

# Plenary session 2

## Prevention of (problematic) chemsex

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**What is chemsex prevention?**

**Which groups can we effectively reach with preventive efforts?**

Raúl Soriano  
Chemsex Consultant  
Spain

4<sup>th</sup> March 2026



**INSTITUTE  
OF TROPICAL  
MEDICINE  
ANTWERP**

**International Chemsex Conference**

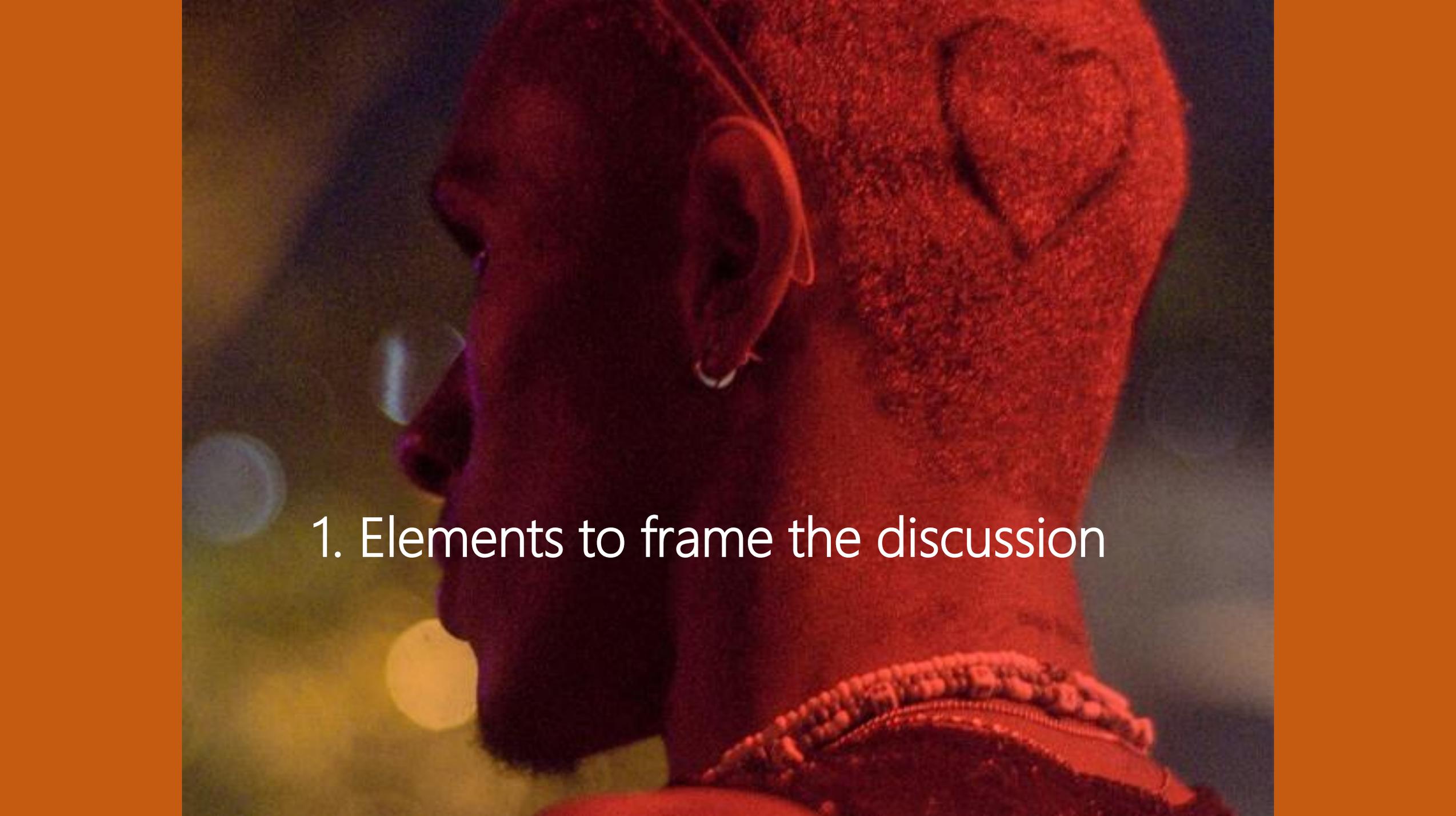
3 - 5 MARCH 2026 – ITM ANTWERP

Optimising support and care for people engaging in chemsex

# Structure of the session

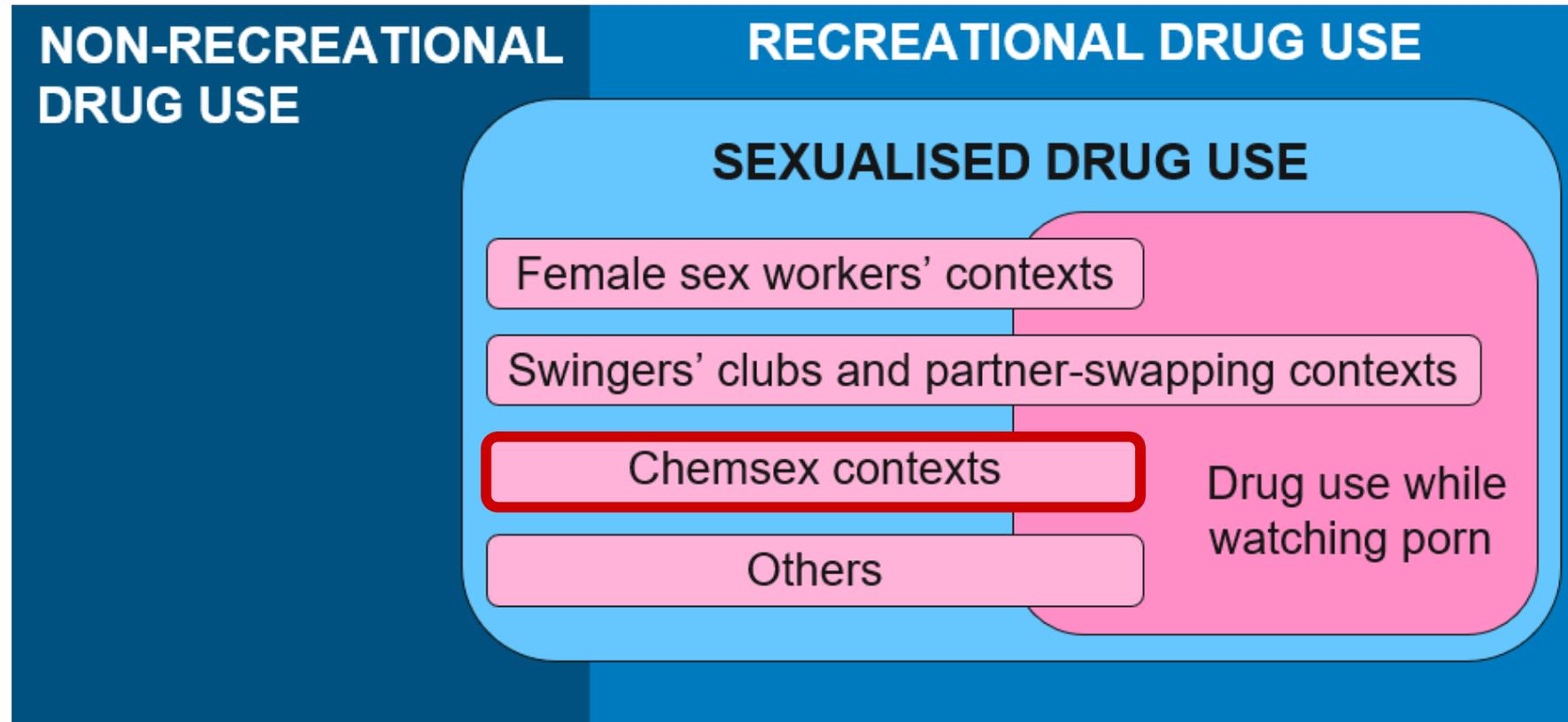
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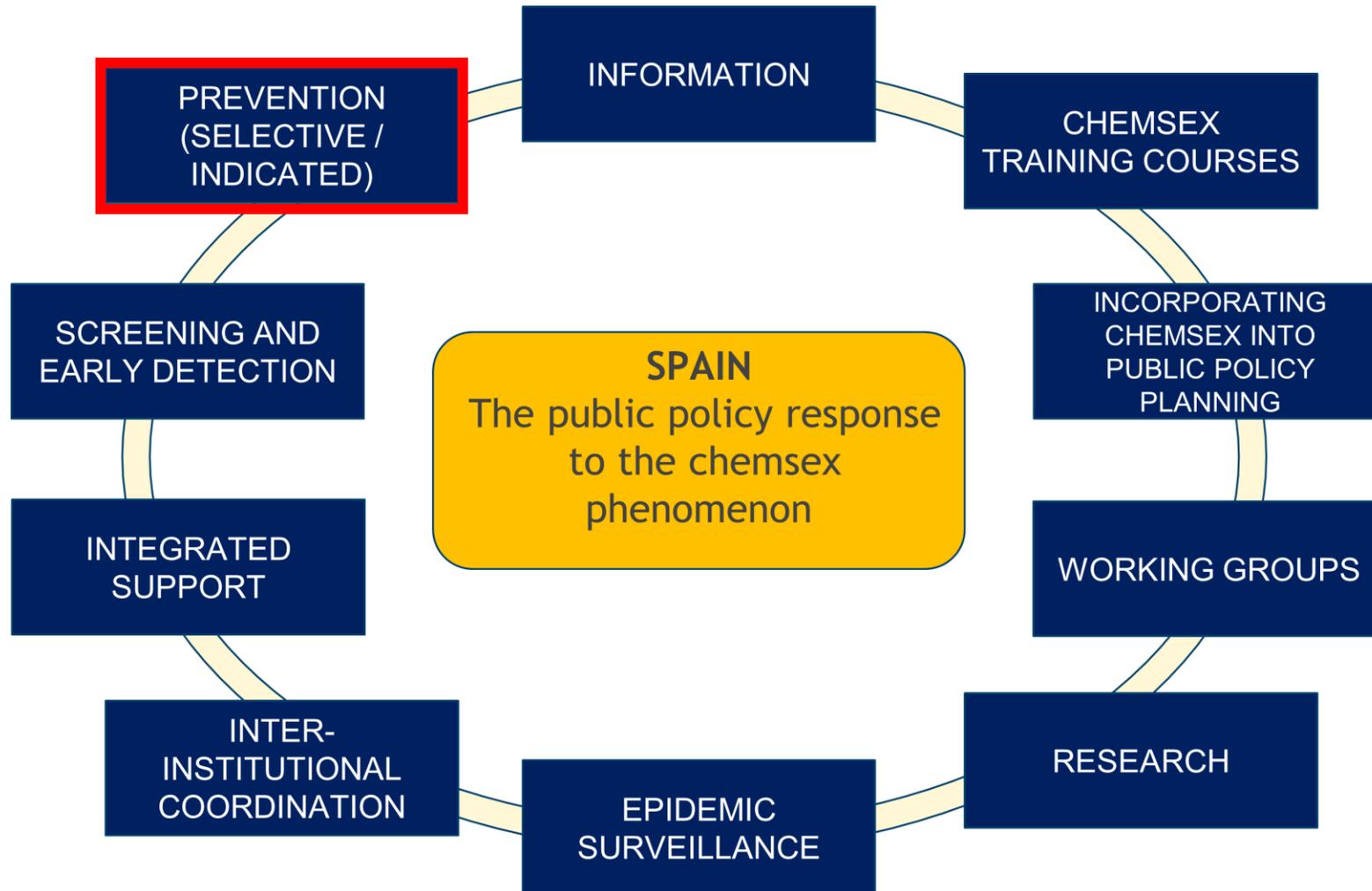
- 1 Elements to frame the discussion**
- 2 Identification of key stakeholders**
- 3 Screening and early detection**
- 4 Selective prevention and indicated prevention**
- 5 Groups of LGBTIQ+ population and specific vulnerabilities**
- 6 Conclusions. Resources and Links**



1. Elements to frame the discussion

# Chemsex and other sexualised drug use





Raúl Soriano  
Chemsex Consultant

# LINES OF ACTION

## CHEMSEX: A PROPOSAL TO PROMOTE A HARMONISED RESPONSE FROM PUBLIC POLICIES IN THE EUROPEAN UNION

DIVISION OF CONTROL OF HIV, STIS, VIRAL HEPATITIS, AND TUBERCULOSIS  
GENERAL DIRECTORATE OF PUBLIC HEALTH AND HEALTH EQUITY  
MINISTRY OF HEALTH

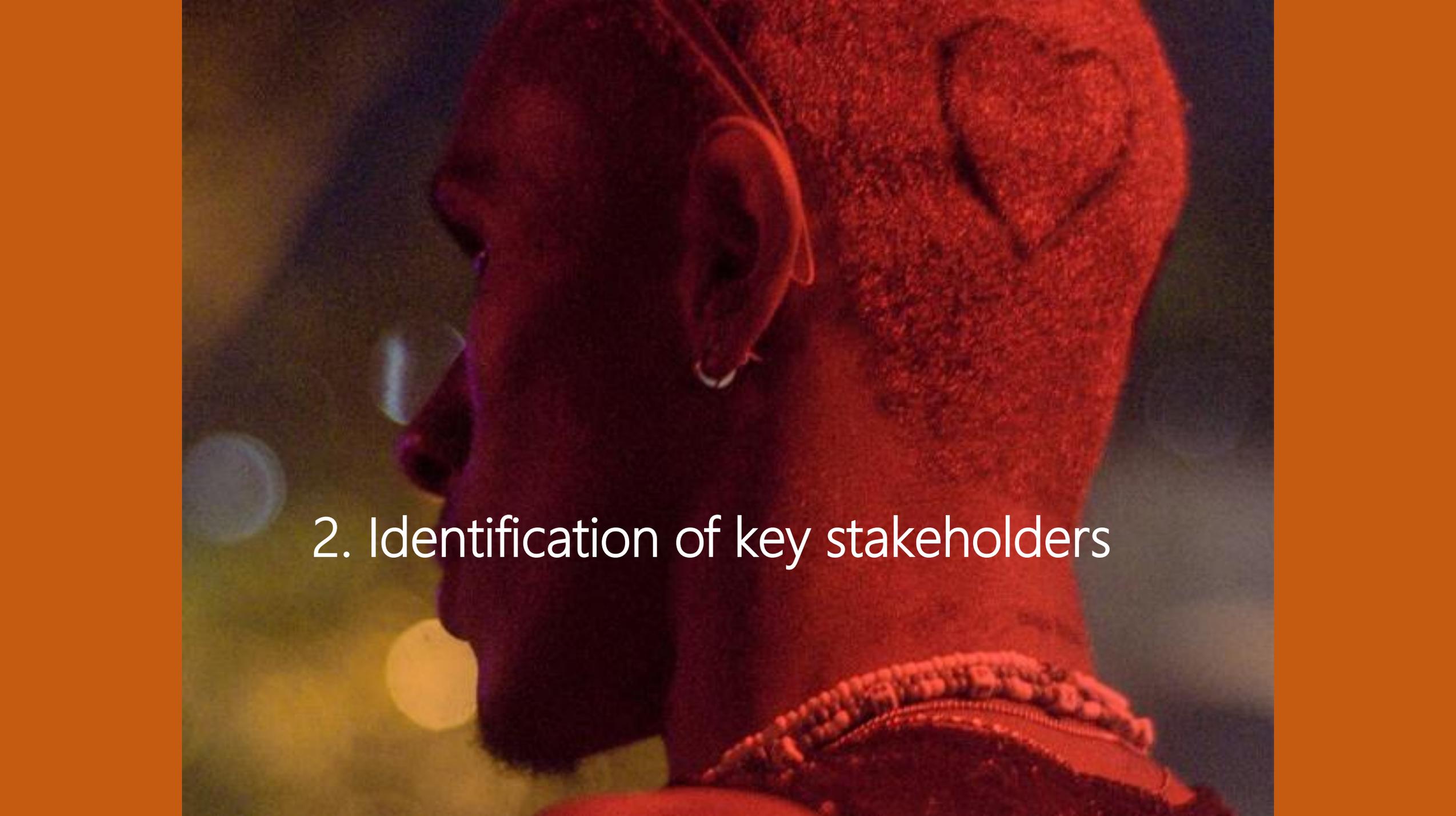


APRIL 2025

- Interinstitutional coordination
- **Selective and indicated prevention**
- Screening of chemsex practices, early detection, and linkage to care
- Integrated support for people who engage in chemsex
- Specialized training for key agents in the response
- Updating information and surveillance systems
- Research
- Participation by people who engage in or have engaged in chemsex

[https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/chemSex/docs/Chemsex\\_Public\\_Policies\\_Spanish\\_Proposal\\_EU\\_English.pdf](https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/chemSex/docs/Chemsex_Public_Policies_Spanish_Proposal_EU_English.pdf)

2025



## 2. Identification of key stakeholders

# Typology of services and their role in chemsex support

## CHEMSEX

prevenció,  
detecció i  
abordatge a  
Catalunya

Canal Salut  
> Drogues  
Drogues.gencat

## Types of services

Tipologia dels centres, serveis o unitats implicats	Acció d'intervenció
Clínicas o unitats d'ITS	Paper destacat
CAS	Paper destacat
Urgències mèdiques i psiquiàtriques	Paper destacat
Unitats de VIH	Paper destacat
Entitats comunitàries	Paper destacat
Atenció primària	Paper complementari*
CSMA	Paper complementari
Unitats de desintoxicació hospitalària/patologia dual	Paper complementari
Unitat de conductes d'addicions comportamentals	Paper complementari
SEM	Paper complementari
Serveis de reducció de danys (centres, equips de carrer, etc.)	Paper complementari **
Serveis residencials (VIH)	Paper complementari
Serveis socials	Suport ocasional
Cossos policials	Suport ocasional***

**Key  
role**

**Complementary  
role**

**Occasional  
role**

# Typology of services and their role in chemsex support

## Types of services

SELECTIVE  
PREVENTION

SCREENING

HARM  
REDUCTION

SUPPORT

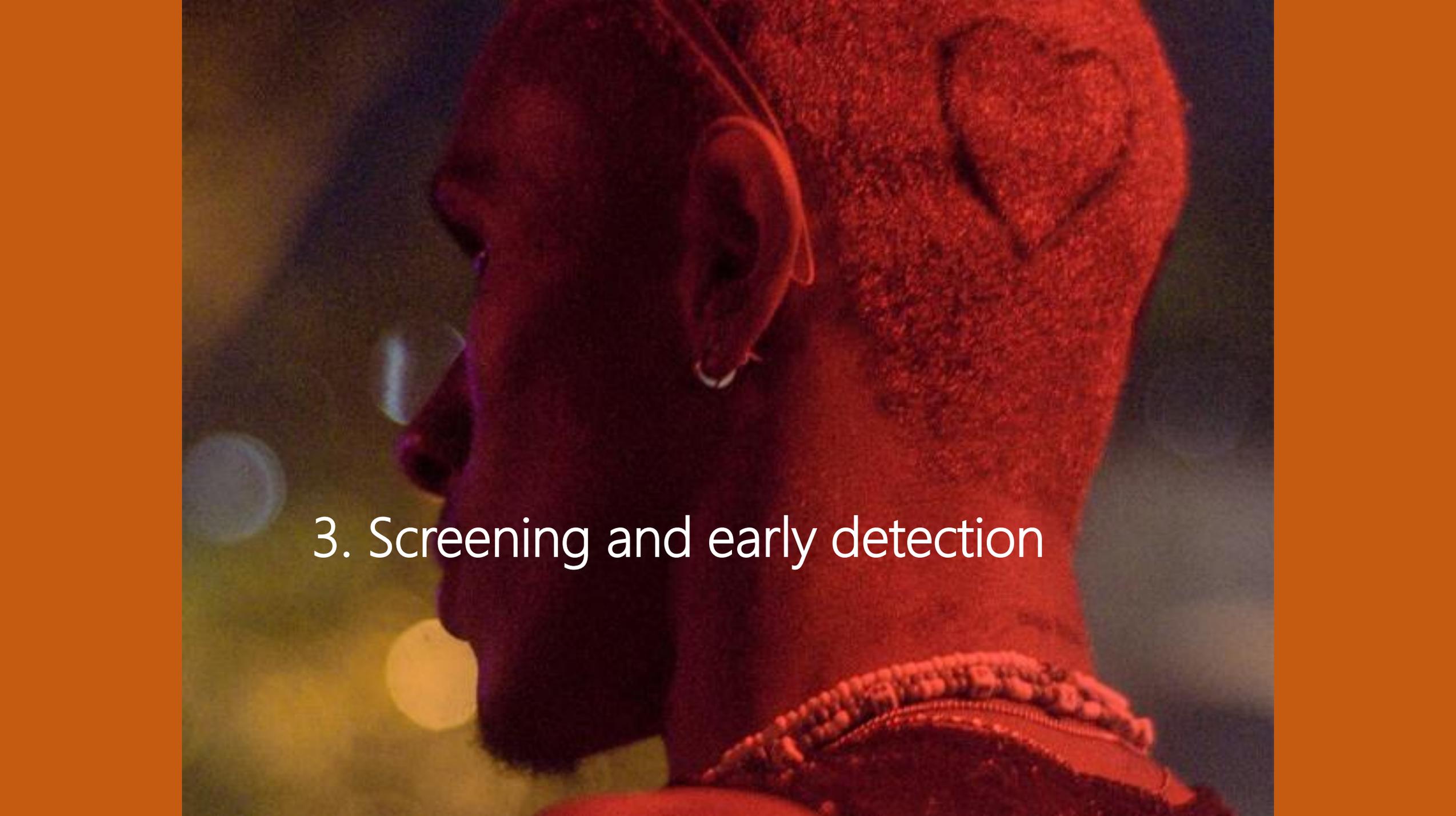
EMERGENCY  
CARE

CENTROS / SERVICIOS / RECURSOS QUE PRESTAN ATENCIÓN ASISTENCIAL	PREVENCIÓN SELECTIVA	CRIBADO	PREVENCIÓN INDICADA (RD)	ASISTENCIA ORDINARIA	ASISTENCIA URGENCIAS
UCA		Complementario*	Clave*	Clave	
CIPS	Clave	Clave	Clave	Clave	Ocasional
Organizaciones comunitarias de VIH y LGTBI+ **	Clave	Clave	Clave	Clave	
Unidades de Enfermedades infecciosas	Clave	Clave	Clave	Clave	
Centros de salud sexual y reproductiva	Complementario	Complementario	Complementario	Clave	
Atención Primaria	Complementario	Complementario	Complementario	Complementario	
Urgencias hospitalarias - Generales y de salud mental					Clave
Servicio de Emergencias Sanitarias - Generalitat Valenciana					Complementario
Servicio Orienta	Ocasional	Ocasional	Ocasional	Complementario	
Otros recursos de la red asistencial de adicciones				Complementario	
Otros servicios hospitalarios				Ocasional	Ocasional
Servicios sociales				Ocasional	
Unidades de Salud Mental				Ocasional	

**Key role**  
**Complementary role**  
**Occasional role**

\* Con los propios usuarios de las UCA

\*\* En aquellas organizaciones comunitarias que cuentan con medios suficientes y formación adecuada para realizar este tipo de actividad



### 3. Screening and early detection

# Screening

## Proposal to Improve the Screening of Chemsex Practices in Spain

**Spanish Ministry of Health, 2024**



- Enhancing the screening of chemsex practices allows users to receive tailored counselling and care at earlier stages, in line with their specific risks.
- Early detection reduces missed opportunities for intervention, optimising each contact with professional services.
- It also enables professionals and users to agree on follow-up arrangements and supports referral to appropriate health and social services when needed.

# Early detection



**chemsex**  
¿quieres hablar  
con un profesional?

 Servicio disponible en  
la ciudad de Madrid

 **Pausa**  
PROGRAMA SOBRE CHEMSEX

Gratuito, confidencial, anónimo. Intervención online o presencial

**CHEMSEX: Would you like to talk to a professional?**

## PAUSE PROJECT

### Online outreach. Madrid

The PAUSE outreach programme aims to engage chemsex users who have not yet sought professional help.

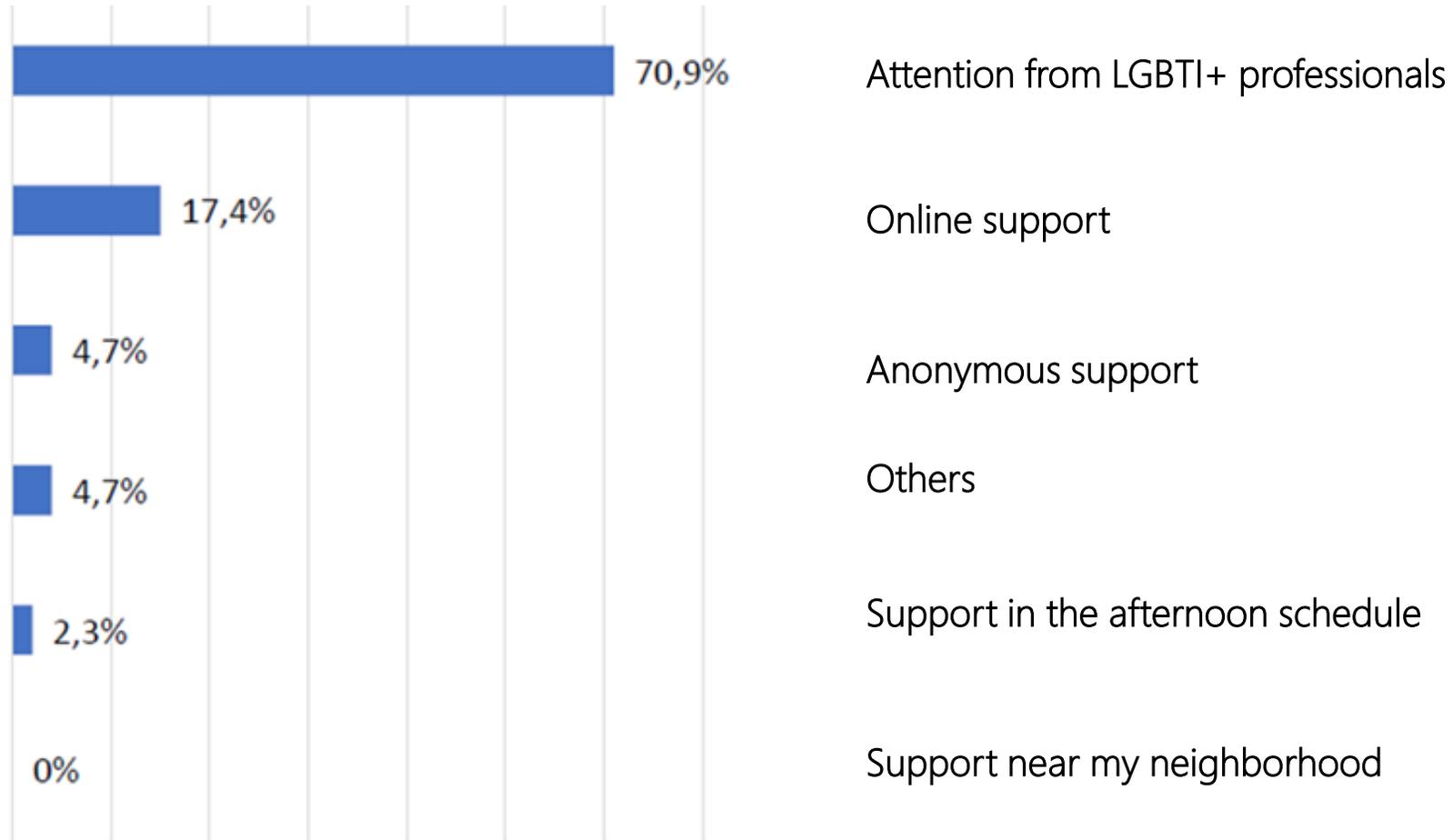
- Support at earlier stages to mitigate the risks associated with these practices, or introduce breaks from them
- Better access and linkage to public and community services specialised in chemsex within the city of Madrid

# Reasons why you have not received professional attention until now

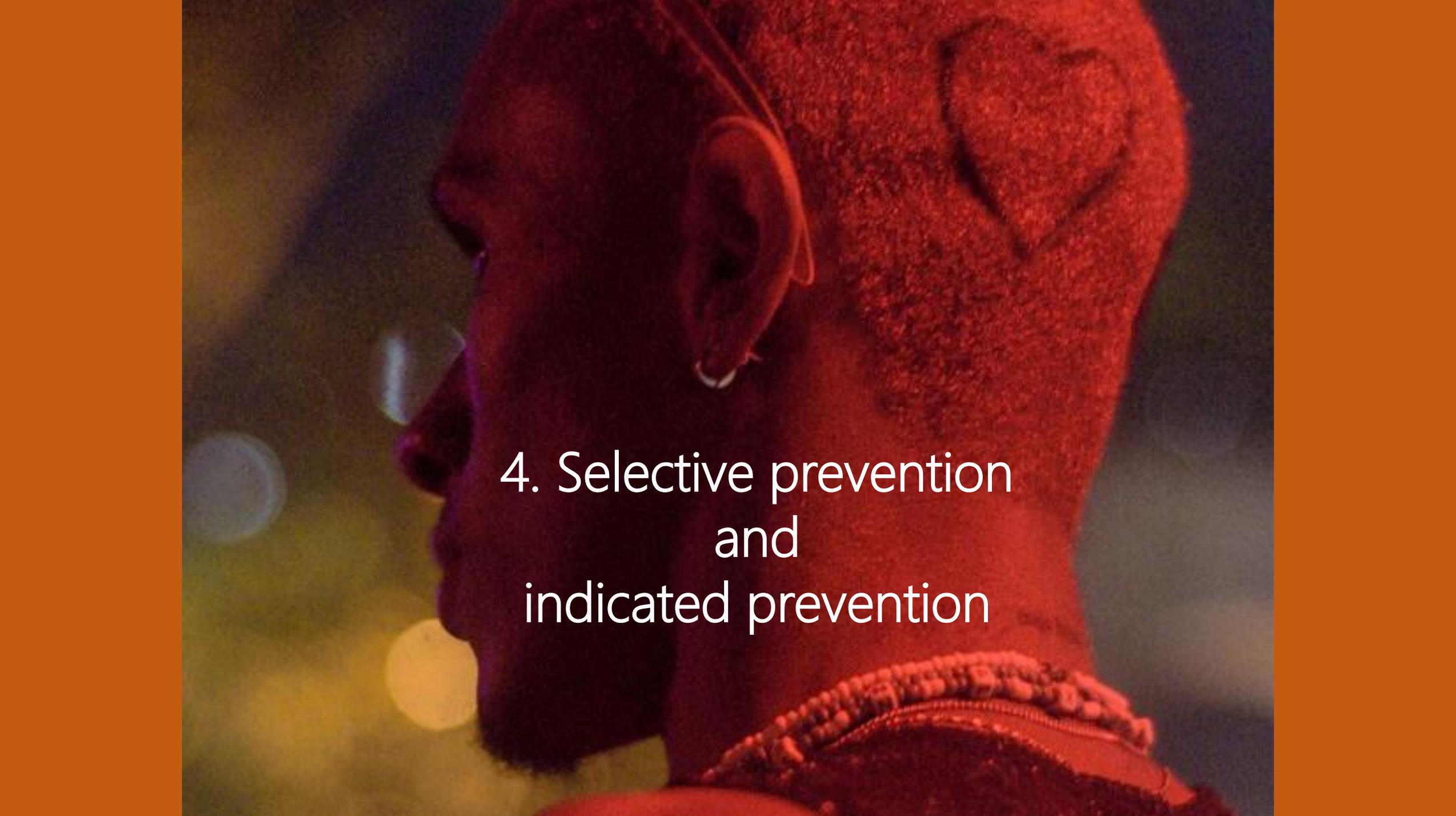


N = 80    2019    Multiple-answer question

# What is the most relevant aspect for the design of a service aimed at chemsex users?



N = 86    2019    Multiple-answer question



4. Selective prevention  
and  
indicated prevention

# Prevention classifications

**Primary**

**Universal**

**Secondary**

**Selective**

**Tertiary**

**Indicated**

Caplan, G. (1964). Principles of preventive psychiatry. New York, NY: Basic Books

Institute of Medicine. (1994). Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research (pp. 20–21). Washington, DC: The National Academies Press.

# Universal, selective and indicated prevention

## **UNIVERSAL**

Aimed at the general population.

## **SELECTIVE**

Aimed at specific population groups who present greater vulnerability or risk of developing a problem, even if they have not yet engaged in the relevant practices.

## **INDICATED**

Aimed at a specific subgroup within the community, usually people who use substances or who already present behaviour-related problems.

The objective is to reduce the risk of further harm and to prevent the full development or worsening of the health problem.

# What is chemsex prevention?

Chemsex prevention can be defined according to who it targets and at what stage of the trajectory

## **There is no universal level of prevention in chemsex.**

By definition, chemsex culture only concerns people within the LGBTI+ community. Therefore, chemsex prevention should not be directed at the general population. However, broader awareness and empathy can still be promoted.

## **Selective prevention** (at group level - preventing uptake of chemsex)

Aimed at subgroups of the LGBTI+ community that are more likely to engage in these practices.

## **Indicated prevention** (primarily individual level – harm reduction and early intervention)

Aimed at people who already engage in chemsex or show early signs of harm.

# Indicated prevention (harm reduction). Topics

Self-care. Before – During – After

Harm reduction and specific substances. Mixing drugs. Drug interactions

Harm reduction and routes of drug administration

Prevention of overdose and adverse reactions. How to respond to an overdose

Sexuality and chemsex. Sexual health HIV, Hepatitis C and other STIs

Drug Testing Services

Legal advise

Sexual consent and chemsex

Setting-related risks: sauna, home, sex club, hotel, cruising... Dating Apps and chemsex

# The importance of timing in the delivery of health messages

Friday: harm reduction messages

Sunday: time for reflection

Tuesday: call to action!

# The risk of stigmatisation through prevention

## Prevención en el contexto del chemsex

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- **Incorporar a los usuarios de una manera central** en la prevención en el chemsex.
- **Desarrollar el enfoque comunitario.**
- **Abordar el estigma hacia quienes practican chemsex.**
- **Desarrollar tanto la prevención selectiva como la indicada.**
- **Escoger canales adecuados** e intensificar la prevención en App de contactos y otras TIC.

- To minimise the risk of stigmatisation in prevention or harm reduction campaigns, chemsex users and former users should always be centrally involved.
- It is essential to identify the appropriate channels for disseminating health messages.

## The ChemSex phenomenon and its links with large gay events and festivals in Spain: opportunities for prevention and harm reduction

**Raul Soriano and Alberto Mur Díaz-Hellín**

Independent Consultant

Social Worker and Research on Addiction

### PROPOSALS

- Including talks on chemsex and harm reduction in the festival's community agenda
- Designing protocols to support people in emergency situations, including cases of sexual assault
- Displaying awareness-raising messages on festival screens
- Campaign planning should also take into account the annual calendar of major LGBTIQ+ events.

# The importance of working with the LGBTIQ+ leisure sector

## CONCLUSIONS OF THE SEMINAR:

**“The leisure industry, a necessary agent in the prevention of chemsex-associated risks”**

Canal Salut  
> Drogues  
Drogues.gencat

## PROPOSALS

- Promoting regular coordination meetings between community-based organizations, public health, companies in the gay leisure industry, and security corps.
- Implementing training on chemsex and first aid aimed at employees of saunas, sex clubs and gay hotels.
- Including harm reduction info about chemsex, on web pages of LGBTIQ+ festivals, gay saunas and sex clubs.



## 5. CHEMSEX

Groups of LGBTIQ+ population  
and specific vulnerabilities

# Migrants

**Migration has been highlighted in various studies as a risk factor for engaging in chemsex practices.**

**Loneliness is often cited as one of the reasons for engaging in these practices. Migrants often suffer from loneliness when they have no friends or support in their host country.**

**The pressure to make their migration experience a success story can lead them to hide their chemsex-related problems from their family and friends.**

# Sex workers

**Many sex workers are migrants, with limited networks in their new country.**

**They start using drugs at an earlier age.**

**They are often pressured by clients to take drugs.**

**Some sex workers travel frequently, which makes it difficult to address sexual health issues and problematic drug use.**

# People living with HIV

**There are risks of interaction between certain drugs and some HIV treatments.**

**There is concern about adherence to antiretroviral treatments.**

**Intersectionality. Some people, in addition to experiencing serophobia, suffer other types of stigma, such as being a sexual minority or a drug user.**

# PrEP users

**Some of the people who take PrEP are chemsex users.**

**Screening and early detection of chemsex practices helps to provide harm reduction information as soon as possible to people who may benefit from it.**

# Young people

**In cities such as Madrid, there are minors who have sought treatment at addiction centres as a result of their chemsex practices.**

**There are cases of boys whose first sexual experience with another boy was directly in a chemsex session, having never had sex sober before.**

**Young people are often not the hosts, and some do not have the resources to pay for the substances. Both of these factors put them at a disadvantage when negotiating practices. Some may believe that they need to reciprocate, but it is necessary to set boundaries.**

# Other groups of LGBTIQ+ population with specific vulnerabilities

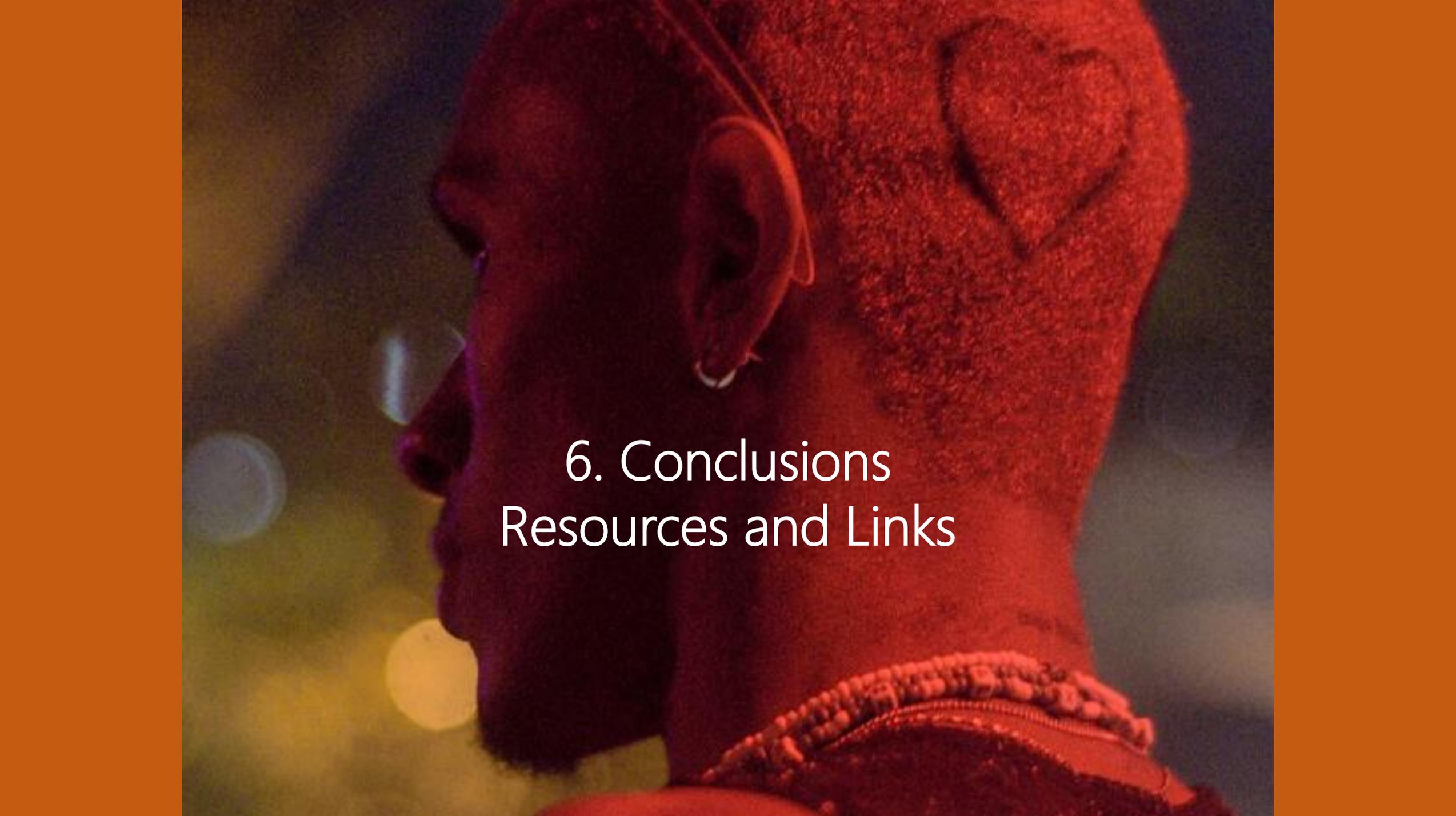
**Transgender and non-binary people.**

**People over the age of 60.**

**People in prison.**

**People living in small towns or rural areas.**

...



## 6. Conclusions

### Resources and Links

# Conclusions

**Adopting a comprehensive approach to chemsex**

**Identifying the different areas for action**

**Mapping key stakeholders within each intervention area (indicated prevention, selective prevention, screening...)**

**Addressing the multiple dimensions and aspects of harm reduction**

**Recognising subgroups within chemsex users with specific health needs**

**Identifying the most appropriate channels for delivering health messages**

# Resources and Links

[Ministry of Health. Spain](#)

[Apoyo Positivo](#)

[CESIDA](#)

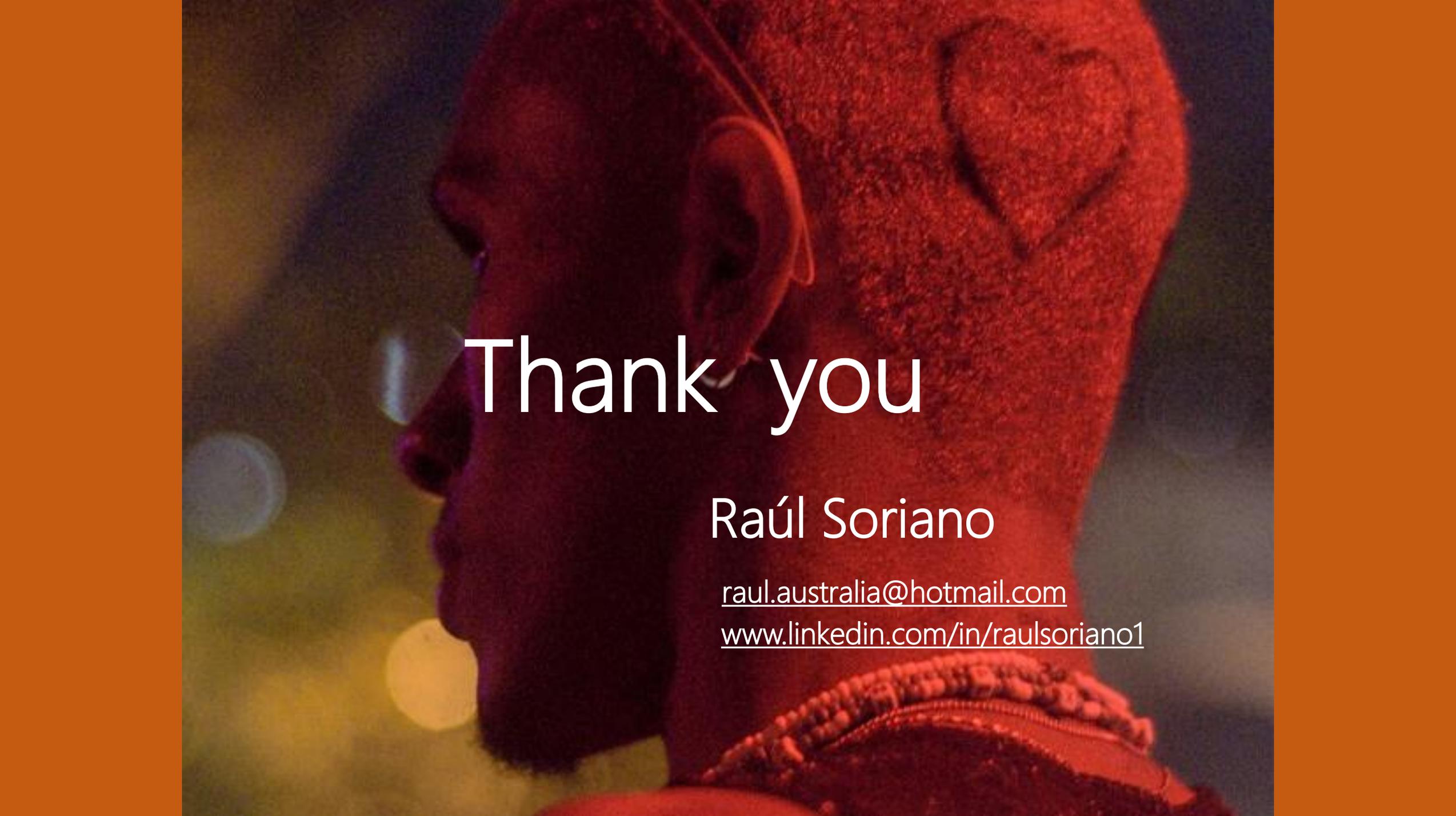
[Comité Ciudadano de Valencia](#)

[Energy Control. ABD.](#) <https://www.chem-safe.org/>

[gIt](#)

[Imagina Más](#)

[Stop](#) <https://chemsex.info/>



Thank you

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