



**CHEMSEX AND COMMUNITY- CHAMPIONING  
INTERSECTIONAL HARM REDUCTION  
EDUCATION FOR LGBTQIA+ PERSONS IN KENYA.**



**WOMEN IN RESPONSE TO  
HIV/AIDS & DRUG ADDICTION**

# CONTEXT-KENYA

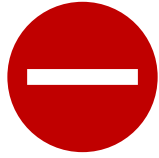
- Increased normalization of group stimulant drug use, and group sex due to the covid pandemic.
- Kenya as a key transit route in the drug market framework.
- Introduction and /or local production of substances previously unavailable eg methamphetamine, crack cocaine, poppers, MDMA, crystal meth, Ketamine.
- Highly sexualized society, collective trauma, and compounded in marginalized communities.
- Inadequate social engagement systems, leading to substance use as the primary source of entertainment.
- Class differences in choice of stimulants used for sexualized drug use- poppers and ketamine and cocaine for the rich, ecstasy and sativa for the middle class, crack cocaine and lesser stimulants eg khat for the less rich.
- Lack of localized harm reduction strategies, terms (different settings, different definitions)
- Almost complete lack of data on chemsex practices, understanding and motivations in Sub-Saharan Africa, with the exception of South Africa which has made some progress.

# BARRIERS TO HARM REDUCTION FOR SSU





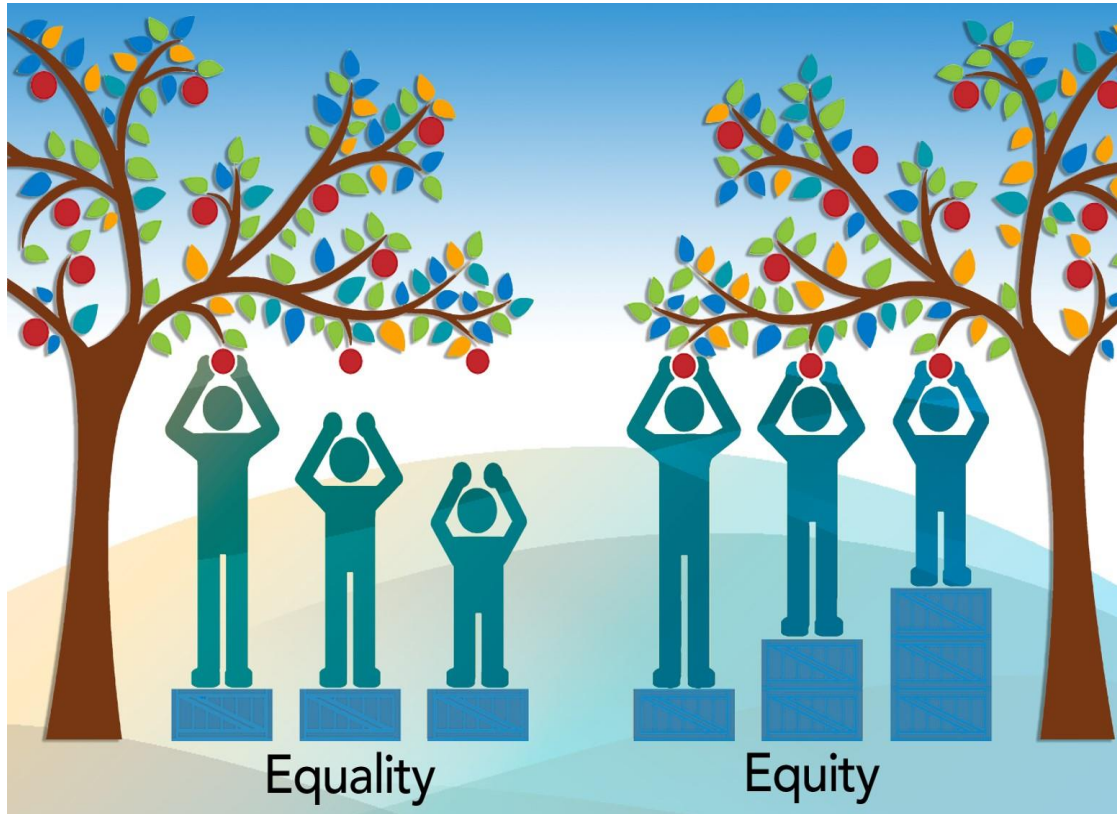
- Limited understanding of drugs and drug use.
- Drug user phobia among Key populations.
- The AHA Act in Uganda and its ramifications
- Double and triple criminalization and stigma due to drug user phobia, transphobia, sex work phobia.
- Internalised stigma as a barrier to activism and community mobilization.
- Stigmatisation at the hands of other community members who use different substances.
- The recent use of stimulant substances among young people and children and PWID- leading to widespread demonization.



- Power dynamics in the LGBTQ+ community.
- Pathologisation of people who use drugs.
- Harm reduction is considered opioid centric only.
- 'Fear of the unknown', and lack of services for stimulant harm reduction.
- Decreased violence reporting due to double/triple stigma.
- Civil society and media engage with the idea of sexualized drug use from a problematic P.O.V and never a human rights lens.
- Lack of services that acknowledge the intersecting realities of people who use drugs or engage in chemsex.



# OUR APPROACH



# GUIDING PRINCIPLES

- Lived experience and centering communities.
- Harm reduction Principles of Non-judgement, realistic and practical action, person centeredness, and meeting people where they are.
- Intersectionality.
- Self determination.
- Meaningful Partnership and Collaboration.



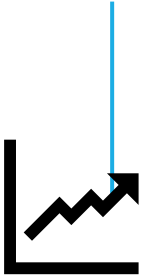


# EARLY INTERVENTION- NEEDS ASSESSMENT AND BASIC TRAINING

- Drug classifications based on chemical make-up, effects, legal definitions and implications.
- Analysis of substances most used by different key populations eg sex.
- Motivations or reasons for sexualized drug use and chemsex.
- Substances available and drug market trends in East Africa.
- Safe smoking and injecting practices.
- Overdose and overamping understanding, prevention and management strategies

# PROGRESS

- Eight (8) national and ten (10) local LGBTQIA+ organisations capacities strengthened.
- Created a platform for knowledge sharing and the beginning of genuine conversation around SSU.
- Establishing referral pathways for healthcare and after care
- Development of a roadmap for the integration of drug and sex education in harm reduction programs for KP.







**WRDA**

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