

# Understanding Chemsex in Lebanon: Practices, Impacts, and Interventions



# Introduction

- **What is Chemsex?**

The intentional use of psychoactive substances (e.g., methamphetamine, GHB/GBL, MDMA) before or during sexual activity to enhance the experience.

- **Why Lebanon?**

Cultural taboos, legal barriers, and socio-political crises make chemsex a complex public health issue.



## Study Objectives

1. Understand chemsex patterns in Lebanon.
2. Identify health risks and motivations.
3. Assess service availability and barriers.
4. Inform culturally sensitive public health interventions.



## Methodology

- **Mixed Methods:** Online survey (140 responses), in-depth interviews, CSO consultations.
- **Participants:** LGBTQ+ individuals and sex workers engaging in chemsex.
- **Focus Areas:** Substance use, sexual behavior, health outcomes, service access.



## Participants profile

- **Age:**
  - 25–35 years: 41.7%
  - 35–44 years: 33.3%
  - 18–24 years: 15%
  - 44–54 years: 8.3%
- **Gender:**
  - Cis-men: 85%
  - Non-binary: 4%
- **Sexual Orientation:**
  - Gay: 69%
  - Bisexual: 13%
- **Education:**
  - University-level: 44%
  - Secondary: 40%
  - Advanced degrees (e.g., PhD): 2%
- **Employment:**
  - Full-time: 47%
  - Part-time: 9%
  - Unemployed: 22%
  - Students: 5%



## Substance Use Patterns

- **Most Common Drugs:**
  - Crystal Meth (most used, prolonged stamina).
  - GHB/GBL (relaxation, overdose risk).
  - MDMA, Cocaine, Ketamine, Poppers, Viagra.
- **Poly-Substance Use:** Combining stimulants and depressants.
- **Administration:** Oral (43%), smoking (39%), injecting/slamming (9%).



## Motivations for Chemsex

- **Psychosocial Drivers:** Coping with stigma, trauma, body image issues.
- **Perceived Benefits:**
  - Increased pleasure and connection.
  - Reduced shame and anxiety.
  - Social belonging.



## Health Implications

- **Physical Risks:** STIs, HIV, overdose.
- **Mental Health:** Depression, anxiety, isolation.
- **Sexual Health:** Low condom use (75.5% never use), multiple partners.
- **HIV/STI Testing:** 34% untested in past year.



## Service Access & Barriers

- **Awareness:** 60% aware of services.
- **Use Barriers:** Mistrust, stigma, legal fears.
- **Prevention Tools:** Poor access to PrEP, PEP, and clean needles.
- **Help-Seeking:** Only 55.5% likely to seek medical help.



## Role of Civil Society Organizations (CSOs)

- **Key Actors:** SIDC, Skoun, AJEM, Lebanes AIDS Network Association LANA.
- **Services Provided:** Counseling, harm reduction kits, safe shelters.
- **Gaps:** Lack of chemsex-specific programs, poor mental health support.





## Comparison with Global Trends

- **Similarities:** Meth use, stigma, mental health challenges.
- **Differences:** Greater service gaps in Lebanon due to legal and cultural constraints.
- **International Models:** Southeast Asia & Eastern Europe and Central Asia EECA offer community-based solutions.





## Recommendations

- 1. Develop Chemsex-Specific Services:** Harm reduction, overdose response.
- 2. Expand Mental Health Support:** Trauma-informed care.
- 3. Reduce Stigma:** Training, awareness campaigns.
- 4. Improve Access:** PrEP, clean needles, counseling.
- 5. Advocate for Legal Reform:** Decriminalize drug use & LGBTQ+ identity.





## Conclusion

- Chemsex in Lebanon is shaped by stigma, trauma, and systemic barriers.
- Urgent need for integrated, empathetic, and community-driven responses.
- Prioritize inclusivity, accessibility, and mental health in interventions.



# THANK YOU!



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