEMS\*X 101

A GUIDE TO BUILDING HARM  
REDUCTION SERVICES



WE ACKNOWLEDGE THE HUNDREDS  
OF THOUSANDS OF PEOPLE WE HAVE  
LOST TO FATAL OVERDOSE.

We remember you.  
We honor you.  
**We love you.**



# WHAT ARE WE TALKING ABOUT?

The US government released data in July 2019 on deaths from drug OD - that at first glance appears optimistic: total drug OD - deaths in America were down by 5% in 2018, the first drop in nearly three decades. The brief period of optimism following this dip in OD - deaths has been replaced by a much more urgent public health reality. According to the latest data from the National Institute on Drug Abuse total OD - deaths in the United States reached record highs in recent years surpassing 104,000 annually for the first time in 2021. While the crisis was once defined largely by prescription opioids, the current landscape is driven by a lethal combination of synthetic opioids and stimulants. Most concerning for our community is the exponential rise in deaths involving psychostimulants - primarily methamphetamine. Since 2018, these deaths have nearly tripled, climbing from approximately 13,000 to over 34,000 annually. This surge, often involving the presence of fentanyl, underscores the critical need for harm reduction strategies that address the specific risk of stimulant use.

As the landscape of substance use shifts, the capacity of our community-based organizations must also evolve. This toolkit is designed to give community based organizations ready to address the unique complexities of chemsex and expand their harm reduction services with confidence.

## WHAT IS CHEMSEX?

Chemsex is the consumption of substances to facilitate or enhance sexual activity. Multiple substances are often combined to shift boundaries, delay orgasm, and intensify sex. Commonly used substances include cocaine, ecstasy, MDMA, speed, crystal meth, GHB, GBL, Ketamine, methadone, alkyl nitrites, and alcohol. In the US, the primary focus for public health's response to chemsex is confined to crystal meth use and infectious disease prevention within that community of people who use drugs. Organizations should consider expanding their resources and educational materials to incorporate all commonly used chemsex substances.

It is important to remember that there are many established forms of support for people who are seeking strategies for safer use, managed use, or abstinence. However, many of these interventions fail to serve the full needs of people who use dr\*gs and/or fail to address specific individual or community needs related to queer s\*xual health, hook-up culture, HIV stigma, and societal or internalized homophobia as part of their care packages. While there is no universal definition or formula for implementing harm reduction, this guide highlights several ways organizations can construct harm reduction programs to ensure they are accessible to the public and build power alongside communities of people who use dr\*gs.

This section discusses some harm reduction strategies for safer use. There is no one-size-fits-all approach, so consider adopting the strategies that work best for you.

## PROGRAM DEVELOPMENT

Community and reciprocal relationships are at the heart of harm reduction. Harm reduction emerged as a grassroots "community approach to preservation" led by peer activists including people who use dr\*gs, people of color, s\*x workers, and queer folks as they engaged in non-judgemental, non-coercive, supportive practices. Harm reduction can also be defined as a set of practical strategies and ideas aimed at reducing the negative consequences associated with dr\*g use. Some examples of harm reduction strategies include, but are not limited to:

- OD -education and Naloxone Distribution
- S!ving3 Service Programs
- Medication for Opioid Use Disorder
- Dr\*g Checking: Rapid (e.g. f3ntan!l test strips) or Comprehensive (e.g., point of service mass spectrometry)
- OD-Prevention Centers

This toolkit provides guidance for community organizations designing harm reduction services. Here we highlight several ways programs can be constructed to ensure they are appropriate and accessible to the public.



## IDENTIFY STAKEHOLDERS AND PRIORITY AUDIENCES

The first essential step to building effective harm reduction focused programs is to identify the desired recipient population(s). Harm reduction strategies and services will differ based on the groups you are planning to engage with. Identifying key stakeholders leverages the collective expertise, resources, and influence of its members to develop and implement comprehensive strategies that prioritize harm reduction and improve care for people who use drugs. Take the time to listen to the stories, concerns and experiences of different individuals. Show genuine interest by asking open-ended questions and provide a safe space for them to share. Engage in meaningful conversations that build trust and understanding.



## ASSESS AND SUPPORT READINESS FOR HARM REDUCTION SERVICES

Before implementing harm reduction strategies, it is essential to assess the readiness of both the community setting and your organization to embrace and effectively implement them. Gather and analyze information to identify the strengths, weaknesses, gaps, and priorities within the community setting to inform decision-making, resource allocation, and project planning. This proactive approach increases the likelihood of achieving positive outcomes and maximizes the impact of harm reduction efforts on improving health outcomes and reducing morbidity and mortality associated with substance use. Meeting people where they are is more than how we provide services, it is also how we build services.



## TACKLE STIGMA THROUGH EDUCATION AND ENGAGEMENT

To build a strong foundation, it is important to establish a shared understanding of the benefits of harm reduction and secure commitment from key stakeholders. Effective communication of rationale and potential outcomes, and the ability to respond to concerns and address stigma are critical to this process. Discuss the importance of training with staff and how it's necessary to change the language, address stigma, and change the way we think about people who use drugs. Training should emphasize non-judgemental responses and care as well as person-first language.

- Train staff and leadership on harm reduction principles, practices, and the organization's expectations around improving care and services for people who use drugs.
- Offer OD prevention and response training, including how to administer naloxone.
- Provide educational materials on the substance use epidemic.
- Consider outside support from trusted experts in the field of harm reduction to assist with facilitating training and developing and implementing an education plan.
- Provide guidance to staff on appropriate language and messaging to discuss substance use, addiction, and harm reduction.

# LANGUAGE MATTERS

Instead of this...

Say this...

Because...

Dr\*~~g~~ addict,  
dr gg~~ie~~, junkie

Person who uses  
dr\*~~g~~s, person who  
uses substances

It emphasizes the person before the behavior or condition and avoids eliciting negative or punitive associations.

Dr\*~~g~~ abuse

Dr\*~~g~~ use / misuse

The term "abuse" is found to have high association with negative beliefs and punishment.

clean/dirty

Abstinent or not currently using dr\*~~g~~s / living in remission or recovery / Testing reactive or non-reactive for dr\*~~g~~s

Using terms like "clean" or "dirty" can elicit connotations of moral purity or impurity. People are not actually "dirty" or "clean," if they do or don't use dr\*~~g~~s.

Relapse

Recurrence/  
Return to use

The term "relapse" can evoke feelings of shame or imply failure. Using terms like "recurrence" or "return to use" frames substance use through the lens of the disease model of addiction and acknowledges setbacks are common and do not diminish progress.

# COMMON MISCONCEPTIONS ABOUT HARM REDUCTION

Adopting harm reduction strategies includes aligning interventions with the specific needs of the community and the readiness of the community setting. Research has shown that by providing harm reduction education, forming supportive community spaces, and ensuring access to resources, naloxone, and safe use supplies, communities can improve care and services for people who use drugs, reduce stigma, and improve health outcomes. This section addresses some of the common misconceptions related to harm reduction.

"Harm reduction enables people to keep using drugs"

Harm reduction interventions have been shown to reduce drug-related harms and improve health outcomes for people who use drugs without increasing drug use. Harm reduction interventions can also help engage individuals who use drugs in other health settings.

"Harm reduction is ineffective or sends the wrong message."

Research has shown that harm reduction interventions can help build trust and rapport between service providers and individuals who use drugs, which frequently leads to an increase in access to other health services and supports.

"Harm reduction is only about reducing the risk of infectious disease transmission"

Harm reduction encompasses a range of strategies and interventions to reduce drug-related harms, beyond infectious disease transmission. Harm reduction includes broader strategies to address the social determinants of health that impact drug use, such as poverty, homelessness, and stigma.

# BUILD A RESOURCE BANK

Gather comprehensive information on resources available in the community to support people who use dr\*gs. Use the below resources to support search efforts. Reach out to agencies to gather additional information on available resources and services and compile it in a spreadsheet or other format that can be easily accessed to provide information to community members.

Examples of resources to add to the resource bank include:

- S!r!ng3 service programs
- Naloxone distribution programs
- House first/low-barrier housing programs
- Emergency shelters
- Food banks/clothing/resource centers
- Intimate partner violence/sexual assault resource centers/shelters/programs
- Mental health counseling
- Peer support programs
- Mutual aid groups



National  
Naloxone Finder



Sterile S!r!ng3s Resources



Order Naloxone  
by Mail

# SAFER USE KITS

There are different routes of administration for substances used during chems\*. The following menus can be used to create basic kits for stimulants or substances during chems\* sessions or activities involving consensual sex\*al acts and substances. These kits are intended for one time use and many supplies can not be re-used, while some such as pipes are intended for re-use (denoted with an asterisks).



## SMOKING



- 1 Pipe\* or foil
- 2 Brillo
- 3 Short wooden stick\*
- 4 Lip moisturizer\*
- 5 Chewing gum

- 6 Sucker/lollipop
- 7 Straw
- 8 Internal and external condom\*
- 9 2 packets of water-based lubricant
- 10 Informational inserts\*



## BUTT! B\*MPING

- 1 3ccs\*ing3 barrel
- 2 Gloves
- 3 Hand sanitizer\*
- 4 2 vials of sterile water
- 5 Internal and external condom\*
- 6 2 packets of water-based lubricant
- 7 Information inserts\*



## \*NARTING

- 1 Clean plastic card\*
- 2 Small cosmetic scoop\*
- 3 3 short straws in different colors
- 4 Plastic razor blade
- 5 Internal and external condom\*
- 6 2 packets of water-based lubricant
- 7 Information inserts\*



## NEVER FORGET

People who use dr\*gs are expert of their own bodies. Listen to them, respond to their needs, and set them up for success. At the end of the day, it is just them and their bodies. As providers, all we can do is provide support and tools for them to take care of themselves.

Reference the CHEMS\* X 101  
Everything You Wanted to Know  
(But Didn't Know Who to Ask)

for more information about the substances used during chems\*x, strategies for safer use, and a guide to chems\*x party planning.



SCAN NOW!

Thank you to the organizations and individuals who run syringe service programs, lead harm reduction efforts, and work to end the War on Drugs. Thank you for your hard work and dedication.

This toolkit is based on experience from people around the country who engage(d) in chemsex and are working to create healthier and more informed communities. We understand that not every story or perspective is captured within these pages and encourages you to reach out if you have feedback or lessons to share.

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