

ANALYTICAL REPORT
based on the results of the study
"Chemsex and drug use among MSM in Kyiv: new
challenges", 2017.

Public organization "ALLIANCE. GLOBAL"
in cooperation with the Center of Social Expertises of the Institute of
Sociology of the National Academy of Sciences of Ukraine and with the
financial support of AFEW International

Authors:
Olesya Trofymenko
Volodymyr Kosenko
Inna Schwab
Maria Shevchuk
Natalia Dmitruk
Andrii Chernyshev
Svyatoslav Sheremet
Andrii Radetsky

Kyiv, 2018

[Disclaimer:]

The analytical report was prepared in the framework of the study "Chemsex and Drug Use among MSM in Kyiv: New Challenges", which was implemented by the public organization "ALLIANCE. GLOBAL" in cooperation with the Center of Social Expertises of the Institute of Sociology of the National Academy of Sciences of Ukraine, with the financial support of AFEW International and is part of the program Strengthening the capacity of civil society organizations in EECA region in conduction of the studies involving community representatives within the framework of the AIDS2018 Project, funded by the Ministry of Foreign Affairs of the Netherlands.

Expert assistance in preparing the report was provided by the Expert Group on Health and Rights of Gay and Other MSM in Ukraine within the framework of the program of technical assistance to the entities of the Ukrainian MSM-service and LGBT movement, supported by the Eurasian Coalition on Male Health (ECOM) within the framework of the regional program "Right to health" and administered by the NGO "Association LGBT "LIGA".

CONTENTS

GLOSSARY OF TERMS AND ABBREVIATIONS	4
METHODOLOGY	9
Section 1. Social Portrait of MSM, who has Chemsex experience. Sexual Orientation and Identity.	12
Section 2. Features of the drug scene and current trends in chemsex among MSM in the city of Kyiv. Social norms and myths related to chemsex.	17
Section 3. The main places of Chemsex occurrence.	20
Section 4. The main types of narcotic drugs, psychotropic substances and / or certain medical products used during chemsex.	22
4.1. The first experience of the chemical substances use among MSM.	22
4.2. The main reasons for the current use of chemical substances.	24
4.3. Trends in the chemical substances use.	26
4.3.1. Marijuana.	28
4.3.2. Amphetamine.	29
4.3.3. Poppers.	30
4.3.4. Ecstasy.	31
4.3.5. MDMA.	32
4.3.6. LSD.	33
4.3.7. Oxybutyrate.	34
4.3.8. Other chemical substances.	35
Section 5. Sexual life and sexual behavior.	36
5.1. The history and style of MSM sex life.	36
5.2. Effects of chemical substances on sexual behavior. Behavior of MSM before, during and after chemsex.	41
Section 6. The spread of HIV, viral hepatitis and STIs. Awareness of the risks of HIV transition and other infections.	44
Section 7. Chemsex consequences.	50
Section 8. Control over chemsex and the need for professional help.	54
General Findings.	59
Confirmation / Refutation of Research Hypotheses.	61
RECOMMENDATIONS FOR STAKEHOLDERS	61

GLOSSARY OF TERMS AND ABBREVIATIONS

MDMA [an abbreviation for **methylendioxyamphetamine**], the chemical name is 3,4-methylenedioxy-N-methamphetamine; the semi-synthetic psychoactive compound of the amphetamine family, which belongs to the group of phenylethylamines, is commonly known as the "ecstasy", but not always is included in Ecstasy. MDMA is usually taken orally, in the form of tablets or salt solutions (hydrochloride, for example, has high bioavailability), less often it is taken by inhalation or injection.

Amphetamine (phenamine) (a reduction of **α -methylphenethylamine**) is a psychoactive substance, a stimulant of the central nervous system, is an analogue of the hormones of adrenaline and norepinephrine. Prolonged use can lead to mental exhaustion, which often manifests itself in the form of psychoses, as well as to the physical exhaustion, in the form of weakness and severe weight loss. In addition, disruption of the kidneys, liver, decreased immune response, vision impairment are possible. Such a prevalence of the substance is due to its relatively low cost and accessibility.

Safe sex is a form of sexual intercourse in which the individual does not come into contact with the biological substances of the partner, or such contact is insignificant in terms of the possible transmission of some infections.

Bio-behavioral research is the study of certain aspects of epidemic situation in a particular social group (e.g. HIV prevalence) by identifying the behavioral characteristics of people from this group (including sexual behavior) combined with the identification of biological markers of certain infections (e.g., HIV antibodies in blood or saliva) to establish connections between behavior and epidemic processes.

Sampled population - a part of the general population, which serves as the direct object of observation (research).

Viagra (sildenafil), Levitra (vardenafil), Cialis (tadalafil) [trade name/ active substance in brackets] are three similar therapeutic agents for the proper male potency, the mechanism of action of which practically does not differ. All three products belong to the fifth type phosphodiesterase inhibitors (FDE5), which contribute to improved erectile function. The difference between the indicated drugs is, first of all, in different duration of their action: from several hours in sildenafil, half a day in vardenafil - and up to several days in tadalafil (which is why Cialis is called a "The day off pill"). Side effects: headache, "tides" of blood to the face, dizziness, dyspepsia, nasal congestion, visual disturbance (change in the color of objects - blue / green), increased sensitivity to light, disturbances in vision clarity).

HIV (abbreviation for the human immunodeficiency virus) is a virus of retrovirus family, the spread of which in human body weakens the immune system, thus causing HIV infection, and in the absence of proper treatment may result in AIDS - an acquired human immunodeficiency syndrome.

Gay is a man with homosexual orientation and homosexual identity, that is, a person of a male gender whose sexuality is directed exclusively or almost exclusively to other persons of the males in terms of romantic feelings, erotic and sexual attraction.

Gender is a society modeled and supported by social institutions system of values, norms and characteristics of male and female behavior, lifestyle and way of thinking, roles and relationships of women and men, acquired by them as individuals in the process of socialization¹. Generally, the gender coincides with the biological article (the phenomenon of cisgender); sometimes the gender of a person is different from its biological sex (transgender), and may even go beyond the male-female binary system (individual cases of intergenerationalness; accordingly, those who are inherent in intergenerationalness are referred to as "non-binary gender").

Gender stereotypes are standardized, patterned representations of the necessary and acceptable features of the character and models of human behavior, depending on the biological sex, the specifics of the social functions of men and women, and the "natural" differences in the nature and behavior between men and women. Gender stereotypes determine the social roles of men and women in a traditionalist, patriarchal society.

¹ *Fundamentals of Theory of Gender: Coursebook* / Ageev V.P., Bliznyuk V.V., Golovashenko I. A., and others. - Editor-in-chief Skoryk M.M. - K.: K.I.S., 2004.

Heroin (diacetylmorphine, diamorphine) is a potent semisynthetic opiate drug, a derivative of morphine, an analgesic that suppresses the central nervous system. White (or with impurities - light grayish-brown) powder in the form of small crystals with an unpleasant smell. Most people who live with drug addiction from opioids use heroin, this is due to its pronounced narcotic effect, relative cheapness and also rapidly developing physical and mental affiliation.

IDI (abbreviation from in-depth interview) - a kind of interview, which belongs to high-quality methods of sociological and marketing research. The peculiarity of in-depth interviews is their length, detail, nonstandard, non-verbal signals, such as intonation, gestures, poses, as well as increased attention of the interviewer to the personality of the respondent. The purpose of the in-depth interview is the deep disclosure of the investigated issue, the clarification of details, the discovery of a new one, and not only the evaluation of already known facts or the receipt of statistically significant information.

Darkroom is a lightly lit room for anonymous, including group sex contacts, as well as BDSM games.

Ecstasy is an amphetamine-type psychostimulator, the basis of which is MDMA (3,4-methylenedioxymethamphetamine), but in fact, usually contains only a small fraction of MDMA or does not contain it at all. In Western Europe, ecstasy is one of the most popular club drugs. In combination with alcohol, ecstasy is extremely dangerous and can cause sudden death. Ecstasy is most commonly used in the form of pills. Given the popularity and title of "ecstasy", this word is used to denote other forms of drugs, and not just tablets, for example, there is "liquid ecstasy."

Escapism is an escape from reality, loss of a sense of reality. In psychology and psychiatry - an important protective mechanism of the human psyche, which is the desire to evade, escape from the joyous material and psychological aspects of real life. In broader terms, the desire of an individual to penetrate into the world of illusions, fantasies, and also - world outlook, behavior or lifestyle, when the interaction of a person with the real world is replaced by illusory relations with the imaginary world, which subsequently such person often begins to perceive as truly real. The use of certain drugs stimulates the mechanisms of escapism and thus leads to the gradual loss of human links with reality, the decline of socialization, the inability to act as an effective social unit, to build relationships with other people.

Protected sex is such a sexual intercourse in which contact penetrating sex occurs using the barriers needed for each particular episode. In the case of the correct and effective use of barriers, protected sex can be considered as a form of safe sex.

Mass media- organizational and technical complexes, which provide transmission and mass reproduction of verbal, figurative and musical information; by definition of part 2 of Article 22 of the Law of Ukraine "On Information", the media are "means intended for the public distribution of printed or audiovisual information" (as of May 9, 2011)².

Inject drugs - psychoactive substances, the use of which changes the state of consciousness, leads to the formation of dependence. Free circulation of these substances is prohibited or rigidly regulated. These drugs are injected with a syringe with a violation of the integrity of certain tissues (in particular, by puncture the skin, muscles, walls of the vessel). Despite the common use, the term "inject drugs" is not successful, since some drugs can be inject or non-inject, which makes it impossible to single out a specific drug as a purely inject drug. It is more correct to speak about the injection method of use.

STIs, an abbreviation for sexually transmitted infections - infections, which are grouped into one category on the principle of the possibility of infection during and as a result of sexual contact. STIs include: bacterial vaginosis, HIV infection, human papillomavirus, or HPV (leading to the development of acute condylomas and anogenital warts), gardnerellosis, hepatitis B viruses, C and D, herpesvirus infections (Epstein-Barr virus, genital herpes, cytomegalovirus), gonorrhea, donovanosis (granuloma inguinale), venereal lymphogranulomatosis, mycoplasmosis, syphilis, trichomoniasis, ureaplasmosis, chlamydia, chancre mild (chancroid).

² Publication of a document in the official information retrieval system "Legislation of Ukraine": goo.gl/RTiXSn.

Ketamine (ketamine hydrochloride) is an NMDA antagonist that is used for intravenous and combined anesthesia, in particular in veterinary practice. Has strong hallucinogenic properties. Ketamine is quite widespread in the Euro-Atlantic club subculture. One of the few legal drugs available at the pharmacy. Strongly contraindicated for persons with disorders of the vestibular apparatus.

KI, abbreviation for key informant (s) - persons involved in the study as having a rather deep, comprehensive knowledge of the subject under study based on personal experience and / or personal communication with a sufficient number of persons from the study group. Typically, information from key informants is obtained by a research of the subject through in-depth interviews.

Cocaine is a tropane alkaloid, methyl ester of benzoyl-igninin. This drug widely distributed in the world, but is relatively uncommon in Ukraine compared to, for example, amphetamine, due to its much higher cost. It has a local anesthetic effect and a powerful stimulating effect on the central nervous system of a person, causing a feeling of euphoria. Due to the regular use of cocaine there is a psychological dependence, there are negative clinical effects that include sleep disturbances, memory impairment, attention disorder, excessive fatigue, weight loss, arrhythmia, angina pectoris, depression, suicidal tendencies, obsessions, hallucinations; also, the onset of cerebral stroke and myocardial infarction is possible.

PWID -People who inject drugs.

LGBT (abbreviation for lesbian, gay, bisexual, transgender people); in the meaning of the adjective is associated with the LGBT community (written with the following hyphen: e.g. LGBT-issues, LGBT-organization, etc.).

LGBT Movement - public-political, informational, cultural, business and other activities in the interests and in favor of the LGBT community, aimed at achieving social equality and social comfort for LGBT.

PLHIV (abbreviation for people living with HIV) is the social community of people who are officially diagnosed with HIV infection.

LSD (German abbreviation from **Lysergsäurediethylamid** - Lysergic Acid Diethylamide) is a hallucinogen of the psychedelic type. Its unusual psychological effects, which include the appearance of drawings at the closing of the eyes, a distorted sense of time, slow moving geometric figures, made it one of the most famous hallucinogens. Usually it is distributed in the form of powder or colorful "stamps", which resemble post stamps (their base is soaked with a solution of drug; "stamps" are held under the tongue).

Marijuana (Cannabis, weed) is a psychoactive (narcotic) agent made by grinding dried terrestrial parts (leaves and flowers) of a herbaceous plant, which has the Ukrainian name "seeding hemp", and in Latin it is called cannabis sativa (henceforth - one more name - "cannabis"). Influence on the human body is related to psychoactive substances (cannabinoids) contained in hemp, the most effective of which is - delta-9-tetrahydrocannabinol.

Median age (population, social group) is an age that divides the group into two levels by the number of parts: the first half of the population is younger than the median age, the other half are older than the median age.

Methamphetamine is an amphetamine derivative, a white crystalline substance. After consumption of this substance, there is a surge of forces, an euphoria, an endless stream of quick-changing thoughts, a greatly suppressed appetite. With prolonged use, it causes a feeling of endless fatigue, depression, weak forms of paranoia, especially in the case of intravenous administration of substance handcrafted of ephedrine. It causes a strong mental but not physical dependence, whereas the sudden cessation of the regular use of methamphetamine causes a "withdrawal symptom" and may lead to recovery of drug use.

Mephedrone (the slang names are "meow-meow", "meph", "magic", #mmcat), also known as 4-methyl methcathinone (4-MMC) or 4-methyl ephedrone - a chemical compound of a class of substituted amphetamines and cathinone, a psychostimulant and an empatogen, which causes euphoria. This substance is considered one of the most dangerous modern drugs, it is used as an alternative to ecstasy, cocaine and methamphetamine. "Meph" is extremely popular among young people because of its availability. It is distributed in the form of powder, crystals or in the form of tablets and capsules. Mephedrone is taken orally, used intravenously, intranasally, and sometimes rectally.

NGO is a non-governmental organization, formal association of people, created on their own initiative and operating in the legal field, or any organization that is legally established and exists outside the system of state bodies, local self-government bodies and their institutions. NGOs in Ukraine include NGOs (both with and without the status of a legal entity), charitable organizations, trade unions, religious organizations, business associations, part of mass media, etc. If NGOs are created for non-profit-making activities, they are also referred to as NPOs as non-profit organizations.

Unsafe sex is a category of sexual practice in which a person has a potentially risky contact with the biological substance of the partner, for example, there is an ejaculation to rectum, vagina or mouth. The form of dangerous sex is bareback - anogenital sex without a condom.

Non-inject drug is a psychoactive substance, the use of which changes the state of consciousness, leads to the formation of dependence. Free circulation of such substances is prohibited or rigidly regulated. These substances are used without disturbing its integrity of the body: for example, orally (by swallowing) intranasally (by inhalation), sublingually (by holding under the tongue), rectally (by non-traumatic administration through the anus to the rectum), etc., as well as by smoking.

Oxybutyrate (Lat. natrium oxybutyricum - sodium oxybutyrate, sodium salts of γ -hydroxybutyric acid) - a pharmacological depressant used in neurology (in particular, as sleeping pills), as well as anesthesiology, ophthalmology and sports medicine (in particular, as a stimulant for the body to produce a growth hormone). In moderate doses, it has a relaxing effect, with an increase in the dose, its effect is felt as a state of intoxication, in an even greater dose, oxybutyrate causes people to fall asleep. Along with oxybutyrate of sodium for recreational purposes also potassium oxybutyrate is used. Oxybutyrate is categorically incompatible with alcohols, and there are fatal cases of using this drug in combination with alcohol or other depressants.

Opiates are natural opioid poppy alkaloids that affect the opiate receptors of the central nervous system. Opiates include natural opioid alkaloids (for example, morphine, codeine, tebina, narcotine), and their semisynthetic derivatives such as heroin (diacetylmorphine), dihydrocodeine, and dezomorphine). The psychological and physical dependence of opiate drugs develops within two weeks of the start of their use.

Poppers is a chemical substance in the form of a nitrile-type volatile liquid that is used for recreational purposes by inhaling its vapors through the nose. It is proven in large scale epidemiological studies³ that the use of the poppers increases the attachment to dangerous and traumatic forms of sexual activity (hard anal sex, fisting, etc.) and indirectly increases the risk of infection with HIV and other STIs due to loss of vigilance and caution

Psilocybin - alkaloid, phosphoric ester, derived from the psilocin substance from tryptamine family (C₁₂H₁₇N₂O₄P). In nature some species of mushrooms (such families as psilocybe, panaeolus, stropharia, gymenopilus, inocybe etc.) contain this substance. In some countries, substances are synthesized for medical use. Psilocybin is a psychoactive substance, its effect on the body is similar to that of LSD. May cause profound changes in the psyche and hallucinations, distortion of space and time, change the perception of colors and sounds, etc.

Sedation agents are remedies that act soothing on the central nervous system, not significantly affecting the usual functions. Sedative substances include alcohol, so-called small tranquilizers (in particular, barbiturates), valerian are rosacea extracts, passionflower, and also neuroleptics that are prescribed to persons with appropriate mental or psychiatric disorders to overcome the pathological feelings of fear, anxiety, tension, elimination of hallucinations, painful delusions, but also increase the effect of narcotic, hypnotics and pain medications.

Sex with penetration is a category of sexual practices in which an organ or part of the body (penis, finger/fingers, hand/fist, toe/toes) or a sex toy or other object penetrates the body (through vagina, mouth, anus) . Depending on the subject of penetration, penetration sex can be contact (insertion of an organ or part of the body) or non-contact (insertion of sex toys or other objects). In sexual contact with penetration, one side performs an insert role, the other - the receptive role.

Sex worker is a person providing sexual services for material remuneration, first of all - for money.

³Romanelli F, Smith KM, Thornton, AC & Pomeroy C (2004) «Poppers: epidemiology and clinical management of inhaled nitrite abuse», Pharmacotherapy 2004 Jan; Vol. 24 (1), pp. 69-78

Sexism is the perception of people through the prism of gender-role stereotypes, when representatives of a certain gender establish a leading or, conversely, subordinate position, and demonstrate such perception through vocabulary, behavior, and other forms of external manifestation; ideology and practice of discrimination based on gender.

Sexual identity - awareness and perception of the person as being inherent in a certain sexual orientation - heterosexual, bisexual or homosexual.

Sexual orientation is one of the natural properties of the human being, which is the orientation of their erotic (sensory) desire and sexual needs to other people exclusively or almost exclusively of opposite gender (heterosexuality), exclusively or almost exclusively of their own gender (homosexuality) or people of both sexes (bisexuality)

The average age (population, social group) is the arithmetic mean, weighted by dividing the total number of people-years (the sum of age values increased by 0.5, multiplied by the number of people of the corresponding age from the group under study) by the total number of the group (population).

Spice ("synthetic marijuana") is a common name for various products of herbal mixtures for smoking, which include synthetic cannabinoids with the addition (or without such addition) of the product of legal psychotropic herbs, other synthesized chemical substances. They are made by application of synthetic cannabinoids on any dry grass (for example, spraying, soaking). Spice belongs to the category of so-called designer drugs, because the combination of different spice components to achieve the desired palette of sensations can be compared to design applied in any other field. Spice brand names: EMCDDA 2009: Spice Silver, Spice Gold, Spice Diamond, AM-HI-CO, Dream, Zoom, Ex, Yucatán Fire.

Stigma is simplified, stereotyped, generalized, uncritical perception of a particular social group or individuals that belong to this group; the perception of a person through the prism of biased representations (stereotypes) about a social group to which this person belongs.

Stigmatization is the process of using stigma, that is, social marking, labeling of people: the transfer of real or imaginary qualities inherent in a particular group (socially negative features, characteristics that are perceived as humiliating) individual people belonging to this group, which may result in their social depreciation (alienation).

Chemical sex, or chemsex, is sex under the influence of narcotic and other substances (drugs) that change consciousness (except alcohol).

MSM (men who practice sex with men) is a behavioral group consisting of male gender individuals (mostly male cisgenders) who are engaged in sexual intercourse with other men (mostly also with male cisgenders) . MSM is one of the "high risk groups for HIV infection" in Ukraine (according to international terminology - one of the key or major groups in the field of epidemic welfare in connection with HIV).

METHODOLOGY

Introduction.

According to a bio-behavioral research conducted in Ukraine every two years with the support from the ICF “Alliance for Public Health”, men who have sex with men, is a group where the prevalence of HIV continues to grow. Thus, in Kyiv at the end of 2015 - the beginning of 2016, the prevalence of HIV among MSM was 15%.

According to the observations of social workers of the PO “ALLIANCE.GLOBAL”, that carries out outreach work through gay dating mobile applications, Internet web-sites, where sex workers’ ads are published, gay clubs and saunas in Kyiv, in recent years, the number of MSM who use different chemical substances in a non-injecting way (amphetamines, ecstasy, LSD, oxybutyrate, etc.) has significantly increased, which suggests that their sexual behavior becomes riskier and significantly increases the likelihood of HIV infection, viral hepatitis, and other STIs, both in terms of getting infection as well as transmitting the infection. To assess the drug scene, the risks of using chemical substances and the possible negative effects of sex under their influence in the context of the spread of HIV, viral hepatitis and other STIs, we conducted this study, the aim of which was to develop recommendations for more effective prevention of HIV infection, drug-related harm reduction and other related means and planning of specific services for subgroups of MSM who practice sex under the influence of chemical substances.

The purpose of the research is to study how the use of drugs, psychotropic substances and / or certain medications affects sexual behavior and mental health of MSM and how to minimize the risk of transmitting infections, in particular, HIV.

Tasks:

- To study the behavior of MSM aged 18 and over who live in Kyiv or in the suburbs; use drugs, psychotropic substances and / or certain medications (hereinafter referred to as chemical substances) and who may have experienced chemsex;
- Based on the collected data, develop recommendations for chemical substances-related harm reduction and reduction of risk of transmitting infections, especially HIV, as a result of chemsex among MSM.

Study actions:

- ✓ development of the Protocol, research tool;
- ✓ development of screening forms for key informants and MSM who will take part in the in-depth interviews and surveys;
- ✓ development of instructions for interviewers;
- ✓ organization and implementation of training for interviewers;
- ✓ field study (data collection among respondents);
- ✓ processing of received information, statistical analysis of data;
- ✓ preparation of the technical report based on the results of the survey;
- ✓ preparation of the analytical report with an overview of the results, conclusions and recommendations.

Target groups of the research are:

- ✓ 5 key informants (KIs) to participate in the in-depth interviews (IDI);
- ✓ 10 MSM who use chemical substances with potential chemsex experience to participate in IDIs;
- ✓ 100 MSM who use chemical substances with potential chemsex experience to participate in an "eye to eye" interviews.

Criteria for inclusion in the study.

MSM:

- Age: at least 18 years;
- Residence in Kyiv or suburbs;
- The use of chemical substances at least once in the last six months;
- Sexual contacts with men in the last 6 months.

Key Informants:

Individuals who have particular knowledge on chemsex or experience of chemsex and have a wide network of social contacts among MSM (doctors working with MSM; owners of special establishments where sex parties are organized; gay community leaders; social workers providing services to MSM, including those, who have experienced chemsex, etc.).

Research methods.

- ✓ in-depth interviews;
- ✓ Individual face-to-face interviews.

Recruitment of respondents.

Recruitment of respondents was carried out with the help of two interviewers and employees of the NGO "ALLIANCE.GLOBAL" who have good experience in communication with MSM and counseling using "peer-to-peer" principle, have/had experience in using chemical substances and personally know MSM, who use chemical substances.

Recruiting was done via Internet (on specialized dating web-sites Qguys, BlueSystem, Gay Romeo, social networking sites Vkontakte and Facebook, mobile applications for MSM - Hornet, Grindr) as well as through the network of personal contacts of interviewers and employees of ALLIANCE.GLOBAL.

All community representatives of ALLIANCE.GLOBAL, who were involved in the research took direct part in the development of the Protocol and research tools through participation in meetings with the entire research team, as well as finalization of the documents online.

Hypotheses of the study.***Hypothesis 1:***

MSM who use chemical substances are practicing sex without a condom.

Hypothesis 2:

Under the influence of chemical substances, self-control is lost, and consequently, the risk of infection with HIV, viral hepatitis, and other STIs is significantly increased.

Hypothesis 3:

Regular use of non-injecting drugs, psychotropic substances and / or certain medications often leads to the transition to injecting drug use.

Hypothesis 4:

MSM who use chemical substances may develop or deepen the depression, mental disorders, suicidal ideation, and increased risk of sexual abuse.

Ethical norms of research.

Workgroup of employees and consultants of "ALLIANCE.GLOBAL" whose duties included contact with potential respondents and their recruitment, and the employees of the Center of Social Expertises of the Institute of Sociology of National Academy of Sciences of Ukraine (hereinafter referred to as the Center of Social Expertises), were directly involved in the development of the protocol and the toolkit for research as well as in the monitoring of compliance with ethical norms.

Research executives, in particular those involved in the processing of information, were briefed on ensuring the confidentiality of information that they were gathering during the research.

Before the start of the interview, the participants were asked to confirm their agreement to participate in the research. The consent of the respondent was confirmed by the signature of the interviewer on the informed consent form.

All respondents were provided with explanations on all of the issues that they required clarification on. Potential respondents were also informed that participation in the study was entirely voluntary and that they could terminate their participation at any time.

All respondents were informed that their participation in the research was anonymous, and any information they would provide during the research will be used in a disassociated form (for example, information that identifies a particular participant will not be disseminated).

Information obtained during the research (hard copies of questionnaires, signed forms of informed consent, screening questionnaires, transcripts of the IDIs) is kept on the premises of the Center of Social Expertises until the completion of the study. Audio recordings of in-depth interviews after transferring into a text format were destroyed. After finalization of the analytical report, all primary documents were also destroyed.

“ALLIANCE.GLOBAL” can be considered as a party interested in obtaining data on the impact of Chemsex on HIV/AIDS, STIs and viral hepatitis among MSM and on their mental health in view of the potential introduction of the specific medical and social services for this subgroup of MSM and harm reduction.

Section 1. Social Portrait of MSM, who has Chemsex experience. Sexual Orientation and Identity.

Socio-demographic characteristics reflect the social portrait of the target group of MSM, among which the study was conducted, and give a general understanding of how each of its features differs from the characteristics of ordinary Ukrainians. In order to better understand the context of collected data, the survey questionnaire contained a series of questions that provided the opportunity to see the key socio-demographic characteristics of interviewed MSM, who live in Kyiv or its suburbs and have experience of chemsex.

Thus, the age distribution of the respondents is 18-47 years (the minimum age– 18 years –was set by the researchers). The median age of the respondents is 27 years, the average age is 30 years. These data correlate with the age characteristics of respondents of bio-behavioral research among MSM 2015-16 years.

Socio-demographic characteristics reflect the social portrait of the target group of MSM, among which the research was conducted, and give a general understanding of how each of its features differs from the characteristics of ordinary Ukrainians. In order to better understand the context of collected data, the survey questionnaire contained a series of questions that provide an opportunity to see the key socio-demographic characteristics of interviewed MSM, who live in Kyiv or its suburbs and have experienced chemsex.

The age distribution of the respondents is 18-47 years old (the minimum age– 18 years old – was set by the researchers). The median age of the respondents is 27 years old, the average age is 30 years old. This data correlates with the age characteristics of respondents of the bio-behavioral research among MSM 2015 - 2016.

According to the data obtained, half of the respondents (51%, n = 100) are men with higher education, i.e., have a specialist's diploma or master's degree; another fifth (20%) – those who have obtained a bachelor's degree; 2% have an academic degree. About a quarter of the respondents (23%) have completed secondary or vocational training (Figure 1.1), but do not have higher education. Thus, the general level of education of the sample is rather high, since, according to the results of a representative nationwide monitoring study of the Institute of Sociology of the National Academy of Sciences in 2017 (hereafter - the national survey of general population), only 56% of men over the age of 18 have an educational qualification level of a bachelor, specialist, master's or academic degree. However, if we compare the educational level of the sample and the subsample of bio-behavioral research among MSM in Kyiv, the difference will be less significant - 73% and 71% respectively.

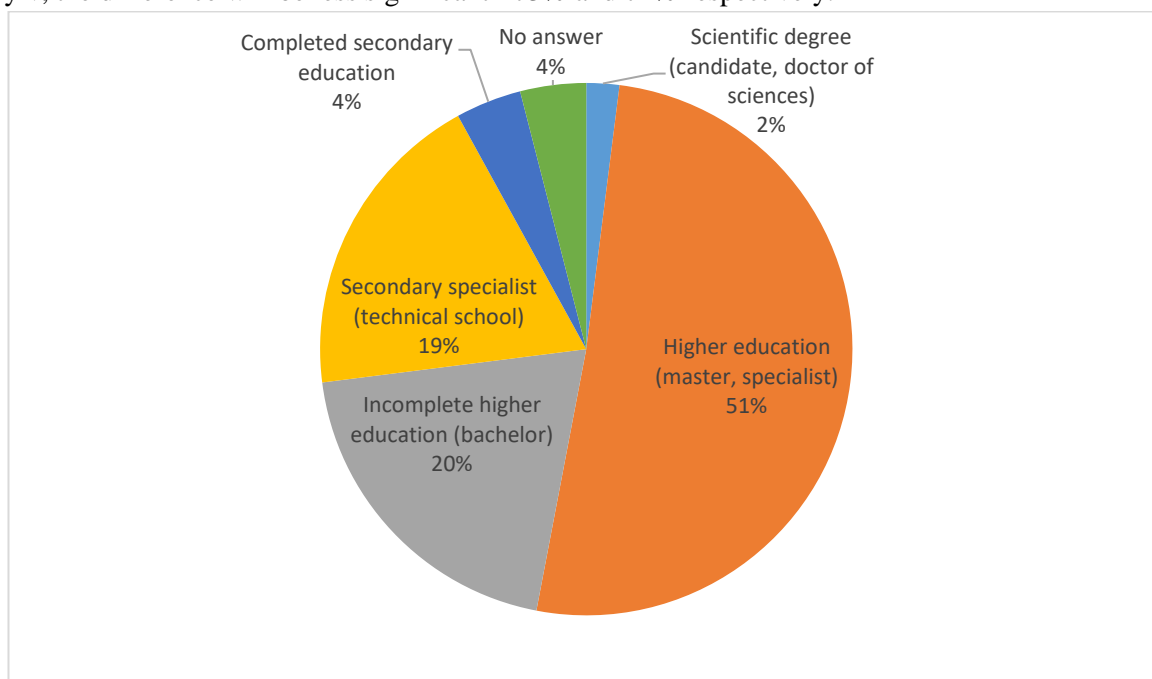


Figure 1.1. Educational level of the respondents, n=100

As for the legal family status (marriage), the proportion of those who have never been married is prevalent - 88% of the sample (n = 100) (Figure 1.2). The results of the bio-behavioral research are somewhat similar, where this share is 83%. Meanwhile, in case of a nationwide survey of the general population, only 22% of Kyiv men over

the age of 18 have never been married. Less than 10% of the respondents in the sample have another family status: in particular, 3% are married, 6% are divorced, and 1 respondent reported being a widower.

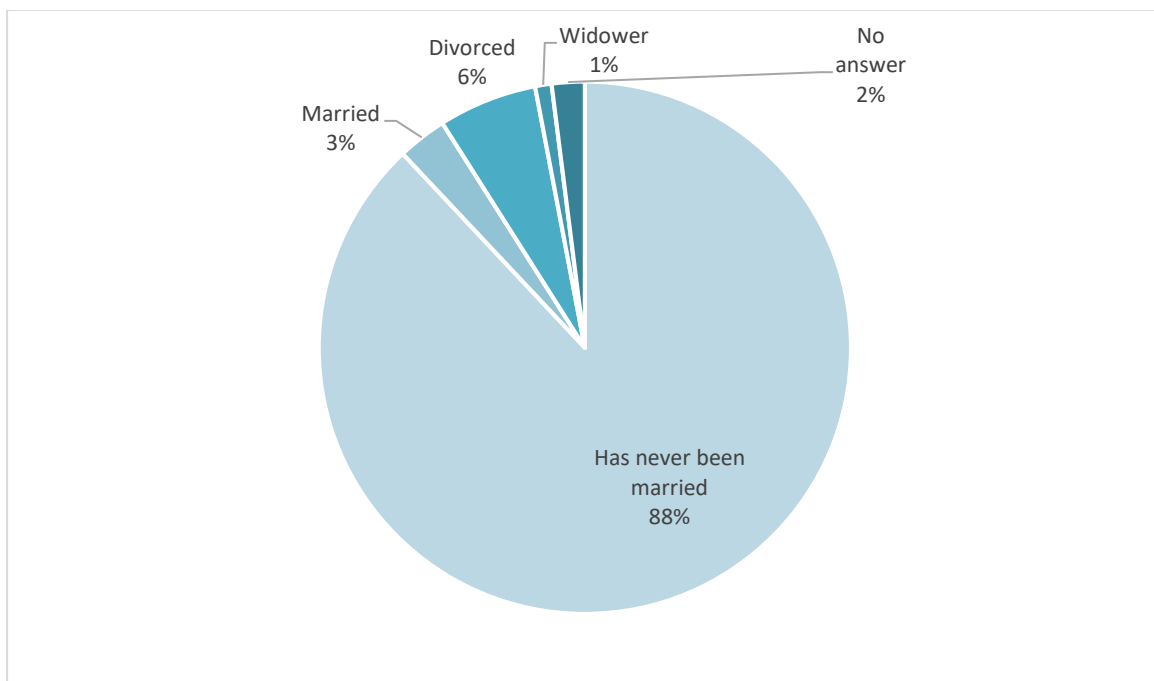


Figure 1.2. Distribution of the respondents by legal family status, n=100

When it comes to an actual marital status, namely, co-residence, the distribution is as follows: slightly more than half of the respondents (54%, n = 100) live alone or with roommates who are not their relatives or partners, another quarter (24%) - in partnership with a man; 19% of the respondents live together with parents or other relatives; 3% of the respondents live with a partner (Figure 1.3). This makes it possible to assume that the respondents have more opportunities for chemsex than those that were included in the bio-behavioral sampling, of which 50% live on their own, and 18% in partnership with a man. On the other hand, this situation can have an opposite cause-and-effect relationship, namely: *men practicing chemsex can change their actual marital status and living arrangements due to the need to be engaged in chemsex*. These hypotheses, however, require further research.

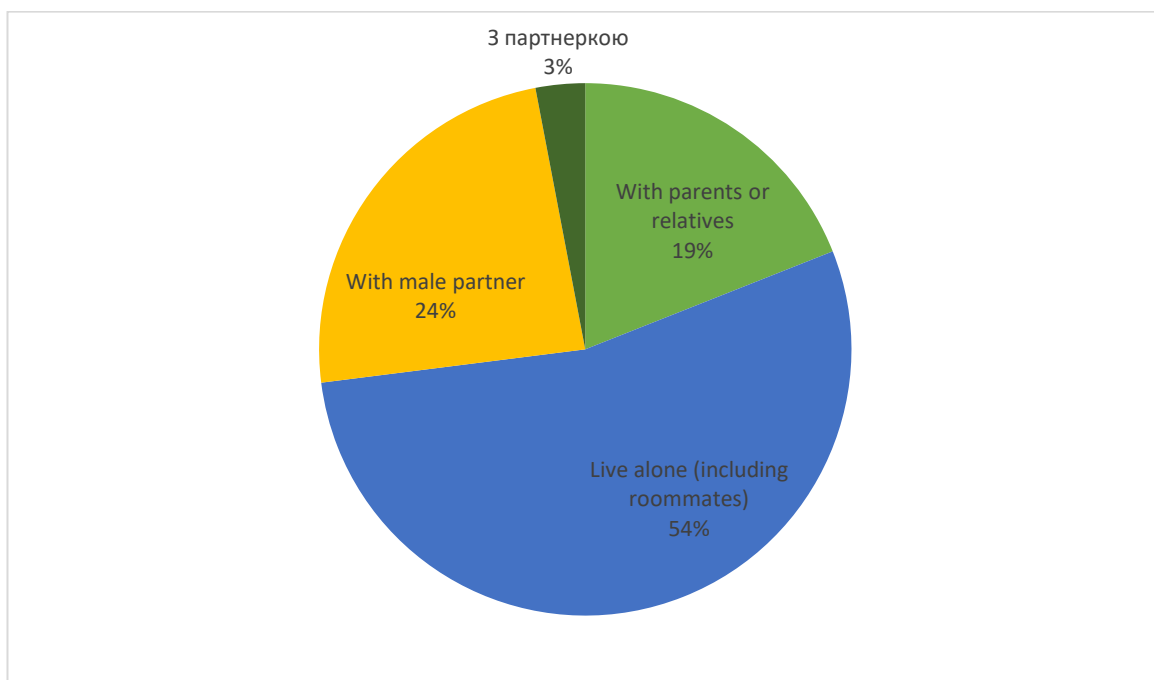


Figure 1.3. Distribution of the respondents by actual marital status, n=100

In order to understand what opportunities respondents have for the acquisition of chemical substances, their financial state and their employment were also studied. Thus, more than two-thirds of the respondents (69%, n = 100) have a permanent paid job, another 17% - a temporary one; 8% of the respondents indicated that they are still studying, and 6% reported being unemployed (Figure 1.4.). At the same time, the average monthly income of the respondent is 13,898 UAH, which is slightly higher than the average monthly income observed in the sample of the bio-behavioral research among MSM in Kyiv – 12,015 UAH, and significantly exceeds the same indicator in the sample of the national survey – 3,338 UAH.

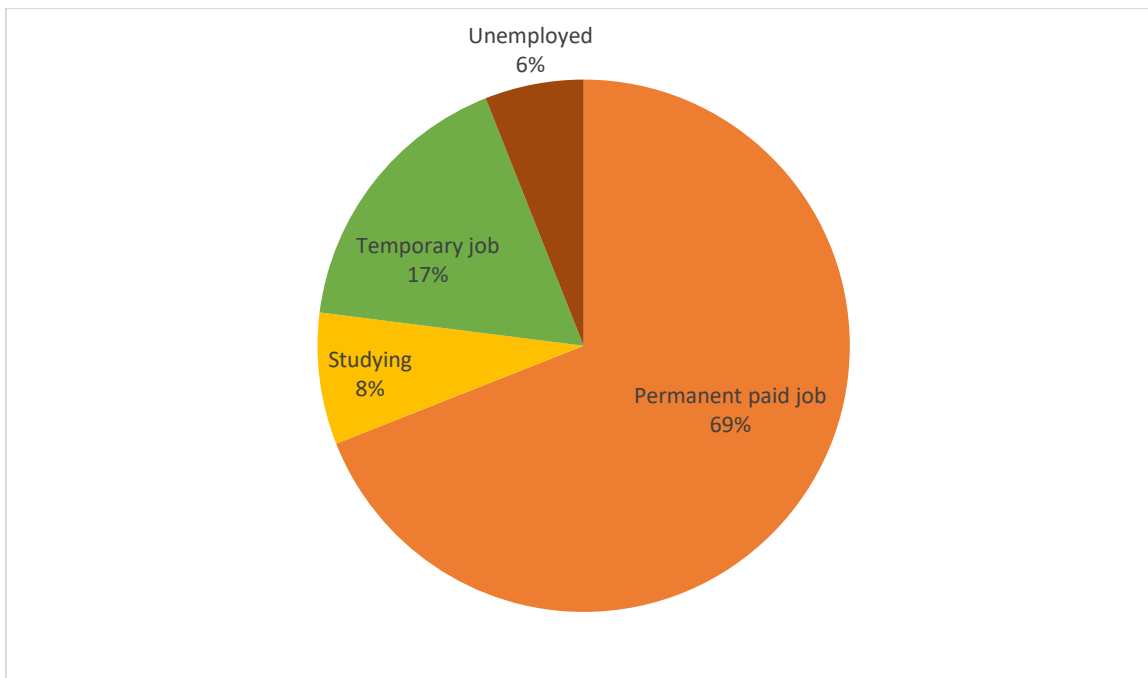


Figure 1.4. Distribution of the respondents by employment type, n=100

The assessment of the respondents of their material status is somewhat higher in comparison to the bio-behavioral research, 37% (n = 100) of the respondents reported that they were able to save money, and another 7% indicated that they live in full abundance (Figure 1.5), while in the bio-behavioral study, 30% were able to save and 5% consider to live in abundance.

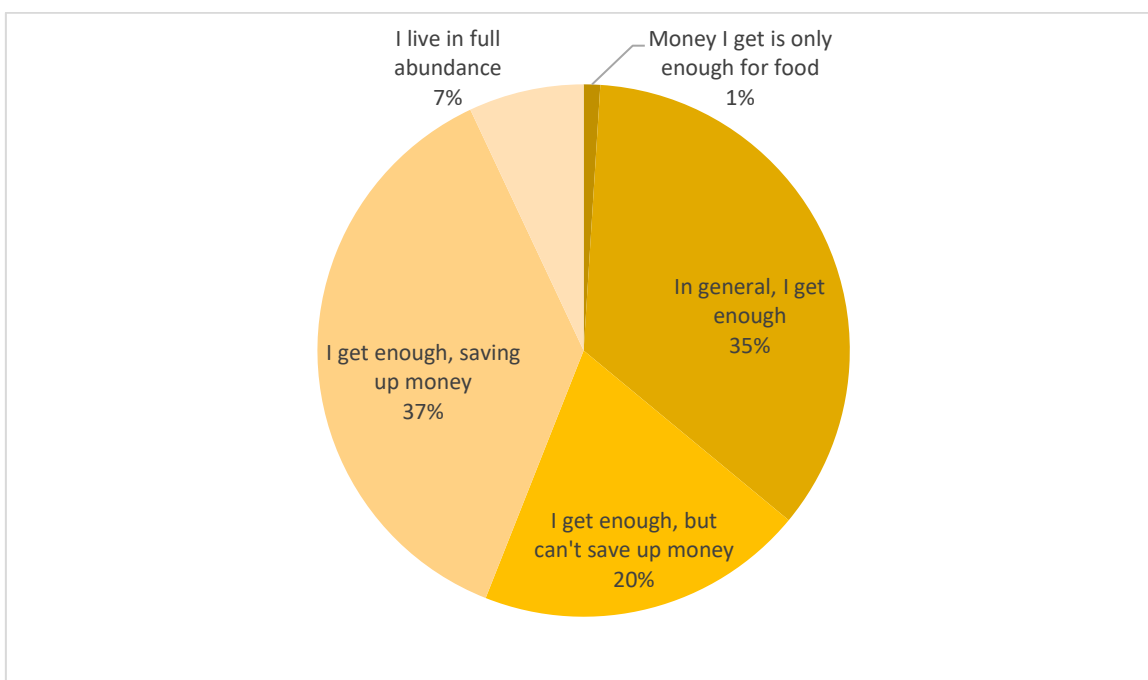


Figure 1.5. Distribution of the respondents by subjective assessment of their material status, n = 100

The questionnaire also contained questions aimed at examination of sexual orientation and identification of the respondents. Thus, according to the data received, three quarters of the respondents (77%, n = 100) are attracted exclusively to men, another 15% - more to men than women. 5% of the respondents are equally attracted to men and women; mostly to women, but sometimes to men - 3% of the respondents (Figure 1.6).

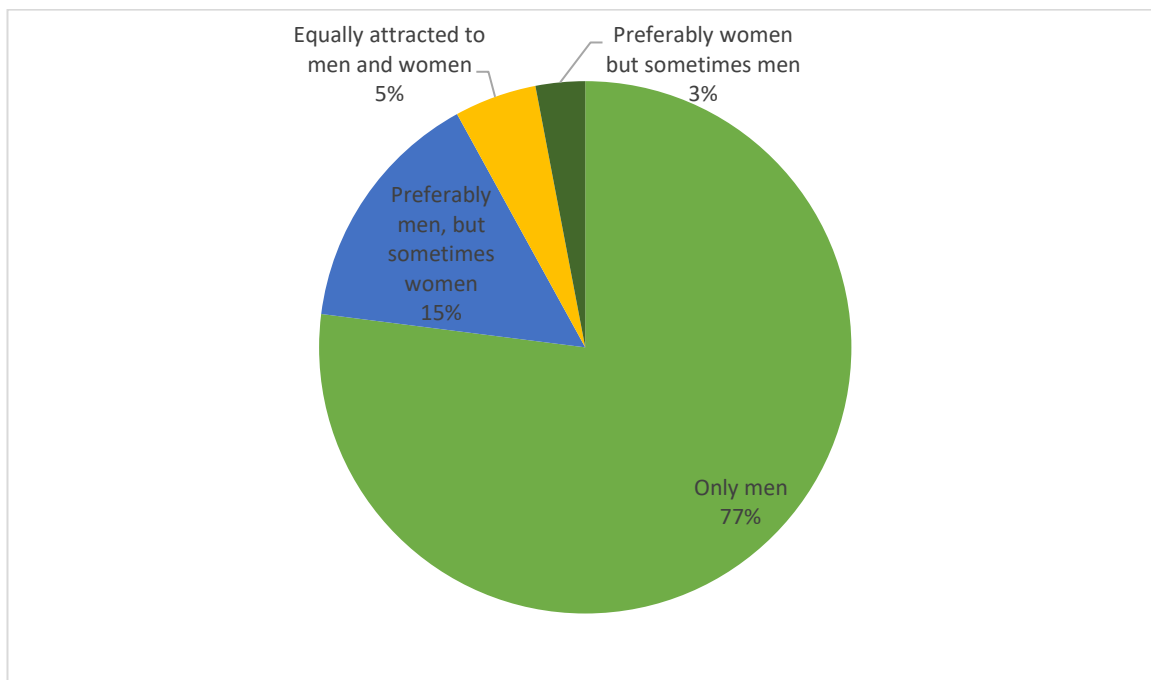


Figure 1.6. Distribution of the respondents by sexual orientation, n = 100

Three quarters of the respondents (78%, n = 100) identify themselves as homosexuals, one fifth (20%) – as bisexual, and only 2% stated that they are heterosexual (Figure 1.7).

While comparing indicators of sexual orientation and identity in the sample of our research with a sample of the bio-behavioral research, we have expectedly observed somewhat lower figures in the second case, where the percentage of respondents with homosexual orientation is 60%, and those who identify themselves as homosexual - 66%. Thus, we can assume that chemsex is more popular among homosexual men who identify themselves as homosexual than among bisexual men.

This was also confirmed by the responses of participants of the in-depth interviews. Only one informant out of ten identified himself as bisexual.

- *"I do not consider myself gay. I consider myself bisexual. "*

Others identified themselves as homosexual, gay men, etc.:

- *"I have realized that I am homosexual long time ago."*
- *"Gay. 95% homosexual, but I identify myself as gay. "*

In addition, the interview guide also contained questions on understanding the term "gay" and "homosexual". The answers were as follows:

- *"Another label. A man who has sex only with men. "*
- *"I am attracted to my own gender in all aspects, starting with the way the men think and ending with the aesthetics of the body."*
- *"For me, this is a man who does not doubt his masculinity. He is a man. He was born as a boy - so he is a boy. But somehow it turned out that he is attracted to other boys, also cisgender. I have no other options. I'm a boy and I love boys."*

As for the participant who identified himself as bisexual, he spoke about his sexual orientation and identification as follows:

- "I am attracted to both genders. I feel comfortable with girls. More comfortable. My grandmother and grandfather taught me this. And it is still in my head."

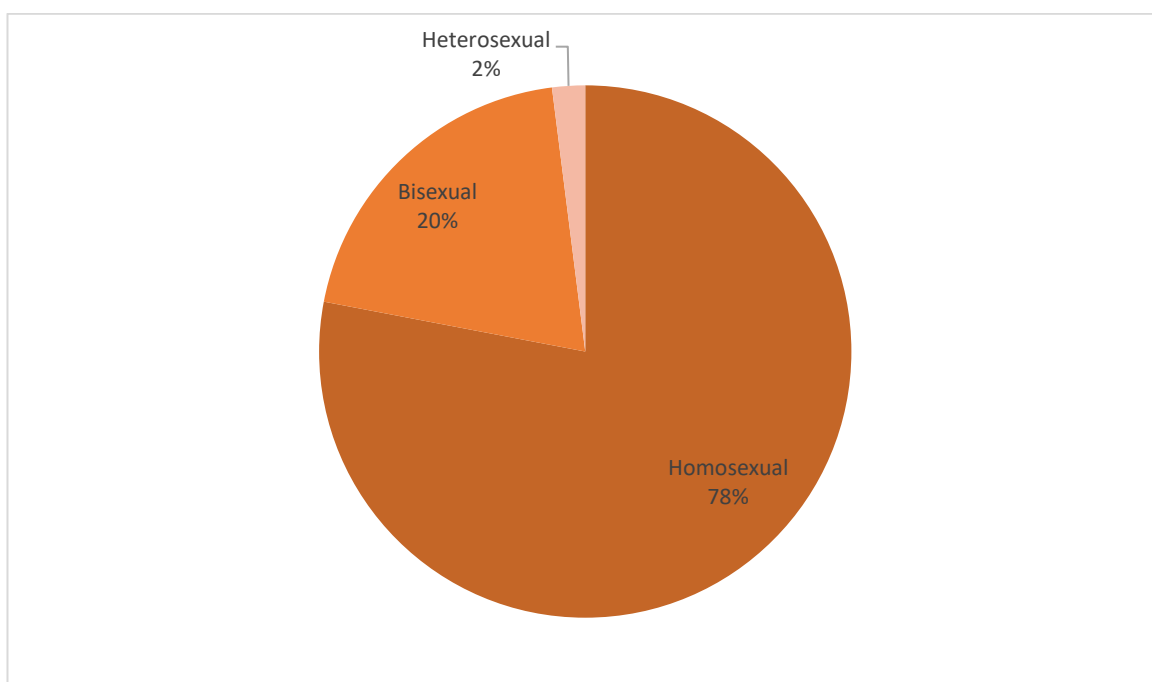


Figure 1.7. Distribution of the respondents by sexual identity, n=100

19% of the respondents (n = 100) are concealing their sexual contacts with men; the other 19% are ready to talk about this anywhere and have never concealed it, but the majority (61%) do not hide this fact, but are not ready to start talking about it first (Figure 1.8).

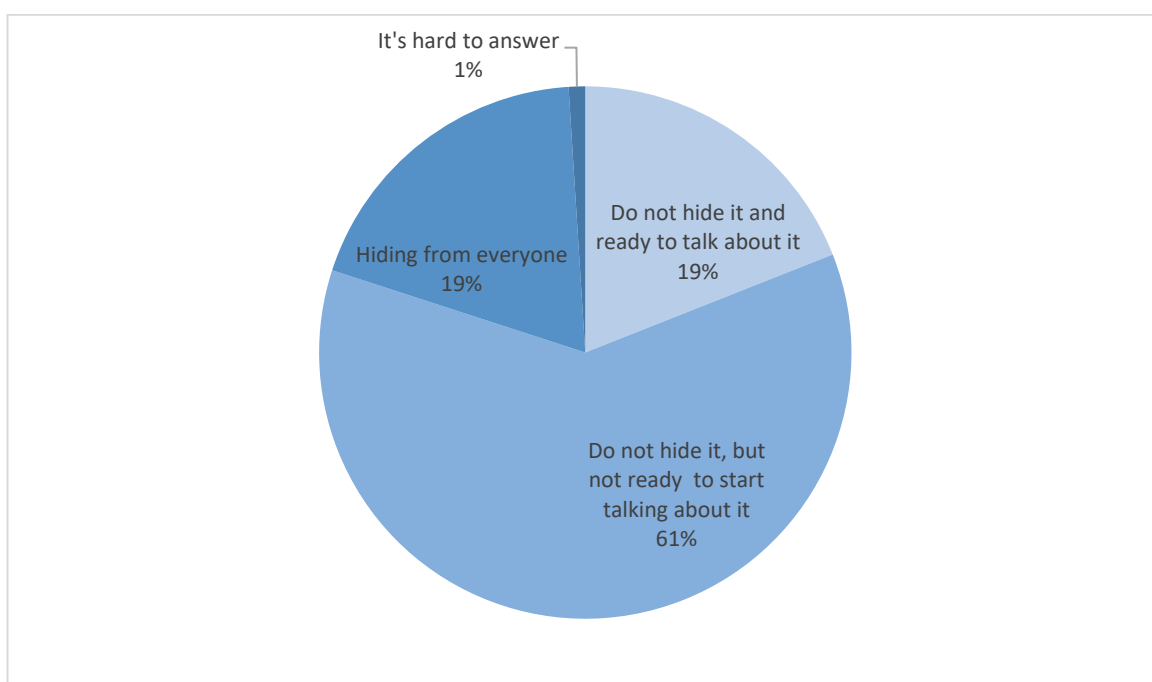


Figure 1.8. Distribution of the respondents according to their openness about their sexual contacts with men, n=100

Results and conclusions of the section:

- an average age of the sample is 30 years old;
- three quarters of the sample (73%) have higher education (finished or unfinished) and / or an academic degree;

- only 10% of the respondents have been in a heterosexual marriage;
- half of the respondents (54%) live alone or with their roommates, and a quarter (24%) live in a homosexual partnership; 19% of the respondents live with parents or relatives;
- the majority (69%) have permanent paid employment and indicate that they can make savings or live in full abundance (44%); the average monthly income of the sample is 13 898 UAH;
- three quarters of the respondents are homosexual men both in orientation (77%) and in self-identification (78%); the majority (61%) do not hide their sexual contacts with men, but they are not ready to start talking about it first.
- Presumably, chemsex is more popular among homosexual than among bisexual men.

Section 2. Features of the drug scene and current trends in chemsex among MSM in Kyiv city. Social norms and myths related to chemsex.

According to the information received from the KI, the phenomenon of chemsex has long existed, but the name is known for a short time. So, answering questions about the first acquaintance with the phenomenon, the respondents indicated an interval from one to more than twenty years, sometimes meaning the name, and in some cases the phenomenon itself.

➤ *"It [name] is quite new, it exists only for one or two years. And the phenomenon itself, in general, exists for many years, of course. It was always there. Since the time, when club drugs have appeared. Especially in the nineties".*

56% of the respondents were familiar with the term "chemsex", but only 30% (n = 100) received information about it. As a rule, this information came from friends and acquaintances (15 mentions), from the Internet (10 mentions), rarely from sexual partners of the respondents (3 mentions), and in 2 cases from the NGOs.

Speaking about the places where they first learned about chemsex, the informants named parties, night clubs, private sex parties, festivals. Some respondents noted that they learned about the phenomenon of chemsex abroad or when communicating with their foreign sexual partners.

➤ *"I had a partner, he was from Poland, and he had fairly large experience of using chemical substances in sex. It was amphetamine, oxybutyrate and ecstasy. "*

➤ *"Many MSM use drugs for chemsex precisely outside the country."*

Among the foreign cities that respondents mentioned in the context of gaining experience in the use of chemical substances and chemsex in particular - Barcelona and Moscow.

➤ *"There was a music festival in Barcelona. People were wasted and dancing".*

➤ *"There are behavioral trends in sex, which have a certain geography of motion, certain vectors. It seems to me that the sex trends come from the west side of our border with the EU. From beyond the borders of the former Soviet Union. They come to the large, rich and economically developed cities, one of which is Moscow. Then these trends spread across other major cities of our region, I mean Eastern Europe. And then they come to Kyiv".*

All key informants of the study agreed with the statement that today the phenomenon of chemsex among MSM can be considered a trend. Most KI failed to indicate its chronological beginning; the range of received responses varied from one to five years. Among the consensual reasons of the popularity of chemsex in Ukraine are: escapist motives (psychological, social, financial and economic problems), social and sexual discomfort, the desire to increase the length of sex, to deepen the intensity of sexual sensations, to diversify their sexual life, as well as factors such as financial and the logistic availability of chemical substances and subcultural approval and the acceptability of their use (including for chemsex). In addition, some informants point to such reasons for the growth of the popularity of chemsex as the general deterioration of the economic situation in Ukraine, the hormonal imbalance of the body and psychological trauma due to violence in childhood or upbringing in a disadvantaged family.

- *"Plus serotonin, of course. Sometimes there is a lack of hormones. Instead of running and doing sports, a person can do drugs."*
- *"I think that people started to earn less, and this can also be one of the reasons. The deterioration of socio-economic status. And then the use of all kinds of light drugs can be a way to get away from the reality. "*

Answers to questions about the existence of unwritten rules in chemsex are ambiguous: some, however, claimed that there were no such rules, while others believe that they exist.

- *"No rules. Everyone sets his own rules. It depends on the personality of a person."*

Usually informants' responses related to practices in private sex parties, at which the use of chemical substances is very common. Majority stated that the use of condoms at such parties is not mandatory, no one is controlled and it depends solely on the wishes and practices of the individual.

- *"I observe the following tendency: if the use of a condom is normal for the person, then it becomes a kind of conditioned reflex. And even in a state of altered consciousness, his hand will reach for a condom."*

Some were claiming that the use or non-use of a condom depends on the policy of the party host.

- *"The use of a condom will be linked to the culture of the party."*
- *"In this case, the use or non-use of a condom at this party to a greater extent will depend on the opinion of the party host more than the opinion of the participants."*

At the same time, all participants of the in-depth interviews agreed that the use of chemical substances for sex significantly reduces the likelihood of condom use.

- *"So, in chemsex, in fact, the probability of the use of condoms – regularity, correctness and consistency - is significantly reduced."*

In the context of sexual behavior, chemical substances are used for both single-partner sex (casual or permanent partner) and for group or extreme sex, since the use is aimed at both gaining more sexual satisfaction and social and physiological relief of the sexual process.

- *"Because number of drugs used in chemsex create a feeling of relaxation - both physiological and psychological - accordingly, this relaxation [feeling] also affects the tone of the muscles of the anal hole. [...] So, we have a certain tendency –sex parties, where fisting is the leading sexual practice, are often combined with the use of certain substances from chemsex category."*
- *"If this is a group sex party, then there are likely to be substances to facilitate communication."*

Informants are convinced that the frequency of use of chemical substances during group or extreme sex is much higher than during regular sex. The use of chemical substances also contributes to the increased number of sexual partners of the individual over a period of time.

- *"Yes, if it is a group sexual intercourse, that is, threesome or more, the use of stimulants, drugs or other drugs for chemsex transforms this process into a kind of conveyor, where the control of participants involved at each stage of this process is lost."*

The use of chemical substances at such parties is not mandatory or compulsory. The use of certain substances to a large extent depends on sexual role of the individual. Thus, passive partners tend to use chemical substances for relaxation, while active ones are often forced to use additional drugs to enhance erectile dysfunction.

- *"For example, MSM often use poppers. And, accordingly, some drugs can be used in order to relax the passive partner and stimulate an active partner."*

Only one participant of the in-depth interview and 4% of the interviewed respondents reported the fact that they had no chemsex during the last six months. At the same time, one quarter of the sample (25%) used chemical

substances in most cases, 28% reported that they used chemical substances in half of the cases of sexual contact, 25% - sometimes, and 16% - only occasionally (Figure 2.1)

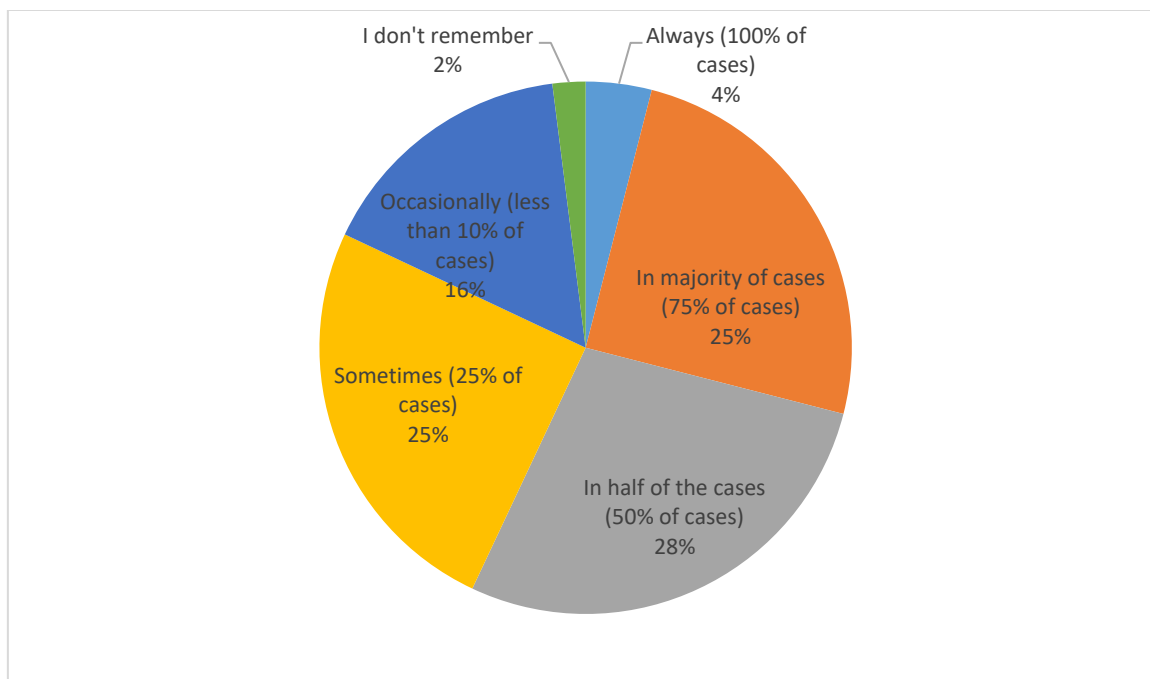


Figure 2.1. Distribution of answers to the question "How often were you exposed to chemical substances within the last six months?", n=100

➤ "Sex in fact happens more often than drug use".

All key informants claimed that they enjoy sex without chemical substances, but most acknowledged that choosing between sex without using them and chemsex they would have preferred the latter. One respondent said that it does not matter to him:

➤ "It seems to me that it does not really matter. Drug sex is different, and [it] has its own advantages."

Another informant said:

➤ "Mostly I prefer sex without drugs because it is alive and real. When all is really good, then euphoria during sex occurs naturally, by the produced hormones, pleasure is visual, tactile, aesthetic, erotic, and there is no need. Sometimes I like it under the drugs, this is when there is trust in a partner when I understand that the amount of drugs is minimal. But I prefer without."

Results and conclusions of the section:

- Chemsex as a phenomenon has existed for a long time, but has received its name only recently; MSM are more likely to be familiar with the chemsex as the phenomenon rather as the name; This is a trend that came to Ukraine from the major cities of Western Europe, including Moscow;
- Popular places for distribution of the information about chemsex are: parties, night clubs, private sex parties, festivals, and the Internet; Mostly MSM learn about chemsex from their friends and acquaintances, less often - from sexual partners;
- Main reasons for the spread of chemsex in Ukraine - escapism, the desire to get brighter sexual experiences, availability of chemical substances and the acceptability of its use in the community;
- During the chemsex the likelihood of a condom use is decreasing and the number of sexual partners during this particular time span is increasing; in addition, group and extreme sex is often accompanied by the use of chemical substances;
- The type of chemical substance used during the chemsex is usually determined by the sexual role of the individual;

- The use of chemical substances is not compulsory and depends on individual preference;
- Large number of respondents had sex without using chemical substances in the last six months and enjoyed it, however, given a choice they would prefer chemsex.

Section 3. The main places of Chemsex occurrence.

The variety of places that allow chemsex is quite large and can vary from gay clubs and saunas to parties at private apartments and residences as well as the open air locations. However, despite such a wide range of capabilities, the most common is the home chemsex. Answering questions about the places where respondents have been exposed to chemical substances before or during sexual contacts in the last six months, chose "at home" and "on a visit" options in 96% and 94% of cases respectively (Figure 3.1) Though this choice is made keeping in mind the security considerations and limited access for third party visitors to such locations.

➤ *"At home. Basically, at home, where it's safe. Why would I expose myself to any kind of danger?!"*

The next popular place are gay discos and gay night clubs along with regular discos and nightclubs (58% and 46% of respondents respectively noted these options). However, in these locations, partners usually only meet and consume the chemical substances, for actual chemsex they leave the venue and go home. Sometimes they return to the club after sex.

➤ *"Sometimes you meet someone and you interrupt your party, go, have sex and come back."*

Chemsex in the open air is also possible (this option was indicated by 55% of respondents), but it is rather spontaneous, because there are certain limitations to having sex in such conditions (lack of basic amenities, insects, etc.). As a rule, only preliminary use of chemical substances takes place in open air, with subsequent relocation to more comfortable and adapted conditions for sex.

➤ *"Open air is definitely a "no". There was petting in the open air. That's it. I do not like this - ants, green leaves, cold, heat, noise, someone might see, this is an inconvenience – no way to undress or wash. All these nuances are important to me".*

A fairly common option appeared to be chemsex at private gay parties (44% of respondents reported their respective experiences in the past six months). Often such events take place at privately owned or rented apartments, and the organizers are interested MSM. All provisions for such party (including the purchase of condoms, lubricants, certain medical supplies such as Chlorhexidine, etc.) sometimes shared by all participants who pay the so-called "entrance fees", while in others it can be covered by the organizers' own funds, which usually gives the organizer the right and opportunity to establish certain rules.

The number of participants of such parties may vary (but usually not less than five) and depends on the goal of the host (exclusively a sex party or an entertainment event with possible sex) or conditioned by a joint arrangement between participants. The duration of such parties vary from one evening to several days. Each participant determines the duration of their participation independently, based on their own desires and opportunities. The information about such parties is distributed mainly among a limited number of familiar persons (for example, through messengers and chats), sometimes parties are announced through mobile application Hornet or dating web-site BlueSystem, etc.

➤ *"Well, it happened to get acquainted once. I attended a lot of such parties. People simply are bored, and they gather a crowd of people, to actively spend time."*

➤ *"I would not say that there are parties specifically for chemsex. [...] There are, of course, parties that are gathering just for group sex, where butyrate is offered as doping. The cost of participation includes the provision of butyrate. But there no emphasize on the fact that it is a chemsex party. The emphasis is on the fact that it's just a sex party, and chemical substances are just a doping."*

It is also interesting that parties can be organized either by a couple of "enthusiasts" (or individual organizers), or by a certain group of people who hold such parties for a wide range of participants (that is, at a higher level of organization). In the second case, there are certain rules of participation, which include, in particular, the

preliminary selection of new participants by the organizers and "active" participants. In addition, such parties are held with a certain frequency (one or two times a month), and the participants can not miss more than a certain number of events, otherwise they will have to undergo a "re-selection process". Such parties start at a specific time; for a certain period the doors are open for entering and exiting, however, at some point no new participants are allowed, and it is only allowed to leave the party not come in.

➤ *"In Kyiv, these are the parties [...] to which dozens of participants are invited. They all go through a background check by the organizers, usually it's around five people. These people decide who to invite. Participants are charged 200-300 UAH for participation. This money supposed to cover the expenditures of the organizers (rent of premises, condoms, lubricants, some alcohol perhaps). Also, they cover the rent of the music equipment. [...] Are stimulants used there? - Yes, they are consumed. This is not announced. People can come there already under the influence of drugs. Obviously, they can be used there as well. This will not cause objections from the hosts."*

Consumption of drugs and other chemical substances is generally not discussed in advance for security reasons. At the same time, each participant has the opportunity to bring appropriate substances with him and consume it at the party.

There is no particular algorithm for the use of chemical substances at private parties. Some participants use certain substances directly before the party and others shortly after arrival (for example, to reduce anxiety and facilitate communication) or directly before or during sexual intercourse. At the same time, it is possible to use chemical substances brought with or obtained from friends, as well as provided by the owner of the party. As a rule, each participant takes several doses of one or another drug. Often different substances are used alternately. The use of chemical substances is not compulsory and can be ignored by individual participants (they can drink alcohol instead).

Sexual contacts at such parties can be both group and regular sex. Not all participants take part in all sexual acts simultaneously - while some are engaged in sex, others can chat or watch them.

In addition, there are cases of using chemical substance for sex in gay sex clubs and gay saunas (23% and 16% of respondents respectively reported this experience over the past six months). Comparing the Ukrainian tendency of chemical substance use in gay-sex-clubs and gay-saunas with Western Europe, we can talk about the low prevalence of such practices on the domestic gay scene, first of all this is attributed to a small number of such establishments in Ukraine. In addition, administrations of Ukrainian gay-sex-clubs and gay-saunas often adhere to strict policy of restricting of the banned chemical substances, their use is forbidden on the premises of these in their establishments. This, however, does not exclude the possibility of their secret use by the visitors or use before visiting a club or sauna.

➤ *"Ukrainian gay-oriented leisure facilities are clubs, saunas, sex clubs and so on. Based on my experience with these venues, I can say that the distribution of drugs there is not a rule, but rather an exception. I know that management of number of venues, during different periods of time, categorically opposed such activities on the territory of their venues."*

Use of chemical substances for sex in such places as ordinary private parties, gay cafes, pubs and bars; regular cafes, pubs and bars, as well as regular saunas is practiced by a small proportion of respondents (16%, 11%, 11% and 6% respectively reported the relevant experience over the past six months). First of all, this might be due to the fact that in such places only a preliminary acquaintance of the partners takes place with the subsequent relocation to a more comfortable place for the use of chemical substances and sex.

Also, such locations as work place, hospital, sex-club, cruise spot, cinema, car, etc. were mentioned.

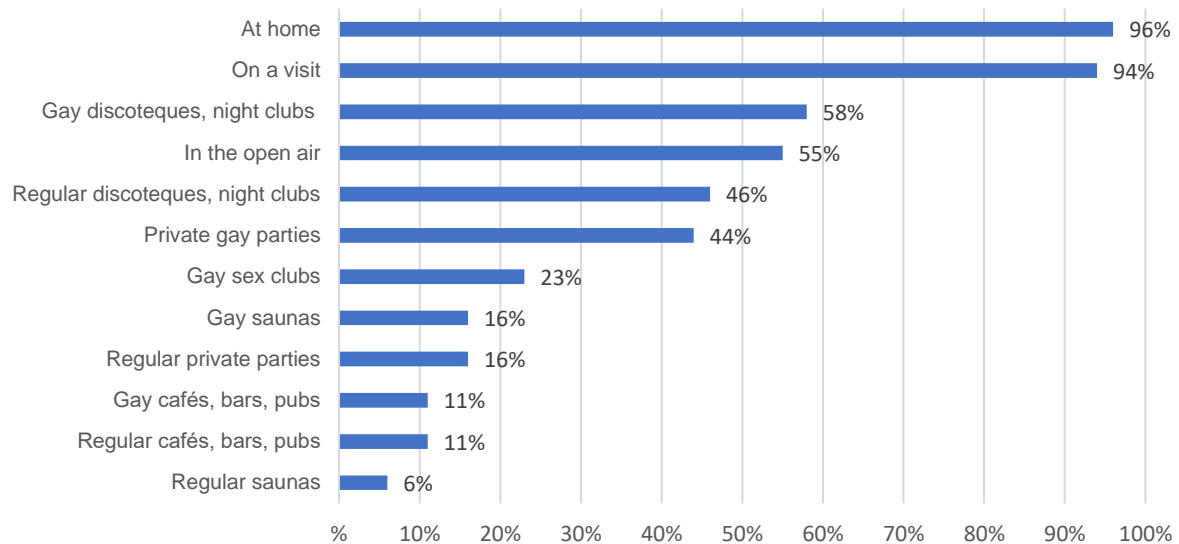


Figure 3.1. Distribution of positive responses to the question "In which of the following places did you use chemical substances before or during sexual intercourse within the last six months?", n=100

Results and conclusions of the section:

- The choice of location for chemsex is quite broad and depends on where the person is able to feel safe and relaxed;
- Occasionally, the location for chemsex coincides with the location where the pre-sex drug was used;
- Most common places where MSMs have chemsex are: home (96%), on a visit (94%), gay disco and night clubs (58%), outdoors (55%), in regular discos and in regular night clubs (46%), private gay parties (44%).

Section 4. Main types of narcotic drugs, psychotropic substances and / or certain medical products used during chemsex.

4.1. The first experience of the chemical substances use among MSM.

The method of the first experience of using chemical substances is interesting: for most respondents (55%, n = 100) it was smoking (see Figure 4.1.1). Taking into account in-depth interviews, we can assume that this is mainly about marijuana (with much less probability it could be spice).

According to the study, the median age of the first use of chemical substances among the sample was 20 years, the average - 17 years; the youngest age indicated by respondents as the year of the first use of chemical substances is 12 years, the eldest age of the first experience of using chemical substances is 33 years.

➤ *"Probably somewhere within the third and fifth course of the University, I and my friend smoked weed at his home, and we were caught by the grandmother. It was a funny story."*

➤ *"I had only submitted documents for college after graduating from school. And we became friends with one dude. And he said: "Let's go, make friends, and see our future group?" Well, why not? New acquaintances, to meet people in advance. We went for a walk, walked along the banks of the river, swam. And then he said: "Let's talk for a couple of minutes." I came, and he asked me: "Do you want?" I was afraid...[...] And this fear came true. I accepted. It was spice. I just got lost. I began to mumble, everything in my head was spinning, I felt sick, and there were many faces around, they were all laughing at me. It got worse. It seemed that I was in the sky and I was looking at myself. Those were hallucinations. All in all they left me there alone. It took me around four hours to get back to normal. It was very hard. After that, it took my body another three days to recover. A week passed, and I had some kind of excitement."*

In some cases, the experience of the first use was associated with trips abroad, in particular to countries where, if you observe certain rules, the use of marijuana is legal.

- *"Yes, it was marijuana, I was about twenty years old. [...] With a Dutch friend [...] we took weed, bought in Amsterdam. Since my friend did not smoke, it was interesting for me to experience those feelings, I did not know how to smoke it and what to do with it. [...] But it was bought in a coffee shop."*

22% of those polled said that chemical substances were first tried nasally, that is, they inhaled them through the nose.

- *"About sixteen years ago I tried amphetamine for the first time. Was inhaling. I was doing meth for around one year. When I was sixteen I tried weed, then meth and so it started..."*
- *"Drugs have been in my life since my childhood. When I walked along the streets and I was six or seven years old, my peers were sniffing glue. This was even before the ingredients of "Moment" glue were changed and it stopped giving you stoned effect. "*

The oral use (swallowing) of chemical substances was the first method of chemical substance use for 21% of respondents.

- *"Methamphetamine and pills of all sorts. Everything in a row. I never even asked what it was."*

Only two respondents in the sample reported having started with injectable chemical substances.

- *"Ketamine. This is an anesthetic ... Well, like oxybutyrate, it's an anesthetic, in general. [...] Yes, in the soft muscles."*

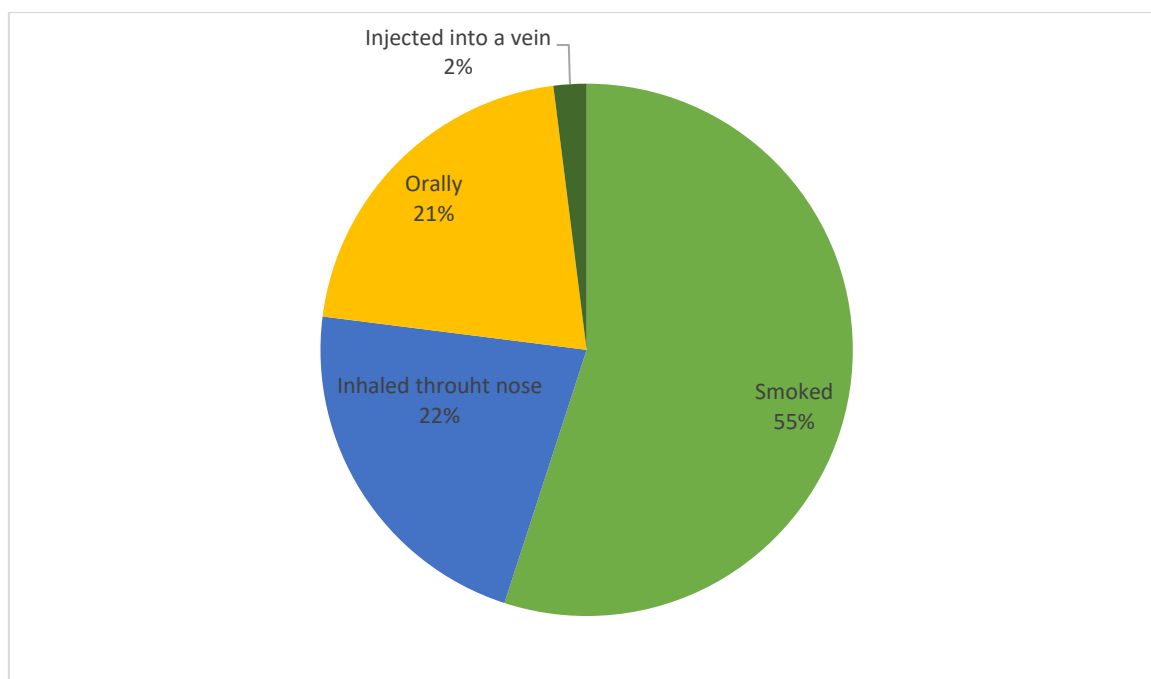


Figure 4.1.1. Distribution of ways of first use of chemical agents among the respondents, n=100

Based on the in-depth interviews, it can be assumed that the circumstances of the first experience of use of chemical substances – in particular, age, way of administration and type of substance – depended mainly on the environment in which the individual was at that time.

In majority of cases, respondents indicated the "interest" (79%, n = 100) and "environmental impact" (47%) as the main reasons for the first use of chemical substances (Figure 4.1.2).

- *"It was interesting to try something new, because I was tired of drinking alcohol. Friends suggested, I accepted."*

In 14% of cases, the first experience of using chemical substances is associated with the desire to relieve stress and overcome uncertainty.

➤ *"It's just a wish to move away from this world. You're just flying in this state, you do not hear that someone is shouting or quarreling on the street, you're just in your world. In that world, you have friends who are happy for you."*

Some 8% of the respondents reported that the main reason was the desire to be "trendy". In addition, one participant of in-depth interview said that his lifestyle changed after he became popular.

➤ *"It was easy money and crazy popularity. [...] It twisted my head then."*

For the first time, chemical substances were used to overcome physical or psychological difficulties in 5% of cases; to overcome fear - 4%, and feeling hopeless - 2%.

It is important to note that the first experience of using chemical substances is rarely associated with the desire to increase sexual satisfaction, increase resolve during sexual contact or activate physical sexual activity (3%, 3% and 1% respectively). No respondent has chosen the option "the desire to enhance own attractiveness."

➤ *"I tried weed when I was fifteen or sixteen years old. But it wasn't for relaxing during sex. It was just a teenage high."*

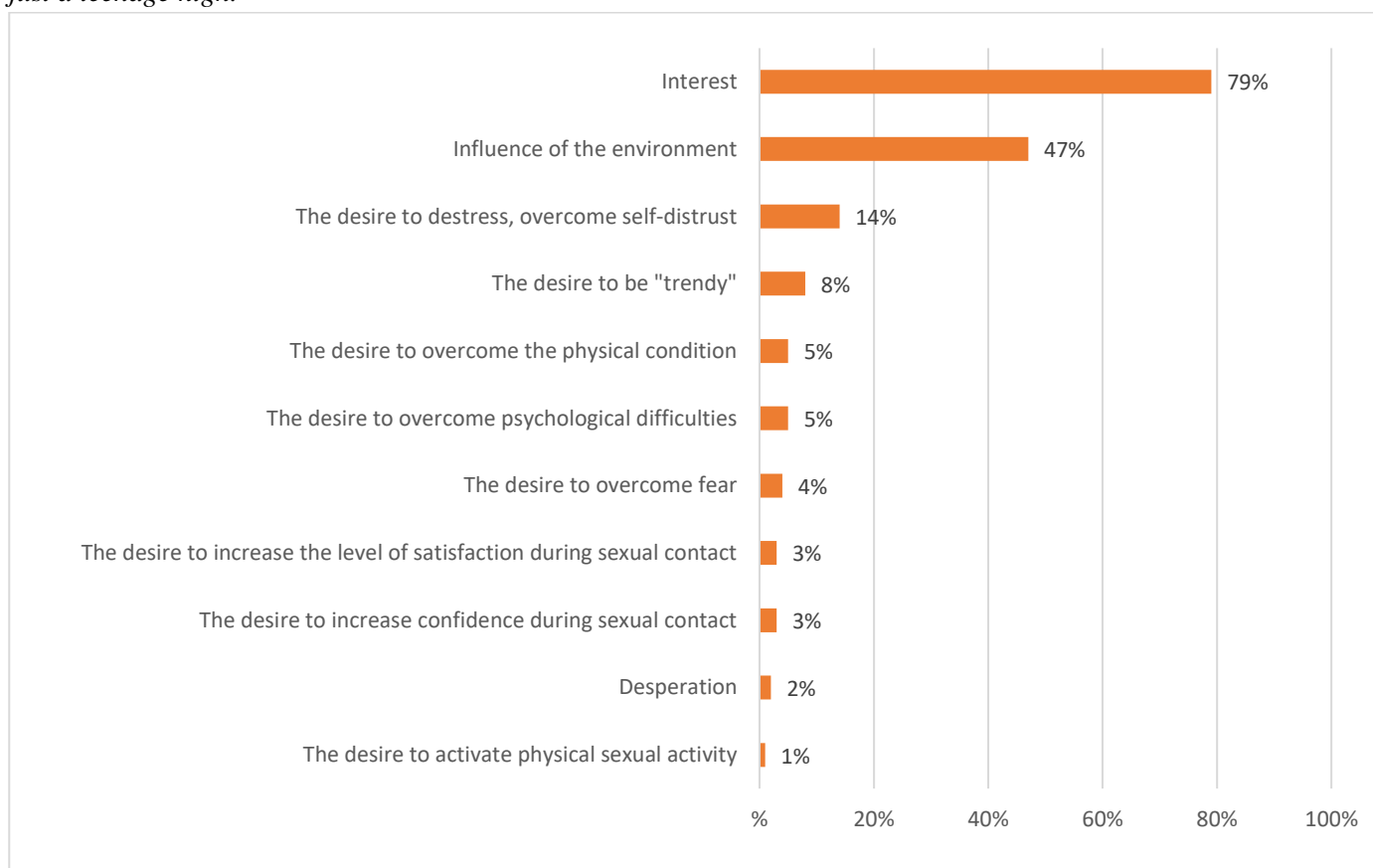


Figure 4.1.2. Distribution of the causes of the first use of chemical substances, n=100

4.2. Main reasons for the current use of chemical substances.

As already noted, the most common reason for the *first* use of the chemical substances is interest. This tendency is also observed in the case of general use, although the proportion of respondents who marked this option is significantly smaller compared to the proportion that have chosen "interest" as a reason for the use - 48% vs. 79% respectively (Figure 4.2.1) Speaking about this factor, previous experience of the chemical substances use should be taken into account, because in the absence of such, interest may be about using a specific substance, which were not yet known to the person; respectively, those respondents who have a rich experience in taking different chemical substances may rarely report interest as the reason for their current use.

➤ *"So, there are situations [...] of conscious experiment. Well, he knows that he has already tried everything, and now he wants to try it again. This is also the use of certain drugs especially for sexual stimulation."*

➤ *"The desire to feel change in consciousness, a variety of impressions, [...] dislike for recreational alcoholism. I did not like the feeling [intoxication]. "*

Another common reason associated with the use of chemical substances is the desire to relieve stress and overcome self-doubt (46%). Here, on the contrary, there is an increasing relevance in comparison with the first use, and this can be explained in the context of an increase in the stress factor in the lives of individuals over the years.

A similar tendency is also observed in the following motives: in order to increase the level of satisfaction during sexual contact, 40% of the respondents use chemical substances, while this became a reason for the first use only for 3% of the respondents; to overcome the physical condition (for example, to overcome fatigue or in the absence or weakness of the erection, to restore it) - 31% vs. 5%; to activate physical sexual energy - 25% vs. 1%; to increase self-confidence during sexual contact - 17% vs. 3%. A possible explanation could be that the first use occurred prior to the first sexual experience of the individual, which makes sexual reasons unimportant due to lack of awareness that chemical substances can be used as "doping" for sex.

➤ *"Stimulants give this feeling of liberation, an ability to meet someone easier, to offer sex easily, because there are many people that are shy."*

➤ *"Drugs allow you to raise the bar, the perception of yourself changes immediately. That is, you feel like another person, [...] you control everything, you realize, and you get rid of taboos and you can allow to reveal yourself. "*

Some 13% of the polled used chemical substances to overcome psychological difficulties (only 5% of the sample stated this as the reason for the first use).

Remarkable is the fact, that the percentage of such motive as the "peer pressure" (11%) is going down in comparison with the reason for the first use (47%). Obviously, the explanation should be sought in the dynamics of adolescent relationships and the high level of conformance attributed to them, which eventually loses its weight and importance. This logic also works in case of the desire to be "popular", which is hardly mentioned as the cause of current use (only 1% of respondents chose this particular reason), although they were mentioned in the context of the first use (8%).

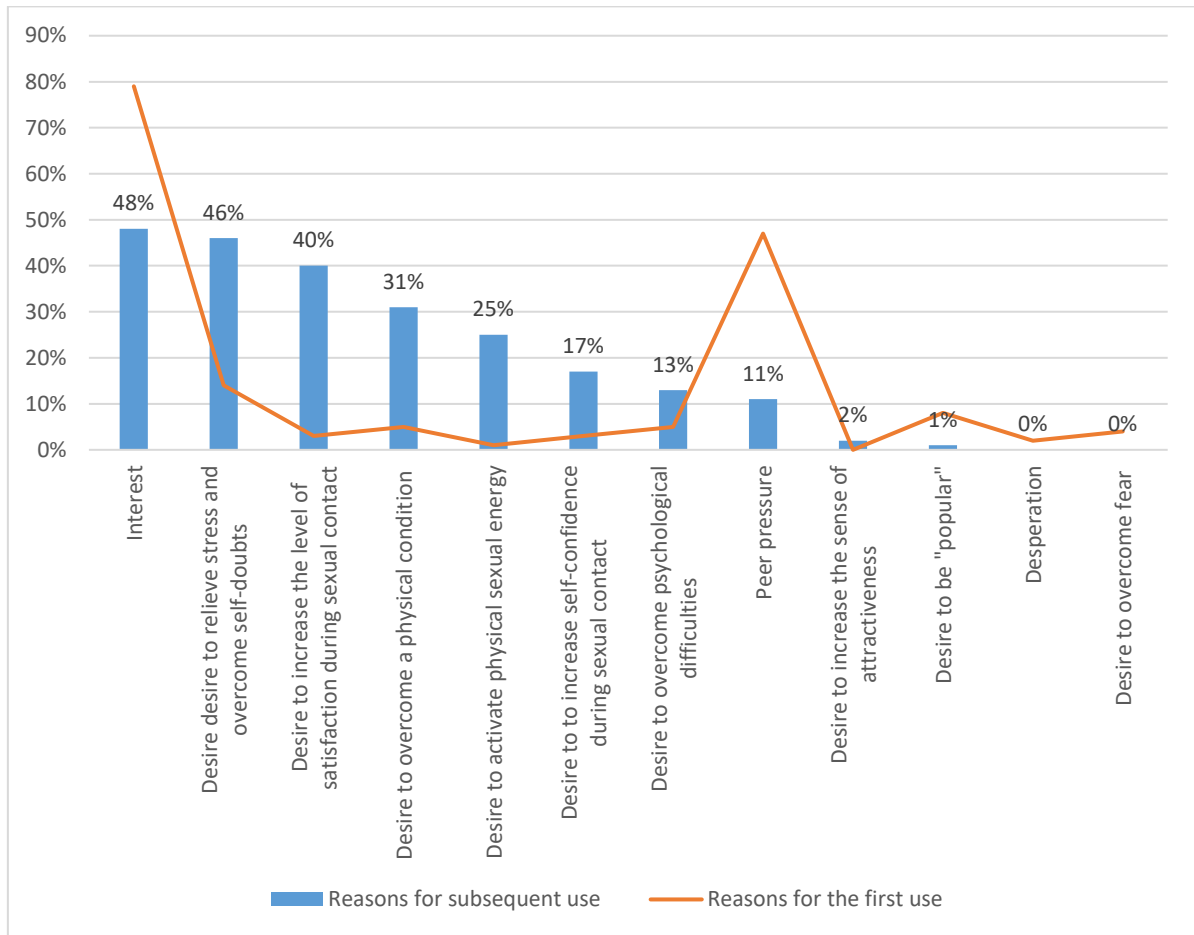


Figure 4.2.1. Distribution of the causes of the first and subsequent use of chemical substances, n=100

4.3. Trends in the chemical substances use.

The vast majority of respondents (88%, n = 100) never used injectable chemical substances.

Most often, respondents received drugs from friends and acquaintances (this "source" is the main one for 64% of respondents, n = 100); the next popular "source" is dealers (26%), on the third place - ordering online. Sexual partners are the main "source" of drugs for only three respondents (Figure 4.3.1).

The practice of concurrent or sequential use of several different substances is quite common: according to the survey results, the proportion of respondents who have combined several chemical substances is 87% (n = 100). In addition, 91% of the respondents reported that they have used chemical substances alongside⁴ with alcohol (it should be noted that there are clear rules for not mixing certain substances with alcohol, and some combinations of substances themselves have life-threatening risks).

⁴ "Alongside" refers to a situation where a particular substance is used by the individual at a time when he is still under the influence of another substance. Simultaneity does not involve the simultaneous use of several substances in the literal sense or their literal blending with each other, although it does not exclude it.

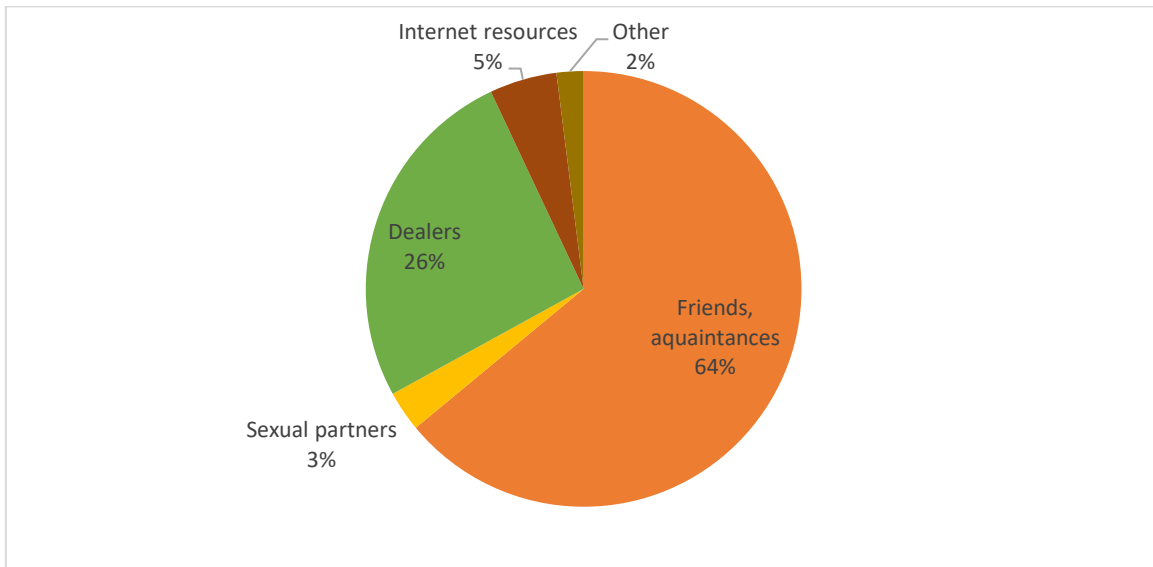


Figure 4.3.1. Distribution of answers to the question "Where do you usually get drug substances?", n=100

➤ "Yes, of course, for example, the poppers can be mixed up with anything that I have named earlier - mushrooms, LSD, ecstasy and weed – perfect mix. Mushrooms are mixed well with weed, stamps are also mixed with weed, and ecstasy... it usually turns out to be something weird. Meth can also be mixed with marijuana."

➤ "And, of course, it is better to not mix alcohol with these drugs, because you never know for sure what those drugs are actually made of. It might end up bad."

The results of the in-depth interviews allow us to conclude that the way of administration depends on the type of substance and it does not change from non-injectable to injectable. The choice of chemical substances depends on the experience of the use and the impact on the body, the availability and the purpose with which they are being used.

➤ "With regards to the weed, nothing has changed. Everything is stable. And about ten years ago I started using light drugs such as ecstasy, LSD, hallucinogenic mushrooms. More recently, a couple of years ago, I started amphetamine."

Simultaneous use of chemical substances and alcohol is very common. Some 72% of the respondents reported having an experience of using chemical substances with alcohol of average strength, 53% - with strong alcoholic beverages, and 49% - with low alcohol beverages.

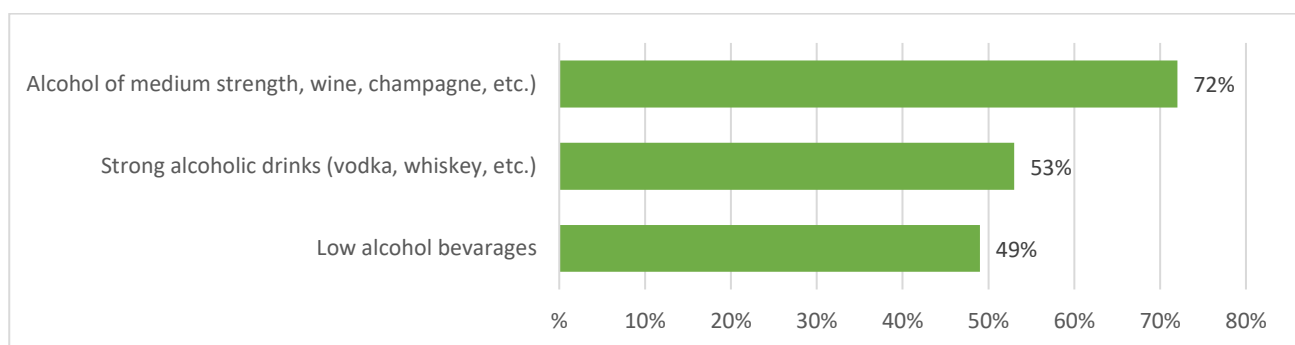


Figure 4.3.2. Distribution of the use of chemical substances with alcoholic beverages of different strengths by the number of respondents with such experience, n = 91

Figure 4.3.3 shows the gradation of chemical substances by the proportion of respondents who have experience.

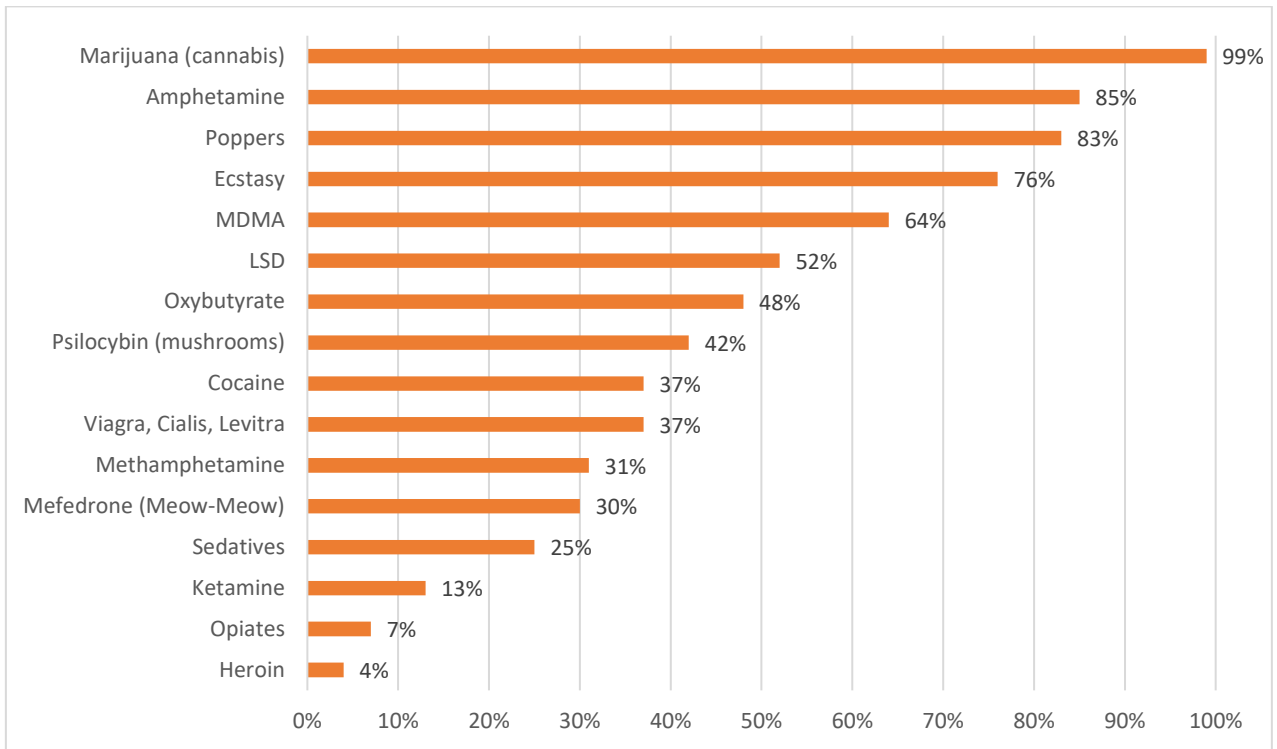


Figure 4.3.3. Distribution of chemical substances by the proportion of respondents who used them at least once in their lifetime, n=100

4.3.1. Marijuana.

The most common among respondents is the experience of using marijuana. Thus, 99% of the respondents indicated that they had smoked marijuana at least once in their life (Figure 4.3.3). This can be explained, first of all, by the fact that it is widespread and accessible, and absence of stigmatization of its use in broad subcultural environments.

➤ *"By the way everyone thinks that it is not a drug, but a light anti-depressant and doping."*

Mainly marijuana is consumed by smoking (this method was chosen by 91 respondents out of 92). One respondent said that she was taking it orally.

Some 35% of respondents reported having smoked marijuana in the past 24 hours; 38% of them have smoked it during the last week (Figure 4.3.1.1).

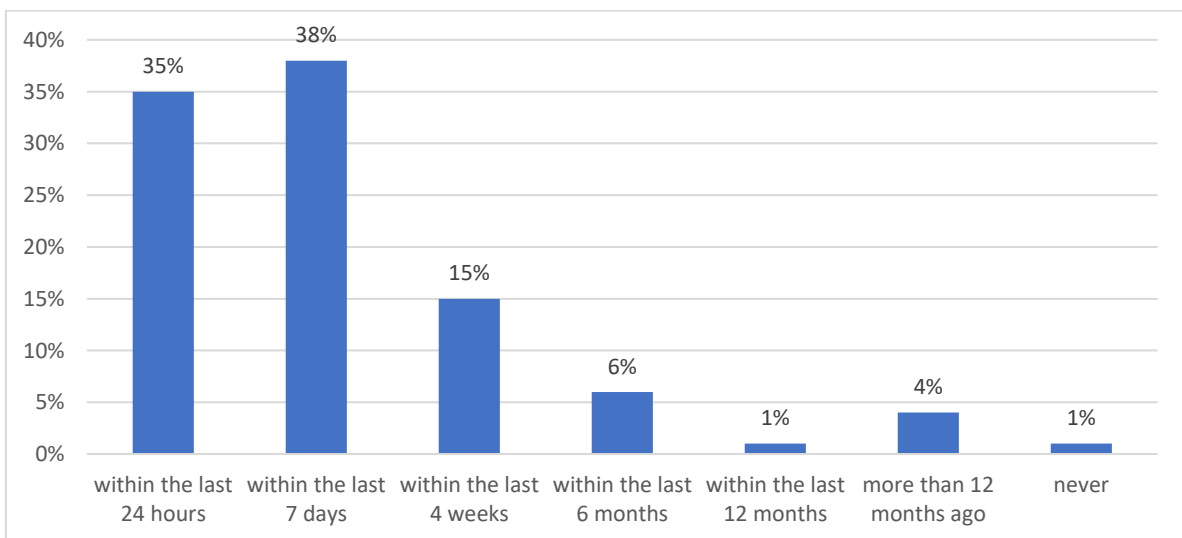


Figure 4.3.1.1. Distribution of frequency of marijuana use among respondents, n=100

According to the majority of the respondents, marijuana can be mixed with anything without the risk of negative consequences.

➤ *"Then I usually take LSD, and then correcting my state with ecstasy and marijuana."*

In addition, participants of in-depth interviews have repeatedly emphasized that marijuana is not a drug that is often used during chemsex.

- *"I also do not want to mention Marijuana in this case, because it is rather for communication, not for sex. In those cases you just want to laugh together. "*
- *"Pure marijuana does not stimulate people for sex".*

The effect of marijuana is improvement of the overall emotional state, euphoria, relaxation, and lack of focus on details. However, the influence of marijuana on the body differs and can have negative consequences. In particular, some respondents reported that after the use of marijuana they had a deteriorating physical and mental condition. In addition, constant use of marijuana the body can develop certain tolerance to it.

➤ *"I don't like the fact that the effect is very weak for me. The others ... well, there were friends who visited me for a weekend, and they took a little bit and felt bad immediately. And I take a lot, and it does basically nothing. I would like to try something stronger, but I understand that if I start... "*

In some cases, it is about smoking spice – such natural ingredients as grass, petals, etc. are covered with psychotropic substances, mostly - synthetic cannabinoids. The effect of spice is somewhat similar to the effect of marijuana, but it can lead to more negative effects.

4.3.2. Amphetamine.

The proportion of respondents who have used amphetamine at least once is 85% (Figure 4.3.3). It is mainly used nasally, the powder is inhaled (75 out of 83), but there are cases of oral (4) and inject (4) use.

➤ *"Mephedrone and amphetamine were already moved to the injectable drugs - to get a sharp, rapid and saturated effect."*

Some 18% of the respondents used amphetamine within the last 24 hours; 24% - during the last week; 21% during the last month, and 18% - during the last six months (Figure 4.3.2.1).

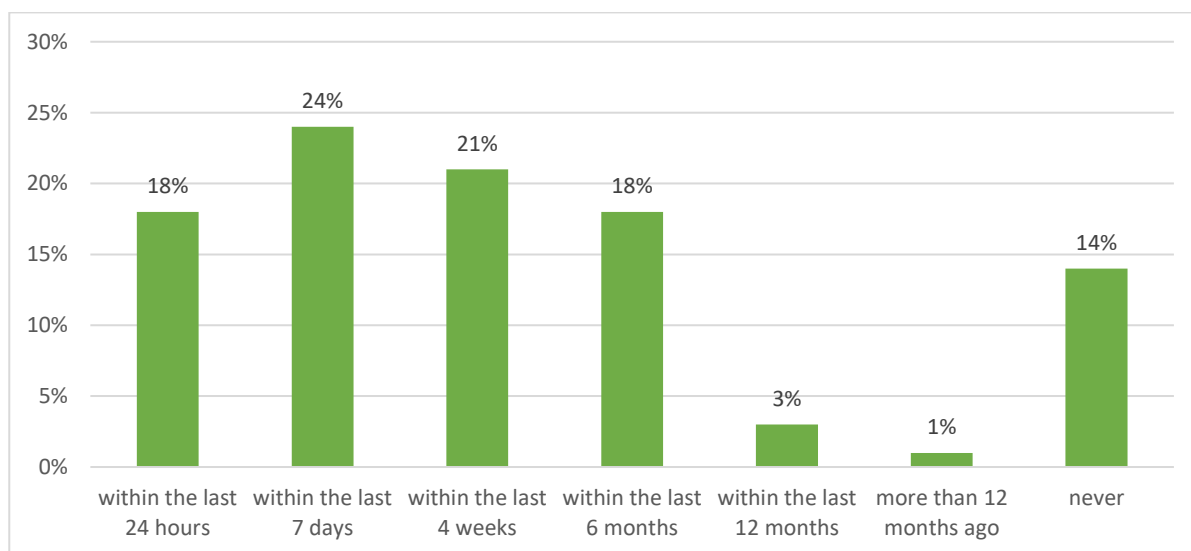


Figure 4.3.2.1. Distribution of frequency of amphetamine use among respondents, n=100

This substance increases the energy, strengthens libido and ability to communicate which makes it more appealing to be used during prolonged sexual acts and parties. It can be used repeatedly for a short period of time; the period during which the drug is actively working is approximately one and a half or two hours.

Amphetamine could lead to a number of negative effects, including reduced immunity, depletion of the nerve system, anxiety, tachycardia, lack or weakness of the erection, sleep problems, general depression, increased anxiety and irritability, aggression.

The use of amphetamine can lead to addiction; moreover, tolerance can be observed. In such cases, there is often an increase in the dose and frequency of use, which increases the risk of poisoning by other components of the drug.

➤ *"In my collection - this is, of course, an amphetamine group. If I am using for some lengthy period of time, then stop for a while, there are couple of grey days of gray, full of hopelessness is so gloomy, semi-aggressive, unpleasant."*

➤ *"Meth is not my type, because it causes such a hangover... Or it is necessary to be on it and sniff it, so that there were no retreats, or one has to survive it somehow and return to normal life."*

Amphetamine can be combined with substances such as LSD, ecstasy, oxybutyrate, which can "level" its effect, as well as alcohol and marijuana, which are used to "extinguish" the effect of amphetamine.

➤ *"At first, for some kind of relaxation and freedom and then, after a sometime for... There are, of course, different cases. Sometimes you look at a person and clearly see that he's no longer adequate... This is especially true when we are talking about oxybutyrate... But amphetamine slightly alleviates this condition."*

Simultaneous use of amphetamine and drugs such as Viagra, Levitra and Cialis is not allowed, this could lead to a heart attack.

➤ *"And, moreover, according to all recommendations in the clubs in the West, not only in gay ones, posters are hanging: "Do not take Viagra and amphetamine." There were deaths. Because Viagra raises blood pressure, narrowing vessels. Amphetamine does the same. Therefore, may lead to a heart attack."*

4.3.3. Poppers.

Some 83% of the respondents (Figure 4.3.3) indicated that they have used poppers. Main method of consumption is nasal (78 respondents); Two of them reported taking poppers orally and with an injection, although, obviously, in the latter case there was a mistake in the respondents' response or inattention, since poppers directly applied to the tissues of the body or mucous membranes causes an immediate chemical injury (chemical burn). For the same reason, cases of "oral" use should be understood as the practice of vaporizing of depletion through the mouth.

Only 3% stated that they used poppers within the last 24 hours; One third (30%) used this substance during the last week, 22% - during the last month.

Popper gained popularity in the middle of the last century. There are no legal barriers for its procurement and use in Ukraine. It is used mainly by a partner that plays a receptive role, since it promotes muscle relaxation and leads to a quick and easy euphoria, but it can negatively affect erection. Effect of the drug is short - only two to three minutes. It can be used repeatedly over a period of time, if used excessively, it causes headache and in some cases fainting and acrocyanosis (lips and nails). Contraindication for popper is its combination with erectile class drugs (Viagra, Levitra, Cialis) due to the risk for cardiovascular system. In addition, poppers strongly effects the heart rate, and if the heartbeat of a person is already too fast due to the use of other chemical substances, the use of poppers has serious heart risks.

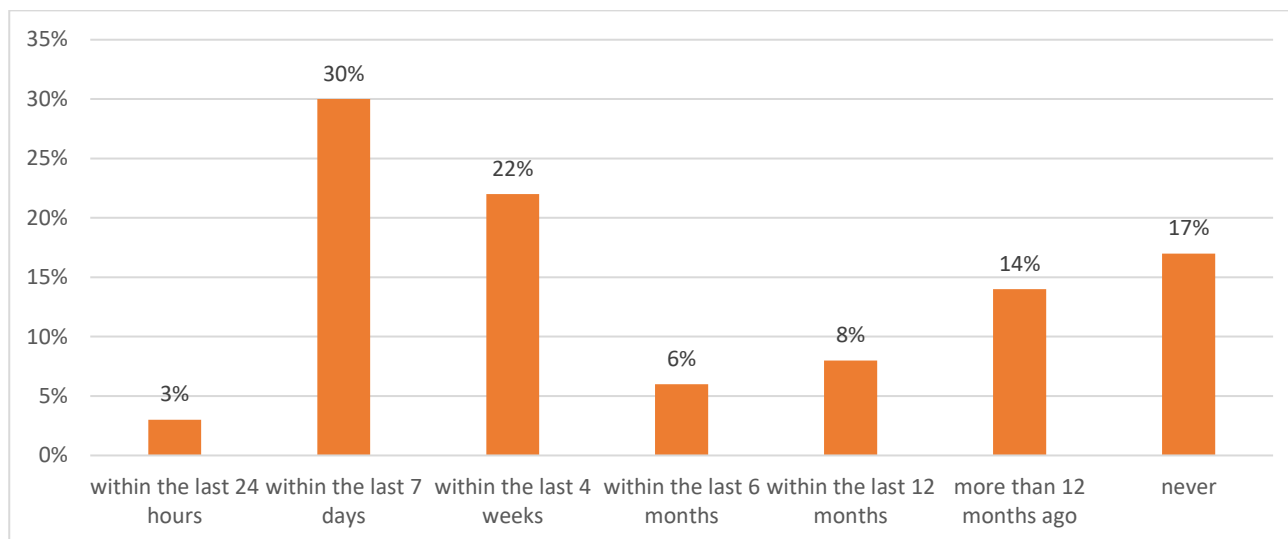


Figure 4.3.3.1. Distribution of frequency of use of poppers among respondents, n=100

- *"As for the duration – the effect of poppers lasts from two to three minutes, and it can be taken for several times."*
- *"It seems to me, there are certain trends in the combination of drugs. Let's say, the poppers can be combined with everything" (in this statement the respondent has a false idea).*
- *"With the excessive use of poppers, person faints, he is switched off, an acrocyanosis happens. His nails turn blue. [...] There are external signs by which this [overdose] can be identified. "*

4.3.4. Ecstasy

76% of the sample indicated having an experience of taking ecstasy (Figure 4.3.3). It is used predominantly orally (70 cases), but nasal administration is also possible (2 cases among respondents). It is less widespread than, for example, amphetamines, mainly because of a higher price and limited access.

No respondent used ecstasy in the last 24 hours and only 7% had used it in the last week. At the same time, 30% and 29% used the drug during the last month and during the last six months respectively (Figure 4.3.4.1).

Ecstasy effect lasts for one and a half to two hours, but it may vary depending on the dosage and the composition of the pill. It can be combined with almost all types of drugs and low alcohol beverages.

- *"As for ecstasy - yes. It perfectly combines with almost anything."*

The problem with ecstasy is that often the ingredients of the pill do not meet the expectations of purity and quality, which can lead to negative effects such as overdose or unexpected side effects.

- *"Ecstasy is more expensive and not so easy to get. Not everyone can afford ecstasy, because they do not know what exactly is in this pill. It should contain MDMA, but, unfortunately, nowadays ecstasy has very little MDMA. It can be anything. It can cause terrible headache."*
- *"Ecstasy can cause things like that ... A person might get scared, head might be spinning ... In this case you should say: "Everything is fine, everything will be fine, relax, feel your hands, your body." And the person calms down, fear goes away from him/her ... Support is important. It is not recommended to do any drugs when you are alone. "*

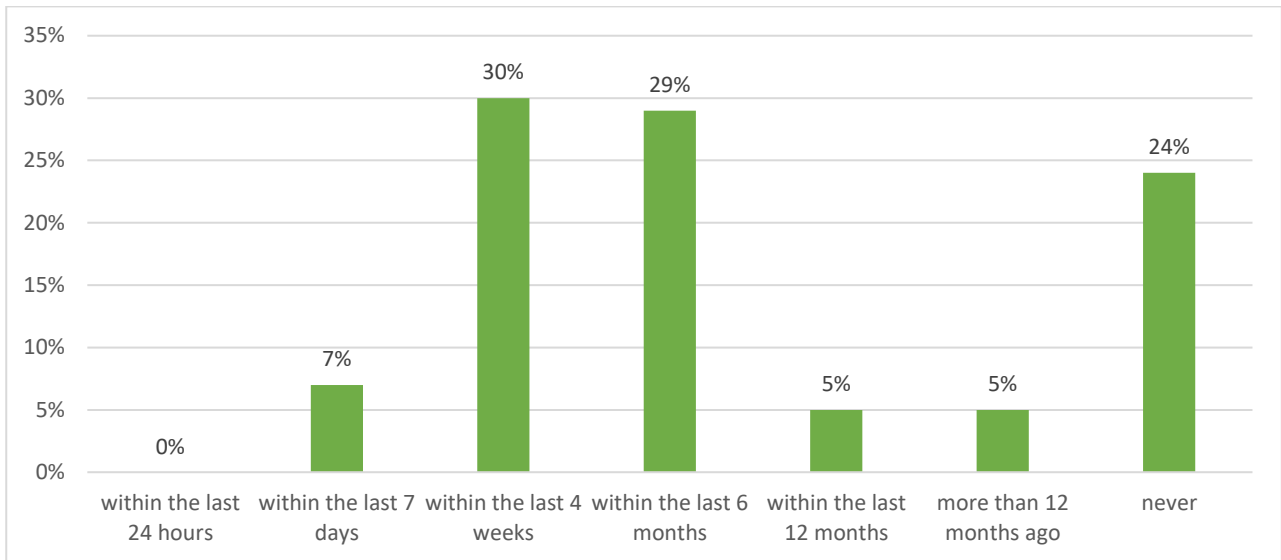


Figure 4.3.4.1. Distribution of frequency of ecstasy use among respondents, n=100

4.3.5. MDMA.

64% of respondents reported the use of MDMA (Figure 4.3.3). The main method of administration is oral (52 respondents), but nasal way is also possible (11 cases).

None of the respondents used MDMA during the last 24 hours, however, 2% consumed the substance during the last week, 11% - in the last month, and one third (31%) - in the last six months (Figure 4.3.5.1).

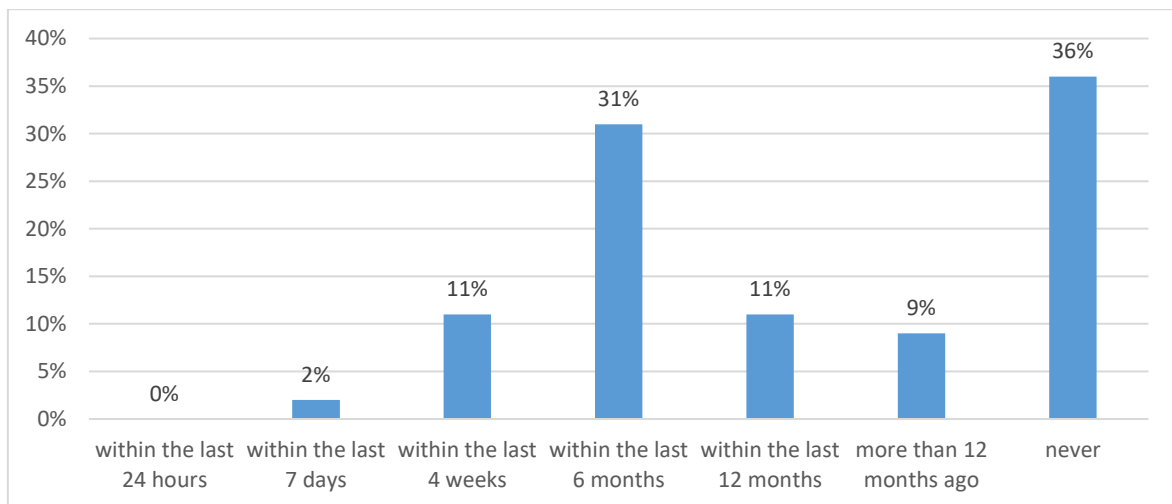


Figure 4.3.5.1. Distribution of frequency of MDMA use among respondents, n=100

MDMA is not very common among MSM due to its inaccessibility and high cost, however, those respondents who tried this substance are mostly positive about it, because, unlike ecstasy, MDMA is of a better quality which contributes to the intensity and predictability of its effect.

➤ "MDMA ... But you won't be able to find it and it's pricy enough. One gram costs 2000 UAH. And if you share one gram with five people, then it will be enough for three to four hours. "

➤ "It was an amphetamine, MDMA in the form of tablets and in the form of powder, then "acid" was added. [...] there were always different type of pills... Well, these are all MDMA-containing drugs. Ecstasy and such ... This could be anything. People say these pills contain cocaine, heroin etc..."

➤ "For the first time when I have tried MDMA - not ecstasy, but MDMA –I was in the club. The effect was incredible. I have looked at myself and people in a different way... "

However, there are possible negative effects: for example, a relatively short depression (up to several days after use) or a more serious problem –so-called "serotonin failure" (a condition characterized by disinhibition,

apathy, inability to concentrate, etc.) which, however, is not as perceptible as in case of sudden stop of regular use of amphetamine.

➤ *"Not everyone can afford ecstasy, because they do not know what exactly the pill consists of. It should contain MDMA, but, unfortunately, nowadays ecstasy has very little MDMA. It could be anything. It could cause terrible headache."*

MDMA effect lasts from three to four hours; It can be used several times a day. Unlike some others, this substance is used mainly for chemsex. The KI noted that MDMA can affect the characteristics of sexual behavior, reducing the likelihood of condom use.

- *"MDMA and butyrate – probably a couple of times [will be used during the night]. Maybe two or three times, depends on how long the party lasts."*
- *"I have never researched, but in my opinion, the use of butyrate or MDMA could increase the chances of discarding the protection."*

KIs could not reach consensus on whether MDMA can be combined with alcohol. Thus, some answered the question affirmatively, while others denied it.

- *"It shouldn't be combined with alcohol, it is contraindicated. Same goes for MDMA."*
- *"It's ok with low-alcohol drinks, such as champagne or beer. It is thrown into beer and then they drink it. It's called "Romanian ecstasy". It's very good in disco."*

The respondents reported cases of combining MDMA with marijuana, amphetamine, cocaine, poppers, mephedrone and Viagra.

4.3.6. LSD.

52% of the respondents indicated experience of using this psychotropic substance (Figure 4.3.3). The share of respondents who have used LSD during the past month is not high - 8%; whereas the majority used LSD in the past six months (21%) or more than a year ago (16%) (Figure 4.3.6.1). The main way of LSD administration is orally.

Remarkable is the difference in the opinions of respondents regarding the LSD effect. Some noted that the characteristic of this substance is the unpredictability of the behavior of the user, which is why the person under the influence of LSD should be supervised. The others claim that it is a completely safe drug.

- *"We had one expert-professional conversation that the first use of LSD could cause a totally unexpected effect. For example, someone can just walk out of the window. Therefore, there should be a person who controls the situation".*
- *"There is no psychological effect. As for me, this is one of the safest drugs. More manageable and friendly than mushrooms."*

KI reported that even long-term use of LSD does not cause any addiction.

- *"It is impossible to become addicted to ecstasy and LSD".*

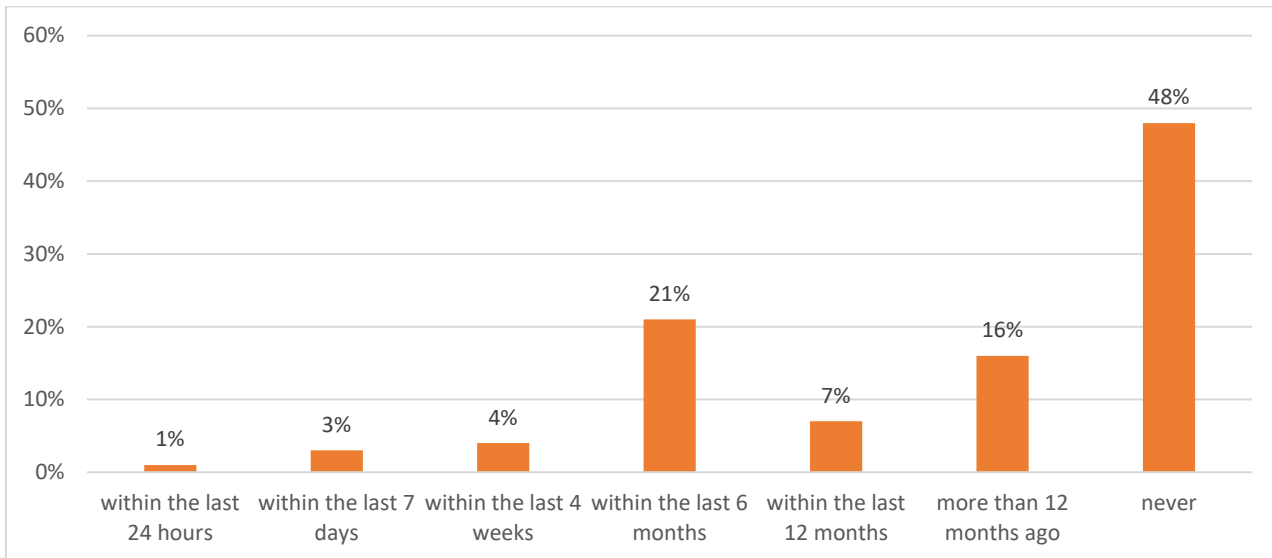


Figure 4.3.6.1. Distribution of the frequency of LSD use among respondents, n=100

4.3.7. Oxybutyrate.

The proportion of respondents with oxybutyrate experience is 48% (Figure 4.3.3). No respondents used substance in the past 24 hours, but 12% said they had such experience in the past week, 8% in the past month, 11% in the past six months, and 7% in the past year (Figure 4.3.7.1) .

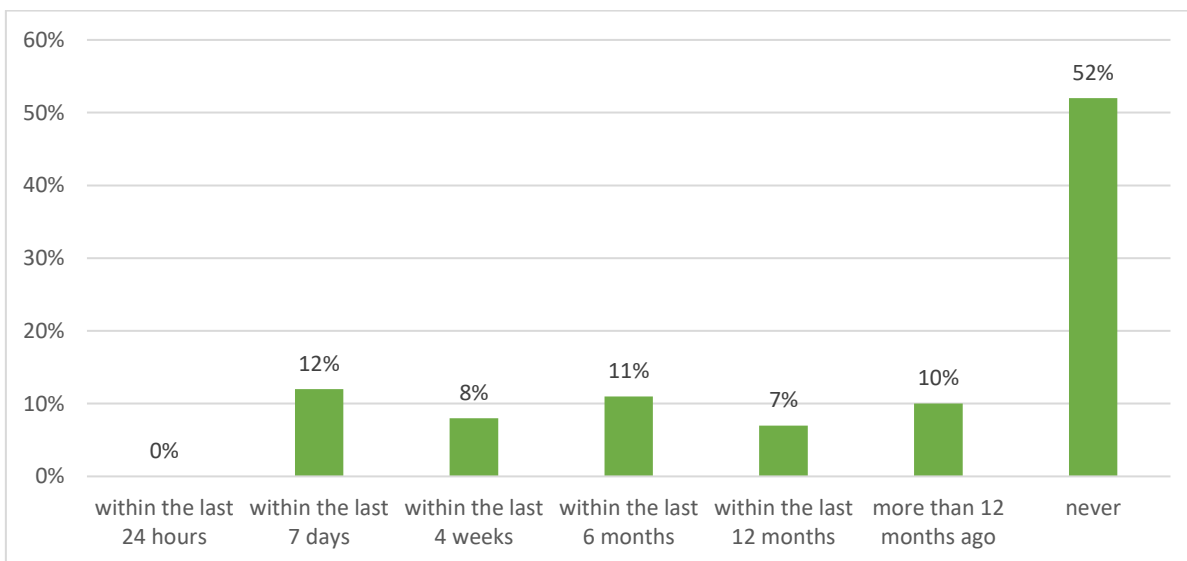


Figure 4.3.7.1. Distribution of the frequency of taking oxybutyrate among respondents, n=100

The use of oxybutyrate in small doses has a relaxing effect, it causes a feeling of relaxation, euphoria, increases tactile senses and orgasm. The average dose is 1.5-2 ml; mostly it is administrated orally (46 cases), but it also possible to administer it with the injection (2 references). The average duration of the effect is from 0.5 to 1.5 hour. It can be used repeatedly for a short period of time (however, it is recommended to take the next dose not earlier than two hours after the previous one).

Oxybutyrate is used primarily for sex, and is often available at sex parties. Its prevalence also contributes to relatively low cost and affordability.

Since oxybutyrate has relaxing and hypnotic effects, there are cases of its simultaneous use with psychotropic substances such as amphetamine and methamphetamine. In addition, it is extremely important to have the correct dosage, not exceeding the recommended dose. Overdose with oxybutyrate is characterized by loss of consciousness and seizures, resulting in a possibility of choking with own vomit.

Simultaneous use of oxybutyrate and alcohol is strictly forbidden, as the consequences can be fatal.

➤ *"There is nothing more suitable for sex than oxybutyrate."*

➤ *"Oxybutyrate is also dangerous because it cannot be consumed with alcohol, because the person just switches off and could choke on the vomit."*

It is worth noting, that there is a practice of combination of oxybutyrate with energy drinks (Red Bull, Burn, etc.) in order to compensate the relaxing and hypnotic effect of the substance.

➤ *"A very cool thing to mix it with Red Bull or Burn. Since it's an energy drink, and butyrate has a bit of a sedative effect, it seems to be helpful. Well, of course, you must take into account that this is an energy drink and it pumps the heart. But with butyrate, it seems to me, that it is not particularly dangerous, unlike [using] butyrate with coffee, with 'phen' (amphetamine), vodka and so on."*

4.3.8. Other chemical substances.

Since the other chemical substances cited in the study are less common and were rarely mentioned by key informants. Taking this into account, we will briefly describe them in this section.

As we can see from the Table 4.3.8.1, predominantly injectable substances are located at the bottom of the list of narcotic substances. This is consistent with the above data on the spread of injectable drug use among the sample representatives.

➤ *"There is nothing to count. In Ukraine I do not know a single person [MSM] who would inject drugs. And I know a lot of people ... "*

Table 4.3.8.1

The distribution of chemical substances by the proportion of respondents who have used them at least once in their lives, and the main way of the use

Substance	Share of respondents with experience of substance use, n=100	Way of administration
Psilocybin (mushrooms)	42%	Oral
Cocaine	37%	Nasal
Viagra, Cialis, Levitra	37%	Oral
Methamphetamine	31%	Nasal
Mephedrone ("meow-meow")	30%	Nasal
Sedative drugs	25%	Oral
Ketamine	13%	Injection and nasal
Opiates	7%	Injection
Heroin	4%	Injection, Oral and Smoking

As we see at the bottom of the list (see Table 4.3.8.2), the proportion of the respondents who have consumed certain substances in the last day or week is significantly lower compared to the drugs considered in the previous sub-sections. In many cases, the largest number of respondents is concentrated in the column "more than 12 months ago", indicating that they have either stopped using or have used only once.

Table 4.3.8.2

Frequency of chemical substances use among respondents, n=100

Substance	Were taken...
-----------	---------------

	Within the last 24 hours	Within the last 7 days	Within the last 4 weeks	Within the last 6 months	Within the last 12 months	More than 12 months ago	Never
Psilocybin (mushrooms)	-	2%	4%	14%	7%	15%	58%
Cocaine	-	2%	8%	10%	4%	13%	62%
Viagra, Cialis, Levitra	1%	11%	17%	4%	3%	1%	63%
Methamphetamine	-	3%	7%	9%	4%	8%	69%
Mephedrone ("meow-meow")	-	4%	14%	8%	1%	3%	69%
Sedative drugs	5%	5%	5%	5%	3%	2%	75%
Ketamine	-	-	-	3%	2%	8%	87%
Opiates	-	-	1%	-	-	6%	93%
Heroin	-	1%	-	-	-	3%	96%

Conclusions of the section:

- An average age of the first drug use is 17 years old. The most common way of administration is smoking (55%); two main reasons for the first use are: interest (79%) and influence of the environment (47%); as a rule, the first use was not associated with sexual motives;

- Interest remains the main reason for further (current) use of chemical substances (48%); the desire to relieve stress and overcome self-doubt is on the second place (46%); In addition, further use is motivated by sexual motives: to increase the level of sexual contact (40%), to activate physical sexual energy (25%) and to increase the determination during sexual intercourse (17%), which was hardly mentioned among the reasons for the first use of the drugs

- 88% of the sample representatives do not have any experience of using injectable chemical substances;
- Most often respondents get chemical substances from friends and acquaintances (64%);
- The practice of mixing different chemical substances or their combination with alcohol is very common, respectively 87% and 91% of representatives have reported having such experience;
- Most commonly used substances are marijuana (99%), amphetamine (85%), poppers (83%), ecstasy (76%) and MDMA (64%); Marijuana is the drug, the use of which, is least associated with sex.

Section 5. Sexual life and sexual behavior.

5.1. The history and style of MSM sex life.

The Guide that was used to conduct in-depth interviews with MSM included a question about the age and circumstances under which the respondents had their first sexual experience with men (this refers to the age of respondents, not the age of their partners). The answers received differ significantly: some respondents indicated that this occurred at the age of six or eight years, some of them pointing to this experience as "unconscious," completing their response with the stories of later sexual contacts.

➤ *"The first sexual experience I had, was in childhood, when I was about six years old, with my neighbor. It happened at home. He was also six years old. This was the first experience. More conscious contact happened at the age of fourteen, and the partner was about twenty-two or twenty-three."*

➤ *"Yes, probably six years old, the boy was eight or nine years old. [At a more conscious age] closer to twenty."*

Other respondents indicated that the same-sex sexual "debut" was in the range of early (11-12 years) to late (16-17 years) puberty age. Only one informant noted that his first sexual contact with a man occurred at the age of twenty.

Talking about the circumstances of the first sexual contacts of MSM, which participated in in-depth interviews, it is impossible to distinguish one or more typical scenarios. Thus, one informant reports that his first sexual experience took place at a meeting place for men, while another tells about petting with a classmate's brother at home.

➤ *"This is a period of rather unconscious homosexuality. I was, probably, twelve or thirteen years old. It was still a period of hypersexuality, when experiments are taking place between adolescents. I was probably thirteen years old, he was twelve. [...] And after a while we were on the floor, there were no adults at home ... Petting started ... It was sex without anal penetration, it was oral sex, mutual. "*

It worth noting that two respondents reported that their first sexual contacts were with relatives, in the first case it was a cousin, and in the other - a brother, and in both cases, the brothers were several years older than informants.

➤ *"Apparently, I had it even before, I am not sure that it is a sexual experience, but it was with my cousin."*

➤ *"My very first partner was my brother. We lived with grandparents. My brother is four years older than me. He saw it somewhere on TV and suggested that I repeat everything that was shown there. Naturally, we had an act ... [...] It was very painful, very unpleasant, and after that I have either aversion or hate for my brother."*

The quantitative side of the study makes it possible to assess the prevalence of anal sex practices with one or another category of sexual partners. Thus, 65% of respondents (n = 100) have reported the experience of having insertive anal sex with a casual partner during the last six months, while the same indicator for receptive contacts is 54%. Anal sex with regular partners over the last six months was reported less often - 51% in case of insertive contacts and 47% - receptive. This might be due to the fact that not all respondents currently have or have had a regular sexual partner in the last six months.

30% and 21% of respondents reported that the last insertive or receptive sexual contact occurred during the group sex. There was a small number of reports of sex during the last six months for which the respondent received a cash award (7% and 9% for insertive and receptive contacts, respectively) or paid by himself (2% for both types of contacts) (Figure 5.1. 1).

➤ *"It was before I moved to Kyiv. [...] I just started to learn this culture. I did not know how it all supposed to happen. And I started doing stuff for which I was paid for and I got pleasure from it. And I got too involved. I liked it. Young age, and you get the money – it is fun. I did not completely understand. There were so many cases. I definitely had around fifty people."*

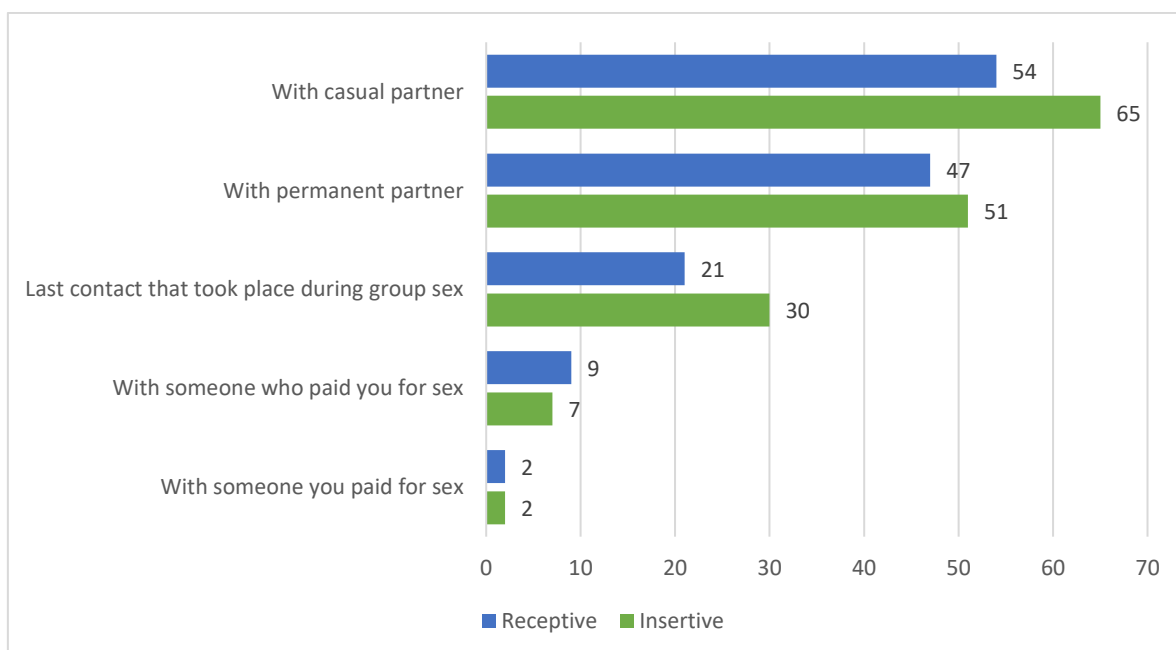


Figure 5.1.1. Frequency of affirmative responses to the question "With which partners did you have anal sex during the last six months?", n=100

The situation with the use of condom among respondents is ambiguous. On the one hand, the majority of respondents showed relative commitment to protected sex: during the past six months 57% of respondents *always* (29%) or in the *most cases* (28%) had protected sex. At the same time, an absolute majority of respondents (70%) had anal sex without a condom in the past six months: one fifth of the respondents (21%) reported that the condom was used only during half of their anal contacts, and one tenth reported that they or their partner used condom either *rarely* (9%) or *never* (5%). The findings do not allow us to make general conclusions about the frequency of use of condom during anal contacts as such, since the survey did not contain questions about the number of cases of anal sex, but it is clear that a significant proportion of MSM practicing chemsex uses condom only sporadically. At the same time, all participants of in-depth interviews acknowledged that at some point they have had unprotected anal sex, sometimes even knowing about the HIV-positive status of their sexual partner. Among the respondents, 68% were engaged in unprotected anal sex at least once in the last six months.

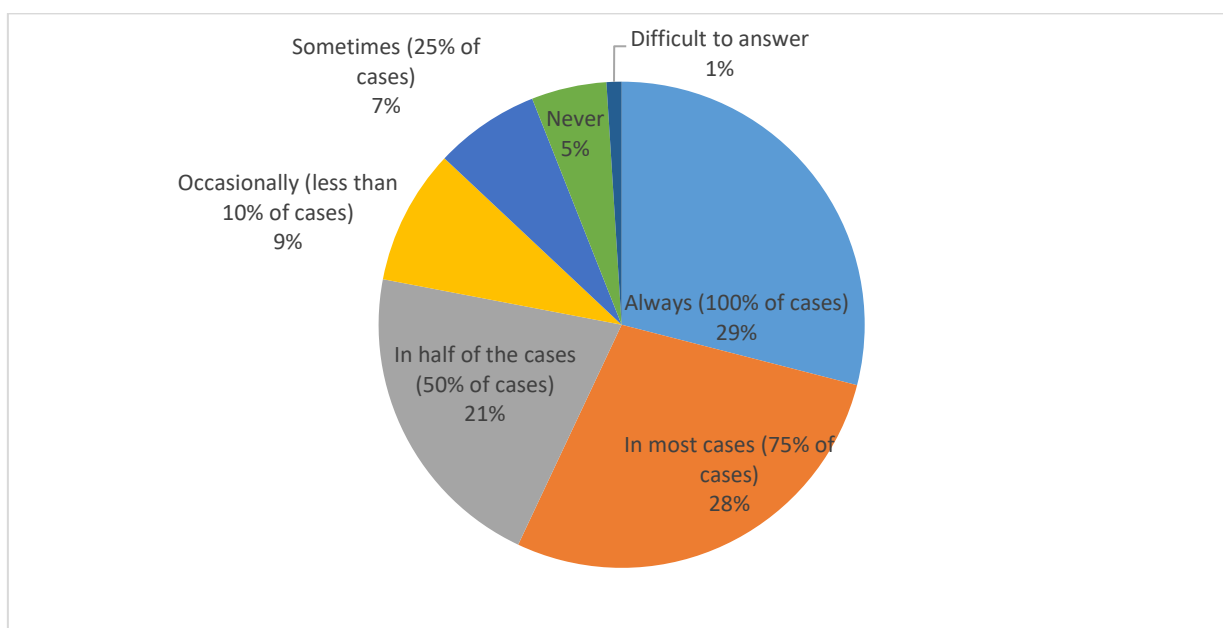


Figure 5.1.2. Distribution of answers to the question "How often have you used a condom during anal sex with a man in the last six months?"⁵, n=100

Only one third (32%) of the respondents reported that they knew the HIV status of their last partner (or all the last partners in case of group sex) at the time of having sex; another quarter (25%) knew the status of some of their last partners (this applies to the category of respondents whose last sex experience was a group one), and 43% did not know the HIV status of the partner or partners. Out of 32 respondents, who knew the HIV status of the last partner(s), only two of them knew that the status was positive; out of 25 respondents, who knew the HIV status of *some* of the last partner(s), there is no one who knew about the *positive* status of some of their last partners (see Table 5.1.1). Thus, it can be concluded that **MSM more often inform sexual partners on the fact that their HIV status is negative (regardless of whether it is true or not)**. In addition, according to the results of in-depth interviews, MSM who do not know the HIV status of their partner or partners suggest that they may not know it themselves.

➤ "I think that he does not know much himself. He has never been tested. "

Table 5.1.1

Distribution of answers to the question "Do you know the HIV status of your last sexual partner or partners in case the last sexual contact was a group sex?", n=100

⁵ A certain limitation of the interpretation of the received answers is the formal logic: a condom is used by the partner who puts it on a penis. This means that receiving partners could personally not use a condom, although their anal contacts were safe.

Answer options	%
I know the HIV status of a partner or all partners	32
<i>It is negative</i>	30
<i>At least one partner is positive</i>	2
I know the HIV status of some partners	25
<i>It is negative</i>	25
<i>At least one partner is positive</i>	-
I do not know his or their HIV status	43

The majority of surveyed respondents, in the last six months have *always* (29%) or *almost always* (28%) used a condom during anal sex regardless of whether they used drugs before or during sex, but the proportion of those who used a condom *in less than a half of the time* is still high and is slightly less than half (42%) (Figure 5.1.2).

➤ *"Of course. There are a lot of intimidated people who have never been tested for HIV. Many do not know their status. Those who offer sex without condoms, they are clearly getting therapy. But if these people are drug addicts, then I think that one should leave the party urgently."*

➤ *"In any case, I always use a condom, regardless of whether it is a person or toys, in any case, there are condoms."*

Among the sub-samples that have practiced group sex during the past six months, 20 respondents have *always* used a condom, *almost always* – 10, in *half of the time* – 3, and *sometimes, occasionally or never* – 2 respondents.

In addition, 17% of respondents indicated that in the past six months they had cases of slipping or breaking of a condom, 35% continued the sexual act after the taking off a condom, and 47% - were wearing a condom later (Figure 5.1.3) . The limitation for this interpretation is the different understanding of the term "sexual act": if for some it is merely a period during which anal frictions are carried out, then others may understand the act more broadly - as the whole set of sexual acts, including, for example, the oral component of a sexual act.

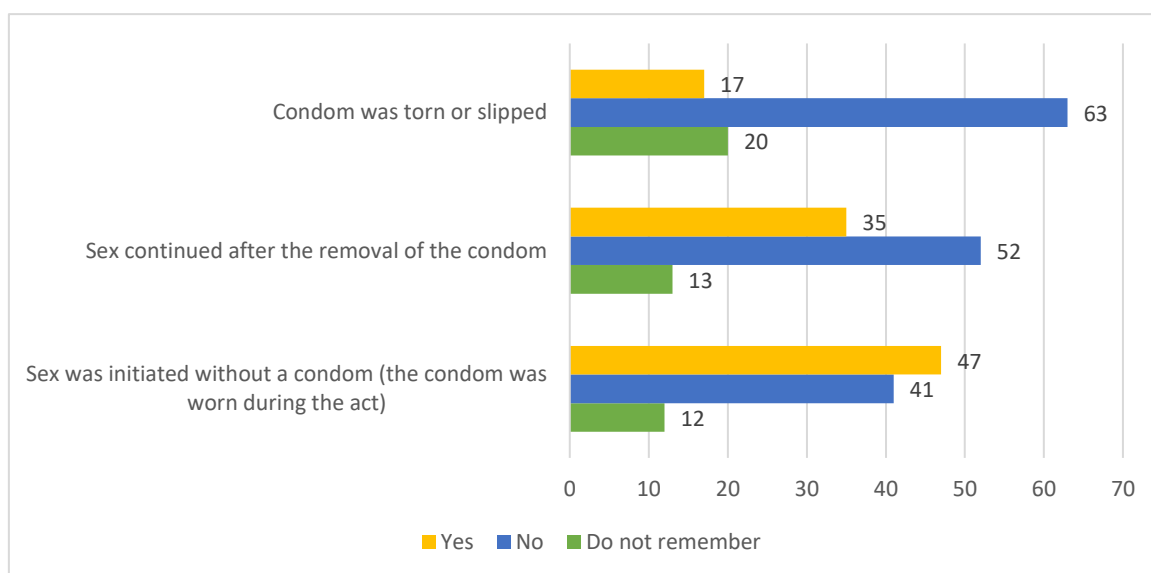


Figure 5.1.3. Frequency of positive answers to the question "During the last six months do you remember any cases when during sex with a man ...", n=100

Some participants of in-depth interviews said that they are trying to use condoms with casual sex partners and do not use them at all with permanent ones. At the same time, most informants admitted that they are the initiators of protected sex; the smaller part reported that it does not matter who initiates protected sex, since they always or almost always use condoms themselves. At the same time, respondents report on a tendency in the society to use a condom during anal sex and not to use it at all during oral administration.

➤ *"If I do not know a person at all and if I need anal sex, then of course I use a condom, and if it is only oral sex, then even if I am offered, I wouldn't do it. It does not bring any pleasure."*

Respondents referred mainly to virtual space as the main channel for the search for sexual partners over the past six months, namely: special applications for smartphones and tablets (89%), online dating web-sites (59%) and social networks (44%) (Figure 5.1.4).

The results of in-depth interviews also show the popularity of virtual channels for searching sexual partners among MSM:

- *"On the Internet. Dating web-sites. Qguys, BlueSystem, Vkontakte, PlanetRomeo ... maybe others."*
- *"On the Internet, in different chats, on different dating web-sites, [in] clubs... Qguys, Mamba, BlueSystem, Bizarre, Hornet, Grindr ..."*
- *"Mostly Hornet, Grindr. Sometimes they write on Facebook, but it's rare. Once in six months somebody might write some sort of an offer."*

In addition, clubs and parties (54%) are still a popular place for dating. Some 21% are looking for partners through friends and acquaintances; only 2% of the respondents chose the option "gay meeting place".

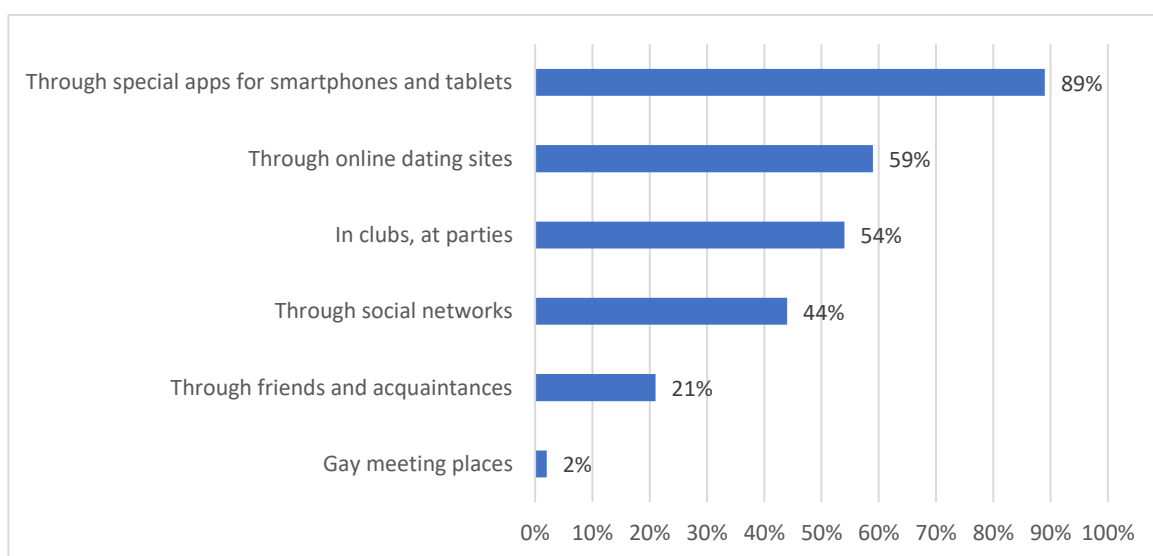


Figure 5.1.4. Distribution of affirmative answers to the question "Where exactly have you been looking for male sexual partners during the last six months?", n=100

➤ *"Well, in saunas or clubs. Well, since I work at the club, there are often potential partners with whom I have sex after work and sometimes even during work."*

➤ *"Clubs ... in Dnipropetrovsk - "Burzhuy", "Modest", in Kyiv - "Lift", "Pomada", "Androgin"..." (we would like to note that some of these venues closed long before the study, in particular, the club "Androgin" stopped working in March 2014).*

➤ *"Mobile applications or friends of my acquaintances. Sometimes it happens that you are coming to a party, and there are gay guys who introduce you to others, and that's how it starts."*

➤ *"It's great when you meet personally, eye to eye. In companies ... [...] On the Internet it's not so often...because people are "closed" on the Internet ... I do not like such long-term texting. It's easier for me in the club or in person. [...] When I'm just walking around, then it's always about it [visiting the gay meeting places and Hydropark]... When you pass by and see all this, it makes you interested ... I do not go there regularly but have already been there twice this year. Once was successful."*

According to the participants of the in-depth interviews, the search for sexual partners is quite frequent, but the frequency is individual and varies from several times a week to several times a month.

➤ *"How often? If not considering work, and use these electronic meeting systems, then this probably is not more than once a week. On average. Because sometimes it happens three times a week, and sometimes - once a month. "*

In most cases, the search for new sexual partners depends on whether or not person has a regular partner or partners, because in this case the need of a new sexual partners decreases:

➤ *"Then I don't feel a need to look for a new partner."*

➤ *"Affects, because I have no interest in other partners, because this one satisfies me and there is no desire to look for someone else."*

➤ *"When I am in a relationship, then I rarely have sex with casual partners. Not often. My priority is our relationship."*

At the same time, a couple of regular partners can jointly search for a third one in order to have sex together:

➤ *"Yes, threesome. [...] Just when we are not at home, we are not bounded by household, plus we live in the suburbs, and it is rather difficult, even where there is a possibility, to invite someone. As for the "why", it is, in fact, the variety, the realization of things that you cannot do together."*

As for the meeting with new sexual partners the advantage is given to neutral locations such as leisure facilities, accommodations of common friends and acquaintances; at the same time, the majority of sexual contacts take place mainly at home - more often at the informant's place rather than at his partner's, which is explained by the sense of safety and comfort of staying on his own territory.

➤ *"I like to have them over on my territory because I am comfortable. But based on the security and reasonableness, we usually meet in a neutral territory. If there is a connection, then we are moving to one of our places - to his or to mine, but most often to mine. "*

➤ *"I do not take them home right away. [...] But in general I'm trying to meet on a neutral territory, have a cup of coffee, and then, after thirty minutes, we can go home."*

However, some respondents also talked about cases of sexual contacts in places where they have previously met (clubs, parties, etc.); another scenario could be hotel room or a rental apartment.

➤ *"Most often in my own apartment, but if it's a club, it's right in the club - or somewhere in a neutral territory."*

➤ *"Where the most comfortable conditions for sex are, because, for example, in a gay club there are only two places to have sex in. It's a darkroom, if there is any, and toilet, which you can't occupy for a long time."*

Some 12% of the respondents indicated that they were victims of nonconsensual sexual activity.

5.2. Effects of chemical substances on sexual behavior. Behavior of MSM before, during and after chemsex.

Since certain chemical substances can have negative effect on the individuals' erection, in some cases additional legal stimulants may be used to enable sexual intercourse in an active role. 31 respondents mentioned the use of such drugs over the past six months. In particular, 11 of them mentioned such drug as Cialis, 3 – Levitra, 9 – Erotone, 2 – Kamagra, as well as ginseng extract and "dragon".

As already noted in the previous sub-section, the proportion of respondents with an experience of at least one unprotected sex during the last six months is rather high. Comparing these numbers with the answers to the question about the frequency of condom use during chemsex, we see a similar picture: 26% of respondents have *always* used a condom, 30% - *in most cases*, 21% - *in half of cases*, 6% - *sometimes*, 8% - *occasionally*, and 5% - *never* (Figure 5.2.1).

Moreover, 49% of respondents indicated that in their experience there were cases when they have planned to use a condom, but after using drug substances did not do so. Of these, 26 stated the fact that they did not consider

this to be very important, 14 indicated lack of desire to use a condom, 8 - at the request of a partner, and only one - physical inability to wear a condom.

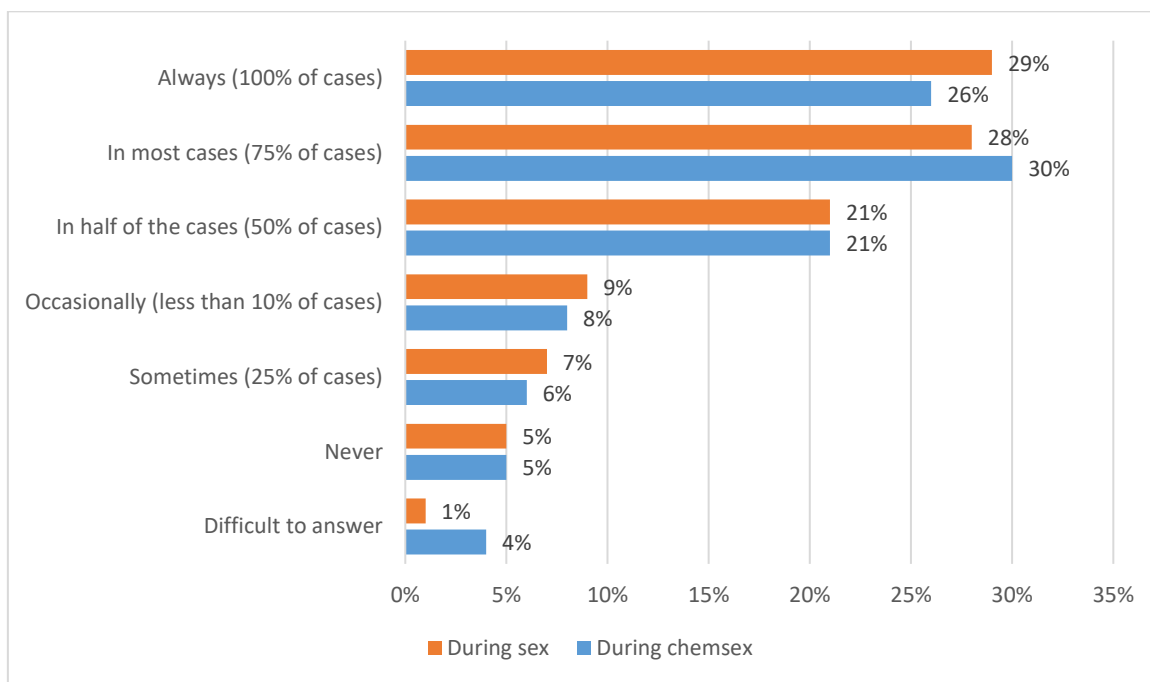


Figure 5.2.1. Comparison of the answers to the question "How often have you used a condom during anal sex with your male partners within the last six months?", n=100

Participants of the events, where massive use of chemical substances might be taking place, do not discuss the issue of HIV status and whether or not their partners have any sexually transmitted diseases in advance. In this case, the use of a condom depends on each individual. Some informants are convinced that if an HIV-positive individual does not use condom during anal sex it is an indication that he strictly adheres to the ART therapy.

➤ "Nobody knows anything about it. If this topic was raised, it was said that there are people with HIV status, but they use ART and they have a zero viral load and it's OK to have sex with them; There are people who say that there is a pre-exposure prophylaxis, and they get it somewhere and are not afraid of being infected; [...] There were people who practiced sex without a condom and, it looks like, they argued that there had prophylaxis. And when I asked questions like "What about things besides HIV?", they stated that anything else can be treated, and HIV, in general, can be controlled."

➤ "[STIs] are never discussed, unless it is visible."

➤ "In general, MSM never discuss their health. In the best case scenario, ten per cent ask: "Are you okay?" - and that's it. And nobody knows when the partner was tested last time and whether he is saying the truth."

As already mentioned in previous chapters, informants of the study as a whole are inclined to agree with the thesis that the use of chemical substances results in an increased likelihood of unprotected sex, including with casual partners. The following Table 5.2.1 illustrates the impact of chemical substances on a condom use during sexual intercourse with casual partners. Thus, of those 78 respondents who reported the tendency to use a condom during sex with casual partners, 51 had experienced unprotected sex. It is interesting, that those 18 who could not clearly answer, whether they are inclined to use a condom with a casual partner, 14 reported cases of unprotected sex.

Table 5.2.1

A cross-sectional distribution of the tendency to use a condom during the sex with casual partners and experience of unprotected sex under the influence of drug substances, n=100

	Have you ever had sexual intercourse with a casual partner while under the	Total

		influence of drug substances without using a condom?			
		yes	no	don't remember	
Can you say that it is a norm for you to use a condom during the sex with a casual partner?	yes	51%	25%	2%	78%
	no	3%	1%	-	4%
	don't remember	14%	4%	-	18%
Total		68%	30%	2%	100%

At the same time, 74% of the respondents reported that it is common for them to use condoms during chemsex. Only 4% of the respondents indicated that they were not inclined to use a condom during sex under the chemical substances, while 22% refused or simply did not answer this question.

According to the information received from informants, the main effect from the use of most chemical substances is the state of euphoria, psychological and sexual liberation, easier communication, exacerbation of senses and excessive talkativeness. In this case, the individual retains complete or almost complete awareness of his actions.

➤ *"There is a certain level of awareness, it is not alcohol."*

Some informants were persuaded that the behavior of a person under the influence of chemical substance would largely depend on their everyday character and lifestyle; In addition, whether or not the person had previous experience of drug use, as well as the dose and combination of substances, will play an important role in this context.

Mostly informants argue that the use of chemical substances does not lead to manifestations of aggression or violence - on the contrary, the behavior of such individuals becomes more friendly and peaceful. Violence at sex parties and in general among people who are exposed to chemical substances is not common (with the exception of the pre-agreement).

➤ *"On the contrary, everyone is positively tuned. There are people who did not do drugs, they can be noticed, they even behave in a different way. They are not as relaxed, they behave ... They may be more aggressive. Or under the influence of alcohol, but not under the influence of drugs. "*

➤ *"I have never witnessed an aggressive behavior under the influence of drugs. People are extremely frank, talkative, chatty, and communicative. When a person would tell something that he would not tell in the usual state."*

Conclusions:

- The age of the first sexual experience with a man among the participants of the in-depth interviews varies from six to twenty years; it does not seem possible to highlight any specific scenario of the beginning of sexual life;
- Anal sex practices over the past six months were the most common with casual sexual partners (54% for receptive contacts and 65% for insertive contacts), somewhat more rare - with permanent (47% receptive and 51% - insertive contacts); this can be explained by the absence of permanent partners;
- More than two thirds (68%) of respondents had unprotected anal sex during the last six months; while 43% of polled do not know the HIV status of their last sexual partner or partners;
- A common practice is the use of a condom during sex with a casual partner and an unprotected sex with a permanent one; besides, MSM tend not to use a condom at the time of oral sex at all;
- During the last six months, 29% of the respondents have always used condom during anal sex, 28% of the respondents have used it in almost all cases; in the case of chemsex this proportion is similar - 26% and 30%

respectively; 17% of the respondents reported cases of slipping or breaking the condom, 35% - have continued the sexual act after it was removed, and almost half of the respondents (47%) were having sex, wearing a condom only later;

- The respondents referred mainly to virtual space as the main channel for the search for sexual partners over the past six months, namely: special applications for smartphones and tablets (89%), online dating web-sites (59%) and social networks (44%); the frequency of the search varies from individual to individual, however, the strong influence has the existence of a permanent sexual partner; while two regular partners can search for a third casual partner for group sex;

- As a rule, the original meeting with the purpose to have sex takes place in a neutral territory, but the contact itself is more often to take place at the residence of the respondent or his partner;

- 12% of the respondents indicated that they were victims of nonconsensual sexual activity.

- One third (31%) of respondents have used chemical substances along with stimulating drugs;

- 49% of respondents recalled cases when they planned to use a condom, but after using the chemical substance they did not do so; the respondents mainly explained this by simply not considering this was important;

- Informants noted that among MSM there is a tendency not to discuss HIV and STI status;

- Of those 78 respondents who reported that condom use is a norm for them when it comes to the sex with casual partners, 51 had unprotected chemsex; In addition, 74 respondents indicated that it is a norm for them to use a condom during the chemsex;

- Informants of the study were inclined to agree that human behavior under the influence of the chemical substances largely depends on the individuals' everyday behavior;

- Drug use rarely leads to manifestations of aggression or violence; on the contrary, individuals exposed to either of the substances predominantly demonstrate peaceful and friendly behavior.

Section 6. The spread of HIV, viral hepatitis and STIs. Awareness of the risks of HIV transition and other infections.

Key informants of the study show concern about the increase in the rate of spread of HIV and Hepatitis B and C in our country and among MSM in particular.

➤ *"As far as I know, the rate of HIV spread has increased six fold. By 2016, about 20% of gay population in Kyiv considered to be infected. "*

➤ *"As far as I know, the number of hepatitis cases are now increasing, because hepatitis is transmitted much easier than HIV. Hepatitis B is a hundred times more contagious, and hepatitis C is ten times more contagious than HIV. "*

When asked if they are afraid to get infected or infect someone with HIV or other infections as a result of a dangerous sexual contact, many informants responded affirmatively.

➤ *"Of course, yes, of course, I am afraid."*

Interviewed MSM are aware of the social implications of infection and medical restrictions on the treatment of these diseases.

➤ *"I'm afraid of the social status of an infected person. When you are just sick, it feels bad, and here you have such an incurable illness ... STIs are OK. Except for syphilis, they all can be treated. And then drugs? Alright, there is antiviral therapy - it's kind of like a free one, and what about hepatitis C? This is a slow death..."*

Informants report that in situations where the HIV status of their potential partner is unknown, they try not to be engaged in risky sexual relationships with them.

➤ *"If a person does not tell me anything about his status, then I do not practice any high-risk behavior".*

➤ *"I was stopped by the fact that he suggested to fuck without a condom under the motto that if we love each other, we must trust each other." I got a bit embarrassed, and I said: "If you want, let's get tested." And we did the test, and I saw two strips on the test, which is a positive result. Then he went to the AIDS Center and there he confirmed his positive HIV status. After these two stripes I told him: "Go away" and he got offended."*

Key informants expressed concern that gay community representatives are not motivated to be tested for HIV, that they are not aware of the risks of late HIV detection and do not properly control their sexual contacts.

➤ *"Half of the people are not aware and do not understand the importance of the tests. They rarely get tested, do not track this and can be exposed to risky contacts. They do not understand that the test should be done and when it should be done. Plus, results can be deceptive. I think that at least half of the people do not know about the real danger. "*

➤ *"Among MSM it is not a custom to speak about HIV status. Regardless of chemsex. "*

Majority of participants of in-depth interviews recognize the importance of being aware of their partner's HIV status.

➤ *"It is important. These are basic things, and their manipulation is not very ethical. "*

Nevertheless, out of those 14 who noted their HIV-positive status, only seven inform their partners about this (five refused to answer this question). According to key informants, MSM tend to report their HIV-positive status to their regular partners but not to the casual ones.

➤ *"It is important to make sure my partner knows about my HIV status only if it is a close partner. Of course, I did not immediately told this to my boyfriend. It took me a long time, but once I understood that we had very close intimate relationship, I told him, and I thank him for accepting it, though with some anxiety... He told me how he accepted it. And we have reached the point when we are engaged in sex without a condom, and he knows that the transmission will not happen."*

➤ *"I can tell it to someone, but in some cases I do not need to advertise it." If I had a regular partner, of course, he would know about my status. But since this is not necessary, I do not run around screaming about it at every corner."*

Key informants believe that the culture of talking openly about HIV status in the gay community is only starting to be formed.

➤ *"Still not everyone can talk about it, but when someone in the company tells you about it, then a wave begins. That is, people start communicating, some kind of peer consultation takes place."*

The analysis of the responses of in-depth interviews participants suggests that the practice of risky behavior among them is rather widespread: in particular, sexual contacts without using a condom, with partners who have symptoms of STIs, hepatitis, whose HIV status is unknown or positive.

➤ *"I can only know the status if I see his test myself, otherwise, people always say that everything is alright. And nobody knows for sure."*

As for the practice of safe injecting, the results are somewhat better. Thus, 13 out of 14 MSM who reported having experienced injectable drug use say they have never used a syringe after a person whose HIV-positive status was known to them; while during the last injection none of the respondents used the syringe or needles of another person, but in the case of 2 respondents, their equipment for injections was reused by other persons (Table 6.1). However, it is not possible to distribute this data to all IDU-MSM, so the real situation regarding safe injecting is unknown.

Table 6.1

Distribution of answers to questions related to the practice of using medical equipment for drug injection, n=14

	Yes	No	Don't remember
Have you ever used a syringe after a person whose HIV status was known to you?	1	13	-
Did you use a syringe/needle used by the other person for the last injection?	-	14	-
Did anyone use your used syringe/needle during your last injecting drug use?	2	11	1

100% of the interviewed respondents at least once in their life were tested for HIV, 87% - for hepatitis B, 92% for hepatitis C (Table 6.2). At the same time, every third MSM who took part in the in-depth interviews was not tested regularly.

➤ *"I can't say that I keep track of it."*

➤ *"It used to happen very often. When I realized that there was sex without a condom, I immediately was getting a test."*

The regularity of testing for HIV, hepatitis B and C, as well as STIs in key informants is different and is predominantly situational; Some MSM are tested once every two or three months, others - once or twice a year.

All respondents know where to get tested for HIV (100%), but awareness of the places where testing for hepatitis B and C is conducted is somewhat lower - 91% and 92% respectively. In addition, some informants talked about difficulties in accessing hepatitis C testing.

➤ *"Hepatitis C tests are not available in our service organizations. There is syphilis, HIV and some hepatitis, but not hepatitis C."*

The trust of MSM in service organizations results in their testing for HIV, hepatitis B, C, and STI at NGOs.

➤ *"I'm in a pretty active contact with one organization that conducts tests, so I have free access, I can even test myself, I even have a special box."*

During the last year, 84% of the respondents got tested for HIV, hepatitis B - 72%, hepatitis C - 75% (Table 6.2). Those informing about their HIV-positive status reported being tested for hepatitis B, C, and STI regularly.

➤ *"Every three months, because I am registered for HIV. Every three months is a standard schedule; sometimes I can do that once every half a year. All sorts of tests, express method that are offered in service organizations - I never refuse."*

➤ *"I have been registered at the AIDS Center since 2008, and since 2010 I have been receiving treatment. I have chronic hepatitis B, which I control in the same way as ART. I have antibodies to hepatitis C and A, but I do not have hepatitis. Occasionally I go through tests for other STIs."*

All respondents who were tested for HIV and hepatitis B and C this year received their results. Among those 73 who were willing to inform their interviewer about their HIV test result, 14 have a positive status; Among 67 and 69 wishing to share the hepatitis B and C test results, respectively 9 and 2 were positive (Table 6.2).

12 out of 14 respondents who reported their HIV-positive status are registered with the AIDS Center or another medical institution that registers people living with HIV. Also, these respondents reported taking ART. An average duration of ART is 18 months. Key informants say that the adherence to ART in the society is only starting to emerge.

➤ *"Of those, who know their status many start receiving the therapy. Now there is such a system, "fast track". That is, as soon as the person learned about the status, he/she immediately starts the therapy and literally in six months he/she already has zero viral load. That is, there is almost no chance of infecting someone else."*

However, due to fear of stigma and discrimination there is a culture of concealing the fact of receiving ART among MSM.

➤ *"We are ashamed to say that somebody is taking ART therapy. We will not talk about it either. "*

Also, key informants pay attention to the fact that MSM who are aware of their positive HIV status and who are at the initial stage of receiving ART, knowing that they have nothing to lose, can knowingly enter into unprotected sexual contacts.

➤ *"That is, people who know that they are HIV-positive, but they either have not yet confirmed their diagnosis, or they do not receive ART yet, they are not yet therapeutic patients. During this period they can consciously allow themselves to have an unprotected sex encounter, realizing that they are no longer afraid of getting infected with HIV."*

All respondents with hepatitis B or C receive appropriate treatment at medical facilities.

MSM who get regularly tested for HIV and are getting STI prevention have fewer fears about the likelihood getting infected with HIV and STIs.

➤ *"I'm not afraid because I have a negative viral load and I constantly undergo tests. I just took a course of treatment for syphilis, even not being completely sure that I had it. I decided to "play it safe" because it's in my best interests, it's my safety."*

Some informants also say that fears about HIV and other illnesses can be countered by the use of condoms, which is one of the most effective ways to protect against STIs and HIV.

➤ *"I understand that this is important. I always have condoms with me, but for some reason I'm not afraid."*

However, among MSM there are those who talk about their inability to control the risks of infection or HIV transmission and other illnesses during sex with the use of chemical substances.

➤ *"Under the influence of drugs, I have the strongest euphoria, so there's no sense of even taking about protection."*

Table 6.2

Distribution of positive responses to questions related to testing for HIV and hepatitis B and C, n=100

	HIV	Hepatitis B	Hepatitis C
Have you ever got tested for ...	100	87	92
Do you know where to go if you want to take a test for ...	100	91	92
Have you been tested during the last year for ...	84	72	75

Were you reported the test results?	84	72	75
Would you like to tell us your test result for ...	73	67	69
Positive test result	14	9	2
Have you been treated for...	-	9	2
Are you registered at the AIDS Center (or any other medical facility that registers PLHIV)?	12	-	-
Do you get ART?	12	-	-

Analyzing the answers of the participants of in-depth interviews, we arrived at the conclusion that HIV, hepatitis B, C, and STIs testing is largely determined by the HIV-positive status of MSM, the perception of the consequences of risky sexual behavior and anxiety for their health or life.

➤ *"Because of fear."*

In addition, those MSM who have regular partners and practice active sexual contacts with casual partners, as well as those who are had or have hepatitis B, C and STIs, are more likely to get tested.

➤ *"My partner was OK, but I got infected. I was treated for hepatitis A. I hope that now I will have immunity, because I love dirty sex, and it contributes to the spread of hepatitis."*

Among interviewed respondents and participants of the in-depth interviews, there were some, who have never been tested for HIV, hepatitis B, C, or STIs.

➤ *"Never took any tests. Maybe I did, but it was probably during the school years."*

➤ *"Never even encountered this. None of my friends goes through these tests. Sometimes I do fluorography. It's like a tradition. But I do not get tested for anything else."*

According to the results of the survey, those respondents who have never been tested for hepatitis B and C, as a rule, do not know where to go to get these tests, do not know where these institutions, sites or centers of testing are located, or simply do not have any desire to learn this; in addition, one respondent said that he considered his behavior as safe (Table 6.3).

Table 6.3

Distribution of positive responses to the question "Why haven't you been tested?" among those who have never been tested for hepatitis B and C

	Hepatitis B, (n=13)	Hepatitis C, (n=8)
I do not know where to apply	4	2
I do not know where the institution, site or testing center is	2	1
My behavior was safe	-	1
No desire	3	4

Key informants tend to agree with the statement that the use of chemicals substances increases the likelihood of dangerous sexual practices without the use or change of a condom.

➤ *"Chemsex causes loss of control and consent to sex without a condom. I saw that people agree to have sex without a condom precisely because they are drugged; if they were sober, they would control it, and so they lose their vigilance."*

➤ *"If a person is safe and protected in his normal life, then under the influence of drugs he ceases to control the situation, and the risk of participation in dangerous sexual practices increases".*

➤ *"And also, if there is a change of partners, then either he does not change the condom, or simply does not wear it at all."*

At the same time, key informants pay attention to the fact that the use of condoms during the chemsex may be due to the habit and the general culture of the use of protection.

➤ *"This is a matter of habit. If he is used to using a condom, he will automatically use it in any condition."*

In addition, participants of the in-depth interviews were talking about the spread of sexual practices among MSM that do not provide for anal or oral penetration and do not have the purpose of mandatory ejaculation, which

in turn reduces the probability of infection.

➤ *"Here's another interesting thing...Under the influence of chemical substances, the quality of erection decreases. This means traumatic effects when the penis contacts the mucous membrane is automatically reduced. Secondly, the aim of the chemsex is not ejaculation. On the contrary, the goal is to extend the pleasure. That is, the moment of ejaculation in chemsex is not a goal. And since the risks of transmission of any infections are largely through the entrance of the sperm into the partner's body, and in chemsex, I think, the specific gravity of penetrating contacts at which ejaculation occurs is much lower than with non-chemical stimulation, hence this factor reduces the risk. So, it is quite difficult to talk about risks weighting because of this multifactorial situation. Somewhere the risk grown, but somewhere it is reduced."*

17% of the respondents indicated that they had noticed signs of illness or infection in their genitals or in the anus during the last six months. In particular, ulcers, vesicles, pimples in the genital area and the anus (7 mentions), itching in intimate places (5 mentions), genital secretion, bad smell (5 mentions), redness in the genital organs and anal orifice (3 mentions), enlargement of the lymph nodes, especially in the groin (3 mentions) and discomfort during the sexual act (1 mention).

➤ *"With my ex-boyfriend we had anal sex without a condom. Only with him I wasn't worried. Although later, over time, I found out that he had anal sex without condom not only with me. at one point I have noticed that I have urethral excretions. Of a dark green color. That is, it's either gonorrhoea or some kind of urethritis. Since it has lasted more than a day, it was clear that it was most likely a gonorrhoea."*

All respondents reporting cases of STIs were treated appropriately, while 8 appealed to medical institutions, the other 8 were treated by themselves, and one respondent used both ways.

➤ *"We did not turn to the doctor because he is a doctor. He consulted with his venereologists, and took a course of treatment. "*

Some participants of in-depth interviews said that they had signs or suspicions for STIs, which, however, were not officially diagnosed for various reasons.

➤ *"I had some mycoses - it's an inflammation, but it's not related to infections. But it wasn't so serious."*

➤ *"Sometimes there were signs of illness, but it turned out that these are just my suspicions. There was nothing. An irritation."*

It is worth noting that the majority of MSM do not directly associate chemsex with a higher probability of receiving STIs.

➤ *"It did not happen because there were drugs, and if I was sober in this situation, I would have also get infected."*

Key informants of the study say that among MSM increases the proportion of those, who is trying self-treatment and prophylaxis.

➤ *"There are such people who use prevention. For example, Miramistin, which can be used both before, after, and during the sexual intercourse, and this can help. Plus, there are some meds that help right after. More and more people are learning about them and start using them. And even [if] before people used Chlorhexidine, because it is cheaper, now more people started using Miramistin. It is more expensive, but the effect is better."*

Few of the respondents talked about testing for STIs directly after participating in the chemsex. Nevertheless, informants were generally aware that chemsex is a risky sexual behavior and increases the risk of infection.

Conclusions:

- Key informants of the study argue that the fear of infection in the community is largely due to the awareness of the stigmatization of HIV-positive individuals in the society; the majority of MSM are not motivated to be tested for HIV, Hepatitis B and C, which can be connected to the absence of the culture of talking openly about infections.

- While the majority of MSM try not to get engaged in sexual contact with HIV-positive people, dangerous sexual practices in the community are widespread;

- IDUs-MSM in the sample demonstrate safe behavior of injecting drug use, but these results cannot be distributed to all MSM IDUs in Ukraine, so the situation on this aspect remains unclear;
- 100% of the interviewed respondents at least once in their life were tested for HIV. All respondents know where to apply for a HIV test (100%); 84% of the respondents got tested for HIV, hepatitis B - 72%, hepatitis C - 75% within the last year. Thus 14 have a positive HIV status; 12 of them are registered at AIDS Centers and receive ART. The average duration of ART is 18 months. Only 7 told about their HIV-positive status to their sexual partners
 - 87% of the respondents were tested for hepatitis B at least once in their life; 91% know where to get tested. 72% took the test during the last year and received the result. Of these, 67 were ready to tell the result to the interviewer. Thus, 9 respondents had a positive result; all 9 received or are receiving appropriate treatment;
 - 92% of the respondents were tested for hepatitis C at least once in life; 92% know where to go for a test. 75% took the test during the last year and got the result. Of these, 69 were ready to inform their interviewer. 2 respondents had a positive result; both received or are receiving appropriate treatment;
 - Those MSM who never got tested for Hepatitis B and C do not know where to get tested, where the institution, site or test center is located or do not want to take the test or consider their sexual behavior as safe;
 - Those individuals who have regular partners and active sexual life with casual partners are rather to get tested than the individuals with a history of STIs or HIV-positive people;
 - The use of condoms during chemsex is largely due to the general culture of using protective equipment, but drug use increases the likelihood of unprotected sexual practices among MSM who do not have a habit to use a condom;
 - 17% of the respondents indicated that they had noticed signs of illness or infection in their genitals or in the anus during the last six months. In particular, ulcers, vesicles, pimples in the genital area and the anus, itching in intimate places, genital secretion, bad smell, redness in the genital organs and anal orifice, enlargement of the lymph nodes, especially in the groin and discomfort during the sexual act. Treatment was carried out mainly in medical institutions or by themselves.

Section 7. Chemsex consequences.

The quantitative questionnaire, which was filled out by the respondents of the study, contained three blocks aimed at understanding of the consequences of the use of chemical substances, as well as psychological and medical problems that arise during or after the chemsex.

In particular, one of the blocks concerned the negative effects of the use of chemical substances that the respondents encountered in person (Figure 7.1). Thus, the most widespread problem was the spatial and time prostration, which was mentioned by 46% of the respondents.

➤ *"You stop seeing the light, I did not see the light as if it was turned off, then you lose the spatial sense, as if you were hanging in the air, as if you lost the weight, you lose space orientation. You lose your time orientation."*

41% and 31% of the polled responded indicated excessive anxiety and aggression attacks.

➤ *"I'm very angry, irritated."*

The use of chemical substances can also lead to unprotected (noted by 29% of the respondents) and unwanted or violent sexual contacts (14% and 7% respectively).

➤ *"Too strong euphoria, and the temptation not to use a condom."*

➤ *"Sex without a condom. Plus, I got ejaculated into my mouth. I allowed it in such a state."*

➤ *"... I was not beaten, but I had a hard sex. [...] I came to him, there was romance, wine. After that, we smoked, and he became very rough. He simply took me by my shoulders, leaned down, took off my pants and just fucked. I was bleeding. I was very hurt. He beat me in the ribs. And for him it was the biggest pleasure."*

In addition, 15% of the respondents recalled cases of memory loss.

➤ *"I was under butyrate, I just turned off, and I do not remember when. I even don't remember the moment when I passed out. "*

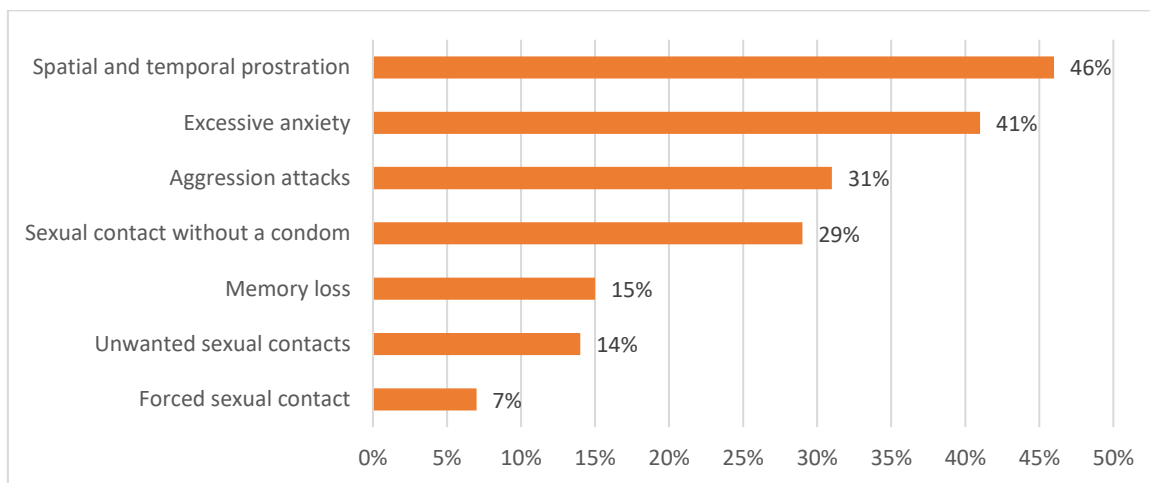


Figure 7.1. The distribution of the negative effects of chemical substances that the respondents encountered in person, n=100

77% of the respondents (n = 100) encountered psychological problems due to the use of chemical substances during or after sex. The spectrum of psychological problems is rather broad (Figure 7.2). Thus, more than half of the respondents felt apathy (58%); a slightly lower proportion (47%) experiences depression.

- *"During hangover period there was this depression, apathy, hatred for everything ..."*
- *"I do not want anything, I constantly think that I need to leave, I need to get rid of this world, leave everyone, nobody likes me, and nobody needs me."*
- *"during the work week, I am very angry, irritated, I do not want anything, I constantly have the thought that I need to leave, I need to get rid of this world, to give up it all, nobody likes me, nobody needs me ..."*
- *"I might be sad, depressed, and apathetic".*

Usually, such depressive states occur after the use of chemical substances.

- *"It can last for several days"*
- *"[it can last] Either several hours, because I understand that I will use something again and it will pass, or a day."*

Among the methods on overcoming it are the following: sleep and reduction of the everyday activities, use of calming medications and alcohol, psychological assistance, change of activities, social space, recreation.

- *"I prefer to sleep. Or to spend time with minimal contact with society, with other people."*
- *"I was taking different calming pills, but they did not really help. Alcohol."*
- *"These may be some daytime tranquilizers: Gidazepam, Buspirone... Usually I used them."*
- *"I go to the psycho-correction therapist, and we chat, chat with my family doctor".*
- *"Changes in the saturation of the everyday life, probably with something else, more positive events, meeting with more positive people, some kind of work, which is more dynamic, loaded. Sunlight, summer, sea, some trips, meaning, some kind of activity in the positive environment."*

One third of the respondents reported cases of aggression (27%) and paranoia (27%).

- *"Aggression was strong. At first I'm funny, playful, flirting with everyone, and then I become hysterical. Once there was a guy, and I just punched him. He got a concussion. After that I cried so much. "*
- *"Under the influence of drug substance, you can aggravate this problem in your head to some kind of cosmic level, and then get out of this state almost with psychosis, when it becomes a definite obsessive idea."*

Every fifth respondent (19%) experienced feelings of embarrassment and shame due to the use of chemical substances, and 17% said that they felt frustrated. Every tenth (10%) experienced psychosis. In addition, some respondents also mentioned panic attacks, fear, nightmares, and so on.

88% of the respondents (n = 100) have encountered negative consequences of the medical nature. 77% of the respondents reported about "dry mouth", lack of energy - 51%, the absence or reduction of erection - 44%.

- *"If you smoke you can become a vegetable. You just want to lie down and relax."*
- *"I do not really like the fact that it kills erection. It seems to raise libido, but it's kind of like an artificial increase, and thus there is no erection. It's a dissonance. Why do I need this high, if I'm sexually incapable? That is, without erection, even if I am in a passive role, it's not interesting."*

➤ "Well, first of all, all stimulants complicate the erection very much because of the narrowing of the vessels."

Excessive nervous excitement was experienced by 38% of the respondents, hypertension - 34%. Loss of consciousness and dyspnea was reported by 19% and 16% respectively.

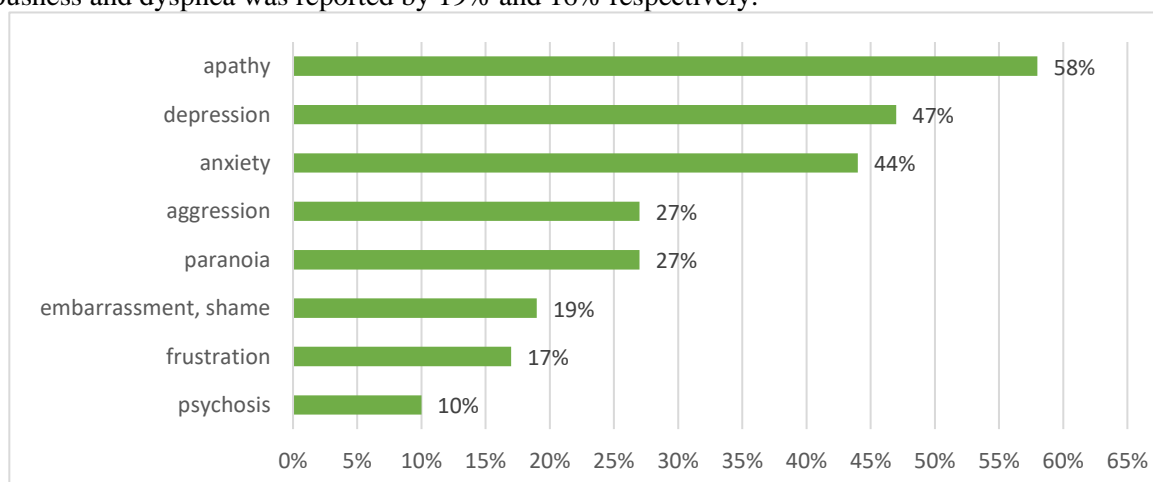


Figure 7.2. Distribution of psychological problems due to the use of chemical substances during or after sex, n=100

➤ "We were together with a partner, he used injection of ketamine; he seemed to give me too big of a doze, and I passed out. At first, some kind of darkness, then I open my eyes and saw some kind of pictures in front of me, everything was turning around; not a very comfortable state, you do not understand what is going on. And that was just during a sex game. But as far as I understood sex never happened, because I was in some incomprehensible state. When I gained consciousness, he told me that I was raving, then switched off, nothing terrible happened, and it lasted for probably ten to fifteen minutes. But I was very uncomfortable, my head was aching, I felt nauseous, I realized that I could not raise my head up."

Among those that were mentioned once: allergy, insomnia, vomiting, fever, headache, sore throat, joint pain, problems with vessels, teeth, lack of appetite, excessive sweating, etc. In addition, one of the participants of in-depth interview noted the deterioration of external physical attractiveness.

➤ "Bad metabolism, gland secretion is getting higher, it spoils the skin, aesthetic look."

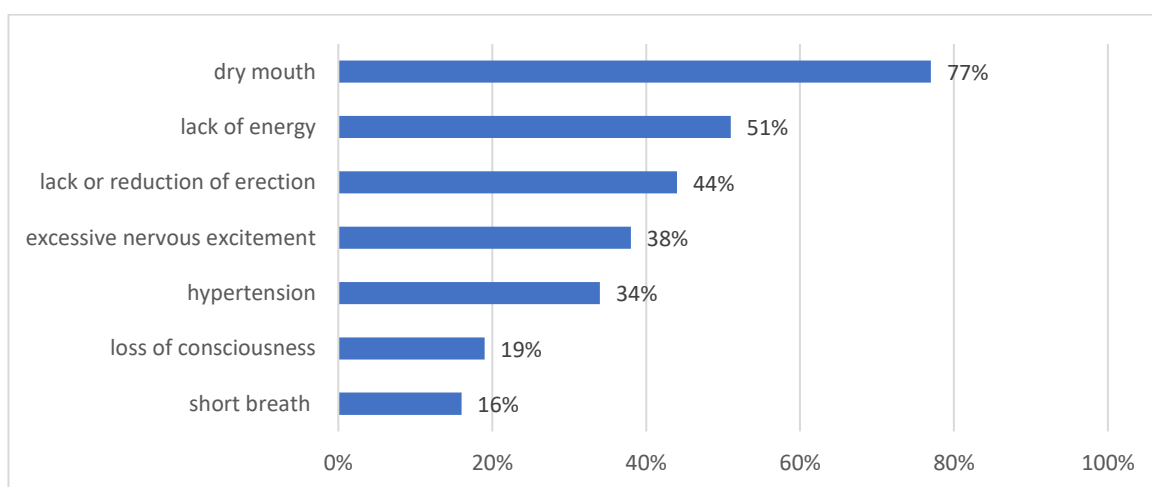


Figure 7.3. Distribution of medical problems due to the use of chemical substances during or after sex, n=100

The experience of taking chemical substances in large doses - overdose – was reported by half of polled MSM (46%, n = 100). With the following reasons: 19 respondents explained this by the simultaneous use of several

substances, 18 – by accident (unawareness of the likelihood of the overdose), 16 – lack of knowledge about the quality of the used drug substance, 14 – by simultaneous use of chemical substances and alcohol, 10 – not knowing the maximum dose, 9 – by the fact that they did not know what they were taking, and 2 – by simultaneous use of chemical substances and legal sexual stimulants. Individual respondents also indicated poor quality of substances, use on an empty stomach, not knowing that the dose used exceeded the maximum.

➤ *"I did not know what I was sniffing. That is, I saw the man for the first time, he offered me, and I did not know what it was. But I agreed. Risk can also be attractive. And this is also one of the problems, because people who have sex right away or some unexpected sex - well, there are different options - and when there is an element of risk many people take it. There is a moment when you really like the person and you see his condition, and you want to be like him, on the same wave and feel the same things. So, you go for it and risk it."*

Another consequence of chemsex is physical injuries; one third of the respondents had such an experience (31%, n = 100). In particular, there were *ruptures* (17 cases), bruises (13 cases) and wounds (4 cases). Also respondents indicated anal fissures, burns of mucous membranes, bruises, bites and scratches.

➤ *"Injuries...well, bruises, ruptures, chafing."*

It can be assumed that in some cases it was about extreme sex, which in its essence can be traumatic for a partner who is in a passive role.

➤ *"For example, glass bottles. Or a traditional practice of fisting when a fist is inserted into the anus, or even two fists. Accordingly, a certain traumatic effect increases. There is a high risk of injury".*

Every fourth respondent (24%, n = 100) acknowledged having problems at work, business, education, and finance as a result of the use of a chemical substances.

➤ *"I had no-shows. I even was fined. [...] I had conflicts with the police several times. The last time was quite recently, we had to pay a considerable amount of money."*

At the same time, the majority still deny the negative effects that chemsex brings to work and careers (76%, n = 100).

➤ *"I did not have any negative consequences."*

➤ *"With drugs at work, I have no trouble other than co-operating with my colleagues in using weed - to smoke at some corporate party..."*

Those informants who acknowledged that chemsex has a negative impact on their work and business, talk about such negative effects as reduced attention and concentration, worsening of general performance, lack of motivation, failure to perform work functions, delay, absenteeism, conflicts with employers.

➤ *"This all effects concentration, of course "*

➤ *"I do not want to do anything, I do not want to perform my duties in a proper way, you do not care about anything, and you make mistakes all the time."*

➤ *"It was just amphetamine, and I just did not do the job that I was supposed to do."*

➤ *"I was coming to work with some kind of drugs and used them at work, and the management noticed ... Once I forgot to close the door, a director came in and saw me sniffing amphetamine. I had to resign".*

In addition to already mentioned negative effects of the use of chemical substances, some respondents are also concerned about the fact that they are not always able to control the use of such substances, as well as their dependence on euphoria, in the state in which they are unable to decide on the cessation of the use of chemical substances.

➤ *"At some point we were starting on Friday or Saturday, and finishing on Thursday. We planned to finish on Sunday, then we planned to finish on Monday. And as a result, I went to work on Thursday. And it was very tough, because coming out of it was tough - both somatic and mental conditions. This is when you are feeling good and want to continue feeling good. But here is a risk that you, being in this state, decide that it should last for another day – let's go to the club again, let's go to the after party ... "*

Conclusion:

- Most often, respondents have experienced the following consequences of the use of chemical substances: spatial and time prostration (46%), excessive excitation attacks (41%), aggression attacks (31%) and sexual contacts without a condom (29%). Less common consequences are memory loss (15%), unwanted sexual contacts (14%) and violent sexual contacts (7%);
- Among psychological problems due to the use of chemical substances during or after sex, which were encountered by 77% of respondents the most common are: apathy (58%), depression (47%), anxiety (44%), aggression (27%), paranoia (27%), embarrassment and shame (19%), frustration (17%) and psychosis (10%); in addition, individually mentioned were panic attacks, fear, nightmares, etc.;
- Moreover, 88% of the sample reported such medical problems as: dry mouth (38%), hypertension (34%), loss of consciousness (19%), dyspnea (16%); some other were mentioned once: allergy, insomnia, vomiting, fever, headache, sore throat, joint pain, problems with vessels, teeth, lack of appetite, excessive sweating, etc.;
- Half of the respondents (46%) have experienced an overdose; Respondents have named the following causes for the overdose: simultaneous use of several chemical substances, not knowing about the possibility of an overdose, lack of knowledge about the quality or the substance itself, simultaneous use of chemical substances and alcohol, ignorance of maximum dosage, simultaneous use of chemical substances and legal sex stimulants;
- 31% of the respondents were physically injured as a result of chemsex (ruptures, jabs, wounds, anal fissures, burns of mucous membranes, bruising, bites and scratches);
- 24% of respondents had problems at work, in business, in studying, and finances.

Section 8. Control over chemsex and the need for professional help.

The research found that just over one third of the respondents (38%, n = 100) were interested in receiving information or counseling on the use of chemical substances. In particular, the majority (25 respondents) expressed their readiness to contact NGOs, while several others would prefer a medical specialist (therapist, psychiatrist, narcologist) or a psychologist consultation.

The interviewed experts also emphasized the effectiveness of peer counselling. In addition, proposals were made to establish a network of consultants who could provide counseling on as needed basis and organize a support group for people addicted to drugs (chemical substances).

➤ *«Everywhere there may be a similar person, especially the one who has experience of drug use, who can gradually introduce these motivational components of risk reduction.»*

Some experts agreed that it is a necessary to engage doctors for counselling, but, according to several, of them an important precondition would be for them to come from the gay community and understand the context of drug use and chemsex.

➤ *"Another preferred condition is that it should be peer-to-peer, I mean, MSM person, who understands the context, why and under what conditions it is done. And why there can be further situations of repetition of all these things. It is necessary to work ahead. And even in those organizations where this problem is not currently discussed in principle, there should be people who are potentially ready to have this dialogue with clients at any time. "*

Because of the restrictions or ban of certain chemical substances in the clubs, some respondents do not see the point in having doctors on duty there. The use of chemical substances is mostly used in the clubs, thus it was suggested by some experts that doctors on site might be a good intervention. The respondents' argument is that the presence of doctors will scare people and attract the attention of law enforcement agencies, and this will, first of all, turn owners of the clubs against all prophylactic programs, and second of all, will drive the use of chemical substances in such venues in an even deeper "underground" or will force people to move to other places.

➤ *"It will only scare people. First, it is not interesting to commercial venues, because people will stop attending. It will scare people and they will start using drugs elsewhere and will be afraid to come under the influence of the drug to a venue."*

Nonetheless, the respondents indicated that the clubs should be attended by specialists who will be able to provide psychological and minimal medical assistance in case it's needed. Some also talked about the need to introduce water distribution programs in clubs.

➤ *"Water should always be there, and there also should be a quiet room, where a person who doesn't feel well can stay, and there may be some kind of employee who can provide psychological help, calm down, or who will have the knowledge on how to provide first aid".*

In addition, the illegal status of many drugs makes it impossible to test their quality by the consumer and initiate an active campaign against the use of chemical substances in general, such as anti-tobacco campaign, which, according to the participants, is effective and helped to reduce the level of smoking.

➤ *"We need to talk about it. Here is an example of a tobacco company, according to statistics, the consumption of cigarettes has decreased ... But nobody ever said anything about drugs, everyone pretends that there is nothing."*

Among other potential sources of information on the use of chemical substances, the respondents indicated the pharmacy, medical facilities, social workers, other MSM with experience of use, etc.

First of all, respondents are interested in information materials explaining the ways how to reduce harm of recreational drugs (chemical substances) (68%), and consulting with social workers (52%). A little more than a third (34%) consider availability of sterile instruments such as syringes, tubules, condoms, etc. (n = 100). In addition, among the services that they consider useful and would like to receive, respondents name the following: information on chemical substances, articles, reviews on the Internet, translations of thematic foreign materials, "open libraries" and "live books", access to detox programs, as well as online counseling and counseling on overdose.

➤ *"Well, of course, some services are needed, for example, some kind of detox. We all consume toxins. Maybe one should be using saline solution, or some other solutions, maybe water with something. For example MSM service organizations provide some accompanying disinfection therapy, they can provide some antibacterial agents there, and they explain how to use them. Same could be with the chemsex, but there are no services."*

➤ *"I have one chat on my phone. It's a fist-chat, it's basically Moscow, but there are many people from post-Soviet area, there are several hundred people. And they recently wrote that guys, be careful, we have an outbreak of hepatitis A here in Moscow. Well, warned - armed. That means people will know how it is possible to recognize a person with hepatitis A, and how to protect themselves from this infection. Such information comes from time to time. I think that it could be not an individual information. For example, we as organizations know that there are some key groups of people in Kyiv that organize sex parties. We also know the epidemic situation. We know that now, literally this week, we have an outbreak of some infection, which means I will inform the clusters about this fact and ask the boys to be more cautious."*

At the same time, 60% of the respondents (n = 100) are in need of additional information on chemsex. Only 7% of the respondents know organizations that provide information and counseling on chemsex, and only one respondent mentioned Ukrainian organization – Charitable Fund "Dopomozhy zhyttyu" ("Help the Life").

52% think that the most suitable information resource for people who may need knowledge, advice or support for chemsex are articles on the Internet; 42% mentioned social networks, and 21% mentioned video on the Internet. Brochures and booklets received the lowest support of the respondents - only 14%.

Opinions of experts about booklets differ. Thus, some believed that booklets are not a sufficient to communicate information, and can only be used to bring attention to the problem.

➤ *"I think in the form of a short brochure. You do not need a bunch of sheets. The most important thing only".*

Others argued that booklets should be developed and contain detailed information. In fact, detailed booklets are only needed for a limited circle of MSM, but those who really need to get objective information will have the opportunity to study it at a convenient time.

➤ *"Booklets are also very useful. The main thing is that they are not very dense and saturated. It will be good if there are detailed ones. They are usually in less demand, but those who are interested are bound to read. Some small booklets are needed too."*

Expert opinions on where to distribute the information materials were divided as well. Some believed that clubs were exactly where the information was really needed, so the distribution of booklets there would be relevant. Others argued that at parties people won't be able to perceive any information adequately. Among the places where information materials should be distributed, saunas and apartments were also indicated. However, the mechanism for distributing materials in such closed institutions remains unclear.

Also, it was suggested that information materials could and should vary according to the geography of their distribution, given the fact that the needs, interests and practices of MSM who use drugs vary depending on the city and the region.

With regard to the information on chemsex, that respondents would like to obtain, in the highest demand were: the knowledge about the combination of various chemical substances (51%) and acceptable doses (41%). In addition, 35% of respondents are interested in the effects of certain substances, and 32% would like to know the mechanism of their actions. Only 28% of the respondents would like to receive information about the risks of chemsex (Figure 8.1).

From this we can conclude, that interventions on chemsex should not be aimed at ending the use and elimination of the very phenomenon of chemsex, but should be focused on the reduction of harm of these practices, since the MSMs themselves are interested in supporting such a lifestyle, this was supported by the position of several interviewed experts. The main problem of chemsex according to the majority of informants is the illegal status of chemical substances, including the light ones. According to some respondents, this is the cause of the negative effects of use, as MSM do not seek help in cases of overdose or dangerous combination of drugs in a timely manner. Unlike heterosexual IDUs, stigmatization is even higher for MSM due to its duality, which deepens the problem.

At the moment, prevention programs for MSM do not include sections dealing with the prevention of the use of chemical substances. This is mainly due to the fact that several years ago the research showed an extremely small proportion of MSM who practiced drug use, including sexual stimulants. However, according to experts, the situation has changed, but at the same time no specific services for this group have appeared in the NGO.

➤ *"This is now relevant, it is growing in intensity. When I arrived in Moscow - it was already there, and it was at the very peak. When I returned to Kyiv, I was surprised - I got into a time machine - here people are saying calmly that they use amphetamines, pills and they drive a car... That is, it has become an absolute norm as a vodka ... It is now in a high demand »*

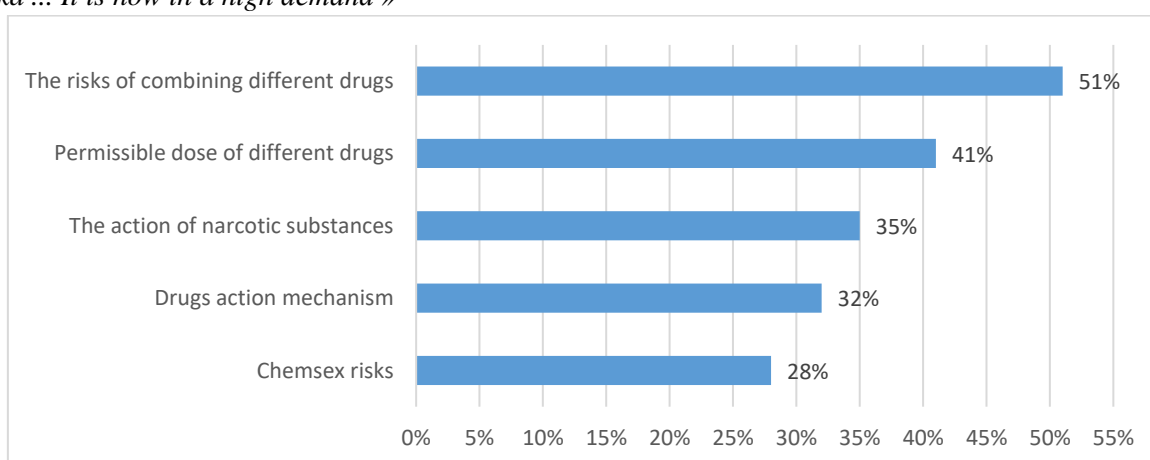


Figure 8.1. Distribution of positive responses to the question "What kind of information would you like to receive about chemsex?", n=100

As the most convenient way to receive information about chemsex respondents consider web sites (38%). In addition, 20% would like to receive consultations from specialists, 18% emphasized that it should be done verbally. Mobile apps were supported by 17% of respondents, even fewer have indicated printed materials and e-newsletter - 7% and 2% respectively.

Experts also almost unanimously agreed that the most convenient form to provide information would be web resources. Ideally, the respondents consider the website to be a collection of articles on various topics, including translations of foreign articles on the use of chemical substances, the effects of chemsex, safe sex and injecting behavior, post-and proactive prophylaxis, HIV infection, hepatitis, STIs, etc.

➤ *"It will be very good if we also have such web-site, where basic information would be provided and which will be targeted for MSM. And not only on gays, but for any MSM. On heterosexuals who come to clubs and sometimes practice sex, those who are married and hiding, those "accident MSM" – either because of the army, or prison, and so on. There must be some links, motivating and inspiring the person to visit this site."*

➤ *"This should be a passive information resource; this should be a professional web site [...] with a forum, descriptions, medical references, with links. It is all you can think of, you need to passively provide access to it this will generate traffic. It is clear that if someone is ready to talk anonymously through the network, there must be someone to respond, or that there is always a living person to contact. But the main role and what will be useful is this passive provision of the information."*

In addition, experts also consider it promising to introduce preventive work on chemsex on specialized sites for MSM and in social networks.

➤ *"It would be nice to use social networks for this. Even Hornet and Grindr ... Well, Hornet is more popular... Perhaps there are some references ... Social networks such as Facebook can also be used. "*

Among other forms of communication the following were mentioned: informal meetings, trips to thematic picnics, online counseling, creation of educational films, etc.

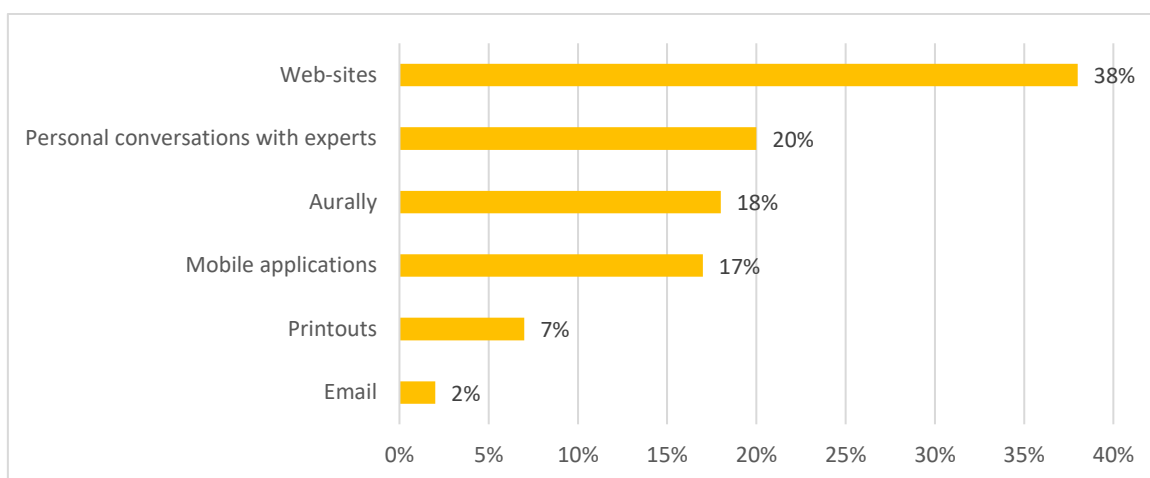


Figure 8.2. Distribution of positive responses to the question "How would you like to receive information about chemsex?", N = 100

In-depth interviews with experts and key informants contained a block of questions related to prevention programs. Thus, the study participants believe that the prevention programs that are currently operating in Ukraine are fairly extensive, have good coverage and provide a minimum package of services: condoms, lubricants, HIV testing, etc. However, counseling on chemsex is not provided in the framework of such programs. Some believe that services are being implemented at an inadequate level of professionalism, since social workers often have insufficient level of education and experience in order to provide quality counseling.

➤ *"I often note the consumer attitude towards the clients in medical and social projects. It's sad. And, in my opinion, this will have negative consequences in the long run. It already has".*

For more effective prevention, an individual approach to each client, based on his personal needs and experience, should be practiced, and social workers need to work on developing such skills.

➤ *"Ability to switch to the language that the client speaks. That is, with someone I can speak academic language, with someone - a slang or purely swear words, but I gradually switch to academic language, especially when it comes to something serious. This skill can be developed. This can be trainings, workshops ... But such specialists should be trained because they are necessary."*

➤ *"Well, it seems to me that people working in this area do not have specialized education, they are not physicians, they are regular people, and sometimes you see these somewhat badly mannered and under educated people. Of course, I understand that, on one hand, they are "condomats", but sometimes someone might ask something, and they do not understand anything."*

According to the research participants, it would be appropriate to create more "chamber"-like conditions to receive services NGOs and in particular testing. In addition, informants expressed dissatisfaction with the conditions in which testing and counseling often takes place, namely, the inappropriateness of the premises in which services are provided, since primarily they are not equipped with medical equipment, and violate the general principles of customer confidentiality.

➤ *"Perhaps a reconsideration of the relationship with clients. Creation of more comfortable conditions so that they can come and take tests in a slightly more delicate environment than it is now. At the place, where I regularly get tested the attitude is not always correct.... Clients are studied by all social workers, which causes a certain discomfort. "*

➤ *"I really don't like the offices, where everything is done. They are not very good. I think it should be like a medical institution, everything must be clean, it should be like a private counselling and medical room at the same time, since for example, they provide testing."*

Some informants indicated the need to have directories with a list of chemical substances and their description.

➤ *"The information should be like a tutorial so that if someone decides to try some prohibited substances, he/she could find its description there."*

Experts do not see any particular differences in the strategies for promotion safe sex under the influence of chemical substances and safe sexual behavior in general.

➤ *"With regard to safe chemsex, this is also a principle of safe sex that should be observed even during the influence of drugs. Therefore, a person should be taught some simple rules, such as "use a condom or pay attention to some sort of things" ... If he wasn't taught this, then a safe chemsex has no particular sense."*

Conclusions:

- 38% of the respondents are interested in receiving information or consulting on the use of chemical substances; in majority of cases they would prefer to receiving such information from an NGO; It is also recognized that a referral to a medical specialist is possible, but their connection with the gay community would be a desirable condition; it is important to have a "peer-to-peer" counseling;

- Experts are concerned about the illegal status of most of the chemical substances used by MSM; in their opinion, legalization would considerably improve the prospects of preventive work among consumers; in this regard, the interventions should be focused not on stopping the drug use, but to reduce their harm;

- Respondents are interested in the information materials on how to reduce harm of recreational drugs (chemical substances) (68%), consulting with social workers (52%), and access to sterile instruments such as syringes, tubules, condoms, etc.;

- 60% of the respondents feel the need in additional information on chemsex; only 7% of the respondents are aware of the organizations that provide information and counseling on chemsex;

- The respondents believe that the most suitable information resource for people who may need some knowledge, advice or support for chemsex, are articles on the Internet (52% of respondents); social networks - 42%, videos on the Internet - 21%, brochures and booklets - 14%;

- Information about the combination of different chemical substances would be interesting for 51% of the respondents, about acceptable doses - 41%, the effects of certain substances - 35%, principle of they work - 32%, risks of use - 28%;

- The most convenient way to receive such information are web resources (recognized by 38% of respondents); 20% would like to receive similar knowledge from the relevant specialists;

- In addition, experts and informants expressed dissatisfaction with the level of services provided by AIDS centers, NGOs and other institutions working with risk groups; in particular, they noted inappropriate attitude of staff and dissatisfactory facilities in premises where services are provided.

General Findings

- The phenomenon of chemsex is not new, but has recently become more popular, spreading to Ukraine from abroad; MSM learn about chemsex at parties, night clubs, private sex parties, festivals and on the Internet; most information they get from friends and acquaintances; chemsex practices spread through their acceptance in the gay community; chemsex often involves the practice of group or extreme sex; the type of chemical substance used during the chemsex is usually determined by the sexual role of the individual; the use of chemical substances is not compulsory and occurs at the individual's will; choosing between ordinary sex and chemsex, MSM is more likely to give priority to the latter;

- Some of the most common places where MSMs have chemsex are: home (96%), on a visit (94%), gay disco and night gay clubs (58%), outdoors (55%), but for the sex itself, consumers tend to move into a more comfortable place;

- The average age of the first drug use is 17 years. The most common way of drug use is smoking (55%); two main reasons for the first use are interest (79%) and the influence of the environment (47%); as a rule, the first use was not associated with sexual motives;

- Interest remains the main reason for further (current) use of chemical substances (48%); in the second place there is the desire to relief stress and overcome self-doubt (46%); In addition, sexually motivated sexual intercourse is brought on for further use: to increase the level of sexual contact (40%), to activate physical sexual energy (25%) and to increase the determination of sexual contact (17%), which was hardly mentioned among the reasons for the first use of the drugs; most often respondents receive chemical substances from friends and acquaintances (64%);

- The practice of combining of different chemical substances or their combination with alcohol is very common - 87% and 91% respectively reported having such experience; 31% of respondents have experience of using chemical substances together with stimulating drugs; The practice of combining of different chemical substances or their combination with alcohol is very common - 87% and 91% respectively reported having such experience; 31% of respondents have experience of using chemical substances together with stimulating drugs;

- The most commonly used substances are marijuana (99%), amphetamine (85%), poppers (83%), ecstasy (76%) and MDMA (64%); 88% of the sample does not have any experience of using injectable chemical substances; majority of MSM, who were using chemical substances intravenously report predominantly safe injecting behaviors (only 1 out of 14 have experience of using someone else's toolkit);

- anal sex practices over the past six months were the most common with casual sexual partners (54% for receptive contacts and 65% for insertive contacts), somewhat rarer - with permanent (47% receptive and 51% - insertive contacts); more than two thirds (68%) of respondents had unprotected anal sex during the last six months; while 43% of polled do not know the HIV status of their last sexual partner or partners;

- A common practice is the use of a condom during sex with a casual partner and unprotected sex with a permanent one; besides, MSM tend not to use a condom at the time of oral sex at all; MSM try not to be engaged in sexual contacts with HIV-positive individuals;

- In the past six months, 29% of the respondents have always used condom during anal sex, 28% of the respondents have used it in almost all cases; in the case of chemsex this proportion is similar - 26% and 30% respectively; 17% of the respondents reported cases of slipping or breaking the integrity of the condom, 35% - about the continuation of a sexual act after it was removed, and almost half of the respondents (47%) were having sex, wearing a condom only later; 49% of respondents recalled cases when they planned to use a condom, but after

the using chemical substance they did not do so; the respondents mainly explained this by simply not attaching great importance to this aspect;

- The respondents referred mainly to virtual space as the main channel for the search for sexual partners over the past six months, namely: special applications for smartphones and tablets (89%), online dating web-sites (59%) and social networks (44%); the frequency of search varies from individual to individual, however, the strong influence has the presence or absence of a permanent sexual partner; while two regular partners can search for a third casual partner for group sex; 12% of the respondents indicated that they were victims nonconsensual kinky activity.

- Informants noted that among MSM there is a tendency not to discuss HIV status and STI;

- Informants of the study were inclined to agree that human behavior under the action of chemical substances largely depends on its everyday behavior; Of those 78 respondents who reported that condom use is a norm for them when it comes to the sex with casual partners, 51 had unprotected chemsex; In addition, 74 respondents indicated that it is a norm for them to use a condom during the chemsex;

- Drug use rarely leads to manifestations of aggression or violence; on the contrary, individuals exposed to one or another substance predominantly demonstrate peaceful and friendly behavior;

- 100% of the interviewed respondents at least once in their life were tested for HIV, All respondents know where to apply for a HIV test (100%); 84% of the respondents got tested for HIV and received the results. Of them 73 were ready to tell the interviewer what the result was. Thus 14 have a positive HIV status; 12 of them are registered at AIDS Centers and receive ART. The average duration of ART is 18 months. Only 7 told about their HIV-positive status to their sexual partners

- 87% of the respondents were tested for hepatitis B at least once in their life; 91% know where to get tested. 72% took the test during the last year and received the result. Of these, 67 were ready to tell the result to the interviewer. Thus, 9 respondents had a positive result; all 9 received or are receiving appropriate treatment;

- 92% of the respondents were tested for hepatitis C at least once in life; 92% know where to go for a test. 75% took the test during the last year and got the result. Of these, 69 were ready to inform their interviewer. 2 respondents had a positive result; both received or are receiving appropriate treatment;

- Those individuals who have regular partners and active sexual life with casual partners are rather to get tested than the individuals with a history of STIs or HIV-positive people;

- 17% of the respondents indicated that they had noticed signs of illness or infection in their genitals or in the anus during the last six months. In particular, ulcers, vesicles, pimples in the genital area and the anus, itching in intimate places, genital secretion, bad smell, redness in the genital organs and anal orifice, enlargement of the lymph nodes, especially in the groin and discomfort during the sexual act. Treatment was carried out mainly in medical institutions or by themselves.

- Most often, respondents encountered the following consequences of the use of chemical substances, spatial and/or time prostration (46%), excessive excitation attacks (41%), aggression attacks (31%) and sexual contacts without a condom (29%). Less common consequences are memory loss (15%), unwanted sexual contacts (14%) and violent sexual contacts (7%);

- Among psychological problems due to the use of chemical substances during or after sex, which were encountered by 77% of respondents the most common are: apathy (58%), depression (47%), anxiety (44%), aggression (27%), paranoia (27%), embarrassment and shame (19%), frustration (17%) and psychosis (10%); in addition, individually mentioned were panic attacks, fear, nightmares, etc.;

- Among medical problems due to the use of chemical substances during or after sex, which were encountered by 77% of respondents the most common are: 77% of the respondents reported “dry mouth”, lack of energy - 51%, the absence or reduction of erection - 44%. 88% of the sample reported on medical problems: dry mouth (38%), hypertension (34%), loss of consciousness (19%), dyspnea (16%); individually mentioned were: allergy, insomnia, vomiting, fever, headache, sore throat, joint pain, problems with vessels, teeth, lack of appetite, excessive sweating, etc.;

- 46% of the respondents have experience of overdose; Among the causes were called simultaneous use of several chemical substances, the unawareness of the probability of overdose, the lack of knowledge about the

quality or the substance itself, the simultaneous use of chemical substances and alcohol, ignorance of maximum dosage, the simultaneous use of chemical substances and legal sex stimulants;

- 31% of the respondents were physically injured as a result of chemsex (ruptures, jabs, wounds, anal fissures, burns of mucous membranes, bruising, bites and scratches);

- 24% of respondents had problems at work, in business, in studying, and finances.

- 38% of the respondents are interested in obtaining information or consulting on the use of chemical substances; in majority of cases they would prefer to obtain such information from an NGO; respondents are interested in information materials on how to reduce harm of recreational drugs (chemical substances) (68%), consulting with social workers (52%), and access to sterile instruments such as syringes, tubules, condoms, etc .;

- experts are concerned that the interventions should be focused not at stopping of drug use, but to reduce their harm;

- 60% of the respondents feel the need for additional information on chemsex; Ukrainian NGO mainly do not provide such information; the respondents believe that the most suitable information resource for people who may need some knowledge, advice or support for chemsex, are articles on the Internet (52% of respondents); social networks - 42% and consultations of specialized doctors; 51% of the respondents, would like to obtain information about acceptable doses - 41%, the effects of certain substances - 35%, their mechanism of action - 32%, risks of use - 28%;

Confirmation / Refutation of Research Hypotheses.

Hypothesis 1: MSM who use chemical substances are practicing sex without condoms. - *partially confirmed.*

According to the data analyzed, the use of chemical substances really increases the likelihood of unprotected sex, but it also depends on the everyday practices of MSM: so, if an individual is inclined to always use a condom, then under the influence of chemical substances, he is more likely to use it; and vice versa, if an individual is inclined not to use a condom, under the influence of chemical substances, the probability of using it will diminish.

Hypothesis 2: Under the influence of chemical substances, self-control is lost, and consequently, the risk of infection with HIV, viral hepatitis, and other STIs is significantly increased - *partially confirmed.*

It cannot be claimed that the loss of self-control is a mandatory consequence of the use of chemical substances, but because of risky practices, the probability of which increases somewhat as a result of the use of certain substances, the risk of infection with HIV / viral hepatitis / STIs actually increases.

Hypothesis 3: Regular use of non-injecting drugs, psychotropic substances and / or certain medications often leads to the transition to injecting drug use - *not confirmed.*

The results of the study indicate that there is no direct connection between the use of non-injectable and injectable substances.

Hypothesis 4: MSM who use chemical substances may develop or deepen depression, mental disorders, suicidal ideation, and increased risk of sexual abuse - *partially confirmed by the appearance of psychological and some medical problems due to the use of chemical substances.*

Indeed, the use of chemical substances can lead to the appearance of depression states, but they do not last long (on average from several hours to several days) and have no long-term effects. In addition, there was no direct connection between the use of chemical substances and sexual violence.

RECOMMENDATIONS FOR STAKEHOLDERS

Stakeholders:

Among the stakeholders involved in achieving the epidemic and social well-being of MSM, we address the recommendations below to the following actors:

- 1) Non-governmental organizations providing MSM services for HIV, STIs and viral hepatitis, in particular HIV prevention services and care & support services for HIV-positive MSM, self-organization of key groups, including the gay community and bisexuals; communities' informal initiative groups;
- 2) International Charitable Foundation "Alliance for Public Health", Charitable Organization "All-Ukrainian Network of People Living with HIV/AIDS", State institution "Public Health Center of the Ministry of Health of Ukraine" who are the main recipient of funds of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Ukraine for AIDS component;
- 3) Government institutions that are engaged in the development, planning and implementation of policies and programs to respond to the spread of HIV and viral hepatitis in Ukraine, in particular - the Ministry of Health of Ukraine, as well as working groups created by the authorities, in particular, the interagency working group on the preparation of the National Targeted Social Program to Fight HIV/AIDS 2019-2023;
- 4) Parties responsible for coordination of actions in response to the spread of HIV among MSM, in particular - the National Council on TB and HIV/AIDS, its bodies, as well as regional and local councils on TB and HIV/AIDS;
- 5) International governmental and non-governmental organizations working in the field of HIV in Ukraine, in particular - the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), UN system agencies, the United States Agency for International Development (USAID), international network organizations;
- 6) Research institutions, that study the system of response to the spread of HIV in Ukraine, key groups (in particular, MSM), drug policy and the scene of drug use in Ukraine and related subjects;
- 7) Organizations and institutions that provide resources and technical support for responding to the spread of HIV in Ukraine and / or the development of the potential of key partnerships, both governmental and non-governmental;
- 8) Parties to the informal and formal response to the spread of HIV in Ukraine among key communities (in particular, the National Platform of Communities).

Recommendations:

1. To focus preventive activities on its harm reduction of chemsex among MSM, not on attempts to stop its spread.
2. To take into account the specific needs of MSM who use chemical substances and who practice chemsex, in a package of medical and social services for MSM and other actions aimed at MSM, guaranteed and provided by the state, local authorities, territorial communities, the main recipients of the Global Fund to fight AIDS, tuberculosis and malaria and other donors, namely to provide such components of a package of services and other actions, such as:
 - a. production and distribution of new info-materials about chemsex, harm reduction from the use of chemical substances, and on issues related to stigma and discrimination against MSM using chemical substances, as well as updating previously developed materials on this topic;
 - b. interventions and actions, in particular by psychologists and other professionals, aimed at overcoming the double and triple stigma with respect to MSM who use chemical substances, based on sexual orientation, substance use, HIV status, sexual services for rewards, as well as to overcome the internal stigma in the environment of the target subgroup of MSM who use chemical substances;
 - c. peer-to-peer counseling (that is, on the part of persons who have experience in using chemical substances),
 - d. medical, legal and other support for MSM who use chemical substances, including provision, if necessary, of highly specialized services of a narcologist, lawyer, psychiatrist, psychotherapist;

- e. operative testing of chemical substances before their use, on the chemico-pharmacological composition and quality;
 - f. the mechanism of provision of emergency pre-medical and medical care for MSM in cases of chemical substances overdose and/or the occurrence of unexpected/unforeseen side effects.
3. On a regular basis to plan and implement an advertising and information campaign on prevention and other aspects of chemsex and the use of chemical substances among MSM through the latest communication tools for reaching the target audience, in particular on the platforms of mobile dating applications (Hornet, Grindr, etc.), dating web - sites for MSM (Qguys, BlueSystem, GayRomeo, etc.), social networks Facebook, Instagram, Twitter.
 4. To create a national web resource focused on the issues of chemsex, targeting gays, bisexuals and other MSM, self-organizations of MSM / LGBT community, MSM service staff and other organizations that are tangible to MSM, including, but not limited to, such information components as:
 - ✓ recommendations for safe use;
 - ✓ instructions on emergency medical assistance;
 - ✓ legal aspects of the circulation of chemical substances in Ukraine and abroad;
 - ✓ recommendations for handling unpredictable situations, etc., in particular in the case of contact with law enforcement agencies;
 - ✓ Information on the compatibility/incompatibility of chemical substances with each other and with other substances and drugs, in particular alcohol and antiretroviral drugs used to treat HIV infection or as pre-exposure prophylaxis (PrEP);
 - ✓ A database of MSM-friendly experts on the issues of chemsex and the use of chemical substances;
 - ✓ the dictionary of terms in the field of "chemical use" and chemsex - taking into account both the professional and the slang component.
 5. To make chemsex and issues of chemical substances use an integral part of professional counseling for MSM in Ukraine through specialized hotlines and online counseling channels for which the relevant counselors need to be trained.
 6. Conduct educational activities, first of all - trainings for peer-to-peer consultants, outreach and other social workers of MSM-servicing NGOs, medical personnel of organizations and institutions providing MSM services, relevant employees / departments of local executive bodies, law enforcement officers, members of local/regional coordination councils on TB and HIV/AIDS and anti-drug addiction, inter-sectoral working groups under these coordination boards, employees of partner NGOs and other stakeholders in order to increase their awareness of the phenomenon and practice of chemsex, prevention of the stigmatization and discrimination of MSM who use chemical substances.
 7. Using legal and ethical methods, to provide a laboratory study of the real chemical composition of the basic substances used by Ukrainian MSM to specify potential risks and adjust profile information.
 8. To recommend HIV-negative MSM who practice chemsex to join the Pre-Exposure Prophylaxis (PrEP), the pilot implementation of which is carried out by the Public Organization "ALLIANCE.GLOBAL" starting from December 2017.
 9. To carry out a national survey on the issues of chemsex and the use of chemical substances among MSM to obtain information on the situation in other cities of Ukraine, including in the bio-behavioral format, that is, the component of blood sampling for testing MSM for antibodies to HIV, hepatitis B and C, syphilis. This will enable obtaining information about the prevalence of these diseases and comparison of the results with data on the behavioral practices of tested MSM.

10. To recommend, when processing the data obtained during the last national bio-behavioral study among MSM, to focus on the synthesis and analysis of information that is in line with the one presented in this report and to report the results of such synthesis and analysis in the expanded summary report on bio-behavioral research.
11. Familiarize with the best world practices of work with MSM who use chemical substances and practice chemsex, and conduct training for peer-to-peer consultants, outreach and social workers, and other staff of MSM service organizations as well as national experts on MSM health and rights in Ukraine working within National meetings of experts on the MSM / LGBT studies of Ukraine regarding the specifics of work on the basis of medical clinics and non-governmental organizations in other countries (for example, the experience of the “56 Dean Street”⁶ Clinic in London, Great Britain).
12. To take into account and highlight the issues of the chemsex among MSM in Ukraine in the program filling of key national and international events, in particular, the XI National Conference of LGBT Movement and MSM Service (#11NC2017), through oral and/or poster presentations, participation in discussions and panel discussions.
13. To establish and strengthen partnership relations among a wide range of stakeholders at local, national, regional (within the region of Central and Eastern Europe and Central Asia) and international levels for effective and coordinated work on harm reduction for chemical substances use and chemsex among MSM.
14. To estimate the relevance of advocacy work in the field of regulatory regulation, namely the revision of the nomenclature and the maximum allowable volume of chemical substances, the circulation of which in Ukraine is prohibited or limited, taking into account the best world experience and the recommendations of the relevant international organizations.

⁶56 Dean Street clinic: <http://dean.st/>