



SITUATION ANALYSIS OF SUBSTANCE USE AMONG LGBT COMMUNITIES IN THAILAND

UNDP (2021). *Situation Analysis of Substance Use among LGBT Communities in Thailand*. Bangkok: UNDP.

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ACKNOWLEDGEMENTS

This report is the final output of a multi-country literature review conducted by Mr Pascal Tanguay, on behalf of the United Nations Development Programme (UNDP) in Thailand. Mr Supanee Pongruengphant, Project Manager for Gender Equality and Social Inclusion, provided oversight, with support from Ms Katri Kivioja, Policy Specialist for the Being LGBTI in Asia and the Pacific (BLIAP) project at the UNDP Bangkok Regional Hub. Mr Andy Quan edited the report.

UNDP Thailand would like to thank all respondents from APCOM, FHI 360, the Health and Opportunity Network (HON), the Institute of HIV Research and Innovation (IHRI), M Plus Foundation, Ozone Foundation, Rainbow Sky Association of Thailand (RSAT), Sisters Foundation, Service Workers in Group (SWING) Foundation, the research team at the Department of Society and Health at Mahidol University and Dr Frits van Griensven, who shared their insights and inputs during the data collection process, underlining that their inputs have been invaluable to the development of this report.

Special thanks are extended to the peer reviewers listed below who took the time to provide valuable inputs and suggestions prior to the release of this report.

- Dr Nittaya Phanuphak, Executive Director, Institute of HIV Research and Innovation
- Dr Tanat Chinbunchorn, Technical Support Manager and Research Physician, Institute of HIV Research and Innovation
- Dr Kanna Hayashi, St. Paul's Hospital Chair in Substance Use Research & Assistant Professor at the Faculty of Health Sciences, Simon Fraser University and Research Scientist at the British Columbia Centre on Substance Use
- Mr Supanee Pongruengphant, Project Manager for Gender Equality and Social Inclusion, United Nations Development Programme Thailand
- Ms Reidun Gjerstad, Human Rights and Rule of Law Advisor, United Nations Development Programme Thailand
- Ms Katri Kivioja, Policy Specialist for the Being LGBTI in Asia and the Pacific (BLIAP) project, United Nations Development Programme
- Ms Kathryn Johnson, Human Rights and Gender Equality Consultant, United Nations Development Programme
- Mr Soroush Moallem, Data Analysis Consultant, United Nations Development Programme
- Dr Mauro Guarinieri, Robert Carr Fund Consortium Coordinator, International Network of People who Use Drugs
- Mr Jake Agliata, Policy and Communications Officer, International Network of People who Use Drugs
- Ms Karen Peters, Associate Drugs and Health Officer, United Nations Office on Drugs and Crime
- Mr Nick Veldwijk, Regional Manager Asia, Mainline
- Mr Sjef Pelsser, Chemsex Expert, Mainline
- Mr Lieu Anh Vu, Executive Director, ILGA Asia
- Mr Tashi Tsheten, Founding Member, Queer Voices of Bhutan & Executive Board Member, ILGA Asia
- Mr Palani Narayanan, Senior Technical Advisor on Injecting Drug Use and HIV, Global Fund to Fight AIDS, Tuberculosis and Malaria

UNDP would also like to express sincere thanks to the Swedish International Development Cooperation Agency for its financial contributions for the continued implementation of the BLIAP project that supported the development of this report.

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ABBREVIATIONS AND ACRONYMS

ATS	Amphetamine-type stimulants
BLIAP	Being LGBTI in Asia and the Pacific
BZD	Benzodiazepine
CSO	Civil society organization
ED	Erectile dysfunction
FSW	Female sex worker
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HIV	Human immunodeficiency virus
HCV	Hepatitis C virus
HON	Health and Opportunity Network
IDPC	International Drug Policy Consortium
IHRI	Institute of HIV Research and Innovation
LGBTI	Lesbian, gay, bisexual, transgender and intersex
M&E	Monitoring and evaluation
MSM	Men who have sex with men
MSW	Male sex worker
NMUPD	Non-medical use of prescription drugs
NPS	New psychoactive substances
RSAT	Rainbow Sky Association of Thailand
SIDA	Swedish International Development Cooperation Agency
SOGIE	Sexual orientation and gender identity and expression
SWING	Service Workers in Group
TGW	Transgender women
TGSW	Transgender sex worker
TRC	Thai Red Cross
UN	United Nations
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
US	United States
THB	Thai baht
WHO	World Health Organization
WPATH	World Professional Association for Transgender Health

TERMINOLOGY

Important consideration should be given to issues related to terminology in regard to sexual orientation and gender identity and expression (SOGIE), to substance use, and to the translation of English terminology into Thai language and vice versa, before reading this report.

SEXUAL ORIENTATION, GENDER IDENTITY AND GENDER EXPRESSION

The use of terminology in this report builds on previous work published by the United Nations Development Programme (UNDP), especially that released through the Being LGBTI in Asia and the Pacific (BLIAP) project, in which several priority factors have been taken into account in regard to what umbrella terms are used to describe the diversity and fluidity of sexual orientation and gender identities.¹

Firstly, the report acknowledges that every person has the right to use whichever term best describes their gender identity or expression. For the purposes of this report, this means that self-defined identity terms are respected whenever referring to specific individuals or communities.

Secondly, a report such as this also requires some common umbrella terms, many of which are defined in the glossary below. For example, the acronym 'LGBTI' and its derivatives are used as umbrella terms that are meant to be interpreted as inclusive of the various local terms that are used to describe sexual and gender diversity and the different identities in the country and in the region. Sexual minorities are not a monolithic population. For practical purposes, the language in the report relies on umbrella terms, but the use of 'LGBTI' and its derivatives is not meant to suggest that the individuals involved would self-identify with these terms or that local and international subgroups are the same or even comparable.

Thirdly, while the author has taken great care to ensure consistency and accuracy in the language identifying and describing LGBT communities, the published literature relies on terminology and language that convey slightly different but often overlapping conceptions of sexual orientation, gender identity, gender expression and sex characteristics. For example, 'sexual diversity' in English-language literature would appear to apply only to different sexual orientations as opposed to including different gender identities and expressions, as it often does in the Thai language. Another very common example from the literature is the use of the phrase 'men who have sex with men' that refers to gay and bisexual men but also to men who do not identify as gay or bisexual and who engage in same-sex intercourse in specific circumstances. These terms and phrases also overlap with but are slightly different from 'sexual minority men,' 'homosexually attracted' and 'queer spectrum,' all commonly used in the literature to describe subsegments of the LGBT community.

In the Thai context, sexual orientation, gender identity, gender expression and having an intersex variation are widely conflated with each other. Table 1 below provides a list of terms used in the Thai context.² Common misconceptions are that transgender women are all attracted to men and that they are gay men. Similarly, transgender men may be mistakenly seen as masculine lesbians. The Thai language reflects these mistaken assumptions and makes conceptual clarity elusive. For instance, the Thai culturally specific term *kathoe* can refer to either a transgender woman or gay man while the term *tom* can refer to either a transgender man or lesbian woman. A list of gender identities and their definitions in the Thai context is included in Table 2 below.

¹ United Nations Development Programme and Ministry of Social Development and Human Security. 2018. *Legal Gender Recognition in Thailand: A Legal and Policy Review*. (https://www.th.undp.org/content/thailand/en/home/library/democratic_governance/legal-gender-recognition-in-thailand--a-legal-and-policy-review.html); UNDP and Asia Pacific Transgender Network (APTNet). 2017. *Legal Gender Recognition: A Multi-Country Legal and Policy Review in Asia* (https://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/legal-gender-recognition--a-multi-country-legal-and-policy-review.html).

² UNDP. 2019. *Tolerance but not inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand*. (<https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/tolerance-but-not-inclusion.html>)

Table 1: Sexual orientation terminology used in the Thai context

Attracted to...	Explanation in the Thai context
People of the opposite sex	Unlike its use in the English language, in the Thai context, this refers to people who are attracted to people of the opposite sex assigned at birth, not people who are attracted to people of the opposite gender identity. For example, this category will exclude a transgender man who is attracted to a cisgender woman – this will fall under the category below which is same-sex attracted.
People of the same sex	Unlike its use in the English language, in the Thai context, this refers to people who are attracted to people of the same sex assigned at birth, not people who are attracted to people of the same gender identity. For example, this category will exclude a transgender woman who is attracted to cisgender women – this will fall under the above category, which is opposite-sex attracted.
Both males and females	Bisexual people.
Only trans men/<i>tom</i>	There is a term to refer to a specific group of cisgender women in Thai society who are only attracted to <i>toms</i> and they are called <i>dees</i> . This type of relationship is considered by Thai society as same-sex attracted.
Only trans women/<i>khatoey/sao prapet song</i>	Transgender women/ <i>khatoey/sao prapet song</i> who are attracted to or in a relationship with cisgender men are perceived by Thai society to be gay (same-sex relationship), even though the relationship may be considered heterosexual in the English language, being between two people of the opposite sex.
People of all genders	Those who are attracted to any gender – also known as pansexuals – are considered to be a part of the LGBTI community in Thailand since gender norms in Thailand are very binary and based on sex assigned at birth.

Table 2: Gender identities defined in the Thai context

Gender identity terminology	Explanation in the Thai context
Male/man	Cisgender man.
Female/woman	Cisgender woman.
<i>Tom</i>	A transgender man or a lesbian woman whose gender expression is relatively masculine.
<i>Sao prapet song</i>	Transgender women. However, some who identify themselves as <i>sao prapet song</i> have disassociated themselves from the transgender female identity and claim <i>sao prapet song</i> is a unique identity, i.e. they are neither a woman nor a transgender woman but a <i>sao prapet song</i> .
<i>Kathoey</i>	A transgender woman or a gay man whose gender expression is relatively feminine.
<i>Dee</i>	<i>Dees</i> are homosexual (or bisexual) females who follow outward Thai gender norms. A <i>dee</i> will look, act and speak in a manner congruent with Thai female gender norms. The only difference between <i>dees</i> and traditional females is that <i>dees</i> often engage in relationships with <i>toms</i> and sometimes with other <i>dees</i> .
<i>Ponae</i>	Term referring to <i>toms</i> in southern Thailand.
Gender queer/gender non-conforming	There is no distinction in the Thai context of gender queer/non-conforming people being different from the other identities of the LGBT community.

Thai society strictly adheres to gender binary norms of male versus female with specific expectations of how men and women should behave. Those whose gender identity lies beyond the male-female binary are often invisible. Intersex people are even less visible and their naturally occurring biological variations are seen as something to be ‘fixed.’ Intersex people are commonly subsumed under the transgender category by the general public and policymakers who are not sensitized to intersex issues.

In Thailand, being socially recognized as a transgender person often depends on whether that person has undergone medical transition (gender-affirming hormonal treatments and surgical interventions). It is common for transgender men and women to be seen as lesbians and gay men respectively, prior to physically

transitioning, even though their internal sense of gender has remained consistent, often regardless of their sexual orientation.

Glossary

The terms below have been defined based on language contained in existing reports published by UNDP through the BLIAP project.³

Bisexual man: A man who is sexually or romantically attracted to or has sex with both men and women.

Bisexual woman: A woman who is sexually or romantically attracted to or has sex with both men and women.

Cisgender: A term used to describe a person whose gender identity matches their sex assigned at birth. It is the opposite, or antonym, of transgender.

Discrimination: Discrimination refers to unfavourable treatment of an individual or individuals on the basis of characteristics such as sexual orientation, gender identity and sex characteristics. It occurs when stigma is acted upon (see *stigma*).

Gay man: A man who is primarily sexually or romantically attracted to and has sex with other men.

Gender: Gender refers to the attitudes, feelings and behaviours that a given culture associates with a person's biological sex. Behaviours that are compatible with cultural expectations are referred to as gender-normative; behaviours that are viewed as incompatible with these expectations constitute gender non-conformity.

Gender-affirming health services: An umbrella term used to include any of the biomedical, surgical or health interventions a transgender person may undertake to align their physical body with their gender identity. This may include, for example, access to counselling support, hormone therapy, hair removal and a range of surgeries. The term 'gender-affirming surgeries' is preferred to the older term 'sex reassignment surgery'.⁴

Gender expression: A person's way of externally communicating gender (for example, androgyny, masculinity and/or femininity). This is done through physical appearance (including clothing, hairstyle and the use of cosmetics), mannerisms, ways of speaking, and behavioural patterns when interacting with others.

Gender identity: A person's internal sense of being a man, a woman, a third or alternative gender, a combination of genders or no gender. Everyone has a gender identity. A person's gender identity may not correspond with their sex assigned at birth.

Gender marker: How a person's gender is recorded on official documents. In Thailand, gender markers include the designations of 'Male' and 'Female' as well as gendered name titles in the forms of 'Ms', 'Mrs', and 'Mr'.

Gender queer/gender non-conforming: A term often used as a synonym for non-binary, for gender identities that are not exclusively masculine or feminine and are outside of the gender binary. For the purposes of this report, gender queer and gender non-conforming are used interchangeably for trans identities that fall outside the gender binary and do not fit in the Thai specific categories *tom*, *ponae*, *sao prapet song* or *kathoe*y, as self-reported by the survey participants.

³ UNDP. 2019. *Tolerance but not inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand*. (<https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/tolerance-but-not-inclusion.html>); UNDP and Ministry of Social Development and Human Security. 2018. *Legal Gender Recognition in Thailand: A Legal and Policy Review*. (https://www.th.undp.org/content/thailand/en/home/library/democratic_governance/legal-gender-recognition-in-thailand--a-legal-and-policy-review.html); UNDP and APTN. 2017. *Legal Gender Recognition: A Multi-Country Legal and Policy Review in Asia* (https://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/legal-gender-recognition--a-multi-country-legal-and-policy-review.html).

⁴ Health Policy Project, APTN and UNDP. 2015. *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. (<https://weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf>)

Intersex/sex characteristics: Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. Intersex is an umbrella term used to describe a wide range of natural bodily variations. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all. Being intersex relates to biological sex characteristics, which is distinct from a person's sexual orientation or gender identity. An intersex person may be straight, gay, lesbian, bisexual or asexual, and may identify as female, male, both or neither.⁵

Lesbian: A woman who is sexually or romantically attracted to and has sex with other women.

LGBTI: Lesbian, gay, bisexual, transgender and intersex. The acronyms 'LGBTI', 'LGBT' and 'LGB' are increasingly used by community-based organizations in Asia. While different sexual orientations, gender identities and intersex variations should not necessarily be grouped together at all times, it can be helpful to group issues affecting LGBTI populations together for the purposes of advocacy and solidarity, while acknowledging that there are significant differences between the issues and priorities of each of these populations. However, it is equally important that when referring to the specific needs of one group that the specific group be explicitly mentioned.

Policymakers sometimes prefer other umbrella terms such as 'gender and sexual minorities', 'SOGIE minorities', 'SOGIESC minorities' or 'SOGIE-diverse communities' (see below); however, the terms 'LGBT people' or 'LGBTI people' are commonly used. Because awareness of intersex people and issues has been limited until recently, and remains low, it is not always accurate to use the term 'LGBTI.' For example, if LGBT advocacy in a country does not yet include intersex issues, it would be inaccurate to add the 'I' to describe it.

In this report, the acronym 'LGBT' is intended to be inclusive of gender and sexual minorities (including non-binary people), regardless of whether they identify as lesbian, gay, bisexual, transgender or as another culturally specific identity. However, this report does not include intersex people when the acronym 'LGBT' is used because the research and results cannot accurately be said to reflect intersex people and issues. Similarly, the acronym 'LGB' is used in this report specifically to refer to lesbian, gay and bisexual people.

Men who have sex with men (MSM): The term 'men who have sex with men' and the common acronym MSM are umbrella terms used to refer to men who engage in sexual behaviours with other men. The term is most often used in public health. Some men who have sex with men may also have sex with females and women, so the term does not indicate sexual orientation.

Although the term 'men who have sex with men' is used to denote behaviour, in some countries in Asia, the acronym 'MSM' has increasingly been used to denote a sexual identity. For example, sometimes men use the term 'MSM' interchangeably with 'gay' to describe their sexual identity.

Men who have sex with men include a heterogeneous group of males that have varied gender expressions ranging from masculine-presenting to feminine-presenting males. In this report, the term 'men who have sex with men' excludes trans men who have sex with men, not because of a belief that trans men are not men but because not enough information is available about this subgroup.

Queer: A concept used by some people in North America, particularly younger people, whose sexual orientation is fluid and not exclusively heterosexual. The term has been adopted at times in other countries and cultures across the world. People who identify as queer often feel the terms lesbian, gay, bisexual and transgender are too limiting and not applicable to them.

Sex: This term refers to the biological characteristics used to categorize people as either male or female (see *intersex*).

Sex assigned at birth: The sex that a person is assigned at or soon after birth. This assignment may not accord with a person's own sense of gender identity as they mature. Most people's gender identity coincides with their sex assigned at birth. However, for transgender people, their gender identity or expression is different from their sex assigned at birth.

⁵ UN Free and Equal. 2015. *Fact sheet: Intersex*. (<https://www.unfe.org/wp-content/uploads/2017/05/UNFE-Intersex.pdf>)

Sexual orientation: A term referring to each person's emotional, affectional and sexual attraction to, and intimate and sexual relations with other individuals. A person may be attracted to people of the same gender (homosexual/gay/lesbian), to people of a different gender (heterosexual) or more than one gender (bisexual or pansexual).

SOGI (sexual orientation and gender identity), SOGIE (sexual orientation, gender identity and expression) and SOGIESC (sexual orientation, gender identity or expression, and sex characteristics): This report predominantly uses the term SOGIE. SOGIESC is used when intersex/sex characteristics are included. While the use of 'LGBT' has a stronger emphasis on communities and individuals, these terms refer more strongly to the broader concepts of how individuals identify themselves, are attracted to others and biological diversity.

The concepts of sexual orientation and gender identity vary across Asia, with a long history of culturally specific indigenous gender identities in different countries. There are many local terms used to describe SOGIESC subcultures in contemporary societies across the region. Terms typically have meanings that combine aspects of both sexual orientation and gender identity or gender expression. Alongside local identities, there are communities concentrated mainly in urban areas whose identities correspond more closely with Western subcultures of lesbians, gay men, bisexuals and transgender people.

Stigma: Opinions or judgements held by individuals or society that negatively reflect on a person or group. Stigma can be internalized – referring to a stigmatized individual who accepts negative beliefs, views and feelings towards the stigmatized group and oneself – or perceived/felt (also known as normative stigma) – meaning that awareness of negative societal attitudes can lead to fear of societal repercussions and expectations of rejection.⁶ Discrimination occurs when stigma is acted upon (see *discrimination*).

Transgender and trans: Persons who identify themselves as a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously or spiritually defined.⁷ For the purposes of this report, the umbrella term includes people who self-identify as trans women, trans men and gender queer/gender non-conforming.

Transgender woman: A term used to refer to a transgender person who identifies as female (i.e. a person whose sex was assigned male at birth who identifies as female), also 'trans woman'.

Transgender man: A term used to refer to a transgender person who identifies as male (i.e. a person whose sex was assigned female at birth but who identifies as male), also 'trans man'.

Transition: The process many (but not all) transgender people undergo to live authentically in their gender identity. This process may involve altering their gender expression (such as name, clothing and hairstyle). Transitioning may also involve biomedical and surgical interventions to align the individual's anatomy with their gender identity.

⁶ UNDP. 2020. *Stories of Stigma: Exploring stigma and discrimination against Thai transgender people while accessing health care and in other settings*. (https://www.th.undp.org/content/thailand/en/home/library/gender_equality/stories-of-stigma.html)

⁷ World Health Organization (WHO) Western Pacific Regional Office. 11–13 September 2012. *Meeting Report of the Consultation on HIV, STI and other Health Needs of Transgender People in Asia and the Pacific, Manila*.

PSYCHOACTIVE SUBSTANCES

As with terminology used to describe SOGIE, terminology used to describe different psychoactive substances often conflate and confuse the intended meaning. There is a slight but overlapping meaning between the terms ‘drug’, ‘substance’ and ‘medication’ that is necessary to unpack before exploring how these chemicals are used among certain populations. In general, the three terms are equivalent but in popular discourse, the terms have different associations, with ‘drug’ being associated with illicit narcotic compounds, ‘medication’ referring to legal pharmaceuticals prescribed and/or dispensed by medical professionals, and ‘substance’ being a more neutral and overarching term preferred for describing all psychoactive compounds including medicines.

Still, the terminology used to present information about psychoactive substances often conflates similarities and differences. For example, terms used to describe illicit drugs can refer to the drug by type (stimulants), by class (amphetamine-type stimulant), by chemical name (N-methyl-1-phenylpropan-2-amine or 1-phenylpropan-2-amine), by chemical structure (C₁₀H₁₅N or C₉H₁₃N), by name (methamphetamines or amphetamines), by form (crystal or tablet) or by street name (speed, tina, ice or *yaba* in Thailand). Similarly, the terminology used across the literature to identify medications often confuses type (sedatives, anxiolytics, tranquillizers or hypnotics), class (benzodiazepines [BZD] or barbiturates), brand name (Xanax, Valium or Seconal), generic name (alprazolam or midazolam) and common and street names (sleeping pills or *maew* in Thailand).

Many psychoactive substances – including medicines, precursor chemicals and narcotic drugs – are listed under the international drug control conventions which recommend the level of legal controls that countries should deploy. Essentially, the United Nations Office on Drugs and Crime (UNODC) and its affiliate agencies provide support to governments to implement the drug control treaties including generating evidence for governments to ratify these conventions where necessary. Part of UNODC’s mandate is also to ensure access to controlled substances for medical purposes. For example, medicines are often licit substances but remain controlled due to the potential risks and harms that using them may incur. Despite these international and national legal instruments, new and emerging substances often defy controls: since December 2019, more than 950 new substances have been reported to UNODC that were not included in the Conventions.⁸ Even when substances are included in formal legal and policy instruments, it does not necessarily follow that those control mechanisms translate into effective or meaningful enforcement efforts on the ground. For example, a recent study on the non-medical use of Tramadol in Thailand noted that by law, the drug can only be sold in licensed pharmacies, yet several unlicensed pharmacies continue to dispense it.⁹ In that sense, access to certain substances may be easier in some countries compared to others depending on legality and levels of control.

Lastly, the literature systematically confuses substance use, misuse and abuse, sometimes encouraging stigmatization of people who consume these various substances. ‘Misuse’ specifically refers to the non-medical use of prescription drugs (NMUPD) and this term will be used in this report within the strict understanding of this definition. The term ‘abuse’ is generally used to denote ‘dependence’, a clinical condition requiring medical assistance, although the former is infused with a negative moral judgement, compared to the latter, which is endorsed by the World Health Organization (WHO).¹⁰ It is important to note that not all substance use leads to dependence.¹¹ For example, poppers have no direct impact on the central nervous system,¹² so their use cannot lead to physical dependence.

⁸ United Nations Office on Drugs and Crime (UNODC). 2020. *New psychoactive substances*. (https://www.unodc.org/documents/scientific/NPS-Leaflet_WEB_2020.pdf)

⁹ Buasumlee, B. and Boonyarattanasoontorn, B. 2020. “The misuse of Tramadol among children and youth and the need for having efficient policy and laws enforcement” in *Interdisciplinary Research Review*, 15(3): 33–38. (<https://ph02.tci-thaijo.org/index.php/jtir/article/view/238747>)

¹⁰ Asian Network of People who Use Drugs and International Network of People who Use Drugs. 2020. *Words Matter! Language Statement & Reference Guide*. (https://www.inpud.net/sites/default/files/000596_INP_Terminology%20booklet_v11.pdf); Network of Alcohol and other Drugs Agencies and NSW Users and AIDS Association. 2016. *Language Matters*. (<https://static1.squarespace.com/static/5cc8ed0465019fb4eca08a46/t/5dbb6e9ce62ee56117ea6fed/1572564638401/language+matters+pdf.pdf>); UNODC. 2016. *Terminology and Information on Drugs*. (https://www.unodc.org/documents/scientific/Terminology_and_Information_on_Drugs-E_3rd_edition.pdf)

¹¹ World Health Organization. “Drugs (psychoactive)”. (https://www.who.int/health-topics/drugs-psychoactive#tab=tab_1)

¹² Schwartz, C. et al. 2020. “Poppers, queer sex and a Canadian crackdown: Examining the experiences of alkyl nitrite use among young sexual minority men” in *International Journal of Drug Policy*, <https://doi.org/10.1016/j.drugpo.2020.102670>. (https://www.researchgate.net/publication/339664530_Poppers_queer_sex_and_a_Canadian_crackdown_Examining_the_experiences_of_alkyl_nitrite_use_among_young_sexual_minority_men)

Glossary

The terms below have been defined based on language from existing reports published by various agencies that work on issues related to psychoactive substances and provide leadership in the sector, including the International Drug Policy Consortium (IDPC),¹³ UNODC¹⁴ and WHO.

Adulterants: A substance that is added to a drug or medication to increase the quantity produced, enhance the pharmacological and psychoactive effect, or facilitate the administration of the drug. Adulterants may include sugars, caffeine, lidocaine, paracetamol or other substances. However, some adulterants may be more harmful than others, particularly when administered through injection.

Amphetamine-type stimulants (ATS): A group of mostly synthetic substances with a closely related chemical structure which have, to varying degrees, a stimulating effect on the central nervous system. Based on the predominant pharmacological effect (at common dose levels), the group comprises (a) central nervous system stimulants such as amphetamine, methamphetamine and methylphenidate; (b) anorectics (appetite suppressants) such as phenmetrazine and amfepramone (diethylpropion); and (c) entactogens or 'ecstasy'-type substances such as MDMA ('ecstasy') and MDA.

Anxiolytic: Anti-anxiety medication (see *sedative/hypnotic*).

Controlled substance: According to IDPC, a 'controlled substance' refers to "a psychoactive substance, the production, sale, possession and use of which is restricted to those authorised by the international drug control regime. This term is preferred to 'illicit drug' or 'illicit substance' as it is not the drug itself that is illicit, but its production, sale, possession or consumption in particular circumstances in a given jurisdiction." However, given that both medicines and illicit drugs are controlled substances and that certain substances are actually illegal in Thailand, the terms 'illicit drugs' and 'medications' will be used for the purposes of this report, whereas 'substance' will be used to refer to both licit pharmaceuticals and illicit drugs.

Depressant: Any agent that suppresses, inhibits or decreases some aspects of central nervous system activity. The main classes of central nervous system depressants are sedatives/hypnotics, opioids and neuroleptics. Examples of depressant drugs are alcohol, barbiturates, anaesthetics, benzodiazepines, opiates and their synthetic analogues.

Drug dependence: Drug dependence (or substance dependence) remains a contested concept. WHO defines it as a "chronic, relapsing medical condition with a physiological and genetic basis." Drug dependence is often used interchangeably with the term 'drug use disorder.' However, some stakeholders have rejected terms describing drug dependence as a medical condition, as this approach contributes to the medicalization of substance use, given that the United Nations (UN) reports that only about 10 percent of those who use drugs develop problems related to their use. This is often referred to as 'pathologizing' substance use. Policymakers and practitioners interacting with groups and networks of people who use drugs should be aware that some activists may be uncomfortable with language or models that promote such a definition.

For the purposes of this report, drug dependence refers to a range of behaviours that include a strong desire to use substances, difficulty in controlling consumption, and the continued use of the substance despite physical, mental and social problems associated with substance use. It is often characterized by increased tolerance over time and withdrawal symptoms if substance use is abruptly stopped.

Drug dependence treatment: Drug dependence treatment describes a range of interventions – both medical and psychosocial – that support people who have issues with their substance use to help stabilize or recover control over their consumption or seek abstinence. The complexity of drug dependence is such that the response, setting and intensity of treatment need to be tailored to each person. A comprehensive menu of services should therefore be made available to suit the differing characteristics, needs, preferences and circumstances of each person wishing to access treatment. The person seeking

¹³ International Drug Policy Consortium. 2016. *IDPC Drug Policy Guide Third Edition*. (http://files.idpc.net/library/IDPC-drug-policy-guide_3rd-edition_FINAL.pdf)

¹⁴ UNODC. 2016. *Terminology and Information on Drugs, Third edition*. (https://www.unodc.org/documents/scientific/Terminology_and_Information_on_Drugs-E_3rd_edition.pdf); UNODC. 2003. *Terminology and Information on Drugs*. (https://www.unodc.org/pdf/publications/report_2003-09-01_1.pdf)

support should define their own treatment objectives, ideally in a constructive and respectful dialogue with a trained individual.

Drug use: Administration of a psychoactive substance.

Harm reduction: Policies, programmes and practices that seek to reduce physical, psychological and social problems associated with substance use without necessarily stopping that use. Some people are unable or unwilling to cease their substance use, yet still require health care and other interventions to optimize their health and well-being. Harm reduction is consequently a pragmatic set of responses directed towards these objectives, rather than an ideology that seeks to stop drug use. The same principles can be used to reduce negative social and/or physical consequences associated with any human behaviour, licit or illicit.¹⁵

Hypnotic: Any of a group of central nervous system depressants with the capacity to induce sleep. Major classes of sedatives/hypnotics include the benzodiazepines and barbiturates (see *sedative*).

Licit drug: A substance that is legally available by medical prescription in the jurisdiction in question, or a substance legally available without medical prescription.

New psychoactive substance (NPS): Also known as a 'legal high' – a substance with psychoactive properties (capable of altering mood and/or perception), whose production, distribution, possession and consumption is not (yet) subject to international drug control.

Sedative: Any of a group of central nervous system depressants with the capacity of relieving anxiety and inducing calmness. Major classes of *sedatives/hypnotics* include benzodiazepines and barbiturates (see *hypnotic*).

Stimulant: In reference to the central nervous system, any agent that activates, enhances or increases neural activity. Included in this group are amphetamines and other ATS, cocaine, caffeine, nicotine and synthetic appetite suppressants.

Tranquillizer: A tranquillizer is a calming agent. The term can be used to differentiate between these drugs and *sedatives/hypnotics*, where tranquillizers have a quieting or damping effect on psychomotor processes without (except at high doses) interfering with consciousness or thinking.

UN drug conventions and treaties: International treaties concerned with the control of production, distribution, possession and use of psychoactive substances. The first international treaty dealing with controlled substances was the Hague Convention of 1912. Its provisions and those of succeeding agreements were consolidated in the 1961 Single Convention on Narcotic Drugs (amended by a 1972 protocol), the 1971 UN Convention on Psychotropic Substances, and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

¹⁵ Arcuni, P. 2020. "From condoms to coronavirus masks, 'harm reduction' has worked to protect the public" in *KQED/Public Broadcasting Service*, 13 October. (<https://www.kqed.org/science/1970286/from-condoms-to-coronavirus-masks-harm-reduction-has-worked-to-protect-public-health>)

EXECUTIVE SUMMARY

Research from around the world has repeatedly confirmed that the rates of substance use among lesbian, gay, bisexual and transgender (LGBT) people are substantially higher than among their cisgender heterosexual counterparts.¹⁶ Many researchers and advocates have attributed these higher rates to lived experiences of stigma, discrimination, bullying, harassment and victimization,¹⁷ although it is probable that other pathways have led to increased substance use among LGBT people. Evidence has shown that among LGBT people, those negative lived experiences increase the likelihood of adverse conditions – such as low self-image, anxiety, depression, problematic substance use, HIV and suicide.¹⁸ Moreover, there are potential syndemic effects¹⁹ where, as the number of psychosocial conditions increases within an individual, the risk of major negative health outcomes also increases.²⁰

Despite the increasingly solid consensus established on a growing body of evidence around the interrelationships between sexual orientation and gender identity and expression (SOGIE), substance use, stigma and discrimination, and negative health and psychosocial outcomes, there are limited relevant data that unpack this complex dynamic in Asian contexts, including in Thailand. This report therefore seeks to summarize currently available Thailand-specific data in order to provide an in-depth review of the substance use-related behaviours that could potentially put LGBT people at risk. The report summarizes information found in academic peer-reviewed studies, in the monitoring and evaluation (M&E) systems managed by civil society organizations (CSOs), and the 1,179 responses from individuals who self-identified as LGBT in a nationwide survey conducted by the United Nations Development Programme (UNDP) office in Thailand.

Ultimately, the intent of the report is to contribute to the sensitization of key stakeholders involved in responding to the needs of LGBT people who use substances in Thailand, to provide a solid basis for developing evidence-based public health interventions grounded on harm reduction principles, to stimulate cooperation between stakeholders working with LGBT people and people who use substances, and to support strategic advocacy towards a more enabling legal and policy environment and more targeted resource mobilization efforts.

The data presented in the report show that LGBT people use a variety of substances, for a wide range of reasons, in different ways and in different contexts, leading to different levels of exposure to an array of different risks. This means that interventions and strategies need to be tailored to each population segment and even to different subsegments within each community, according to each specific risk profile, in order to respond effectively to their needs. For example, some gay men who use illicit drugs may do so to cope with stress and anxiety that result from SOGIE-based discrimination, while other gay men may be using the exact same substances purely to improve their sexual experiences. In each case, their risk

¹⁶ Han, B. H., Miyoshi, M. and Palamar, J. J. 2020. "Substance Use Among Middle-Aged and Older Lesbian, Gay, and Bisexual Adults in the United States, 2015 to 2017" in *J Gen Intern Med*, doi:10.1007/s11606-020-05635-2. (https://www.researchgate.net/publication/341804680_Substance_Use_Among_Middle-Aged_and_Older_Lesbian_Gay_and_Bisexual_Adults_in_the_United_States_2015_to_2017); Guadamuz, T. E. et al. 2019. "Illicit Drug Use and Social Victimization among Thai Sexual and Gender Minority Adolescents" in *Substance Use & Misuse*, doi:10.1080/10826084.2019.1638936. (https://www.researchgate.net/publication/334547654_Illicit_Drug_Use_and_Social_Victimization_among_Thai_Sexual_and_Gender_Minority_Adolescents); McCabe, S. E. et al. 2013. "Sexual Orientation and Substance Abuse Treatment Utilization in the United States: Results from a National Survey" in *J Subst Abuse Treat*, 44(1): 4–12. doi:10.1016/j.jsat.2012.01.007. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388170/>)

¹⁷ Han, B. H., Miyoshi, M. and Palamar, J. J. 2020. "Substance Use Among Middle-Aged and Older Lesbian, Gay, and Bisexual Adults in the United States, 2015 to 2017" in *J Gen Intern Med*, doi:10.1007/s11606-020-05635-2. (https://www.researchgate.net/publication/341804680_Substance_Use_Among_Middle-Aged_and_Older_Lesbian_Gay_and_Bisexual_Adults_in_the_United_States_2015_to_2017); Li, D.-J. et al. 2019. "Multi-Dimensional Factors Associated with Illegal Substance Use Among Gay and Bisexual Men in Taiwan" in *Int. J. Environ. Res. Public Health*, 16: 4476. doi:10.3390/ijerph16224476. (https://www.researchgate.net/publication/337272705_Multi-Dimensional_Factors_Associated_with_Illegal_Substance_Use_Among_Gay_and_Bisexual_Men_in_Taiwan); Lee, J. H. et al. 2016. "Discrimination, Mental Health, and Substance Use Disorders Among Sexual Minority Populations" in *LGBT Health*, 3(4), doi:10.1089/lgbt.2015.0135. (https://www.researchgate.net/publication/304993759_Discrimination_Mental_Health_and_Substance_Use_Disorders_Among_Sexual_Minority_Populations)

¹⁸ Mustanski, B. et al. 2014. "A Syndemic of Psychosocial Health Disparities and Associations with Risk for Attempting Suicide Among Young Sexual Minority Men" in *American Journal of Public Health*, 104(2): 287–294. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935701/>)

¹⁹ The term 'syndemics' is defined by the Center for Disease Control as "two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population."

²⁰ Mustanski, B. et al. 2014. "A Syndemic of Psychosocial Health Disparities and Associations with Risk for Attempting Suicide Among Young Sexual Minority Men" in *American Journal of Public Health*, 104(2): 287–294. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935701/>)

profiles will be distinct, so effective interventions will need to differentiate between their motivations in order to respond to their specific needs.

There is a strategic opportunity for establishing partnerships between CSOs and other agencies that are working with LGBT communities in order to more effectively and rapidly scale up effective public health interventions for LGBT people who use substances. However, the compound stigma faced by LGBT people who use substances is much greater than the stigma that LGBT individuals who do not use substances face, or that non-LGBT people who use drugs are subjected to. The stigma associated with using substances, often driven by criminalization of those substances, is so powerful that it may lead to incremental discrimination from other community members,²¹ as reported on multiple occasions during the key stakeholder interviews that informed the preparation of this report.

This implies that the road to meaningfully addressing the needs of LGBT people who use substances will be long and arduous in Thailand, given that an effective response will need evidence-based policies and practices that integrate elements across two very complex and often marginalized communities. The way forward will require cooperation, collaboration and coordination between stakeholders and agencies to conduct research, collect data, pilot interventions, roll out services, expand coverage and evaluate results, while advocating for the meaningful participation of LGBT people who use substances, for a more enabling environment, for legal and policy reform, and for allocation or reallocation of resources, both financial and technical.

The findings presented in this report are not meant to support or recommend policing of LGBT people who use substances, policing of online and offline spaces where LGBT people engage in risk behaviours, or encouraging censorship or closing down of LGBT-specific platforms that they use to communicate. In fact, these practices may exacerbate stigmatization of and discrimination against members of the LGBT community and generate additional barriers to reaching and connecting with LGBT people who use substances. The data reported here are meant to facilitate discussion and improve understanding of the current situation in Thailand in order to develop and deploy effective evidence-based public health interventions, including community support towards safer use of substances, that address the specific risks and harms that may result from such practices. To achieve this goal, examples of harm reduction messages are included at the end of each subsection of the report.

²¹ International Network of People who Use Drugs. *Chemsex: A Case Study of Drug-Userphobia*. (<https://www.inpud.net/en/chemsex-case-study-drug-userphobia>)

RECOMMENDATIONS

- ✔ All stakeholders working with LGBT people who use substances must prioritize the meaningful involvement of community representatives in all aspects of the response, including in advocacy and the design, planning, development, implementation and monitoring and evaluation of tools, services, projects, programmes and policies.
- ✔ All stakeholders working with LGBT populations and/or SOGIE-related issues in Thailand should be trained on and sensitized about issues related to substance use, effective harm reduction approaches and supportive drug policies. Conversely, all stakeholders working on drug policies or issues related to substance use should be trained on and sensitized about the needs of LGBT communities and SOGIE-related issues.
- ✔ Additional qualitative and quantitative research is urgently needed on substance use among LGBT people in Thailand, including the potential misuse of licit medications, both in sexualized and non-sexualized settings.
 - Given the limited data and information about substance use among certain segments of LGBT communities in Thailand, research should be prioritized to understand the risk behaviours of lesbians, bisexual women and trans men. Noting that there are virtually no available data related to substance use among intersex people, this area calls for further research.
 - Specific data about the non-medical use of medications should be collected and analysed to better understand the supply chain, the patterns of use, the scope and scale of this behaviour and the potential adverse consequences on physical and mental health, including potential drug-drug interactions, as well as the social and economic impacts.
- ✔ Standardized and normative tools are urgently needed to monitor and evaluate programme implementation and quality assurance to identify changes in drug trends and the contexts in which they are used; to collect evidence related to the effectiveness, cost-effectiveness and safety of interventions; to strengthen service delivery and health programming; and to support strategic advocacy to facilitate policy change.
- ✔ All relevant stakeholders in Thailand should work together to establish a coordination mechanism to facilitate communication, cooperation and collaboration across those that work on issues related to SOGIE and issues related to substance use.
- ✔ All relevant stakeholders should use evidence and strategic information, including programmatic data, to develop client archetypes or profiles in order to design targeted and tailored effective public health messages, services and other interventions that respond to the needs of LGBT people who use substances.
 - A standardized, comprehensive and tailored package of public health services is urgently needed to meet the needs of LGBT communities who use substances. Services must include and prioritize community-led delivery in order to ensure effectiveness, accessibility and empowerment.
 - Public health interventions for LGBT people who use substances should be based on evidence, culturally respectful, non-judgemental, grounded on human rights principles and designed and implemented with the meaningful involvement of peers with the priority objective of reducing harms and managing risks.
 - All relevant stakeholders should work together to develop information and education messages, tools and strategies, based on the principles above, to sensitize LGBT, harm reduction and other public health service providers – both in community and primary care settings – on the needs of LGBT individuals, including those who use licit and illicit substances.
- ✔ Donors and government agencies in Thailand should facilitate financial investments to address the needs of all populations who use substances (irrespective of population-based silos and disease focus), urgently mobilize technical assistance and allocate or reallocate resources to support the development and prioritization of the activities listed above.
 - All relevant stakeholders should work together to reform punitive laws and policies that prevent the effective implementation of public health strategies and interventions.
 - All relevant stakeholders should work together to reform laws and policies to facilitate the recognition of gender and sexual diversity.
 - All relevant stakeholders should work together to ensure that gender-affirming care is recognized as a public health need and a human rights imperative (as opposed to an aesthetic luxury) in order to facilitate access to medically supervised hormones and silicone treatment as well as effective health insurance coverage for these procedures.

INTRODUCTION

Research from around the world has repeatedly confirmed that rates of substance use among lesbian, gay, bisexual and transgender (LGBT) people are substantially higher than among cisgender heterosexual counterparts, especially among young people who identify as sexual and gender minorities, while rates are even more pronounced among those who identify as bisexual as compared to other sexual and gender minorities.²² For example, an analysis of responses from 66,208 self-identified queer students and 6,607 self-identified trans students across 918 educational institutions across the United States (US), collected through seven national survey instruments used between 2016 and 2017, showed that the rate of ecstasy and other 'club drug' use in the last 30 days was twice as high for self-identified queer students, and the rates of methamphetamine and other amphetamine-type stimulants (ATS) use in the last 30 days was more than twice as high for self-identified queer students than their cisgender heterosexual counterparts.²³

However, recognizing that there are multiple pathways that lead to substance use and dependence, it is important to clarify that the risks for LGBT people to engage in substance use and to develop clinical disorders related to substance use are more likely a consequence of cultural and environmental factors associated with being part of a stigmatized and marginalized population, rather than an inherent function of their sexual orientation or gender identity.²⁴ Many researchers and advocates have attributed these higher rates to lived experiences of stigma, discrimination, bullying, harassment and victimization.²⁵ A multi-country meta-analysis confirmed that LGB individuals experienced greater rates of victimization compared to heterosexual individuals.²⁶ Such stressors have negative psychological consequences for LGBT people, which can contribute to the emergence of mental health issues and substance use.²⁷ For example, a study conducted in the US concluded that the odds of past-year substance use disorders were nearly four times greater among LGB adults who reported having experienced discrimination based on race, gender and sexual orientation compared to those who had not experienced discrimination.²⁸

In turn, evidence has also shown that among LGBT people, those negative experiences increase the likelihood of adverse conditions – such as low self-image, anxiety, depression, problematic substance use,

²² Han, B. H., Miyoshi, M. and Palamar, J. J. 2020. "Substance Use Among Middle-Aged and Older Lesbian, Gay, and Bisexual Adults in the United States, 2015 to 2017" in *J Gen Intern Med*, doi:10.1007/s11606-020-05635-2. (https://www.researchgate.net/publication/341804680_Substance_Use_Among_Middle-Aged_and_Older_Lesbian_Gay_and_Bisexual_Adults_in_the_United_States_2015_to_2017); Guadamuz, T. E. et al. 2019. "Illicit Drug Use and Social Victimization among Thai Sexual and Gender Minority Adolescents" in *Substance Use & Misuse*, doi:10.1080/10826084.2019.1638936. (https://www.researchgate.net/publication/334547654_Illicit_Drug_Use_and_Social_Victimization_among_Thai_Sexual_and_Gender_Minority_Adolescents); Mustanski, B. et al. 2014. "A Syndemic of Psychosocial Health Disparities and Associations with Risk for Attempting Suicide Among Young Sexual Minority Men" in *American Journal of Public Health*, 104(2): 287–294. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935701/>); McCabe, S. E. et al. 2013. "Sexual Orientation and Substance Abuse Treatment Utilization in the United States: Results from a National Survey" in *J Subst Abuse Treat*, 44(1): 4–12. doi:10.1016/j.jsat.2012.01.007. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388170/>); Marshal, M. P. et al. 2008. "Sexual orientation and adolescent substance use: A meta-analysis and methodological review" in *Addiction*, 103: 546–556. doi:10.1111/j.1360-0443.2008.02149.x. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2680081/>)

²³ Rankin, S. et al. 2019. "A retrospective of LGBT issues on US college campuses: 1990–2020" in *International Sociology*, 34(4): 435–454, doi:10.1177/0268580919851429. (https://www.researchgate.net/publication/334160961_A_retrospective_of_LGBT_issues_on_US_college_campuses_1990-2020)

²⁴ McCabe, S. E. et al. 2010. "The Relationship Between Discrimination and Substance Use Disorders Among Lesbian, Gay, and Bisexual Adults in the United States" in *American Journal of Public Health*, 100(10): 1946–1952. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2937001/>)

²⁵ Han, B. H., Miyoshi, M. and Palamar, J. J. 2020. "Substance Use Among Middle-Aged and Older Lesbian, Gay, and Bisexual Adults in the United States, 2015 to 2017" in *J Gen Intern Med*, doi:10.1007/s11606-020-05635-2. (https://www.researchgate.net/publication/341804680_Substance_Use_Among_Middle-Aged_and_Older_Lesbian_Gay_and_Bisexual_Adults_in_the_United_States_2015_to_2017); Li, D.-J. et al. 2019. "Multi-Dimensional Factors Associated with Illegal Substance Use Among Gay and Bisexual Men in Taiwan" in *Int. J. Environ. Res. Public Health*, 16: 4476. doi:10.3390/ijerph16224476. (https://www.researchgate.net/publication/337272705_Multi-Dimensional_Factors_Associated_with_Illegal_Substance_Use_Among_Gay_and_Bisexual_Men_in_Taiwan); Lee, J. H. et al. 2016. "Discrimination, Mental Health, and Substance Use Disorders Among Sexual Minority Populations" in *LGBT Health*, 3(4), doi:10.1089/lgbt.2015.0135. (https://www.researchgate.net/publication/304993759_Discrimination_Mental_Health_and_Substance_Use_Disorders_Among_Sexual_Minority_Populations)

²⁶ Katz-Wise, S. L. and Hyde, J. S. 2012. "Victimization Experiences of Lesbian, Gay, and Bisexual Individuals: A Meta-Analysis" in *The Journal of Sex Research*, 49(2–3): 142–167. doi:10.1080/00224499.2011.637247. (https://www.researchgate.net/publication/221879348_Victimization_Experiences_of_Lesbian_Gay_and_Bisexual_Individuals_A_Meta-Analysis)

²⁷ Lee, J. H. et al. 2016. "Discrimination, Mental Health, and Substance Use Disorders Among Sexual Minority Populations" in *LGBT Health*, 3(4), doi:10.1089/lgbt.2015.0135. (https://www.researchgate.net/publication/304993759_Discrimination_Mental_Health_and_Substance_Use_Disorders_Among_Sexual_Minority_Populations)

²⁸ McCabe, S. E. et al. 2010. "The Relationship Between Discrimination and Substance Use Disorders Among Lesbian, Gay, and Bisexual Adults in the United States" in *American Journal of Public Health*, 100(10): 1946–1952. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2937001/>)

HIV and suicide.²⁹ Moreover, there are potential syndemic effects³⁰ where, as the number of psychosocial conditions increases within an individual, the likelihood of risks of major negative health outcomes increases.³¹ Essentially, syndemics suggest that negative health and psychosocial conditions synergize to accelerate the emergence and amplify the magnitude of negative health and psychosocial outcomes.

Despite the increasingly solid consensus established on a growing body of evidence around the interrelationships between sexual orientation and gender identity and expression (SOGIE), substance use, stigma and discrimination and negative health and psychosocial outcomes, there are limited relevant data that unpack this complex dynamic, specifically in Asian contexts. One large study conducted in 12 different countries through 40 community partners from across Asia shows that men who have sex with men (MSM) are using a range of different substances. The study results summarized in Table 3 below also show that the rates at which MSM living with HIV use substances is much greater than among those who are not.³² Unfortunately, the data from that study were not disaggregated by country or by SOGIE.

Table 3: Past six-month substance use among MSM from 12 countries in Asia³³

SUBSTANCES	All (n = 10,861)		HIV negative/ unknown (n = 10,451)		People living with HIV (n = 410)	
	Total	Proportion (%)	Total	Proportion (%)	Total	Proportion (%)
Stimulants						
Crystal meth	433	4.0%	350	3.4%	83	20.2%
Ecstasy	874	8.1%	738	7.1%	136	33.2%
Cocaine	197	1.8%	171	1.6%	26	6.3%
Non-stimulant drugs						
Poppers	657	6.1%	599	5.7%	58	14.2%
Cannabis	394	3.6%	355	3.4%	39	9.5%
GHB	248	2.3%	186	1.8%	62	15.1%
Ketamine	577	5.3%	475	4.6%	102	24.9%
Licit medications						
Erectile dysfunction medications (Viagra)	860	7.9%	723	6.9%	137	33.4%
Other						
Poly drug use	1,152	10.6%	995	9.5%	157	38.2%

Still, this study, others like it and reports from around the world indicate that LGBT people have a preference for certain substances, including but not limited to the ones listed in the table above. Evidence shows that LGBT people, particularly MSM, are especially fond of 'club drugs' although there is no clear consensus as to what substances belong in this group, given that there is considerable geographical variation based on local availability. ATS drugs, particularly methamphetamines in crystal (ice) or tablet form (yaba), are almost always included in this group, along with other stimulant drugs like ecstasy/MDMA and cocaine. Non-stimulant drugs like poppers, GHB/GBL and ketamine are also commonly associated with 'club drugs.' These and other drugs are also used in combination with other licit pharmaceuticals such as erectile dysfunction medications and sedatives.

²⁹ Mustanski, B. et al. 2014. "A Syndemic of Psychosocial Health Disparities and Associations with Risk for Attempting Suicide Among Young Sexual Minority Men" in *American Journal of Public Health*, 104(2): 287-294. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935701/>)

³⁰ The term 'syndemics' is defined by the Center for Disease Control as "two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population."

³¹ Mustanski, B. et al. 2014. "A Syndemic of Psychosocial Health Disparities and Associations with Risk for Attempting Suicide Among Young Sexual Minority Men" in *American Journal of Public Health*, 104(2): 287-294. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935701/>)

³² Wei, C. et al. 2012. "Patterns and Levels of Illicit Drug Use among Men Who Have Sex with Men in Asia" in *Drug Alcohol Depend*, 120(1-3): 246-249. doi:10.1016/j.drugalcdep.2011.07.016. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3217098/pdf/nihms314612.pdf>)

³³ Ibid.

Meanwhile other segments of the LGBT community may also use licit substances and medications for a range of purposes. For example, transgender men and women commonly use gender-affirming hormones to accelerate the development of characteristics of their affirmed gender while reducing the characteristics associated with their sex at birth.³⁴ Similarly, trans women have been reported to inject silicone for aesthetic purposes to accentuate the physical presentation of their gender identity.³⁵ Meanwhile, across the LGBT spectrum and beyond, sedatives are increasingly used without medical supervision,³⁶ often to counteract or manage the negative side effects associated with 'club drugs'.³⁷ In the same context, erectile dysfunction medications are also used without medical supervision to counteract or manage the negative side effects associated with certain substances and to enhance sexual activity.³⁸

It is worthwhile pointing out that no substance is inherently 'bad,' although the use of any and all substances carries risk. For example, water is a generally innocuous substance, yet drinking too much of it can lead to a fatal overdose. Risks related to substance use are a function of individual physiology and psychology, the quantity used, the frequency at which substances are used, the combinations and potential pharmacological interactions with other substances used, the methods by which those substances are used and the environment in which they are used, including but not limited to their legal status.

This report explores the potential risks associated with substance use among LGBT individuals in the Thai context. The report summarizes currently available data to provide an in-depth review of the substance use-related behaviours that could potentially put LGBT people at risk. The report summarizes information found in academic peer-reviewed studies, in the monitoring and evaluation (M&E) systems managed by civil society organizations (CSO), and from other novel sources described in the methodology section. Ultimately, the intent of the report is to contribute to the sensitization of key stakeholders involved in responding to the needs of LGBT people who use substances in Thailand, to provide a solid basis for developing evidence-based public health interventions grounded on harm reduction principles, to stimulate cooperation between stakeholders working with LGBT people and people who use substances, and to support strategic advocacy towards a more enabling legal and policy environment and more targeted resource mobilization efforts.

To achieve these objectives, the report first provides an overview of the methods used to collect and analyse available data, including limitations and exclusions. The report then summarizes data and findings related to some of the risk behaviours related to substance use in which LGBT people engage in Thailand. The report covers illicit drug use, injecting drug use, poly substance use, chemsex and the misuse of licit pharmaceutical products, particularly the medications that are popularly used by segments of the LGBT community without medical supervision. After each subsection related to risk behaviours, guidance on reducing harms is provided to support the development and integration of such strategies in existing and future interventions.

The report concludes with an overarching analysis of the available evidence, including the implications and considerations that should drive efforts to develop and scale up effective interventions to respond to the needs of LGBT people who use substances in Thailand. Finally, a set of top-line recommendations have been formulated to support LGBT people who use substances, health service providers (particularly those working with LGBT communities and those working with people who use substances), governments, donors and development partners as they work together to better address the needs of vulnerable people in Thailand.

³⁴ Regmi, P. R. et al. 2019. "Hormone use among Nepali transgender women: a qualitative study" in *BMJ Open*, 9: e030464. doi:10.1136/bmjopen-2019-030464. (<https://bmjopen.bmj.com/content/9/10/e030464>)

³⁵ Guadamuz, T. E. et al. 2011. "HIV Prevalence, Risk Behavior, Hormone Use and Surgical History Among Transgender Persons in Thailand" in *AIDS Behav*, 15(3): 650–658. doi:10.1007/s10461-010-9850-5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>)

³⁶ Han, B. H., Miyoshi, M. and Palamar, J. J. 2020. "Substance Use Among Middle-Aged and Older Lesbian, Gay, and Bisexual Adults in the United States, 2015 to 2017" in *J Gen Intern Med*, doi:10.1007/s11606-020-05635-2. (https://www.researchgate.net/publication/341804680_Substance_Use_Among_Middle-Aged_and_Older_Lesbian_Gay_and_Bisexual_Adults_in_the_United_States_2015_to_2017); Berg, R. C. et al. 2019. "Links between transactional sex and HIV-STI-risk and substance use among a large sample of European men who have sex with men" in *BMC Infectious Diseases*, 19: 686. <https://doi.org/10.1186/s12879-019-4326-3>. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6683343/>); McCabe, S. E. 2005. "Correlates of nonmedical use of prescription benzodiazepine anxiolytics: results from a national survey of U.S. college students" in *Drug Alcohol Depend*, 79(1): 53–62. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1761924/pdf/nihms14397.pdf>)

³⁷ Kelly, B. C. and Parsons, J. T. 2010. "Prevalence and predictors of non-medical prescription drug use among men who have sex with men" in *Addictive Behaviors*, 35:312–317. doi:10.1016/j.addbeh.2009.11.002. (https://www.researchgate.net/publication/40037683_Prevalence_and_predictors_of_non-medical_prescription_drug_use_among_men_who_have_sex_with_men); Degenhardt, L. and Topp, L. 2003. "Crystal meth' use among polydrug users in Sydney's dance party subculture: characteristics, use patterns and associated harms" in *International Journal of Drug Policy*, 14: 17–24. (https://www.researchgate.net/publication/240189527_Crystal_meth'_use_among_polydrug_users_in_Sydney's_dance_party_subculture_Characteristics_use_patterns_and_associated_harms/link/5bf4e52692851c6b27cebbdf/download)

³⁸ Knoops, L. et al. 2015. *Tina and slamming: MSM, crystal meth and intravenous drug use in a sexual setting*. Mainline. (<https://www.soaids.nl/files/2019-12/Tina-And-Slamming-def-web.pdf>)

METHODOLOGY

This report builds on the results presented in *Tolerance but not Inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand*, a comprehensive research report published by UNDP Thailand based on the results of a participatory mixed-methods data collection and analysis process.³⁹ The primary source of data for the study was a national online survey of LGBT people, administered in Thailand from January to March 2018. The 1,350 survey responses from LGBT people were further analysed, but a sample of 1,179 was retained (see *Exclusions* below) for the purposes of this analysis on substance use.

A chain-referral sampling method was employed, where local, regional and national LGBT organizations were approached as initial sources to help recruit participants. To be eligible to participate, individuals must have been at least 18 years old, currently reside in Thailand, self-identify as LGBT and be able to read and speak Thai. A total of 61 questions were included in the original survey, 2 of which focused on substance use.⁴⁰ The two questions on substance use were developed based on guidelines published by the European Monitoring Centre for Drugs and Drug Addiction,⁴¹ and integrated in the survey questionnaire. Due to the sampling methodology and the online nature of the survey, the results cannot be generalized to the broader LGBT population across Thailand. Additional information about the survey and the mixed methods used in the preparation of the original report are included therein.⁴²

In order to enhance and contextualize survey results related to substance use among LGBT people in Thailand, a desk review of the published literature from across the world was conducted, covering 104 academic studies, 59 additional relevant reports and articles, and 5 slide decks from official presentations, covering a total of 168 documents, plus additional website content. The desk review was conducted between June and October 2020, following extensive discussions between the author and a core working group composed of UNDP Thailand and regional staff as well as three external advisors who together provided guidance and oversight throughout the preparation of the report.

During the same period, 11 key informant interviews were conducted, with 1 to 8 respondents per interview, reaching a total of 35 respondents. A list of organizations reached through the key informant interviews is included in Table 4 below. Respondents were initially selected based on their track record in reaching LGBT clients and known expertise in the area of LGBT people who use substances, although based on recommendations from informants, the initial list was expanded to include additional respondents, including BLIAP project partners.

³⁹ UNDP. 2019. *Tolerance but not Inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand*. (<https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/tolerance-but-not-inclusion.html>)

⁴⁰ UNDP. 2017. *A Questionnaire on Attitudes towards Sexual Orientation, Gender Identity and Gender Expression (SOGIE) in Thailand*.

⁴¹ European Monitoring Centre for Drugs and Drug Addiction. 2002. *Handbook for surveys on drug use among the general population*. (https://www.emcdda.europa.eu/system/files/publications/244/Handbook_for_surveys_on_drug_use_among_the_general_population_-_2002_106510.pdf)

⁴² UNDP. 2019. *Tolerance but not Inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand*. (<https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/tolerance-but-not-inclusion.html>)

Table 4: List of organizations and number of respondents participating in key stakeholder interviews

Organization (alphabetical order)	Number of informants
APCOM	1
FHI360	2
Health and Opportunity Network (HON)	1
Independent expert	1
Institute of HIV Research and Innovation (IHRI)	2
M Plus Foundation	8
Mahidol University research group	4
Ozone Foundation	4
Rainbow Sky Association of Thailand (RSAT)	6
Sisters Foundation	1
Service Workers in Group (SWING) Foundation	5
TOTAL	35

Out of the 11 groups reached, 6 civil society organizations (CSO) deliver health and social care services directly to clients. The key informant interviews were therefore used to request monitoring and evaluation (M&E) data about substance use among their clients. Out of the six CSOs delivering health services directly to clients, three submitted M&E data sets for review. In addition, four respondents shared supplementary data for consideration in the preparation of this report.

The draft of this report was completed in October 2020 and shared with 16 peers for review in order to validate findings and ensure the quality of the content. Relevant comments were addressed and suggestions were integrated in the final report, which was completed in December 2020.

LIMITATIONS

In addition to the limited generalizability of findings to the broader LGBT population of Thailand, a number of other limitations should be taken into consideration. The differences observed among respondent demographics, recruitment and sampling strategies, types of drugs used, recall periods, geographical locations, and other factors also limit the potential for comparison and for generalizing conclusions from the available data. While efforts were made to provide a comprehensive assessment of the situation related to substance use among LGBT communities in Thailand, it is inevitable that the report was not able to locate all relevant sources and capture all pertinent data. Lastly, on a related note, all materials analysed were either in English or Thai and published materials in other languages were not included in the analysis.

Exclusions

As noted above, a total of 1,350 respondents completed the UNDP survey but the core working group decided to exclude responses from respondents who self-identified as 'intersex' (72 respondents) and 'others' whose self-reported SOGI did not map to any of the commonly used subcategories in the literature (99 respondents), leaving a total of 1,179 responses for analysis. This decision was made primarily in the context of comparability, given that no data were located in the literature about substance use among intersex people as well as in regards to the challenges in interpreting results related to 'others'. In addition, UNDP has reservations about the quality of data from respondents who self-identified as 'intersex' due

to potential conflation with transgender identities;⁴³ the research and results cannot accurately be said to reflect intersex people and issues.

While the present report strives to provide a comprehensive assessment of the situation related to substance use among LGBT people in Thailand, the core working group providing oversight also decided to exclude issues related to alcohol and tobacco. As a matter of prioritization, the focus has been placed on the use of other licit and illicit substances where knowledge and data gaps are more important. The decision to exclude alcohol and tobacco was also made in light of the limited time and funds available for this assessment. Finally, it is generally recognized that public health services, strategies and commodities for managing alcohol and tobacco use and dependence are better established and more widely available than those to address public health considerations related to most other substances.

The working group also opted to exclude anabolic steroids from this report, despite evidence suggesting that some LGBT communities – particularly young sexual and gender minority men – may disproportionately use these substances more than their heterosexual counterparts and other LGBT community members.⁴⁴ The decision to exclude anabolic steroids was made after the author reported that no data were available specifically about the use of this substance among LGBT people in Thailand, in addition to the fact that no information was collected about this substance in the UNDP survey. However, further research should be conducted to investigate the use of anabolic steroids among LGBT people in order to identify potential harms, develop relevant information, education and communication materials for prevention purposes and, if necessary, design and deploy interventions to reduce those harms.

⁴³ UNDP. 2019. *Tolerance but not Inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand*. (<https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/tolerance-but-not-inclusion.html>)

⁴⁴ Blashill, A. J. and Safren, S. A. 2014. "Sexual orientation and anabolic-androgenic steroids in U.S. adolescent boys" in *Pediatrics*, 133(3): 469–75. doi:10.1542/peds.2013-2768. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3934340/pdf/peds.2013-2768.pdf>)

SUBSTANCE USE TRENDS AND RELEVANT ISSUES AMONG LGBT PEOPLE IN THAILAND

Most recent estimates indicate approximately 4.2 million LGBT individuals living in Thailand, representing about 2.8 percent of the total population.⁴⁵ The total number of MSM aged 15–49 is estimated at 590,700 (3 percent of the total adult male population),⁴⁶ while an estimated 15,000 men aged 15–49 (2.9 percent of the estimated MSM population) are engaged in sex work.⁴⁷ Studies also report that up to 17 percent of men have engaged in sex with other men at least once in their lives.⁴⁸ Estimates also suggest that there may be up to 62,800 trans women aged 15–49 living in Thailand,⁴⁹ though there are currently no available estimates for the total number of trans men living in the country. Similarly, no estimate for the total number of lesbians living in Thailand was identified in the literature during the preparation of this report.

As in many other countries, LGBT individuals in Thailand are particularly vulnerable to substance use. Emerging academic studies and data from CSOs indicate that LGBT communities use a variety of substances, both licit and illicit, for a range of different and sometimes overlapping purposes. Different substances are used by different subsegments of the LGBT communities for different purposes, including managing anxiety; coping with stigma, discrimination, victimization, harassment and bullying; enhancing pleasure; facilitating social and sexual encounters; managing physical and mental health conditions; enhancing beauty and managing use of other substances.

This section of the report provides a summary of existing relevant data related to substance use among LGBT communities in Thailand. First, a general overview of illicit substance use among LGBT people is presented, followed by data on injecting drug use, poly drug use and the sexualized use of substances (chemsex). Finally, data are also presented on relevant and commonly used licit substances, some of which are often used in conjunction with illicit substances.



ILLICIT DRUG USE

There is limited data about illicit drug use among LGBT communities in Thailand. Available data generally come from academic studies focusing on MSM and trans women in the context of the HIV response. Extremely limited data are available about illicit substance use among lesbians and transgender men in Thailand.

For example, baseline data collected from 2,646 MSM (70.3 percent) and trans women (29.7 percent) in the context of a cohort study implemented in Bangkok, Chiang Mai, Chonburi and Songkhla showed that 36.8 percent of all participants had used drugs in the past six months, representing 36.8 percent of MSM and 36.8 percent of trans women.⁵⁰ Out of all participants, 6.4 percent had used amphetamine-type stimulants (ATS) in the past six months, representing 6.5 percent of MSM and 6 percent of trans women.⁵¹ The study found that use of ATS in the past six months was correlated with HIV prevalence.⁵²

⁴⁵ Angkulanon, R. 6 September 2018. "เข้าใจอินไซด์ชาวสีรุ้ง เจาะกำลังซื้อ LGBT ไม่ใช้ตลาด Niche อีกต่อไป" in *The Bangkok Insight*, online at: <https://www.thebangkokinsight.com/41361/>.

⁴⁶ HIV and AIDS Data Hub for Asia-Pacific. 2019. *Review in slides: Men who have sex with men*. (<https://www.aidsdatahub.org/resource/men-who-have-sex-men-msm-slides>)

⁴⁷ Ibid.

⁴⁸ APCOM. 2012. *MSM Country Snapshots: Thailand*. (<https://www.apcom.org/storage/2015/09/msmsnapshots-thailand.pdf>)

⁴⁹ HIV and AIDS Data Hub for Asia-Pacific. 2021. *Review in slides: Transgender people (male-to-female)*. (<https://www.aidsdatahub.org/resource/transgender-slides>)

⁵⁰ Seekaew, P., et al. 2018. "Characteristics and HIV epidemiologic profiles of men who have sex with men and transgender women in key population-led test and treat cohorts in Thailand" in *PLoS One*, 13(8): e0203294. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6117046/pdf/pone.0203294.pdf>)

⁵¹ Ibid.

⁵² Ibid.

Another cross-sectional analysis of a cohort study data collected from 1,744 MSM recruited at a hospital clinic in Bangkok found that 10.8 percent of the total sample had ever used illicit drugs⁵³ in their lifetimes, and 10.9 percent had ever used poppers in their lifetimes.⁵⁴ Among the 372 MSM living with HIV in the cohort, 13.7 percent had ever used illicit drugs in their lifetimes and 18.5 percent had ever used poppers in their lifetimes.⁵⁵ Another study based on the same cohort reported that 10.1 percent of the HIV-negative MSM had used methamphetamines prior to the study.⁵⁶ Another study based on the same cohort looked specifically at the 215 MSM and trans women who seroconverted during the study and showed that 15.3 percent of them had used drugs, 13 percent had used 'club drugs,' and 11.6 percent had used poppers in the same recall period of the past four months.⁵⁷ The last study based on the same cohort showed that among 47 young MSM aged 18 to 24, 29.8 percent had ever used 'club drugs.'⁵⁸

As part of a community-based pre-exposure prophylaxis project implemented in Bangkok, Chiang Mai, Chonburi and Songkhla provinces, six CSOs enrolled 1,697 participants (1,467 MSM and 230 trans women). At baseline, overall 6.2 percent of all participants had used ATS in the past three months, representing 6.6 percent of MSM and 3.5 percent of trans women; and 32.8 percent reported using illicit drugs in the past three months, representing 33.7 percent of MSM and 27 percent of trans women.⁵⁹ The study found no decrease in drug use among enrolled participants in the 12-month project.⁶⁰

An analysis of responses from 1,408 adult MSM and trans women collected during a prospective observational cohort study in outpatient clinics in five hospitals across Bangkok, Khon Kaen, Udon Thani and Pathum Thani provinces showed that 9.2 percent had used drugs in the past six months.⁶¹ More specifically, 3.3 percent had used methamphetamines, 0.4 percent had used ecstasy, 1 percent had used poppers, 0.1 percent had used cocaine and none had used cannabis in the past six months.⁶²

Analysis of longitudinal data collected from 616 MSM and trans women enrolled in the Test and Treat Demonstration Project in Bangkok, Lampang, Mahasarakham and Ubon Ratchatani provinces showed that, at baseline, 4.1 percent of participants had used ATS in the past month, representing 10.3 percent of 107 PLHIV and 2.8 percent of 509 respondents who were HIV negative at baseline.⁶³ The study showed that ATS use decreased only among PLHIV who had already been diagnosed at baseline, despite exposure to risk reduction counselling.⁶⁴

A cross-sectional study conducted in Chiang Mai reported that 11.1 percent of 551 MSM and trans women had ever used methamphetamines in their lifetime.⁶⁵ More specifically, that study reported that 8.1 percent of gay men, 10 percent of trans women and 21.6 percent of bisexual men had ever used methamphetamines.⁶⁶ That study also provided insight about the lifetime use of cannabis and heroin among MSM and trans women, as indicated in Table 5 below.

⁵³ Specifically cannabis, MDMA/ecstasy, amphetamine, methamphetamine, ketamine, cocaine and GHB.

⁵⁴ Van Griensven, F. et al. 2013. "Evidence of an explosive epidemic of HIV infection in a cohort of men who have sex with men in Thailand" in *AIDS*, 27(5): 825–32. (https://journals.lww.com/aidsonline/Fulltext/2013/03130/Evidence_of_an_explosive_epidemic_of_HIV_infection.16.aspx)

⁵⁵ Ibid.

⁵⁶ Piyaaraj, P. et al. 2018. "The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study" in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

⁵⁷ Lam, C. R. et al. 2017. "Subtypes and Risk Behaviors Among Incident HIV Cases in the Bangkok Men Who Have Sex with Men Cohort Study, Thailand, 2006–2014" in *AIDS Research and Human Retroviruses*, 33(10): 1004–1012. doi:10.1089/aid.2016.0119. (https://www.researchgate.net/publication/311922485_Subtypes_and_Risk_Behaviors_Among_Incident_HIV_Cases_in_the_Bangkok_Men_Who_Have_Sex_with_Men_Cohort_Study_Thailand_2006-2014)

⁵⁸ Defined as ecstasy, methamphetamine, ketamine, GHB, LSD, and Rohypnol. Chemnasiri, T. et al. 2019. "Risk Behaviors Among Young Men Who Have Sex With Men in Bangkok: A Qualitative Study to Understand and Contextualize High HIV Incidence" in *J Homosex*, 66(4): 533–548. doi:10.1080/00918369.2017.1422941. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6409201/pdf/nihms-1012870.pdf>)

⁵⁹ Phanuphak, N. et al. 2018. "Princess PrEP program: the first key population-led model to deliver pre-exposure prophylaxis to key populations in Thailand" in *Sex Health*, 15(6): 542–55. (<https://pubmed.ncbi.nlm.nih.gov/30249317/>)

⁶⁰ Ibid.

⁶¹ Kritsanavarin, U. et al. 2020. "HIV incidence among men who have sex with men and transgender women in four provinces in Thailand" in *International Journal of STD & AIDS*, Vol. 31(12): 1154–1160. (<https://journals.sagepub.com/doi/abs/10.1177/0956462420921068>)

⁶² Ibid.

⁶³ Hiransuthikul, A. et al. 2019. "Changes in risk behaviors among Thai men who have sex with men and transgender women enrolled in the test and treat cohort" in *AIDS Care*, 31(9): 1178–83. (<https://www.tandfonline.com/doi/full/10.1080/09540121.2019.1580346?scroll=top&needAccess=true>)

⁶⁴ Ibid.

⁶⁵ Chariyalertsak, S. et al. 2011. "HIV Incidence, Risk Factors, and Motivation for Biomedical Intervention among Gay, Bisexual Men, and Transgender Persons in Northern Thailand" in *PLOS One*, 6(9): e24295. doi:10.1371/journal.pone.0024295. (<https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0024295&type=printable>)

⁶⁶ Ibid.

Table 5: Lifetime illicit substance use among a sample of gay and bisexual men and trans women in Chiang Mai (n = 551)⁶⁷

	Gay men	Trans women	Bisexual men	Total
Meth	8.1%	10.0%	21.6%	11.1%
Cannabis	2.9%	0.7%	5.9%	2.9%
Heroin	0.3%	0.7%	5.9%	0.4%

A community-based participatory study conducted among 474 trans women in Bangkok, Chiang Mai and Phuket showed that 42.6 percent had used drugs⁶⁸ in the past three months.⁶⁹ The same study showed that 13.9 percent of trans women living with HIV had used drugs in the past three months.⁷⁰ The same study also concluded that sexual minority men were almost twice as likely to report illicit drug use, compared to heterosexual cisgender men.⁷¹

Data collected as part of the baseline survey for a two-arm randomized behaviour change intervention trial among methamphetamine users aged 18 to 25 and their social network members in Chiang Mai found that 50 percent of a sample of 36 lesbian women used methamphetamines at least once a week.⁷² The study revealed that lesbians who used methamphetamines were more likely to receive emotional support from a sex partner and less likely to have sex partners who used methamphetamines.⁷³ The same study also showed that sexual risk is not uniformly distributed among women who use methamphetamines.⁷⁴

These studies show the ongoing and mutually associated twin epidemics of methamphetamine use and HIV infection among MSM in Bangkok.⁷⁵ One study among MSM and trans women found a positive association for ATS use with respondents below age 25, sex work, having group sex, tobacco use, problem alcohol use and HIV infection.⁷⁶ Similarly, having ever received money for sex was predictive for methamphetamine use among MSM while factors associated with methamphetamine use among the same group included younger age, receiving money for sex, finding casual sex partners on the internet, and participation in chemsex parties.⁷⁷ Two separate studies also found that the use of 'club drugs' was also significantly associated with HIV prevalence.⁷⁸ Yet another study found that having multiple sex partners was a significant predictor of recreational drug use⁷⁹ among MSM and that recreational drug use was strongly associated with HIV infection.⁸⁰ Meanwhile, the use of poppers was positively associated

⁶⁷ Ibid.

⁶⁸ Defined as cannabis, methamphetamine/speed, ketamine, ecstasy, poppers/nitrates, inhalants (glue/thinners) and sleeping pills.

⁶⁹ Guadamuz, T. E. et al. 2011. "HIV Prevalence, Risk Behavior, Hormone Use and Surgical History Among Transgender Persons in Thailand" in *AIDS Behav*, 15(3): 650–658. doi:10.1007/s10461-010-9850-5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>)

⁷⁰ Ibid.

⁷¹ Guadamuz, T. E. et al. 2019. "Illicit Drug Use and Social Victimization among Thai Sexual and Gender Minority Adolescents" in *Substance Use & Misuse*. doi:10.1080/10826084.2019.1638936. (https://www.researchgate.net/publication/334547654_Illicit_Drug_Use_and_Social_Victimization_among_Thai_Sexual_and_Gender_Minority_Adolescents)

⁷² German, D. et al. 2008. "Young Thai women who use methamphetamine: Intersection of sexual partnerships, drug use, and social networks" in *Int J Drug Policy*, 19(2): 122–129. doi:10.1016/j.drugpo.2007.11.010. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2715012/pdf/nihms46785.pdf>)

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ Piyaaraj, P. et al. 2018. "The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study" in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

⁷⁶ Colby, D. J. et al. 2019. "Crystal amphetamine use is common and associated with HIV infection among MSM and TGW in Bangkok, Thailand," poster presentation at the *International AIDS Conference 2019*.

⁷⁷ Piyaaraj, P. et al. 2018. "The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study" in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

⁷⁸ Lam, C. R. et al. 2017. "Subtypes and Risk Behaviors Among Incident HIV Cases in the Bangkok Men Who Have Sex with Men Cohort Study, Thailand, 2006–2014" in *AIDS Research and Human Retroviruses*, 33(10): 1004–1012. doi:10.1089/aid.2016.0119. (https://www.researchgate.net/publication/311922485_Subtypes_and_Risk_Behaviors_Among_Incident_HIV_Cases_in_the_Bangkok_Men_Who_Have_Sex_with_Men_Cohort_Study_Thailand_2006-2014); Guadamuz, T. E. et al. 2014. "Psychosocial Health Conditions and HIV Prevalence and Incidence in a Cohort of Men who have Sex with Men in Bangkok, Thailand: Evidence of a Syndemic Effect" in *AIDS Behav*, 18: 2089–2096. doi:10.1007/s10461-014-0826-8. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4198419/>)

⁷⁹ Defined as use of one or more of the following drugs: cannabis, ecstasy, methamphetamine, ketamine, cocaine, gamma-hydroxybutyrate (GHB), amyl nitrite (poppers), and benzodiazepine (sedative).

⁸⁰ Holtz, T. H. et al. 2015. "Longitudinal Analysis of Key HIV-Risk Behavior Patterns and Predictors in Men Who Have Sex with Men, Bangkok, Thailand" in *Arch Sex Behav*, 44: 341–348. doi:10.1007/s10508-014-0427-7 (https://www.researchgate.net/publication/271648201_Longitudinal_Analysis_of_Key_HIV-Risk_Behavior_Patterns_and_Predictors_in_Men_Who_Have_Sex_with_Men_Bangkok_Thailand)

with HIV infection among MSM and trans women.⁸¹ This association between substance use and HIV was also confirmed by results of biological and behavioural surveillance in Thailand: the prevalence of substance use among Thai MSM increased substantially, from less than 5 percent in 2003 to more than 40 percent by 2014,⁸² coinciding with a surge in HIV prevalence among MSM, from 17.3 percent in 2003 to 31.5 percent in 2012.⁸³

Perhaps warranting greater concern, SOGIE-based social victimization, symptoms of depression and suicidal ideation were associated with illicit drug use among young sexual and gender minority men.⁸⁴ Similarly, one study confirmed the link between recreational drug use and suicidal ideation and/or suicide attempts.⁸⁵

Despite the limited number of studies presenting prevalence of illicit drug use among LGBT populations in Thailand, alternative sources of data have been used to better understand the current situation. Data provided by CSOs who deliver health and social care services to LGBT individuals, while less rigorous, is important to consider. Data presented in Table 6 below summarize information provided to UNDP by CSOs delivering HIV services to LGBT people in Thailand.

Table 6: Prevalence of illicit drug use among CSO clients accessing HIV services in Thailand

	RSAT	SWING	FHI360 ⁸⁶	IHRI ⁸⁷	TRC ^{88*}	TRC ^{89*}	Ozone
Demographics							
Population	MSM	MSM	MSM	MSM	MSM	MSM	MSM
	TGW	(71.5%)	(82.2%)	(95%)	(93.6%)	(92%)	(99.6%)
	Tom	TGW	TGW	TGW	TGW	TGW	TGW
	Tom sex worker	(1.3%)	(7%)	(5%)	(6.4%)	(8%)	(0.4%)
		MSW	FSW				
		(20.1%)	(0.2%)				
		TGSW	General				
		(1.3%)	(10.6%)				
		FSW					
		(5.86%)					
Sample size	2,546	239	2,994	684	502	738	851
Timeframe	10 October 2019 to 25 May 2020	1 October 2019 to 27 June 2020	December 2018 to September 2019	December 2018 to September 2019	N/A	January to November 2019	May 2019 to March 2020
Location	Bangkok	Bangkok	Bangkok	Bangkok	Bangkok	Bangkok	Thailand

⁸¹ Kritsanavarin, U. et al. 2020. "HIV incidence among men who have sex with men and transgender women in four provinces in Thailand" in *International Journal of STD & AIDS*, Vol. 31(12): 1154–1160. (<https://journals.sagepub.com/doi/abs/10.1177/0956462420921068>); Van Griensven, F. et al. 2013. "Evidence of an explosive epidemic of HIV infection in a cohort of men who have sex with men in Thailand" in *AIDS*, 27(5): 825–32. (https://journals.lww.com/aidsonline/Fulltext/2013/03130/Evidence_of_an_explosive_epidemic_of_HIV_infection.16.aspx)

⁸² Piyaaraj, P. et al. 2018. "The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study" in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

⁸³ Ministry of Public Health. 2018. *Thailand AIDS Response Progress Report*. (https://hivhub.ddc.moph.go.th/Download/Report/APR/2018/EN_GAM%202018.pdf)

⁸⁴ Guadamuz, T. E. et al. 2019. "Illicit Drug Use and Social Victimization among Thai Sexual and Gender Minority Adolescents" in *Substance Use & Misuse*. doi:10.1080/10826084.2019.1638936. (https://www.researchgate.net/publication/334547654_Illicit_Drug_Use_and_Social_Victimization_among_Thai_Sexual_and_Gender_Minority_Adolescents)

⁸⁵ Holtz, T. H. et al. 2015. "Longitudinal Analysis of Key HIV-Risk Behavior Patterns and Predictors in Men Who Have Sex with Men, Bangkok, Thailand" in *Arch Sex Behav*, 44: 341–348. doi:10.1007/s10508-014-0427-7 (https://www.researchgate.net/publication/271648201_Longitudinal_Analysis_of_Key_HIV-Risk_Behavior_Patterns_and_Predictors_in_Men_Who_Have_Sex_with_Men_Bangkok_Thailand)

⁸⁶ Panpet, P. et al. 2019. "Self-report use of substances during sex among key-populations clients served at community-led health center" abstract submitted for presentation at the *International AIDS Conference 2019*.

⁸⁷ Phanuphak, P. 2019. "Integrating substance use services into sexual health service for MSM and TGW in Thailand," presentation delivered at the *19th International Conference of Public Health Sciences*, 2 October.

⁸⁸ Colby, D. J. et al. 2020. "The perfect ice storm: Mixing meth and HIV spreads hepatitis C in Thai MSM," poster presentation at the *Conference on Retroviruses and Opportunistic Infections 2020*. (<https://www.croiconference.org/abstract/the-perfect-ice-storm-the-mix-of-meth-and-hiv-spreads-hepatitis-c-in-thai-msm/>)

⁸⁹ Colby, D. J. et al. 2019. "Crystal amphetamine use is common and associated with HIV infection among MSM and TGW in Bangkok, Thailand," poster presentation at the *International AIDS Conference 2019*.

	RSAT	SWING	FHI360	IHRI	TRC	TRC	Ozone
Drug use							
<i>Recall period</i>	<i>Past 3 months</i>	<i>Past 30 days</i>	<i>Past 3 months</i>	<i>N/A</i>	<i>Past 6 months</i>	<i>Past 6 months</i>	<i>N/A</i>
Poppers	263 (10.3%)**	154 (64.4%)	#2	285 (41.7%)	N/A	271 (36.7%)	Yes
Cannabis	30 (1.2%)	10 (4.2%)	N/A	9 (1.3%)	N/A	36 (4.9%)	N/A
Cocaine	9 (0.4%)	6 (2.5%)	N/A	2 (0.3%)	N/A	11 (1.5%)	N/A
Ketamine	7 (0.3%)**	7 (2.9%)	N/A	5 (0.7%)	N/A	27 (3.7%)	Yes
Ecstasy	166 (0.7%)	8 (3.3%)	N/A	179 (26.2%)	43 (8.6%)	26 (3.5%)	N/A
Meth tablets (yaba)		2 (0.8%)	N/A		N/A	14 (1.9%)	N/A
Crystal meth (ice)		92 (38.5%)	#3		122 (24.3%)	118 (16%)	100%
Mephadrone	3 (0.1%)	N/A	N/A	N/A	N/A	N/A	N/A
GHB/GBL	6 (0.2%)	N/A	N/A	N/A	N/A	N/A	N/A
Opioids	1 (0.03%)	N/A	N/A	N/A	N/A	N/A	N/A

Notes: MSM = men who have sex with men; TGW = transgender women; FSW = female sex workers; TGSW = transgender sex workers; * Data from these two columns are taken from the same cohort of individuals diagnosed during acute HIV infection. ** The specific substance in this table was included in a broader category: poppers were part of inhalants; ketamine was part of hallucinogens; and sleeping pills/alprazolam was part of sedatives. Similarly, data about methamphetamine, crystal methamphetamine and ecstasy use from RSAT and IHRI were collapsed into the 'amphetamine-type stimulant' category with no disaggregation between these three drugs. Data provided by FHI360 and IHRI were sourced from RSAT. Data provided by FHI360 indicate only the top three (alcohol, poppers, crystal meth) most prevalent substances without indication of the prevalence rates. Similarly, data provided by Ozone Foundation show that all clients were using crystal methamphetamines and that some were using poppers and ketamine, although no prevalence rates were provided.

It is also worth highlighting that the webpage on crystal meth is the most often visited page on APCOM's TestBKK website, with the webpage on poppers coming in as the fifth most popular.⁹⁰

The UNDP survey results also contribute to understanding the situation related to substance use among LGBT people in Thailand. Overall, prevalence of illicit drug use among the 1,179 LGBT respondents was low. Detailed results are provided in Table 7 below. Out of the 24 respondents who had used poppers in the past 30 days, the majority (70.8 percent) were gay men, and 45.5 percent of the 11 respondents who had used methamphetamines in the past 30 days were also gay men.

Once disaggregated by SOGIE, the UNDP survey results provide an additional source of information related to illicit drug use among lesbians in Thailand. Out of the 234 lesbians who responded to the UNDP survey, 4 respondents (1.7 percent) had used cannabis in the past 30 days, 1 (0.4 percent) had used kratom in the past 30 days, and 1 (0.4 percent) had used methamphetamines (though the results were not disaggregated by tablet or crystal form) in the past 30 days.

⁹⁰ The TestBKK website can be accessed in Thai and English at: <https://www.testbkk.org/th> and <https://www.testbkk.org/en>.

Table 7: Illicit drug use among LGBT respondents to the UNDP survey in Thailand

	Poppers	Cannabis	Cocaine	Ketamine	Ecstasy	Meth (yaba / ice)	GHB/ GBL	Opioids
All LGBT (n = 1,179)	24 (2%)	19 (1.6%)	2 (0.2%)	4 (0.3%)	1 (0.1%)	11 (0.9%)	0	0
Gay men (n = 218)	17 (7.8%)	6 (2.8%)	1 (0.5%)	1 (0.5%)	0	5 (2.3%)	0	0
Lesbians (n = 234)	0	4 (1.7%)	0	0	0	1 (0.4%)	0	0
Bisexual men and women (n = 120)	3 (2.5%)	2 (1.7%)	0	0	0	0	0	0
Trans women (n = 213)	1 (0.5%)	4 (1.9%)	1 (0.5%)	1 (0.5%)	0	2 (1%)	0	0
Trans men (n = 218)	0	1 (0.5%)	0	0	1 (0.5%)	1 (0.5%)	0	0
Gender queer/ gender non- conforming (n = 176)	3 (1.8%)	2 (1.1%)	0	2 (1.1%)	0	2 (1.1%)	0	0

The reported prevalence of illicit drug use among LGBT people in Thailand varies. That variance could be attributed to a range of factors including respondent demographics, respondent recruitment and sampling strategies, types of drugs used, recall periods, geographical locations and other factors. Despite the variance, it is clear that MSM are particularly at risk to the harms associated with illicit drug use given that few interventions are available in Thailand to educate and sensitize them or provide social care and public health commodities and services to reduce those harms. Meanwhile, the absence of data about illicit drug use among lesbians and trans men is problematic and prevents creating recommendations and implementing evidence-based targeted interventions to reduce those harms.

REDUCING HARMS ASSOCIATED WITH ILLICIT DRUG USE

These recommendations, identified in the literature and based on inputs from experts who contributed to this report, are designed to reduce the risks associated with illicit substance use. They have been included here to help guide the integration of harm reduction principles in policies, programmes and services in existing and future interventions so that they are better able to meet the needs of LGBT people.

Harm reduction principles are grounded in the recognition that not all persons who use drugs are willing or able to stop doing so. If they choose to use illicit substances, these harm reduction messages are intended to reduce the associated harms to individuals and communities, in line with the comprehensive approach recommended by WHO, UNAIDS and UNODC.

1. The meaningful involvement of people who use drugs in all aspects of the response – including in advocacy and the design, planning, development, implementation, monitoring and evaluation of tools, services, projects, programmes and policies – is critical to the success of efforts to support that community.⁹¹
2. Before using drugs, consult someone who has used these substances before and research the effects – good and bad – so that you know what to expect. Community-based harm reduction services or drop-in centres are often managed by peers who can be an excellent source of information and offer medical services for marginalized communities.
3. Before using a substance, it is worthwhile considering your overall environment, including the location and setting, the people in the immediate vicinity and your mood and your mindset.
4. If possible, have the drugs checked and tested for impurities and adulterants.
5. It is best to start with a small dose to assess the strength of the substance being used and then take more later. If you have not used drugs in a long time, you may have a lower tolerance and be more susceptible to its effects.
6. Stay accessible and reachable when using drugs so that people can find you if there's an emergency.
7. Don't use drugs alone in case something goes wrong.
8. Use in a place where you feel safe and comfortable.
9. Don't buy drugs from someone you don't know.
10. Don't inject, if possible, given that the potential for harm is much greater.
11. Use drugs moderately and avoid mixing drugs together or with alcohol or medicines.
12. Don't use drugs and drive or operate heavy machinery.
13. Seek information about how to make your sexual experience as safe as possible when using drugs. Consider carrying a condom and/or using pre- or post-exposure prophylaxis. Consider getting regularly screened for HIV and sexually transmitted infections.



INJECTING DRUG USE

Data related to injecting drug use among LGBT communities in Thailand are even more limited than those related to non-injecting illicit drug use. Data about injecting drug use among transgender men and women in Thailand are even scarcer.

Early studies conducted in Thailand showed limited rates of injecting drug use among LGBT communities. For example, a study conducted among 1,725 adolescents in Northern Thailand in 2004 showed that rates of injection drug use were low. The study showed that 0.7 percent of heterosexual males had ever injected in their lifetimes compared to no homosexual or bisexual males.⁹² The same study reported that 0.1 percent of heterosexual females had ever injected in their lifetimes, compared to 3.2 percent of homosexual or bisexual females.⁹³

⁹¹ Canadian HIV/AIDS Legal Network, International HIV/AIDS Alliance and Open Society Institute. 2008. *"Nothing about us without us" – Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative: International edition.* (<https://www.opensocietyfoundations.org/publications/nothing-about-us-without-us>)

⁹² Van Griensven, F. et al. 2004. "The Prevalence of Bisexual and Homosexual Orientation and Related Health Risks Among Adolescents in Northern Thailand" in *Archives of Sexual Behavior*, 33(2): 137–147. (https://www.researchgate.net/publication/8560295_The_Prevalence_of_Bisexual_and_Homosexual_Orientation_and_Related_Health_Risks_Among_Adolescents_in_Northern_Thailand)

⁹³ Ibid.

A cross-sectional study among 1,744 MSM recruited at a hospital clinic in Bangkok found that injection drug use was rarely reported, although the study confirmed anecdotal reports from respondents about the benefits associated with injection of crystal methamphetamines compared to smoking.⁹⁴ An observational cohort study, based on the same sample, confirmed these findings.⁹⁵

More recent studies provide prevalence rates based on samples of MSM. A study based on results of a national school-based survey among 2,070 students grades 7 to 12 (aged 13 to 20) from 15 secondary schools in Thailand showed that 0.4 percent of the total sample had ever injected illicit drugs in their lifetimes.⁹⁶ Among those who had ever injected, 75 percent were LGBT respondents.⁹⁷

The most important volume of data about injecting drug use among LGBT communities in Thailand comes from Ozone Foundation which reports having reached, during a 13-month period between May 2019 and March 2020, a total of 848 MSM and 3 trans women who inject crystal methamphetamines.

Despite limited information collected about MSM clients who inject drugs, Ozone monitoring reports are the only source of information on 'booty bumps' in Thailand. 'Booty bumping' is a sexualized mode of administration for substances, whereby diluted substances (usually finely crushed crystal methamphetamines) are squirted into the anal cavity with a syringe (without a needle) or alternatively, are poured on the penis, which is then rapidly inserted into the anal cavity of a receptive partner.⁹⁸ No information about the prevalence of this practice was included in the Ozone reports.

Out of the 239 clients reached by SWING in Bangkok between October 2019 and June 2020, 0.8 percent had injected ecstasy in the past 30 days, 0.4 percent had injected yaba in the past 30 days and 17.6 percent had injected crystal methamphetamines in the past 30 days.

Among the 684 clients served by RSAT between December 2018 and September 2019 in Bangkok, 41.8 percent had injected drugs, though no recall period was provided for these data.⁹⁹ All injectors reached in the context of this community-based project were MSM.¹⁰⁰

Data collected from Thai Red Cross Anonymous Clinic showed that 9 percent of a sample of 502 MSM and trans women diagnosed with acute HIV infection had injected crystal methamphetamines in the previous six months.¹⁰¹ Among the 45 respondents who had injected crystal methamphetamines in the previous six months, 11.1 percent were living with hepatitis C virus (HCV).¹⁰² Additional data from the same project showed that among 738 MSM and trans women reached between January and November 2019, 4.3 percent had injected crystal methamphetamine in the past six months.¹⁰³ Among the 42 crystal methamphetamine injectors, 28.6 percent were living with HIV.¹⁰⁴

Another project implemented in Bangkok showed that 7 percent of respondents were injecting crystal methamphetamines,¹⁰⁵ while the Asian Network of People who Use Drugs reported that 3.2 percent of MSM inject drugs.¹⁰⁶

⁹⁴ Van Griensven, F. et al. 2013. "Evidence of an explosive epidemic of HIV infection in a cohort of men who have sex with men in Thailand" in *AIDS*, 27(5): 825–32. (https://journals.lww.com/aidsonline/Fulltext/2013/03130/Evidence_of_an_explosive_epidemic_of_HIV_infection.16.aspx)

⁹⁵ Piyaraj, P. et al. 2018. "The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study" in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

⁹⁶ Guadamuz, T. E. et al. 2019. "Illicit Drug Use and Social Victimization among Thai Sexual and Gender Minority Adolescents" in *Substance Use & Misuse*. doi:10.1080/10826084.2019.1638936. (https://www.researchgate.net/publication/334547654_Illicit_Drug_Use_and_Social_Victimization_among_Thai_Sexual_and_Gender_Minority_Adolescents)

⁹⁷ Ibid.

⁹⁸ Ozone Foundation, 2020. การดำเนินกิจกรรมการเข้าถึงและการให้บริการ ชุดบริการด้านการลดอันตรายจากการใช้สารเสพติด ในกลุ่มชายที่มีเพศสัมพันธ์ (MSM PWID) วันที่ 1 มกราคม 2563 – วันที่ 31 มีนาคม 2563.

⁹⁹ Phanuphak, P. "Integrating substance use services into sexual health service for MSM and TGW in Thailand," presentation delivered at the 19th International Conference of Public Health Sciences, 2 October 2019.

¹⁰⁰ Ibid.

¹⁰¹ Colby, D. J. et al. 2020. "The perfect ice storm: Mixing meth and HIV spreads hepatitis C in Thai MSM," poster presentation at the *Conference on Retroviruses and Opportunistic Infections 2020*. (<https://www.croiconference.org/abstract/the-perfect-ice-storm-the-mix-of-meth-and-hiv-spreads-hepatitis-c-in-thai-msm/>)

¹⁰² Ibid.

¹⁰³ Colby, D. J. et al. 2019. "Crystal amphetamine use is common and associated with HIV infection among MSM and TGW in Bangkok, Thailand," poster presentation at the *International AIDS Conference 2019*.

¹⁰⁴ Ibid.

¹⁰⁵ Prevention. 2020. *Annual Report 2019*. (<https://ihri.org/wp-content/uploads/2020/10/Annual-Report-2019-online.pdf>)

¹⁰⁶ Asian Network of People who Use Drugs. 2018. *Chemsex*. (<https://drive.google.com/file/d/14CnTXvZdND5u2jpxxTRj4gZyApV44PA/view>)

In the UNDP survey, out of the 1,179 respondents, only one gay man and one transgender (gender queer/gender non-conforming) person reported having ever injected any illicit drug (amphetamines) in their lifetimes.

While there are limited reports of injecting drug use among transgender men or transgender women in Thailand, data from other countries in the region show that the prevalence of injecting drug use among transgender women in countries where data were available was estimated at 1.9 percent in their lifetime; 0.7 percent in Indonesia, 1.2 percent in Malaysia and 2 percent in Pakistan, all in the past 12 months; 3.7 percent in India in the past three months; and 3 percent in Cambodia, though no recall period was provided.¹⁰⁷

REDUCING HARMS ASSOCIATED WITH INJECTING DRUG USE

These recommendations, identified in the literature and based on inputs from experts who contributed to this report, are designed to reduce the risks associated with injecting drug use. They have been included here to help guide the integration of harm reduction principles in policies, programmes and services in existing and future interventions so that they are better able to meet the needs of LGBT people.

Harm reduction principles are grounded in the recognition that not all persons who use drugs are willing or able to stop doing so. If they choose to use illicit substances, these harm reduction messages are intended to reduce the associated harms to individuals and communities, in line with the comprehensive approach recommended by WHO, UNAIDS and UNODC.

1. It is important to obtain sterile materials prior to injecting, including needles and syringes, cookers and spoons, cotton filters, sterile water, tourniquets, lighters or matches, and other tools.
 - a. Use a different syringe and needle for each different substance being injected.
 - b. If sterile needles and syringes are not available, it is important to disinfect those that are available with bleach prior to injecting.
 - c. It is strongly recommended to immediately dispose used needles and syringes using sharps containers. Where such containers are not available, a heavy-duty plastic household container can be used as an alternative.
2. Washing hands with soap and the injection site with alcohol pads is good practice that helps avoid infections and complications.
3. Different risks are associated with different injection sites on the body, though the risks also vary depending on the substance injected.
 - a. Injecting is the most risky mode of administering a drug compared to sniffing, smoking, shafting or oral administration.
 - b. Intramuscular and subcutaneous injections are more risky than intravenous injections and should be avoided, although some substances (like hormones and steroids) should never be injected in the bloodstream directly.
 - c. Switch injection sites to prevent overuse of a specific area on the body.
 - d. When engaging in 'booty bumping':
 - i. Avoid inserting pure powder in or rubbing pure powder on the anus.
 - ii. Dissolve drugs in warm water and ensure the substance is completely dissolved. The more water is used, the lower the risk of irritation and milder the irritation will be.
 - iii. After booty bumping, wait 15 minutes to engage in receptive anal intercourse given that undissolved particles can cause bleeding and damage with friction.
4. Learn about proper injecting techniques. For comprehensive and thorough guidance on reducing injection-related harms, refer to the Harm Reduction Coalition's *Getting off right: A safety manual for injection drug users*,¹⁰⁸ and specifically for guidance related to slamming, read Mainline's *Slamming: Dos and Don'ts*.¹⁰⁹ For transgender-specific injections, consider recommendations in Fenway Health's *Injection Guide*.¹¹⁰ For additional information on reducing harms associated with booty bumping, see the article in *Filter*.¹¹¹

Other harm reduction strategies presented in this report should also be considered in the context of injecting drug use.

¹⁰⁷ AIDS Data Hub for Asia-Pacific. 2021. *Review in slides: Transgender people (male-to-female)*. (<https://www.aidsdatahub.org/resource/transgender-slides>)

¹⁰⁸ Harm Reduction Coalition. 2020. *Getting off right: A safety manual for injection drug users*. (<https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/>)

¹⁰⁹ Knoops, L. and Bakker, I. 2016. *Slamming: Dos and Don'ts*. Mainline. (<https://english.mainline.nl/posts/show/8124>)

¹¹⁰ Fenway Health. 2015. *Transgender Health: Injection Guide*. (https://fenwayhealth.org/wp-content/uploads/2015/07/COM-1880-trans-health_injection-guide_small_v2.pdf)

¹¹¹ Kuwabara Blanchard, S. 10 December 2019. "Booty-Bumping Meth: Harm Reduction for an Under-Discussed Practice" in *Filter*, online at: <https://filtermag.org/booty-bumping-meth/>.

Poly substance use refers to the use of several substances by an individual, often at the same time or sequentially, usually with the intention of improving or increasing the effect of or counteracting the effects of another drug.¹¹² Drugs taken together can have a cumulative or synergistic effect, which increases the overall psychoactive experience.¹¹³ In many cases, one substance (methamphetamines, cocaine or heroin) is used as a base, with additional substances being added to compensate for the side effects of the primary drug and/or to make the experience more enjoyable.¹¹⁴

Health risks associated with combination substance use depend not only on the pharmacological properties and amounts of the substances consumed but also on a range of individual characteristics and social and environmental factors.¹¹⁵ For example, reports indicate that risks of fatal and non-fatal overdose increase significantly, and poly substance use has been associated with violent or aggressive behaviour,¹¹⁶ although other risks can emerge as a result of the specific drug combinations.¹¹⁷ Also, different substances can interact together to create toxic reactions.¹¹⁸ In addition, poly substance use can compromise judgement, awareness and/or memory and lead to increased risk behaviours with regards to other substances and increase consumption of those other drugs.¹¹⁹ Finally, poly substance use has been associated with increased odds of being diagnosed with anxiety disorders and being involved in sexual risk-taking behaviour.¹²⁰

Compared to data on illicit drug use and injecting drug use, virtually no data were found on poly substance use among LGBT people in Thailand. Only one study conducted in Thailand reported data about combination drug cocktails,¹²¹ while no CSO collected data on poly substance use among their clients, and this area was not explored in the UNDP survey, despite the many risks associated with mixing several licit and illicit substances together.

A cross-sectional study conducted among 551 MSM in Chiang Mai showed that 0.6 percent of gay men, 5.9 percent of bisexual men, 0 percent of trans women and 1.5 percent of the total sample had ever combined cannabis and methamphetamines in their lifetimes.¹²² The same study also reported that 0.3 percent of gay men, 0 percent of bisexual men and trans women and 1.5 percent of the total sample had ever combined heroin and methamphetamines in their lifetimes.¹²³

The limited availability of data on poly substance use among LGBT people warrants urgent investigation through academic studies and through community-based monitoring, particularly of combinations of drugs where pharmacological interactions can trigger toxic effects and where drugs accelerate overdose risks.

¹¹² WHO. "Multiple drug use" in *Lexicon of alcohol and drug terms published by the World Health Organization*, online at: <https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours/terminology>.

¹¹³ UNODC. 2016. *World Drug Report*. (https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf)

¹¹⁴ Iudici, A. et al. 2015. "New drugs and poly drug use: implications for clinical psychology" in *Front. Psychol.*, 6: 267. doi:10.3389/fpsyg.2015.00267. (https://www.researchgate.net/publication/274728293_New_drugs_and_polydrug_use_Implications_for_clinical_psychology)

¹¹⁵ European Monitoring Centre for Drugs and Drug Addiction. 2002. "Polydrug use" in *Annual report on the state of the drugs problem in the European Union and Norway*. (https://www.emcdda.europa.eu/attachements.cfm/att_37265_EN_sel2002_1en.pdf)

¹¹⁶ Ibid.

¹¹⁷ European Monitoring Centre for Drugs and Drug Addiction. 2009. *Polydrug use: patterns and responses*. (https://www.emcdda.europa.eu/attachements.cfm/att_93217_EN_EMCDCA_SI09_polydrug%2520use.pdf)

¹¹⁸ Ibid.

¹¹⁹ Ibid.

¹²⁰ Fernández-Calderón, F. et al. 2019. "Harm reduction strategies related to dosing and their relation to harms among festival attendees who use multiple drugs" in *Drug Alcohol Rev.* 38(1): 57–67. doi:10.1111/dar.12868. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6338512/pdf/nihms-991122.pdf>)

¹²¹ Guadamuz, T. E. and Boonmongkon, P. 2018. "Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks" in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>)

¹²² Chariyalertsak, S. et al. 2011. "HIV Incidence, Risk Factors, and Motivation for Biomedical Intervention among Gay, Bisexual Men, and Transgender Persons in Northern Thailand" in *PLOS One*, 6(9): e24295. doi:10.1371/journal.pone.0024295. (<https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0024295&type=printable>)

¹²³ Ibid.

REDUCING HARMS ASSOCIATED WITH POLY SUBSTANCE USE

Harm reduction strategies related to poly substance use are highly contextual and dependent on the different drugs used by an individual. So, harm reduction support is generally provided on a case-by-case basis and often according to the personal experiences of service providers – who ideally are peers – combined with their work experience and their knowledge of the local context.¹²⁴ Given the multiplicity of substances and the myriad of combinations, there is no one-size-fits-all strategy that can be applied to safeguard people who engage in poly substance use. However, education by peers should be a solid starting point, where people who engage in poly substance use have access to information about risks associated with different drugs as well as risks associated with different common combinations.

That said, recent evidence shows that individuals who practise dosing-related harm reduction strategies frequently experience less drug-related harm.¹²⁵ Dosing-related harm reduction strategies include regulating the quantity of drugs used, spacing out doses within a session, and not combining certain drug types to avoid cumulative or summative effects.¹²⁶ For example, the majority of study respondents indicated avoiding mixing depressants when using other drugs.¹²⁷

Some general tips to reduce potential harms associated with poly substance use include:¹²⁸

1. If using a substance for the first time, it is better to take it on its own.
2. Tell people you trust who are nearby which combination of drugs you are taking, in case something goes wrong.
3. Combining downers increases the risk of a coma and respiratory failure.
4. Combining uppers increases the risk of heart problems, cardiovascular problems and overheating, and can induce paranoia, psychosis and aggression.
5. Be aware of the cumulative or synergistic effects of drug combinations. For example, some HIV and hepatitis C treatment medications amplify the effect of methamphetamines, ecstasy, MDMA and ketamine.¹²⁹ Examples of potential drug-drug interactions can be found online at: https://wiki.tripsit.me/images/3/3a/Combo_2.png.

Other harm reduction strategies presented in this report should also be considered in the context of poly substance use.

These recommendations, identified in the literature and based on inputs from experts who contributed to this report, are designed to reduce the risks associated with poly substance use. They have been included here to help guide the integration of harm reduction principles in policies, programmes and services in existing and future interventions so that they are better able to meet the needs of LGBT people.

Harm reduction principles are grounded in the recognition that not all persons who use drugs are willing or able to stop doing so. If they choose to use illicit substances, these harm reduction messages are intended to reduce the associated harms to individuals and communities, in line with the comprehensive approach recommended by WHO, UNAIDS and UNODC.

¹²⁴ European Monitoring Centre for Drugs and Drug Addiction. 2009. *Polydrug use: patterns and responses*. (https://www.emcdda.europa.eu/attachements.cfm/att_93217_EN_EMCDDA_SI09_polydrug%2520use.pdf)

¹²⁵ Fernández-Calderón, F. et al. 2019. "Harm reduction strategies related to dosing and their relation to harms among festival attendees who use multiple drugs" in *Drug Alcohol Rev*, 38(1): 57–67. doi:10.1111/dar.12868. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6338512/pdf/nihms-991122.pdf>)

¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ SOA-AIDS Netherlands and Mainline. "Using meth in combination with other chems" online at: <https://sexntina.nl/en/basics/combigebruik-en-andere-chems/>.

¹²⁹ For more information on potential interactions between HIV medications and drugs, visit www.hiv-druginteractions.org.

Chemsex is often defined as “intentional sex under the influence of psychoactive drugs” whose participants are generally from the community of gay men and other MSM.¹³⁰ However, chemsex advocates define chemsex in the context of the pursuit of pleasure as well as in the context of medicating “complex issues that inhibit the enjoyment of gay sex such as societal and internalized homophobia, the impact of the HIV/AIDS epidemic within gay cultures, and religious or cultural shame that is often associated with gay sex.”¹³¹

People who practise chemsex report that substance use increases sexual confidence, increases sexual desire and libido, stimulates intimacy and connections and increases sexual longevity, as well as increases sexual pleasure and euphoria.¹³² Chemsex participants often report that substance use in a sexual setting lowers inhibitions, and decreases pain or discomfort that can sometimes be experienced during sex, especially long sessions.¹³³ However, use of some drugs like crystal methamphetamines can also lead to depressive symptoms, mood disorders, paranoia, psychosis and violence.¹³⁴

Chemsex drugs of choice vary, but crystal methamphetamines, amphetamines, ecstasy/MDMA, cocaine, gamma-hydroxybutyrate (GHB) and/or gamma-butyrolactone (GBL) are very popular among gay men and other sexual minorities in the region, as are other non-stimulant drugs such as poppers, ketamine and erectile dysfunction (ED) medications.¹³⁵ Obviously, not all MSM are using drugs, and those that use drugs are not necessarily using drugs in the context of sexual encounters. Moreover, not all drugs used in a sexual setting can be defined as chemsex,¹³⁶ making it particularly challenging to understand chemsex from an outsider’s perspective. However, irrespective of whether substance use in a sexualized setting is defined as chemsex or not, the fact is that sexualized substance use poses significantly higher risks than sober sex.¹³⁷

In Thailand, chemsex is largely dominated by the use of crystal methamphetamines (*ice*), sometimes in combination with other substances.¹³⁸ An ethnographic study conducted in Bangkok reveals the inner workings of *ice* parties:

*Ice use among young MSM was a social phenomenon that usually involved two or more individuals and almost always included sexual activities: ice parties. Participants described ice-laced sexual experiences as the best sexual pleasure they have ever encountered and they want to be a part of it again and again. And so ice parties were essentially private sex parties where all the “beautiful” bodies are together, reaping pleasure with one another while hi [high] on ice. Party guests may engage in one-on-one activities, may engage in group-sex activities or guests may have one-on-one sex, but with multiple partners throughout the party duration. Viagra and poppers were also common substances to achieve and maintain erection and to relax the anus for penetrative sex, respectively ... These parties usually took place in private settings, usually an apartment, a condominium, a house or a hotel room and can last – from start to finish – for about 6–12 hours, for days, or sometimes longer. Sizes for these parties also vary, sometimes they are large, lavish gatherings in one of Bangkok’s luxurious high-rise condominiums or one of the five-star hotel suites, equipped with ice bartenders (icetenders). Other times they are more intimate, occurring in a studio apartment of a university student, for example.*¹³⁹

¹³⁰ Rajasingham R. et al. 2012. “A systematic review of behavioral and treatment outcome studies among HIV-infected men who have sex with men who abuse crystal methamphetamine” in *AIDS Patient Care STDS*, 26(1): 36–52 (<https://www.ncbi.nlm.nih.gov/pubmed/22070609>); Parry, C. D. et al. 2011. “Methamphetamine use and sexual risk behaviours in Cape Town, South Africa: a review of data from 8 studies conducted between 2004 and 2007” in *African Journal of Psychiatry*, 14(5): 372–376 (<https://www.ncbi.nlm.nih.gov/pubmed/22183467>).

¹³¹ Sárosi, P. 2018. “Improving Cultural Competence to Chemsex: Interview with David Stuart” in *Drugreporter*, 27 March, online at: <https://drogriporter.hu/en/stuart/>.

¹³² Knoop, L. et al. 2015. *Tina and slamming: MSM, crystal meth and intravenous drug use in a sexual setting*. Mainline. (<https://www.soaids.nl/files/2019-12/Tina-And-Slamming-def-web.pdf>)

¹³³ Ibid.

¹³⁴ Guadamuz, T. E. and Boonmongkon, P. 2018. “Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks” in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>)

¹³⁵ Wei, C. et al. 2012. “Patterns and Levels of Illicit Drug Use among Men Who Have Sex with Men in Asia” *Drug Alcohol Depend*, 120(1–3): 246–249. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3217098/pdf/nihms314612.pdf>)

¹³⁶ Platteau, T. et al. 2019. “The problematic chemsex journey: a resource for prevention and harm reduction” in *Drugs and Alcohol Today*, 19(1): 49–54. <https://doi.org/10.1108/DAT-11-2018-0066>. (<https://menrus.co.uk/wp-content/uploads/2019/11/The-problematic-chemsex-journey-a-resource-for-prevention-and-harm-reduction-Tom-Platteau-Roger-Pebody-Nia-Dunbar-Tim-Lebacqz-and-Ben-Collins.pdf>)

¹³⁷ Asian Network of People who Use Drugs. 2018. *Chemsex*. (<https://drive.google.com/file/d/14CnTXvZdND5u2jpxxTRj4gZyApV44PA/view>)

¹³⁸ Guadamuz, T. E. and Boonmongkon, P. 2018. “Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks” in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>); Piyaaraj, P. et al. 2018. “The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study” in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

¹³⁹ Guadamuz, T. E. and Boonmongkon, P. 2018. “Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks” in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>)

The study confirms that most party guests are solicited online, typically sponsored by older MSM who select younger, beautiful, lean and fit MSM attendees based on profile photos or live video images,¹⁴⁰ using coded language, symbols (such as snowflakes and ice cubes) and/or emoticons.¹⁴¹ Also known as “high parties,” “high fun” or “party and play,” participants who engage in these events reported easy access to drugs in those settings.¹⁴² One study respondent who engaged in such gatherings noted that “in high party [sic], the main objective of the host is to have sex. Using drugs is not the main thing. For the guests, the objective is to get free *ice* (crystal). The host uses *ice* to exchange with [sic] sex. Nothing comes for free.”¹⁴³

The very transactional nature of these events, combined with the extremely repressive drug control environment in Thailand,¹⁴⁴ means that power imbalances are rife, consent is difficult to negotiate and sexual violence can occur as a result.¹⁴⁵ Sex, intercourse and sexual contact between consenting adults requires just that – consent. Consent is comprised of words or actions that show a knowing, active and voluntary agreement to engage in activity that is mutually agreed upon. Consent is never implied and cannot be assumed – the absence of “no” does not mean “yes.” Consent cannot be given if there is coercion (pressure, intimidation or force), violence or the threat of violence. Consent can be withdrawn at any time. According to Thai law, a person cannot legally give consent if: a) the person is under the age of 14, b) the person is developmentally disabled, or c) the person is mentally incapacitated or physically helpless, including as a result of alcohol or drugs. So when participating in chemsex or attending ice parties, consent may be particularly challenging to achieve or to communicate.¹⁴⁶

The prevalence of participation in ice parties and in chemsex among MSM in Thailand is unknown. However, emerging data show that these events and practices are taking place. Studies based on the responses of MSM who participated in the Bangkok cohort study are indicative: out of a sample of 1,372 HIV negative cohort respondents, 4.3 percent had ever attended a chemsex party;¹⁴⁷ among 494 young MSM from the cohort, 4.5 percent had used ‘club drugs’ to enhance sexual pleasure in the past four months;¹⁴⁸ among the 215 cohort participants who seroconverted, 15.3 percent had used drugs in the past four months, 93.9 percent of whom had used drugs specifically to enhance sexual pleasure;¹⁴⁹ and further analysis of data collected from 47 young MSM aged 18 to 24 years who took part in the Bangkok cohort study showed that 23.4 percent had had sex while under the influence of drugs and 12.8 percent had participated in ‘high parties’.¹⁵⁰

¹⁴⁰ Chemnasiri, T. et al. 2019. “Risk Behaviors Among Young Men Who Have Sex With Men in Bangkok: A Qualitative Study to Understand and Contextualize High HIV Incidence” in *J Homosex*, 66(4): 533–548. doi:10.1080/00918369.2017.1422941. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6409201/pdf/nihms-1012870.pdf>); Guadamuz, T. E. and Boonmongkon, P. 2018. “Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks” in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>)

¹⁴¹ Guadamuz, T. E. and Boonmongkon, P. 2018. “Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks” in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>)

¹⁴² Chemnasiri, T. et al. 2019. “Risk Behaviors Among Young Men Who Have Sex With Men in Bangkok: A Qualitative Study to Understand and Contextualize High HIV Incidence” in *J Homosex*, 66(4): 533–548. doi:10.1080/00918369.2017.1422941. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6409201/pdf/nihms-1012870.pdf>)

¹⁴³ Ibid.

¹⁴⁴ Global Commission on Drug Policy. 2012. *The War on Drugs and HIV/AIDS: How the Criminalization of Drug Use Fuels the Global Pandemic*. (https://www.globalcommissionondrugs.org/wp-content/uploads/2012/03/GCDP_HIV-AIDS_2012_EN.pdf)

¹⁴⁵ Chemnasiri, T. et al. 2019. “Risk Behaviors Among Young Men Who Have Sex With Men in Bangkok: A Qualitative Study to Understand and Contextualize High HIV Incidence” in *J Homosex*, 66(4): 533–548. doi:10.1080/00918369.2017.1422941. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6409201/pdf/nihms-1012870.pdf>); Guadamuz, T. E. and Boonmongkon, P. 2018. “Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks” in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>)

¹⁴⁶ Bourne, A. et al. 2015. ““Chemsex” and harm reduction need among gay men in South London” in *International Journal of Drug Policy*, 26: 1171–1176. <http://dx.doi.org/10.1016/j.drugpo.2015.07.013>. (<https://www.sciencedirect.com/science/article/abs/pii/S0955395915002145>)

¹⁴⁷ Piyaaraj, P. et al. 2018. “The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study” in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

¹⁴⁸ Thienkrua, W. et al. 2018. “Young Men Who Have Sex with Men at High Risk for HIV, Bangkok MSM Cohort Study, Thailand 2006–2014” in *AIDS Behav*, 22(7): 2137–2146. doi:10.1007/s10461-017-1963-7. (https://www.researchgate.net/publication/321065664_Young_Men_Who_Have_Sex_with_Men_at_High_Risk_for_HIV_Bangkok_MSM_Cohort_Study_Thailand_2006-2014)

¹⁴⁹ Lam, C. R. et al. 2017. “Subtypes and Risk Behaviors Among Incident HIV Cases in the Bangkok Men Who Have Sex with Men Cohort Study, Thailand, 2006–2014” in *AIDS Research and Human Retroviruses*, 33(10): 1004–1012. doi:10.1089/aid.2016.0119. (https://www.researchgate.net/publication/31922485_Subtypes_and_Risk_Behaviors_Among_Incident_HIV_Cases_in_the_Bangkok_Men_Who_Have_Sex_with_Men_Cohort_Study_Thailand_2006-2014)

¹⁵⁰ Chemnasiri, T. et al. 2019. “Risk Behaviors Among Young Men Who Have Sex With Men in Bangkok: A Qualitative Study to Understand and Contextualize High HIV Incidence” in *J Homosex*, 66(4): 533–548. doi:10.1080/00918369.2017.1422941. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6409201/pdf/nihms-1012870.pdf>)

Only one other study conducted outside the scope of the Bangkok cohort study reported relevant data: a study of 267 young MSM in Bangkok and 243 young MSM in Chiang Mai where it was found that 65.7 percent and 59.6 percent respectively had used alcohol or drugs prior to sex, although the substances used were not specified.¹⁵¹

Additional data from Thai civil society are also informative and complement academic studies, although only one CSO – RSAT – collected data about sexualized drug use. RSAT reported that 15.5 percent of MSM clients and 12.2 percent of trans women clients reached in a 10-month period in Bangkok engaged in substance use in the context of sexual activities.¹⁵² Among the 650 MSM clients who had used drugs reached by RSAT, 36 percent had engaged in chemsex, as had 65 percent of the 34 trans women who used drugs.¹⁵³ The same organization reported that 9.9 percent of their clients reached in Bangkok in an eight-month period had used drugs in a sexualized context.¹⁵⁴ Unfortunately, there were no data on chemsex emerging from the UNDP survey and, based on substance use profiles, no indication that respondents had engaged in chemsex.

The implications of chemsex have been documented elsewhere; in Thailand, studies conducted among MSM report that drug use for sexual pleasure is positively associated with HIV incidence and prevalence.¹⁵⁵ Finding casual sex partners on the internet was strongly associated with attending chemsex parties, which in turn was highly associated with reported use of erectile dysfunction (ED) medications, methamphetamine use and HIV infection.¹⁵⁶ Unfortunately, there were no reports indicating to what extent chemsex is associated with sexual violence or poor mental health outcomes, which should be a priority for further studies, given the data presented in earlier sections of this report.

CHEMSEX AND LIVING WITH HIV

Research shows that among gay men and other MSM, those living with HIV are more likely to use a range of drugs and to engage in poly substance use.¹⁵⁷ Shame, rejection and stigma which MSM living with HIV often experience could make it difficult to accept oneself and challenging to find a partner, and may increase motivation to engage in chemsex and injecting.¹⁵⁸ Gay men and other MSM living with HIV who participate in chemsex are also less likely than those who do not participate in chemsex to adhere to HIV treatment. And even when gay men and other MSM adhere to treatment, there is a risk that chemsex drugs will interact dangerously with HIV medications.¹⁵⁹

¹⁵¹ Johnston, L. G. et al. 2016. "Recent HIV Testing Among Young Men Who Have Sex with Men in Bangkok and Chiang Mai: HIV Testing and Prevention Strategies Must Be Enhanced in Thailand" in *AIDS Behav*, 20(9): 2023–2032. doi:10.1007/s10461-016-1336-7. (https://www.researchgate.net/publication/294893548_Recent_HIV_Testing_Among_Young_Men_Who_Have_Sex_with_Men_in_Bangkok_and_Chiang_Mai_HIV_Testing_and_Prevention_Strategies_Must_Be_Enhanced_in_Thailand)

¹⁵² Panpet, P. et al. 2019. "Self-report use of substances during sex among key-populations clients served at community-led health center" abstract submitted for presentation at the *International AIDS Conference 2019*.

¹⁵³ Phanuphak, P. 2019. "Integrating substance use services into sexual health service for MSM and TGW in Thailand," presentation delivered at the 19th *International Conference of Public Health Sciences*, 2 October.

¹⁵⁴ There was no overlap between the reporting periods for the two data points reported by RSAT.

¹⁵⁵ Lam, C. R. et al. 2017. "Subtypes and Risk Behaviors Among Incident HIV Cases in the Bangkok Men Who Have Sex with Men Cohort Study, Thailand, 2006–2014" in *AIDS Research and Human Retroviruses*, 33(10): 1004–1012. doi:10.1089/aid.2016.0119. (https://www.researchgate.net/publication/311922485_Subtypes_and_Risk_Behaviors_Among_Incident_HIV_Cases_in_the_Bangkok_Men_Who_Have_Sex_with_Men_Cohort_Study_Thailand_2006-2014); Van Griensven, F. et al. 2013. "Evidence of an explosive epidemic of HIV infection in a cohort of men who have sex with men in Thailand" in *AIDS*, 27(5): 825–32. (https://journals.lww.com/aidsonline/Fulltext/2013/03130/Evidence_of_an_explosive_epidemic_of_HIV_infection.16.aspx)

¹⁵⁶ Piyaraj, P. et al. 2018. "The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study" in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

¹⁵⁷ Bourne, A. et al. 2015. "Illicit drug use in sexual settings ("Chemsex") and HIV/STI transmission risk behaviour among gay men in South London: findings from a qualitative study" in *Sex Transm Infect*, 91(8): 564–568. <http://sti.bmj.com/content/early/2015/07/09/sextrans-2015-052052.short>.

¹⁵⁸ Stuart, D. 2019. "Chemsex: origins of the word, a history of the phenomenon and a respect to the culture" in *Drugs and Alcohol Today*, 19(1). doi:10.1108/DAT-10-2018-0058. (https://www.researchgate.net/publication/330636432_Chemsex_origins_of_the_word_a_history_of_the_phenomenon_and_a_respect_to_the_culture); Smith, V. and Tasker, F. 2017. "Gay men's Chemsex survival stories" in *Sexual Health*, 15(2): 116–122. (<https://eprints.bbk.ac.uk/id/eprint/21463/1/Smith%20%26%20Tasker%20%28in%20press%20Sexual%20Health%29%20Gay%20Men%27s%20Chemsex%20Survival%20Stories.pdf>); Ahmed, A.-K., et al. 2016. "Social norms related to combining drugs and sex ("chemsex") among gay men in South London" in *International Journal of Drug Policy*, 38: 29–35. (https://www.researchgate.net/publication/309965488_Social_norms_related_to_combining_drugs_and_sex_chemsex_among_gay_men_in_South_London); Nakamura, N. et al. 2009. "Methamphetamine initiation among HIV-positive gay and bisexual men" in *AIDS care*, 21(9): 1176–1184. (https://www.researchgate.net/publication/40732268_Methamphetamine_initiation_among_HIV-positive_gay_and_bisexual_men)

¹⁵⁹ Bracchi, M. et al. 2015. "Increasing use of 'party drugs' in people living with HIV on antiretrovirals: a concern for patient safety" in *AIDS*, 29(13): 1585–1592. (<https://www.ncbi.nlm.nih.gov/pubmed/26372268>)

It is critical to underline that the findings presented in this report are not meant to support or suggest policing of chemsex or ice parties among MSM, policing of online and offline spaces where MSM negotiate their bodies for *ice*, or encouraging censorship or closing down of MSM- and *ice*-specific websites or mobile apps. In fact, doing so may exacerbate the stigmatization of and discrimination against members of the LGBT community and generate additional barriers to reaching and connecting with LGBT people who use substances. The data reported here are meant to facilitate discussion and improve understanding of the current situation in Thailand in order to develop and deploy effective evidence-based public health interventions that address the specific risks and harms that may result from such practices. The fact that MSM are vulnerable to multiple problems and negative health consequences – such as substance use, violence, depression, suicidality and HIV and sexually transmitted infections – has been well documented, yet public health efforts have unfortunately not been responsive.¹⁶⁰

REDUCING HARMS ASSOCIATED WITH CHEMSEX

Given the complexity of and increasing interest in the issue of chemsex, it is difficult to present a one-size-fits-all set of interventions and strategies to reduce potential harms. There is a clear need for factual, honest and non-judgemental information about the safe use of chemsex drugs to be promoted with and presented to men currently engaging in chemsex, covering dosing, combinations and safe injection practices and dealing with any undesired effects.¹⁶¹ In Thailand, APCOM's TestBKK campaign website includes a Q&A section related to safer chemsex, which is a good place to start for designing effective and respectful interventions.¹⁶²

Peer-led information and education may also be an effective harm reduction strategy for people engaging in chemsex.¹⁶³ Evidence from Australia shows that an approach that uses the language of chemsex subcultures; employs culturally relevant terminology and imagery; uses content which is designed, created and delivered by peers; and operates within a pleasure-positive, harm reduction and community-led framework has led to increased service uptake, strong community engagement, solid research partnerships and the recognition of MSM as a priority population in relevant strategies.¹⁶⁴ This approach does not aim to eliminate or undermine the cultural value of drug use during sexual activity, but rather to support people to minimize harms and make informed decisions.¹⁶⁵

The development of online interventions in spaces where MSM and other LGBT individuals are frequently engaged – such as websites (personal ads and social networking platforms), dating and sexting apps (Twitter, Grindr, Jack'd and Hornet) and chat programs (Camfrog, Line and WhatsApp) – is imperative.¹⁶⁶ Peer-based outreach, both online and offline, is also particularly important though such strategies must manage risks, especially when potential (perceived) complicity with abusive practices can have serious criminal and reputational repercussions for clients, workers and the organizations that provide support.

Some general tips to reduce potential harms associated with chemsex include:¹⁶⁷

1. Peer pressure and the intoxicating feeling produced by the drugs can make you do things you might later regret. By deciding in advance what exactly it is you're seeking in sexual contact, you increase your chance of finding just that. As a result, you are less likely to do things you might later regret.
2. Drugs can increase the duration of sexual sessions, which increases physical and psychological demand, so it is important to take regular breaks and recharge. Drinking water and eating food (especially fruit) are important to replenish energy levels.

Other harm reduction strategies presented in this report should also be considered when responding to the needs of people who participate in chemsex.

¹⁶⁰ Guadamuz, T. E. and Boonmongkon, P. 2018. "Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks" in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>)

¹⁶¹ Bourne, A. et al. 2015. "'Chemsex' and harm reduction need among gay men in South London" in *International Journal of Drug Policy*, 26: 1171–1176. <http://dx.doi.org/10.1016/j.drugpo.2015.07.013>. (<https://www.sciencedirect.com/science/article/abs/pii/S0955395915002145>)

¹⁶² See "Stay safe" on APCOM's testbkk.org webpage at <https://www.testbkk.org/en/stay-safe>.

¹⁶³ Bedi, A. et al. 2020. "Peer-led education may be an effective harm reduction strategy for men who have sex with men engaging in 'chemsex'" in *International Journal of STD & AIDS*, 31(4): 392–393. (<https://journals.sagepub.com/doi/abs/10.1177/0956462419898614>)

¹⁶⁴ Stardust, Z. et al. 2018. "A community-led, harm-reduction approach to chemsex: case study from Australia's largest gay city" in *sexual health*, 15: 179–181. <https://doi.org/10.1071/SH17145>. (<https://pubmed.ncbi.nlm.nih.gov/29592830/>)

¹⁶⁵ Ibid.

¹⁶⁶ Guadamuz, T. E. and Boonmongkon, P. 2018. "Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks" in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>)

¹⁶⁷ SOA-AIDS Netherlands and Mainline. "Harm reduction" online: <https://sexatina.nl/en/zelfcontrole-en-veiliger-gebruik/harm-reduction/>.

These recommendations, identified in the literature and based on inputs from experts who contributed to this report, are designed to reduce the risks associated with chemsex. They have been included here to help guide the integration of harm reduction principles in policies, programmes and services in existing and future interventions so that they are better able to meet the needs of LGBT people.

Harm reduction principles are grounded in the recognition that not all persons who use drugs are willing or able to stop doing so. If they choose to use illicit substances, these harm reduction messages are intended to reduce the associated harms to individuals and communities, in line with the comprehensive approach recommended by WHO, UNAIDS and UNODC.



LICIT DRUGS AND MEDICATIONS

The increase in non-medical use of prescription drugs (NMUPD) is a global health concern. UNODC defines NMUPD as “the taking of prescription drugs, whether obtained by prescription or otherwise, other than in the manner or for the reasons or time period prescribed, or by a person for whom the drug was not prescribed.”¹⁶⁸ The real scale of the problem is unknown given the data monitoring gaps related to NMUPD, though the consequences can be deadly. For example, poly substance use of NMUPD in North America has been responsible for more than 135,000 deaths in the United States alone between 2016 and 2018.¹⁶⁹ Although the cause of the crisis is multifactorial, many have attributed the high rates of drug-related mortality to poly substance use of opioids and a wide array of substances including medications like benzodiazepines (BZD) – a powerful and popular sedative.¹⁷⁰ Indeed, the combination of pharmaceutical opioids and BZD was the most common cause of overdose in the US from 1999–2009.¹⁷¹

Sedatives

Sedatives are a type of prescription medication that act on the central nervous system to slow down brain activity. Doctors commonly prescribe sedatives to treat conditions like anxiety and sleep disorders or as general anaesthetics.¹⁷² Typically, sedatives are sold in tablet form and consumed orally, although evidence shows that some BZD are also injected in the context of non-medical use.¹⁷³

Substances within different pharmacological categories, including anxiolytics, tranquillizers and hypnotics, are all often referred to as sedatives, because despite their pharmacological differences these drug types can have similar effects depending on dosage. Common classes of sedative drugs include BZD and barbiturates that are sold under brand names such as Xanax, Valium and Seconal. Generally, sedatives are controlled substances, many of which are included in the UN 1971 Convention on Psychotropic Substances.¹⁷⁴

Of all misused¹⁷⁵ prescription drugs globally, the non-medical use of BZD – a powerful and popular sedative known under brand names like Xanax or Valium, and generic names like alprazolam or diazepam – is most common: UNODC reports that approximately 60 countries have ranked BZD among the three most commonly misused substances,¹⁷⁶ and 133 countries reported seizures of sedatives between 1998 and

¹⁶⁸ UNODC. 2011. *The non-medical use of prescription drugs: Policy direction issues*. (<https://www.unodc.org/documents/drug-prevention-and-treatment/nonmedical-use-prescription-drugs.pdf>)

¹⁶⁹ For data on 2016, see “What is the U.S. Opioid Epidemic?” at: <https://www.hhs.gov/opioids/about-the-epidemic/index.html>; for data on 2017, see “Opioid Overdose Crisis” at: <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis>; and for data on 2018, see “The opioid mortality epidemic in North America: do we understand the supply side dynamics of this unprecedented crisis?” at: <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-0256-8>.

¹⁷⁰ Global Commission on Drug Policy. 2017. *The Opioid Crisis in North America*. (<http://www.globalcommissionondrugs.org/wp-content/uploads/2017/09/2017-GCDP-Position-Paper-Opioid-Crisis-ENG.pdf>)

¹⁷¹ Calcaterra, S. et al. 2013. “National Trends in Pharmaceutical Opioid Related Overdose Deaths Compared to other Substance Related Overdose Deaths: 1999–2009” in *Drug Alcohol Depend*, 131(3): 263–270. doi:10.1016/j.drugalcdep.2012.11.018. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935414/>)

¹⁷² Jewell, T. 30 April 2019. “Everything you want to know about sedatives” online at: <https://www.healthline.com/health/sedatives>.

¹⁷³ Hayashi, K., et al. 2013. “High rates of midazolam injection and associated harms in Bangkok, Thailand” in *Addiction*, 108: 944–952. <https://doi.org/10.1111/add.12094>.

¹⁷⁴ UNODC. 2011. *The non-medical use of prescription drugs: Policy direction issues*. (<https://www.unodc.org/documents/drug-prevention-and-treatment/nonmedical-use-prescription-drugs.pdf>)

¹⁷⁵ The term “misuse” is used here and throughout the text only to denote the non-medical use of prescription drugs.

¹⁷⁶ UNODC. 2018. *World Drug Report 2018: Global overview of drug demand and supply: Latest trends, cross-cutting issues*. (https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf)

2017.¹⁷⁷ In Southeast Asia, non-medical use of BZD has been reported in Brunei Darussalam, Indonesia, Malaysia, the Philippines and Singapore,¹⁷⁸ though in all likelihood, every country in the region is affected. UNODC also reports that 92 percent of the global quantity of BZD seized between 2013 and 2017 was intercepted in five countries, including Thailand.¹⁷⁹ In parallel, UNODC reports that several new psychoactive substances (NPS) belonging to the BZD class have also emerged on the market and are being sold under street names such as “legal BZD”, “designer BZD” and “research chemicals.”¹⁸⁰

The development of effective public health interventions and strategies to reduce risks associated with sedative misuse requires a deeper understanding of the motivations that drive people to use them outside clinical settings. For example, the most commonly cited reasons for misuse of sedatives include their therapeutic indication (to reduce anxiety), but also for recreational purposes and thrill-seeking behaviours.¹⁸¹ MSM-specific motivations have also been explored, including social and recreational motives (overcoming social inhibitions and bolstering self-confidence), psychological motives (managing stress and coping with feelings of emotional distress), and to facilitate sexual interactions with other men (reducing pain and facilitating penetration).¹⁸² A number of studies suggested that MSM also misuse sedatives to reduce the negative effect of coming down from ‘club drugs’, chemsex drugs or prescription stimulants.¹⁸³ For example, reports indicate that in 2017 in Malaysia, the BZD nimetazepam was increasingly used after consuming methamphetamines to facilitate come-downs.¹⁸⁴ In that sense, the elevated use of sedatives among MSM may be linked to the elevated use of stimulant drugs.¹⁸⁵

The misuse of BZD and other sedatives has been associated with increased risk of tolerance, many adverse drug effects (including drug-drug interactions), risk of falls in the elderly, increased motor vehicle accidents and dependence.¹⁸⁶ Misuse of BZD has also been associated with several poor outcomes, including mortality, HIV/HCV risk behaviours, poor self-reported quality of life, criminality, and continued substance use during treatment.¹⁸⁷ As noted earlier, the misuse of BZD and other sedatives is also common among those who use illicit drugs and/or prescription medications.¹⁸⁸ In fact, BZD misuse is strongly associated with an increase in the overall level of poly substance use.¹⁸⁹ BZD misuse is strongly associated with risk for other prescription drug misuse and substance use disorders, particularly prescription opioid misuse and opioid dependence.¹⁹⁰ Indeed, the NMUPD, such as BZD, in combination with opioids is reported to be a growing problem in many countries.¹⁹¹ BZD are also frequently detected in cases of fatal overdoses involving opioids.¹⁹² For example, a retrospective forensic analysis of autopsy cases conducted in Thailand revealed the presence of fentanyl in conjunction with BZD and methamphetamines in more than 50 percent of cases of fatal overdoses, although the data were not disaggregated by SOGIE.¹⁹³ The combination of BZD and other depressants like alcohol, opioids or GHB/GBL can interact and trigger deadly overdoses.¹⁹⁴

¹⁷⁷ UNODC. 2019. *World Drug Report 2019: Depressants*. (http://fileserv.idpc.net/library/WDR19_Booklet_3_DEPRESSANTS.pdf)

¹⁷⁸ UNODC. 2019. *Synthetic Drugs in East and South-East Asia: Trends and Patterns of Amphetamine-type Stimulants and New Psychoactive Substances*. (https://www.unodc.org/documents/southeastasiaandpacific/Publications/2019/2019_The_Challenge_of_Synthetic_Drugs_in_East_and_SEA.pdf)

¹⁷⁹ UNODC. 2019. *World Drug Report 2019: Depressants*. (http://fileserv.idpc.net/library/WDR19_Booklet_3_DEPRESSANTS.pdf)

¹⁸⁰ UNODC. 2011. *The non-medical use of prescription drugs: Policy direction issues*. (<https://www.unodc.org/documents/drug-prevention-and-treatment/nonmedical-use-prescription-drugs.pdf>)

¹⁸¹ Kecojovic, A. et al. 2015. “Motivations for prescription drug misuse among young men who have sex with men (YMSM) in Philadelphia” in *Int J Drug Policy*, 26(8): 764–771. doi:10.1016/j.drugpo.2015.03.010. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499499/pdf/nihms678806.pdf>)

¹⁸² Ibid.

¹⁸³ Ibid.

¹⁸⁴ UNODC. 2017. “Non-medical use of benzodiazepines: A growing threat to public health?” in *Global SMART Update*, 18. (https://www.unodc.org/documents/scientific/Global_SMART_Update_2017_Vol_18.pdf)

¹⁸⁵ Berg, R. C. et al. 2019. “Links between transactional sex and HIV-STI-risk and substance use among a large sample of European men who have sex with men” in *BMC Infectious Diseases*, 19: 686. <https://doi.org/10.1186/s12879-019-4326-3>. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6683343/>)

¹⁸⁶ Longo, L. P. and Johnson, B. 2000. “Addiction: Part I. Benzodiazepines-side effects, abuse risk and alternatives” in *Am Fam Physician*, 61: 2121–8.

¹⁸⁷ Votaw, V. R. et al. 2019. “The epidemiology of benzodiazepine misuse: A systematic review” in *Drug Alcohol Depend.* 200: 95–114. doi:10.1016/j.drugalcdep.2019.02.033. (<https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC6639084&blobtype=pdf>)

¹⁸⁸ Ibid.

¹⁸⁹ Ibid.

¹⁹⁰ Ibid.

¹⁹¹ UNODC. 2018. *World Drug Report 2018: Global overview of drug demand and supply: Latest trends, cross-cutting issues*. (https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf)

¹⁹² Ibid.

¹⁹³ United Nations on Drugs and Crime. 2020. *Synthetic Drugs in East and Southeast Asia: Latest developments and challenges*. (https://www.unodc.org/documents/scientific/ATS/2020_ESEA_Regional_Synthetic_Drug_Report_web.pdf)

¹⁹⁴ Humphries, K. 2018. “We Need to Talk About Benzodiazepines – Including Their Use in Drug Combinations” in *Filter*, 4 December, online at: <https://filtermag.org/we-need-to-talk-about-benzodiazepines-including-their-use-in-drug-combinations/>.

There are presently limited data available on LGBT people who misuse sedatives. While interest in substance use among LGBT communities seems to be growing, especially among gay and bisexual men, the majority of studies related to substance use focus almost exclusively on illicit drugs while the studies that focus on NMUPD rarely cover illicit substances. This limits opportunities to better understand substance use behaviours among LGBT people across settings, thereby limiting the effectiveness of current and future public health responses.

Data from Thailand indicate that the national prevalence of the non-medical use of prescription sedatives is low: the prevalence dropped from 3 to 3.5 percent in 2003¹⁹⁵ to 1.58 percent in 2007¹⁹⁶ to less than 1 percent in 2011.¹⁹⁷ However, a study conducted in Ubon Ratchatani province in 2008–2009 estimated the prevalence at 2.2 percent.¹⁹⁸ In the United States, BZD and other tranquilizers were the third most commonly used illicit or prescription drug in 2017 (with an estimated national prevalence of 2.2 percent).¹⁹⁹ Data from countries outside the US suggest that rates of misuse are similar to those in the US.²⁰⁰

Though national prevalence estimates may be low, data describing specific subpopulations point to higher rates of non-medical use of prescription sedatives. Despite the fact that men are more likely than women to use almost all types of illicit drugs,²⁰¹ women seem to be more likely to be involved in the non-medical use of sedatives.²⁰² UNODC reports that past-year prevalence in some countries is higher among women than among men, or at least at comparable levels.²⁰³

A study conducted among people who inject drugs in Bangkok showed that 67.5 percent of respondents had ever injected midazolam, and 57.1 percent reported daily midazolam injections in the past six months.²⁰⁴ Emerging data from other countries like the US show that non-medical use of sedatives could be higher among LGBT communities than among their heterosexual and cisgender counterparts.

Several studies conducted among MSM and other sexual and gender minorities report significant rates of non-medical sedative use, although only one study reported data about Thailand. This study was conducted through a school-based survey among 2,070 young sexual and gender minority students and reported that 8.5 percent of self-identified sexual and gender minorities had ever misused sedatives, compared to 6.6 percent of respondents who are attracted to the same sex and 2.3 percent of heterosexual respondents.²⁰⁵

Results from the UNDP nationwide survey showed that 6.9 percent of gay men, 8.2 percent of lesbians, 3.2 percent of trans men, 6.5 percent of trans women, 6.8 percent of gender queer/gender non-conforming transgender respondents, and 5.5 percent of bisexual men and women had used sedatives/sleeping pills at least once a week in the last 30 days, though the survey did not differentiate between medical and non-medical use. However, data from the survey also showed that 2.2 percent of all respondents had ever injected sedatives/sleeping pills, which is a clear indication of misuse. Table 8 below shows the numbers and proportions of respondents who reported non-medical injection of sedatives by sexual orientation and gender identity and expression.

¹⁹⁵ Assanangkornchai, S. 2007. "Patterns of Non-Prescription Sedative and Hypnotic Drug Use in Thailand: Findings from a National Household Survey." (<https://www.drugabuse.gov/international/abstracts/patterns-non-prescription-sedative-hypnotic-drug-use-in-thailand-findings-national-household-survey>)

¹⁹⁶ Assanangkornchai, S. et al. 2009. "Anxiolytic and hypnotic drug misuse in Thailand: Findings from a national household survey" in *Drug Alcohol Rev* 29(1): 101–111. (<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1465-3362.2009.00092.x>)

¹⁹⁷ Chitttrakarn, S. and Assanangkornchai, S. 2014. "Situation and countermeasures for prescription drug abuse in Thailand" in *Alcohol and Alcoholism*, 49(S1): i1–i69. (https://academic.oup.com/alcac/article/49/suppl_1/i3/104923)

¹⁹⁸ Puangkot, S. et al. 2010. "Benzodiazepines Misuse: The Study Community Level Thailand" in *Indian J Psychol Med*, 32(2): 128–130. doi:10.4103/0253-7176.78510. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122551/>)

¹⁹⁹ Votaw, V. R. et al. 2019. "The epidemiology of benzodiazepine misuse: A systematic review" in *Drug Alcohol Depend*. 200: 95–114. doi:10.1016/j.drugalcdep.2019.02.033. (<https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC6639084&blobtype=pdf>)

²⁰⁰ Ibid.

²⁰¹ Center for Behavioral Health Statistics and Quality. 2017. *Results from the 2016 National Survey on Drug Use and Health: Detailed Tables*. (<https://www.samhsa.gov/data/sites/default/files/NSDUH-DeTabs-2016/NSDUH-DeTabs-2016.pdf>)

²⁰² UNODC. 2018. *World Drug Report 2018: Women and Drugs: Drug Use, Drug Supply and Their Consequences*. (https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf)

²⁰³ Ibid.

²⁰⁴ Kerr, T. et al. 2010. "High rates of midazolam injection among drug users in Bangkok, Thailand" in *Harm Reduct J*. 7: 7. doi:10.1186/1477-7517-7-7. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2855558/>)

²⁰⁵ Guadamuz, T. E. et al. 2019. "Illicit Drug Use and Social Victimization among Thai Sexual and Gender Minority Adolescents" in *Substance Use & Misuse* 54(13): 2198–2206. doi:10.1080/10826084.2019.1638936. (https://www.researchgate.net/publication/334547654_Illicit_Drug_Use_and_Social_Victimization_among_Thai_Sexual_and_Gender_Minority_Adolescents)

Table 8: Lifetime injection of sedatives among UNDP survey respondents

	Gay men	Lesbian	Trans men	Trans women	Bisexual men and women	Gender queer/gender non-conforming
Total number of respondents	218	234	218	213	120	176
Number of those surveyed who had injected sedatives in their lifetime	5	3	4	5	4	5
Percentage	2.3%	1.3%	1.8%	2.3%	3.3%	2.8%

Meanwhile, programmatic data on the misuse of sedatives among LGBT populations from civil society and community-based organizations working with key populations in Thailand are rare. Only two data sets shared with UNDP included information about clients' use of sedatives: data from RSAT showed that of 2,546 clients who accessed services between 10 October 2019 and 25 May 2020, 0.5 percent reported using unspecified drugs belonging to the "inhalants, hallucinogens, sedatives" category in the last three months; and data from SWING showed that out of 239 clients who accessed services between 1 October 2019 and 27 June 2020, 0.4 percent had used sedatives in the last 30 days. Neither data set explicitly differentiated between use and misuse.

It is important to underline that prescription drug misuse often occurs within a larger context of poly substance use. Several studies indicate that poly substance use among MSM is fairly common,²⁰⁶ as noted earlier.

Many countries (particularly in Asia) meet international requirements to prevent the diversion of prescription medications on paper but do not necessarily fully enforce them in practice. For example, a recent study on the non-medical use of Tramadol in Thailand noted that by law, the drug can only be sold in licensed pharmacies, yet several unlicensed pharmacies continue to dispense it.²⁰⁷ In that sense, access to certain prescription drugs may be easier in some countries in Asia compared to other regions. It might therefore be tempting to suggest that tighter controls on the dispensation of prescription medicines could reduce the scope and scale of NMUPD. However, evidence from Australia indicates that restrictions on BZD prescribing did not reduce the misuse of BZD and may have stimulated the illicit BZD market.²⁰⁸

The data make a compelling case for more research into the non-medical use of prescription sedatives among LGBT communities. A compelling case can also be made for the development and implementation of targeted public health interventions to educate LGBT individuals about the risks associated with sedative misuse and the provision of information about safer use and risk reduction strategies.

²⁰⁶ Kecojovic, A. et al. 2015. "Motivations for prescription drug misuse among young men who have sex with men (YMSM) in Philadelphia" in *Int J Drug Policy*, 26(8): 764–771. doi:10.1016/j.drugpo.2015.03.010. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499499/pdf/nihms678806.pdf>)

²⁰⁷ Buasumlee, B. and Boonyarattanasoontorn, B. 2020. "The misuse of Tramadol among children and youth and the need for having efficient policy and laws enforcement" in *Interdisciplinary Research Review*, 15(3): 33–38. (<https://ph02.tci-thaijo.org/index.php/jtir/article/view/238747>)

²⁰⁸ Hayashi, K., et al. 2013. "High rates of midazolam injection and associated harms in Bangkok, Thailand" in *Addiction*, 108: 944–952. <https://doi.org/10.1111/add.12094>. (<https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-7-7>)

REDUCING HARMS RELATED TO BZD AND OTHER SEDATIVES²⁰⁹

These recommendations, identified in the literature and based on inputs from experts who contributed to this report, are designed to reduce the risks associated with use of BZD and other sedatives. They have been included here to help guide the integration of harm reduction principles in policies, programmes and services in existing and future interventions so that they are better able to meet the needs of LGBT people.

Harm reduction principles are grounded in the recognition that not all persons who use drugs are willing or able to stop doing so. If they choose to use illicit substances, these harm reduction messages are intended to reduce the associated harms to individuals and communities, in line with the comprehensive approach recommended by WHO, UNAIDS and UNODC.

1. Avoid using BZD and other sedatives in high-risk situations like while driving or operating heavy machinery.
2. Start by taking a smaller dose than desired – it is possible to take more, but it's never possible to take less once ingested. The effect of BZD and other sedatives takes time to kick in.
3. BZD are generally pretty safe when used periodically and following medical advice. They are often prescribed to relieve anxiety and facilitate sleep so taking more than the clinically recommended dose can lead to blackouts and memory loss. It may be worthwhile tracking your intake to avoid taking another dose unintentionally.
4. Alcohol, GHB/GBL and opioids can interact with BZD and other sedatives and lead to adverse events so it is best to avoid mixing them. BZD and other sedatives can also interact with one another so it is best to avoid double dosing. Avoid excessive or compulsive re-dosing.
 - a. It is critical to have access to naloxone and be near people who know how to use it if BZD and other sedatives are going to be mixed with opioids. Naloxone has the potential to reverse an opioid overdose.
 - b. When mixing BZD and other sedatives with other drugs, it is best to take the other drugs first. BZD and other sedatives lower inhibitions, which may compromise judgement and stimulate appetite for other drugs.
5. BZD and other sedatives may be counterfeit, especially if they are not sourced from a medical professional. It is therefore important to look for imperfections such as unclear markings, asymmetrical shapes and inconsistent thickness, which are signs that pills may be counterfeit.
 - a. It may be worthwhile to break off a small chunk of the BZD or other sedative pill and check it with a fentanyl strip, especially if there is any suspicion that it may be counterfeit.
6. If tolerance starts to develop (where one needs to take more to get the same effect), speak to a trusted medical professional or a harm reduction expert – increasing doses may be risky.
 - a. Avoid suddenly stopping use of BZD and other sedatives if tolerance has started in order to avoid withdrawal symptoms. Withdrawal from BZD and other sedatives can exacerbate the original symptoms that triggered use and trigger new symptoms.
 - b. Seek help from a trusted medical professional or a harm reduction expert to gradually reduce doses towards safer use.
7. Crushing BZD and putting it into a solution can increase the risk of collapsed veins (when injected), given that tablets often contain chalk.

Other harm reduction strategies presented in this report should also be considered when using sedatives.

²⁰⁹ Adapted from Humphries, K. 2018. "We Need to Talk About Benzodiazepines – Including Their Use in Drug Combinations" in *Filter*, 4 December, online at: <https://filtermag.org/we-need-to-talk-about-benzodiazepines-including-their-use-in-drug-combinations/>; Harm Reduction Action Center. *Harm reduction for benzos*, online at: https://www.waterlooregiondrugstrategy.ca/en/prevention-and-safer-drug-use/resources/Documents/Benzos_HarmReductionTips.pdf; Release. *Benzodiazepines: Harm reduction*, online at: <https://www.release.org.uk/drugs/benzodiazepines/harm-reduction>.

Hormones

Reports and studies indicate that transgender people are currently using different medical products – like hormones and silicone – as well as other medical interventions – such as gender-affirming surgery, breast augmentation or cosmetic mastectomy, mechanical therapy for body or facial hair, and voice therapy – in order to improve their overall health and well-being, and to align their physical presentation with their gender identity and to affirm that identity.²¹⁰ The use of hormones can accelerate the development of characteristics of the affirmed gender while reducing the characteristics associated with the sex at birth.²¹¹ Trans men in Thailand may use testosterone to affirm male characteristics.²¹²

However, several studies misleadingly report that the primary motivation for hormone use among transgender people is driven by aesthetics and beauty. The World Professional Association for Transgender Health (WPATH) notes that “hormone therapy is a medically necessary intervention for many transsexual, transgender, and gender-nonconforming individual[s].”²¹³ Key stakeholders interviewed also refute the prevalent view that the use of hormones is driven by aesthetic considerations. Ms Thitiyanun Nakpor, the Executive Director of Sisters Foundation in Thailand, noted that:

In contrast to the popular belief that the main motivation behind hormone use among trans people is for beautification and is therefore considered a luxury or optional, this is not the case. The use of hormones is crucial for transgender people’s well-being as it allows them to be who they are. There is a great need to reframe the issue of hormone use as a public health issue as well as a basic service that everyone should be entitled to. I hope that access to hormones for trans people will be included in the government’s universal health coverage.

In the context of risky substance use, the use of hormones is particularly important given that these products can interact with each other, with illicit substances and with other medical products such as sedatives and antiretroviral medications. In and of itself, hormone use is associated with a range of potential health hazards. Feminizing hormones are associated with increased risk of venous thromboembolism, elevated liver enzymes, gallstones, hypertriglyceridemia, cardiovascular disease,²¹⁴ including myocardial infarction, as well as a decrease in haemoglobin, low sexual desire and depression.²¹⁵ Masculinizing hormones are associated with increased risk of polycythaemia, acne, balding and sleep apnoea.²¹⁶ Both feminizing and masculinizing hormones are associated with weight gain.²¹⁷ However, many of these risks are similar for cisgender peers who also use hormones, while many of the risks materialize when individuals take too much (overdosing or ‘stacking’) as a result of not having support from a doctor or having to rely on peers and the internet for information.

Thai trans women commonly use oestrogens (in the form of birth control contraceptive medication)²¹⁸ and/or androgen blockers (such as anti-androgen cypoterone acetate)²¹⁹ to affirm female characteristics, often in combination with progesterone in order to reduce testosterone levels.²²⁰ However, expert guidance indicates that oestrogens in oral contraceptives are not the form recommended for gender affirmation and

²¹⁰ Regmi, P. R. et al. 2019. “Hormone use among Nepali transgender women: a qualitative study” in *BMJ Open*, 9: e030464. doi:10.1136/bmjopen-2019-030464. (<https://bmjopen.bmj.com/content/9/10/e030464>)

²¹¹ Ibid.

²¹² Asscheman, H. et al. 2011. “A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones” in *European Journal of Endocrinology*, 164: 635–642. (https://www.researchgate.net/publication/49785013_A_long-term_follow-up_study_of_mortality_in_transsexuals_receiving_treatment_with_cross-sex_hormones)

²¹³ WPATH. 2012. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. World Professional Association for Transgender Health. (https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341)

²¹⁴ Ibid.

²¹⁵ Regmi, P. R. et al. 2019. “Hormone use among Nepali transgender women: a qualitative study” in *BMJ Open*, 9: e030464. doi:10.1136/bmjopen-2019-030464. (<https://bmjopen.bmj.com/content/9/10/e030464>)

²¹⁶ WPATH. 2012. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. World Professional Association for Transgender Health. (https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341)

²¹⁷ Ibid.

²¹⁸ Oral contraceptives in Thailand often contain a progestin-type of drug combined mostly with ethinyl estradiol and sometimes with estrogen mestranol. See Gooren, L. J. et al. 2013. “Exploration of functional health, mental well-being and cross-sex hormone use in a sample of Thai male-to-female transgendered persons (kathoeyis)” in *Asian Journal of Andrology*, 15: 280–285. (<http://www.asiaandro.com/news/upload/20130912-aja2012139a.pdf>)

²¹⁹ Ibid.

²²⁰ Regmi, P. R. et al. 2019. “Hormone use among Nepali transgender women: a qualitative study” in *BMJ Open*, 9: e030464. doi:10.1136/bmjopen-2019-030464. (<https://bmjopen.bmj.com/content/9/10/e030464>)

that regular use can lead to higher adverse effects. Studies indicate that trans women also use hormones in combination with finasteride,²²¹ glutathione, vitamin C, collagen and placenta-based preparations.²²²

As indicated earlier, there are very limited data and information available on the use and misuse of hormones among members of LGBT communities. The comprehensive literature review that led to the preparation of this report showed that transgender people, particularly trans women, is the group who uses hormones most commonly, though reports also show that trans men and other sexual and gender minority groups use and misuse hormones as well. As of 2016, UNAIDS data estimates indicated that up to 62,800 trans women were living in Thailand.²²³

Several studies conducted among transgender people in Thailand have reported high rates of hormone use: 35 percent of a sample of 60 trans men from Chiang Mai;²²⁴ 73 percent of a sample of 60 trans women from Chiang Mai;²²⁵ 88.6 percent of a sample of 474 trans women from Bangkok, Chiang Mai and Phuket;²²⁶ and 93.8 percent of a sample of 193 trans women from across the Kingdom.²²⁷ Comparatively, data from UNDP Thailand's national survey reveal that 0.9 percent of 218 gay men, 2.6 percent of 234 lesbian women, 21.1 percent of 218 trans men, 75.4 percent of 213 trans women, and 5.6 percent of 176 gender queer/non-conforming people self-reported use of hormones in the past month. However, none of the CSO data sets included data on hormone use among transgender people or other sexual minorities.

Only one study provided insight into the frequency of hormone use among trans women in Thailand. The study indicated that the majority of trans women, 53.7 percent, in that study were using hormones on a daily basis compared to 13.3 percent who used hormones several times per week, 16.5 percent who used hormones on a weekly basis and 16.5 percent who used hormones on a monthly basis.²²⁸ Meanwhile, another study considered hormone dosage, with the majority, 36.4 percent, using a single oral contraceptive tablet per day compared to 15.9 percent who used two tablets per day and 29.5 percent who used three per day.²²⁹ Using oral contraceptives in doses of two to three tablets per day is above the recommended dose necessary to produce the desired pharmacological effect (a practice also known as 'stacking'), which may further increase the risks of venous thrombosis or cardiovascular death.²³⁰ More than a third of study participants who were using hormones self-reported side effects.²³¹

Studies, reports and key stakeholder interviews repeatedly confirm that the vast majority of transgender people who use hormones obtain and use these products without medical supervision.²³² For example, in a study conducted in Chiang Mai among 60 trans women who used hormones, fewer than 5 percent were receiving their treatments through a medical professional compared to 95 percent who accessed

²²¹ Gooren, L. J. et al. 2013. "Exploration of functional health, mental well-being and cross-sex hormone use in a sample of Thai male-to-female transgendered persons (kathoeys)" in *Asian Journal of Andrology*, 15: 280–285. (<http://www.asiaandro.com/news/upload/20130912-aja2012139a.pdf>)

²²² Poompruek, P. et al. 2014. "'For me... it's a miracle': Injecting beauty among kathoeis in a provincial Thai city" in *International Journal of Drug Policy* 25: 798–803. <http://dx.doi.org/10.1016/j.drugpo.2014.06.015>. (https://www.researchgate.net/publication/263391293_%27For_me_it%27s_a_miracle%27_Injecting_beauty_among_kathoeis_in_a_provincial_Thai_city)

²²³ HIV and AIDS Data Hub for Asia-Pacific. 2020. *Review in slides: Thailand*. (<https://www.aidsdatahub.org/resource/thailand-country-slides>)

²²⁴ Gooren, L. J. et al. 2015. "Cross-Sex Hormone Use, Functional Health and Mental Well-Being among Transgender Men (Toms) and Transgender Women (Kathoeys) in Thailand" in *Cult Health Sex*, 17(1): 92–103. doi:10.1080/13691058.2014.950982. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4227918/pdf/nihms619249.pdf>)

²²⁵ Gooren, L. J. et al. 2013. "Exploration of functional health, mental well-being and cross-sex hormone use in a sample of Thai male-to-female transgendered persons (kathoeys)" in *Asian Journal of Andrology*, 15: 280–285. (<http://www.asiaandro.com/news/upload/20130912-aja2012139a.pdf>)

²²⁶ Guadamuz, T. E. et al. 2011. "HIV Prevalence, Risk Behavior, Hormone Use and Surgical History Among Transgender Persons in Thailand" in *AIDS Behav*, 15(3): 650–658. doi:10.1007/s10461-010-9850-5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>)

²²⁷ Winter, S. 2006. "Thai Transgenders in Focus: Demographics, Transitions and Identities" in *International Journal of Transgenderism*, 9(1): 15–27. doi:10.1300/J485v09n01_03. (https://www.researchgate.net/publication/254365924_Thai_Transgenders_in_Focus_Demographics_Transitions_and_Identities)

²²⁸ Guadamuz, T. E. et al. 2011. "HIV Prevalence, Risk Behavior, Hormone Use and Surgical History Among Transgender Persons in Thailand" in *AIDS Behav*, 15(3): 650–658. doi:10.1007/s10461-010-9850-5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>)

²²⁹ Gooren, L. J. et al. 2013. "Exploration of functional health, mental well-being and cross-sex hormone use in a sample of Thai male-to-female transgendered persons (kathoeys)" in *Asian Journal of Andrology*, 15: 280–285. (<http://www.asiaandro.com/news/upload/20130912-aja2012139a.pdf>)

²³⁰ Ibid.

²³¹ Ibid.

²³² Wansom, T. et al. 2016. "Transgender populations and HIV: unique risks, challenges and opportunities" in *J Virus Erad*, 2(2): 87–93. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4965251/pdf/jve-2-87.pdf>); Gooren, L. J. et al. 2015. "Cross-Sex Hormone Use, Functional Health and Mental Well-Being among Transgender Men (Toms) and Transgender Women (Kathoeys) in Thailand" in *Cult Health Sex*, 17(1): 92–103. doi:10.1080/13691058.2014.950982. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4227918/pdf/nihms619249.pdf>); Gooren, L. J. et al. 2013. "Exploration of functional health, mental well-being and cross-sex hormone use in a sample of Thai male-to-female transgendered persons (kathoeys)" in *Asian Journal of Andrology*, 15: 280–285. (<http://www.asiaandro.com/news/upload/20130912-aja2012139a.pdf>); Guadamuz, T. E. et al. 2011. "HIV Prevalence, Risk Behavior, Hormone Use and Surgical History Among Transgender Persons in Thailand" in *AIDS Behav*, 15(3): 650–658. doi:10.1007/s10461-010-9850-5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>)

their hormones without medical supervision.²³³ However, UNDP Thailand survey data show a more balanced distribution, with 48.3 percent of the 265 LGBT individuals using hormones doing so with medical supervision compared to 51.7 percent of LGBT people doing so without medical supervision.

Reports from CSOs in Thailand indicate that transgender people are accessing hormones without medical supervision as a result of stigma, discrimination and lack of understanding from medical professionals. At the time of publication of this report, the Thai government had no officially established policies, guidelines or services for hormone therapy for transgender people,²³⁴ although the Tangerine Clinic together with Chulalongkorn University's Center of Excellence in Transgender Health recently launched the first handbook for trans health (*The Thai Handbook of Transgender Healthcare Services*)²³⁵ and Sisters Foundation has developed guidelines to support hormone therapy for trans women.

Data suggest that a significant proportion of transgender women rely on injections to administer hormones. One study reported that 24.9 percent had injected hormones and 49.2 percent had taken hormones both orally and through injections.²³⁶ An ethnographic study specifically explored the dynamics of "injection parties" in which a nurse administers hormones to consenting trans women in a private setting (in a so-called "secret room," given that injecting outside medical establishments by non-physicians is illegal in Thailand) in a fun, party-like and supportive environment.²³⁷ During such parties, sterile injecting equipment is provided by the nurse.²³⁸ However, the literature suggests that needle sharing may be occurring, potentially leading to the transmission of HIV, hepatitis B and C, and other blood-borne infections,²³⁹ though no evidence of needle sharing has been documented among transgender communities in Thailand to date. No data were available about modes of administration among trans men in the literature.

In Thailand, feminizing hormones can be obtained over the counter at many pharmacies,²⁴⁰ without a medical prescription; such products are not currently regulated or monitored by clinicians or other health care professionals.²⁴¹ Some researchers suggest that the availability of hormones without prescription has contributed to increased use among the transgender community.²⁴² Indeed, data from the region suggest that transgender people see Thailand as the preferred destination to source hormones.²⁴³ For example, a transgender woman from Nepal noted that "when we ask [pharmacists in Thailand] for a specific hormone by name, they simply sell it to us."²⁴⁴ Other Nepali trans women also perceived that hormones from Thailand are more effective compared to those from other countries:

*[Hormones from Bangkok] make our body soft, veins are not visible, our body feels soft like those of girls. The medicine that we get here also works but takes longer to work.*²⁴⁵

*Chest development is faster by the medicine from Bangkok than here.*²⁴⁶

²³³ Gooren, L. J. et al. 2013. "Exploration of functional health, mental well-being and cross-sex hormone use in a sample of Thai male-to-female transgendered persons (kathoeys)" in *Asian Journal of Andrology*, 15: 280–285. (<http://www.asiaandro.com/news/upload/20130912-aja2012139a.pdf>)

²³⁴ Ibid.

²³⁵ Tangerine Clinic together and Chulalongkorn University Center of Excellence in Transgender Health. 2020. คู่มือการให้บริการสุขภาพคนข้ามเพศประเทศไทย. (<https://online.pubhtml5.com/yxcv/ouia/#p=1>)

²³⁶ Guadamuz, T. E. et al. 2011. "HIV Prevalence, Risk Behavior, Hormone Use and Surgical History Among Transgender Persons in Thailand" in *AIDS Behav*, 15(3): 650–658. doi:10.1007/s10461-010-9850-5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>)

²³⁷ Poompruek, P. et al. 2014. "For me... it's a miracle: Injecting beauty among kathoeis in a provincial Thai city" in *International Journal of Drug Policy* 25: 798–803. <http://dx.doi.org/10.1016/j.drugpo.2014.06.015>. (https://www.researchgate.net/publication/263391293_%27For_me_it%27s_a_miracle%27_-_Injecting_beauty_among_kathoeis_in_a_provincial_Thai_city)

²³⁸ Ibid.

²³⁹ Guadamuz, T. E. et al. 2011. "HIV Prevalence, Risk Behavior, Hormone Use and Surgical History Among Transgender Persons in Thailand" in *AIDS Behav*, 15(3): 650–658. doi:10.1007/s10461-010-9850-5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>)

²⁴⁰ Gooren, L. J. et al. 2013. "Exploration of functional health, mental well-being and cross-sex hormone use in a sample of Thai male-to-female transgendered persons (kathoeys)" in *Asian Journal of Andrology*, 15: 280–285. (<http://www.asiaandro.com/news/upload/20130912-aja2012139a.pdf>)

²⁴¹ Guadamuz, T. E. et al. 2011. "HIV Prevalence, Risk Behavior, Hormone Use and Surgical History Among Transgender Persons in Thailand" in *AIDS Behav*, 15(3): 650–658. doi:10.1007/s10461-010-9850-5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>)

²⁴² Regmi, P. R. et al. 2019. "Hormone use among Nepali transgender women: a qualitative study" in *BMJ Open*, 9: e030464. doi:10.1136/bmjopen-2019-030464. (<https://bmjopen.bmj.com/content/9/10/e030464>)

²⁴³ Nguyen, H. T. 2019. "From silicone and hormone injecting to sex reassignment surgery: the precarious road to becoming female of transgender funeral performers in Ho Chi Minh City, Vietnam" in *Culture, Health & Sexuality*, 21(9): 999–1011. doi:10.1080/13691058.2018.1533144. (https://www.researchgate.net/publication/330226660_From_silicone_and_hormone_injecting_to_sex_reassignment_surgery_the_precarious_road_to_becoming_female_of_transgender_funeral_performers_in_Ho_Chi_Minh_City_Vietnam); Regmi, P. R. et al. 2019. "Hormone use among Nepali transgender women: a qualitative study" in *BMJ Open*, 9: e030464. doi:10.1136/bmjopen-2019-030464. (<https://bmjopen.bmj.com/content/9/10/e030464>)

²⁴⁴ Regmi, P. R. et al. 2019. "Hormone use among Nepali transgender women: a qualitative study" in *BMJ Open*, 9: e030464. doi:10.1136/bmjopen-2019-030464. (<https://bmjopen.bmj.com/content/9/10/e030464>)

²⁴⁵ Ibid.

²⁴⁶ Ibid.

Studies, reports and anecdotal evidence from key informant interviews also align on the importance of transgender peers and their networks in providing guidance on the use of hormones, especially in the face of the stigma and discrimination they face in health settings.²⁴⁷ Decisions regarding the selection of hormones were largely driven by peer advice and suggestions, with 70 percent of trans women in one study relying on peers as the primary source of information.²⁴⁸ Similarly, peers often procured hormones for other trans men and women:²⁴⁹ in one study, approximately one third of trans women knew doctors and pharmacists who were knowledgeable on the use of hormones, but fewer than 5 percent procured their hormones directly from pharmacists, while 96 percent relied on peers for their supply.²⁵⁰ Indeed, Thai trans women noted that they had little confidence that medical professionals had sufficient capacity to provide hormone therapy for transgender people and that they were worried about potential stigma and discrimination in health care settings.²⁵¹

Limited data were available in the literature about the cost of hormones. One study reported that monthly spending on hormones by trans women ranged between THB 150 and THB 450 (US\$5 to US\$15).²⁵² It is worth highlighting that with universal health coverage in place in Thailand, there are no significant financial barriers to receiving guidance on hormone use from medical professionals,²⁵³ although hormones are not covered by the national health insurance scheme.

REDUCING HARMS RELATED TO HORMONE USE²⁵⁴

These recommendations, identified in the literature and based on inputs from experts who contributed to this report, are designed to reduce the risks associated with hormone use. They have been included here to help guide the integration of harm reduction principles in policies, programmes and services in existing and future interventions so that they are better able to meet the needs of LGBT people.

Harm reduction principles are grounded in the recognition that not all persons who use drugs are willing or able to stop doing so. If they choose to use illicit substances, these harm reduction messages are intended to reduce the associated harms to individuals and communities, in line with the comprehensive approach recommended by WHO, UNAIDS and UNODC.

1. The meaningful involvement of transgender community representatives in all aspects of the response – including in advocacy and the design, planning, development, implementation, monitoring and evaluation of tools, services, project, programmes and policies – is critical to the success of efforts to support gender affirmation and the sexual and mental health of that community.²⁵⁵
2. Whenever and wherever possible, use hormones under the supervision of a qualified and trusted medical professional, including from community-led service sites like drop-in centres.
3. When deciding on non-medically supervised hormone dosage, assess the reliability of non-medical sources (such as websites and forums) by comparing the dosage recommendations against those provided by reputable medical sources.
4. When buying hormones, base decisions about purchasing on whether suppliers are well-established and reputable rather than the price, in order to ensure product quality.

²⁴⁷ UNDP. 2019. *Tolerance but not Inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand*. (<https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/tolerance-but-not-inclusion.html>)

²⁴⁸ Gooren, L. J. et al. 2013. "Exploration of functional health, mental well-being and cross-sex hormone use in a sample of Thai male-to-female transgendered persons (kathoeys)" in *Asian Journal of Andrology*, 15: 280–285. (<http://www.asiaandro.com/news/upload/20130912-aja2012139a.pdf>)

²⁴⁹ Gooren, L. J. et al. 2015. "Cross-Sex Hormone Use, Functional Health and Mental Well-Being among Transgender Men (Toms) and Transgender Women (Kathoeys) in Thailand" in *Cult Health Sex*, 17(1): 92–103. doi:10.1080/13691058.2014.950982. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4227918/pdf/nihms619249.pdf>)

²⁵⁰ Gooren, L. J. et al. 2013. "Exploration of functional health, mental well-being and cross-sex hormone use in a sample of Thai male-to-female transgendered persons (kathoeys)" in *Asian Journal of Andrology*, 15: 280–285. (<http://www.asiaandro.com/news/upload/20130912-aja2012139a.pdf>)

²⁵¹ Ibid.

²⁵² Ibid.

²⁵³ Ibid.

²⁵⁴ Based on information provided by Harm Reduction TO, online at: <https://harmreductionto.ca/erectile-drugs/>; WPATH. 2012. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. World Professional Association for Transgender Health. (https://www.wpath.org/media/cms/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341)

²⁵⁵ Yang, F. et al. 2020. "Key populations and power: people-centred social innovation in Asian HIV services" in *Lancet HIV*, 7(1): e69–e74. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(19\)30347-9/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(19)30347-9/fulltext))

5. Try to use bioidentical hormones, the ones naturally produced by the human body, instead of synthetic hormones, such as the ones found in birth control pills or anabolic steroids used by bodybuilders, that are far more potent and have higher health risks.
 6. Follow accepted hormone guidelines from WPATH, the Endocrine Society²⁵⁶ and trans-competent medical professionals based on an individual's medical background and needs.
 7. Get general health check-ups on a regular basis, including blood work, to monitor hormone levels.
 8. Always use sterile injection equipment and never share equipment. Do not use the same equipment for hormones and other drugs, and try to change injection locations as often as possible to prevent the overuse of an area. Procure needles and syringes from the pharmacy or from a harm reduction programme.
 9. Get familiar with intramuscular injection best practices, including the best spots to inject (front thigh, because it contains large muscles, or the side of the butt, but not the actual butt itself) and ensuring you are using intramuscular and not intravenous injection equipment.
 10. Alcohol and other drugs can interact with hormones. Smoking tobacco can increase the chances of blood clotting.
- Other harm reduction strategies presented in this report should also be considered when using hormones.

Erectile dysfunction medications

Although sildenafil (Viagra), tadalafil (Cialis) and vardenafil (Levitra) are all approved medications for the treatment of erectile dysfunction (ED), available data show that men also use ED medications to enhance sexual performance without medical indication.²⁵⁷ Indeed, the misuse of ED medications has been reported by MSM who also used methamphetamines for sex, since stimulant drug use is often associated with difficulties gaining and maintaining an erection.²⁵⁸ Moreover, MSM report using ED medications to sustain long-lasting sexual activity.²⁵⁹ Studies also report that MSM (and other heterosexual men) are motivated to use ED medications for a range of different reasons: curiosity, increased erectile rigidity, counteracting the effects of drugs and alcohol that may attenuate erection, increased erectile sensation, increased libido, to enhance self-esteem, to decrease performance anxiety and to impress or satisfy sexual partner(s).²⁶⁰

Among MSM, the misuse of ED medications has been increasingly reported in the context of poly substance use, especially in sexualized contexts.²⁶¹ Misuse of ED medications in combination with other chemsex drugs – particularly with poppers and methamphetamines – can be extremely dangerous and trigger hypotension (low blood pressure) and cardiac complications.²⁶²

Data from Thailand show that the misuse of ED medications among MSM is relatively common, although all available data from academic studies come from the same cohort recruited for participation in the Bangkok cohort study. Among the 1,744 homosexually active Thai men aged 18 and over residing in Bangkok who participated in the cohort, 17.6 percent had used ED medications in the past four months;²⁶³ among the 1,569 MSM from the same cohort, 11.3 percent had used ED medications in the past four months;²⁶⁴ out of 1,372 MSM in the same cohort, 10.7 percent had used ED medications in the past four months;²⁶⁵ out of the

²⁵⁶ See <https://www.endocrine.org/>.

²⁵⁷ Swearingen, S. G. and Klausner, J. D. 2005. "Sildenafil use, sexual risk behavior, and risk for sexually transmitted diseases, including HIV infection" in *The American Journal of Medicine*, 118: 571–577. ([https://www.amjmed.com/article/S0002-9343\(05\)00086-0/pdf](https://www.amjmed.com/article/S0002-9343(05)00086-0/pdf))

²⁵⁸ Dolatshahi, B. et al. 2016. "A Qualitative Study of the Relationship Between Methamphetamine Abuse and Sexual Dysfunction in Male Substance Abusers" in *Int J High Risk Behav Addict*, 5(3): e29640. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086781/pdf/ijhrba-05-03-29640.pdf>)

²⁵⁹ Bracchi, M. et al. 2015. "Increasing use of 'party drugs' in people living with HIV on antiretrovirals: a concern for patient safety" in *AIDS*, 29(13): 1585–1592. (<https://www.ncbi.nlm.nih.gov/pubmed/26372268>)

²⁶⁰ Giorgetti, R. et al. 2017. "When 'Chems' Meet Sex: A Rising Phenomenon Called 'ChemSex'" in *Current Neuropharmacology*, 15: 762–770. (https://www.researchgate.net/publication/310585395_When_Chems_Meet_Sex_A_Rising_Phenomenon_Called_ChemSex)

²⁶¹ Swearingen, S. G. and Klausner, J. D. 2005. "Sildenafil use, sexual risk behavior, and risk for sexually transmitted diseases, including HIV infection" in *The American Journal of Medicine*, 118: 571–577. ([https://www.amjmed.com/article/S0002-9343\(05\)00086-0/pdf](https://www.amjmed.com/article/S0002-9343(05)00086-0/pdf))

²⁶² Ibid.

²⁶³ Van Griensven, F. et al. 2013. "Evidence of an explosive epidemic of HIV infection in a cohort of men who have sex with men in Thailand" in *AIDS*, 27(5): 825–832. (https://journals.lww.com/aidsonline/Fulltext/2013/03130/Evidence_of_an_explosive_epidemic_of_HIV_infection.16.aspx)

²⁶⁴ Holtz, T. H. et al. 2015. "Longitudinal Analysis of Key HIV-Risk Behavior Patterns and Predictors in Men Who Have Sex with Men, Bangkok, Thailand" in *Arch Sex Behav*, 44: 341–348. doi:10.1007/s10508-014-0427-7 (https://www.researchgate.net/publication/271648201_Longitudinal_Analysis_of_Key_HIV-Risk_Behavior_Patterns_and_Predictors_in_Men_Who_Have_Sex_with_Men_Bangkok_Thailand)

²⁶⁵ Piyaaraj, P. et al. 2018. "The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study" in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

1,408 MSM respondents who had used drugs and alcohol, 1 percent had used ED medication in the past six months;²⁶⁶ 71 percent of 494 young MSM had used ED medications and 1.6 percent of the same subsample had used ED medications in combination with 'club drugs' in the past four months;²⁶⁷ out of the 215 MSM and trans women who seroconverted during the cohort study, 14.9 percent had used ED medications in the past four months;²⁶⁸ out of the subsample of 128 MSM from the cohort who had used methamphetamines, 47.7 percent had used ED medications in the past four months;²⁶⁹ and among 47 young MSM aged 18 to 24 years, 23.4 percent had ever used Viagra or other ED medications.²⁷⁰

Data from Thai CSOs are relatively limited. Ozone Foundation reports that their clients who inject crystal methamphetamines also use ED medications, but no data were provided relative to prevalence rates. Data from the Thai Red Cross showed that 24.9 percent of MSM and trans women had used ED medications in the past six months: 23.8 percent of HIV-negative respondents and 30.2 percent of people living with HIV.²⁷¹ Data related to RSAT clients analysed by IHRI showed that 15.1 percent of MSM and 5.9 percent of trans women had used Viagra in the past six months.²⁷² The UNDP survey did not include ED medications.

In Thailand, use of ED medications was identified as a significant predictor for recreational drug use.²⁷³ Methamphetamine use was highly associated with use of ED medications.²⁷⁴ Use of ED medications in combination with 'club drugs' was positively associated with HIV infection.²⁷⁵ Although ED medications do not in and of themselves cause HIV transmission, the increased duration of erection, increased blood flow, and subsequent increased mucosal susceptibility may increase the risk of transmission when having sex with people living with HIV.²⁷⁶

Despite the wide range of reported rates of ED medication misuse among MSM in Thailand, it is clear that there is sufficient evidence to raise concerns. Although there is presently no country-specific data about combinations of ED medications with poppers, there is cause for concern. At the very least, it is clear from ethnographic studies that ED medications and poppers are often offered at the same 'high parties' in Bangkok,²⁷⁷ without much risk mitigation. It is also presently unclear to what extent participants in chemsex and high parties are informed and aware of the risks related to ED medication misuse and combinations with other substances.

²⁶⁶ Kritsanavarin, U. et al. 2020. "HIV incidence among men who have sex with men and transgender women in four provinces in Thailand" in *International Journal of STD & AIDS*, Vol. 31(12): 1154–1160. (<https://journals.sagepub.com/doi/abs/10.1177/0956462420921068>)

²⁶⁷ Thienkrua, W. et al. 2018. "Young Men Who Have Sex with Men at High Risk for HIV, Bangkok MSM Cohort Study, Thailand 2006–2014" in *AIDS Behav*, 22(7): 2137–2146. doi:10.1007/s10461-017-1963-7. (https://www.researchgate.net/publication/321065664_Young_Men_Who_Have_Sex_with_Men_at_High_Risk_for_HIV_Bangkok_MSM_Cohort_Study_Thailand_2006-2014)

²⁶⁸ Lam, C. R. et al. 2017. "Subtypes and Risk Behaviors Among Incident HIV Cases in the Bangkok Men Who Have Sex with Men Cohort Study, Thailand, 2006–2014" in *AIDS Research and Human Retroviruses*, 33(10): 1004–1012. doi:10.1089/aid.2016.0119. (https://www.researchgate.net/publication/311922485_Subtypes_and_Risk_Behaviors_Among_Incident_HIV_Cases_in_the_Bangkok_Men_Who_Have_Sex_with_Men_Cohort_Study_Thailand_2006-2014)

²⁶⁹ Piyaraj, P. et al. 2018. "The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study" in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

²⁷⁰ Defined as ecstasy, methamphetamine, ketamine, GHB, LSD and Rohypnol. Chemnasiri, T. et al. 2019. "Risk Behaviors Among Young Men Who Have Sex With Men in Bangkok: A Qualitative Study to Understand and Contextualize High HIV Incidence" in *J Homosex*, 66(4): 533–548. doi:10.1080/00918369.2017.1422941. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6409201/pdf/nihms-1012870.pdf>)

²⁷¹ Colby, D. J. et al. 2019. "Crystal amphetamine use is common and associated with HIV infection among MSM and TGW in Bangkok, Thailand," poster presentation at the *International AIDS Conference 2019*.

²⁷² Phanuphak, P. 2019. "Integrating substance use services into sexual health service for MSM and TGW in Thailand," presentation delivered at the *19th International Conference of Public Health Sciences*, 2 October.

²⁷³ Holtz, T. H. et al. 2015. "Longitudinal Analysis of Key HIV-Risk Behavior Patterns and Predictors in Men Who Have Sex with Men, Bangkok, Thailand" in *Arch Sex Behav*, 44: 341–348. doi:10.1007/s10508-014-0427-7 (https://www.researchgate.net/publication/271648201_Longitudinal_Analysis_of_Key_HIV-Risk_Behavior_Patterns_and_Predictors_in_Men_Who_Have_Sex_with_Men_Bangkok_Thailand)

²⁷⁴ Piyaraj, P. et al. 2018. "The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study" in *Lancet HIV*, 5(7): e379–e389. doi:10.1016/S2352-3018(18)30065-1. ([https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30065-1/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30065-1/fulltext))

²⁷⁵ Thienkrua, W. et al. 2018. "Young Men Who Have Sex with Men at High Risk for HIV, Bangkok MSM Cohort Study, Thailand 2006–2014" in *AIDS Behav*, 22(7): 2137–2146. doi:10.1007/s10461-017-1963-7. (https://www.researchgate.net/publication/321065664_Young_Men_Who_Have_Sex_with_Men_at_High_Risk_for_HIV_Bangkok_MSM_Cohort_Study_Thailand_2006-2014); Lam, C. R. et al. 2017. "Subtypes and Risk Behaviors Among Incident HIV Cases in the Bangkok Men Who Have Sex with Men Cohort Study, Thailand, 2006–2014" in *AIDS Research and Human Retroviruses*, 33(10): 1004–1012. doi:10.1089/aid.2016.0119. (https://www.researchgate.net/publication/311922485_Subtypes_and_Risk_Behaviors_Among_Incident_HIV_Cases_in_the_Bangkok_Men_Who_Have_Sex_with_Men_Cohort_Study_Thailand_2006-2014)

²⁷⁶ Swearingen, S. G. and Klausner, J. D. 2005. "Sildenafil use, sexual risk behavior, and risk for sexually transmitted diseases, including HIV infection" in *The American Journal of Medicine*, 118: 571–577. ([https://www.amjmed.com/article/S0002-9343\(05\)00086-0/pdf](https://www.amjmed.com/article/S0002-9343(05)00086-0/pdf))

²⁷⁷ Chemnasiri, T. et al. 2019. "Risk Behaviors Among Young Men Who Have Sex With Men in Bangkok: A Qualitative Study to Understand and Contextualize High HIV Incidence" in *J Homosex*, 66(4): 533–548. doi:10.1080/00918369.2017.1422941. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6409201/pdf/nihms-1012870.pdf>)

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Harm reduction principles are grounded in the recognition that not all persons who use drugs are willing or able to stop doing so. If they choose to use illicit substances, these harm reduction messages are intended to reduce the associated harms to individuals and communities, in line with the comprehensive approach recommended by WHO, UNAIDS and UNODC.

1. Be aware that taking ED medications with poppers or any other nitrate-based medication can cause a life-threatening drop in blood pressure.
2. Sildenafil (Viagra) and vardenafil (Levitra) take 24 hours to clear the body whereas tadalafil (Cialis) can remain in the body for up to 36 hours. It is prudent to wait for the drugs to clear the body before taking more ED medications or poppers.
3. Be aware that combining certain drugs – such as GHB/GBL with ED medications – can significantly lower blood pressure.
4. Be aware that using drugs that increase blood pressure – such as MDMA, crystal meth or cocaine – in combination with ED medications increases the risks of heart attacks.
5. Be aware that mixing ED medications with MDMA can increase the risk of priapism.
6. Fake ED medications are available over the internet and counterfeit ED medications are also sold in different locations in Thailand, so it is important to research and verify sources before purchasing those.

Other harm reduction strategies presented in this report should also be considered when responding to the needs of people who use ED medications.

Silicone injections

Data from Thailand and other neighbouring countries indicate that illicit silicone is injected under the skin for aesthetic purposes and to present gender characteristics more in line with one's gender identity, a procedure known as 'silicone pumping'. Although not silicone injections per se, injecting of inert substances to alter sexual characteristics has been documented in Thailand. For example, a study conducted among 100 young Thai men deprived of liberty in Chiang Mai revealed that 12 percent had injected the shaft of their penises with oil or wax, though no details were provided regarding their SOGIE.²⁷⁹ Data from another study conducted in Thailand reported that 68.6 percent of 325 sampled trans women had received silicone injections or silicone implants.²⁸⁰ Another study reported that a substantial proportion of trans women had injected silicone, though exact numbers were not reported.²⁸¹ However, none of the data sets provided by CSOs in Thailand included information about silicone injecting.

The literature suggests that subcutaneous silicone injections are driven by the prohibitive cost of gender-affirming surgeries.²⁸² Yet studies report that the cost of silicone injections is also significant: one study among Nepali trans women indicated that they spent between US\$1,000 and US\$2,000, depending on the amount of silicone injected.²⁸³ The same study reported that Nepali trans women preferred to access silicone injections in Bangkok due to lower cost and better quality of services.²⁸⁴ Such procedures are generally performed without medical supervision by unlicensed individuals.²⁸⁵

²⁷⁸ Based on information provided by Harm Reduction TO, online at: <https://harmreductionto.ca/erectile-drugs>.

²⁷⁹ Thomson, N. et al. 2008. "Penile modification in young Thai men: risk environments, procedures and widespread implications for HIV and sexually transmitted infections" in *Sex Transm Inf*, 84: 195–197. doi:10.1136/sti.2007.028530. (https://www.researchgate.net/publication/5659864_Penile_modification_in_young_Thai_men_Risk_environments_procedures_and_widespread_implications_for_HIV_and_sexually_transmitted_infections)

²⁸⁰ Guadamuz, T. E. et al. 2011. "HIV Prevalence, Risk Behavior, Hormone Use and Surgical History Among Transgender Persons in Thailand" in *AIDS Behav*, 15(3): 650–658. doi:10.1007/s10461-010-9850-5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>)

²⁸¹ Winter, S. 2006. "Thai Transgenders in Focus: Demographics, Transitions and Identities" in *International Journal of Transgenderism*, 9(1): 15–27. doi:10.1300/J485v09n01_03. (https://www.researchgate.net/publication/254365924_Thai_Transgenders_in_Focus_Demographics_Transitions_and_Identities)

²⁸² Regmi, P. R. et al. 2020. "Silicone use among Nepali transgender women: the hazards of beauty" in *Journal of Health Research*, 35(2): 160–171. doi:10.1108/JHR-08-2019-0192. (<https://www.emerald.com/insight/content/doi/10.1108/JHR-08-2019-0192/full/html>)

²⁸³ Ibid.

²⁸⁴ Ibid.

²⁸⁵ Ibid.

Unlike hormones, silicone does not interact with other pharmacological agents because it is a permanent synthetic substance. However, the use of silicone is associated with health risks such as infection, foreign body reaction (hypersensitivity), granulomatous diseases, unavoidable dermatologic complications and migration of the silicone/implantable material, while case reports also indicate the occurrence of acute pulmonary haemorrhage, pneumonitis and organ injury or failure.²⁸⁶ Moreover, silicone injections always lead to chronic and definitive silicone blood diffusion, resulting in a range of dermatological complications.²⁸⁷ Reports indicate that some adulterants – like liquid paraffin, petroleum jelly, lanolin, beeswax, flax oil, linseed oil, olive oil, tire sealant, cement glue and automobile transmission fluid – have sometimes been mixed in with silicone.²⁸⁸ Deaths related to illicit silicone injection have also been reported by the media.²⁸⁹

From a public health perspective, alternatives to silicone injection such as affordable and/or insurance-covered cosmetic surgical and dermatological procedures could prevent many of the adverse health consequences and medical complications reported in the literature.²⁹⁰

REDUCING HARMS ASSOCIATED WITH SILICONE INJECTIONS ²⁹¹

These recommendations, identified in the literature and based on inputs from experts who contributed to this report, are designed to reduce the risks associated with injecting silicone. They have been included here to help guide the integration of harm reduction principles in policies, programmes and services in existing and future interventions so that they are better able to meet the needs of LGBT people.

Harm reduction principles are grounded in the recognition that not all persons who use drugs are willing or able to stop doing so. If they choose to use illicit substances, these harm reduction messages are intended to reduce the associated harms to individuals and communities, in line with the comprehensive approach recommended by WHO, UNAIDS and UNODC.

1. Transgender peer-led outreach should be the cornerstone of community-based interventions to increase awareness and promote harm reduction in relation to silicone.²⁹²
2. Wait at least one to two years after starting hormones before starting silicone injections.
3. Make sure that the product being injected is medical grade silicone. Other substances mixed in with silicone can exacerbate health risks.
4. Use chlorhexidine gluconate or chlorhexidine acetate – a disinfectant and antiseptic that is used on the skin before surgery as well as to sterilize surgical instruments – before receiving silicone injections. Shower with it the day before.
5. Make sure that the person injecting the silicone conforms to standard universal precautions including handwashing and wearing latex gloves, face masks and other single-use personal protective equipment.
6. Always use sterile injection equipment and never share equipment. Do not use the same equipment for hormones and other drugs, and try to vary injection locations as often as possible to prevent the overuse of an area. Procure needles and syringes from the pharmacy or from a harm reduction programme.
7. Use smaller quantities of silicone and space out injections over time.
8. When injecting, make sure the needle is not in a blood vessel by pulling back on the syringe plunger – where there's blood, there's a blood vessel.

Other harm reduction strategies presented in this report should also be considered when using silicone.

²⁸⁶ Ibid.

²⁸⁷ Bertin, C. et al. 2019. "Illicit massive silicone injections always induce chronic and definitive silicone blood diffusion with dermatologic complications" in *Medicine*, 98(4): e14143. <http://dx.doi.org/10.1097/MD.00000000000014143>. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6358378/pdf/medi-98-e14143.pdf>)

²⁸⁸ Wilson, E. et al. 2014. "The use and correlates of illicit silicone or 'fillers' in a population-based sample of transwomen, San Francisco, 2013" in *J Sex Med*, 11(7): 1717–1724. doi:10.1111/jsm.12558. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4304636/pdf/nihms651556.pdf>)

²⁸⁹ See for example Frere, E. 2015. "Orange County transgender woman dies after unregulated silicone injections" in *ABC News*, 31 January, online at: <https://abc30.com/transgender-silicone-injection-death-woman-dangers/498271>.

²⁹⁰ Kelly, P. J. 2020. "The Use of Non-Surgical Injectable Procedures Among Transgender Communities" in *Common Health*, 1(2): 62–68. doi:10.15367/ch.v1i2.305. (<https://tuljournals.temple.edu/index.php/commonhealth/article/view/305>); Wilson, E. et al. 2014. "The use and correlates of illicit silicone or 'fillers' in a population-based sample of transwomen, San Francisco, 2013" in *J Sex Med*, 11(7): 1717–1724. doi:10.1111/jsm.12558. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4304636/pdf/nihms651556.pdf>)

²⁹¹ Lyon Martin Health Services. *Silicone Pumping and the Transgender Community*. (<http://project-health.org/wp/wp-content/uploads/2012/07/Silicone-Pumping-and-the-Transgender-Community-Brochure.pdf>)

²⁹² Wallace, P. M. and Rasmussen, S. 2010. "Analysis of Adulterated Silicone: Implications for Health Promotion" in *International Journal of Transgenderism*, 12(3): 167–175. doi:10.1080/15532739.2010.514222. (<https://www.tandfonline.com/doi/abs/10.1080/15532739.2010.514222>)

CONCLUSIONS

The preparation of this report was driven by an unmet need combined with demands from the community to address substance use among LGBT communities. There have been repeated calls for support from Thai stakeholders to address this issue, but this is an issue to be addressed well beyond Thailand. The interviews with key stakeholders confirmed a high level of interest, limited capacity, limited interventions and significant misunderstandings about key concepts at the confluence of two sets of issues – substance use and SOGIE – which have led to limited collaboration and even outright competition.

Meanwhile, the demand for support to address this issue is embodied in the recent establishment of the *Chemsex Asia Platform*, an informal forum designed to facilitate better understanding, foster collaboration and stimulate an effective response to substance use among LGBT people, especially in a sexualized context. As of October 2020, two webinars have been held, each mobilizing approximately 100 participants, corroborating the level of interest in and across Asia.

The information presented here straddles two complex sets of issues, both involving communities (sometimes intersecting) that face significant stigma and discrimination. Working with people who use substances and people with diverse SOGIE is complex as a result of that stigmatization, but more so fundamentally because of the diversity that each community encompasses and the complex sets of issues on each side.

On the drugs side, the diversity of substances (e.g. licit and illicit, controlled and novel, routes of administration, combinations) implies that an exhaustive analysis of the situation in a country like Thailand is challenging at the best of times. Likewise, the diversity of sexual orientations, gender identities and gender expressions also means that issues related to SOGIE are challenging to unpack. Aligning substance use with SOGIE has proven an extremely difficult task, although the result is likely to be very useful and informative.

Before conclusions can be drawn from the data presented in this report, it is critical to first draw conclusions about the data itself. First and foremost, there are clear data gaps, as indicated by the editors of a special issue of the *International Journal of Drug Policy* on sexualized substance use:

*The synthesis of prevalence estimates is challenging and there are no robust estimates of the prevalence of sexualized drug use because most national epidemiological studies fail to measure the association between drug use and sexual behaviours. Most routine public health surveillance studies that collect drug use data do not capture the setting of drug use (or do not capture sexual settings specifically), while sexual health surveys have not always included robust drug use measures. Moreover, epidemiological data on drug use in LGBT individuals is also lacking since most public health surveillance does not include measures of sexual orientation and gender identity, resulting in reliance on individual studies yielding highly disparate results due to difference [sic] in sampling, measurement and other methodological aspects of studies.*²⁹³

This means that the data presented in this report cannot likely be used to draw general conclusions about substance use among LGBT people in Thailand. At best, the data presented here are indicative, meaning that they are informative and describe a specific issue but cannot be generalized. Indicative data are instead suggestive of certain behaviours or patterns of behaviours. In the same context, the data from one study often cannot even be compared to those from another study, despite the fact that those studies were all conducted in Thailand: methodological differences prevent effective comparisons. For example, the data from studies reviewed in this report are based on different recall periods – ranging from 30 days to whole lifetimes. Moreover, some data points presented in the report have not been disaggregated by SOGIE despite clear indications that the data were collected from diverse communities. And substances are often and inconsistently lumped together when tracking use, irrespective of their legality or pharmacological profiles. For example, some studies include cannabis in ‘club drugs’ and some include sedatives in ‘illicit drugs.’

²⁹³ Desai, M. et al. 2018. “Sexualised drug use: LGTB communities and beyond” in *International Journal of Drug Policy*, 55: 128–130. <https://doi.org/10.1016/j.drugpo.2018.04.015>. (https://www.researchgate.net/publication/325382714_Sexualised_drug_use_LGTB_communities_and_beyond)

The same applies to CSO data sets, where different indicators are used to track different behaviours among clients reached, where disaggregation is inconsistent, and where substances are conflated with one another. For example, one data set reported the use of amphetamines when it was clear that the sampled population had been using methamphetamine tablets. These data quality issues make analysis even more challenging and compromise the potential for drawing even indicative conclusions.

It is also important to note that the vast majority of data about substance use among LGBT people are the result of research specifically looking at HIV and its transmission, hence the predominance of results associated with MSM. The focus on HIV is likely predicated on the greater availability of funding rather than an assessment of need. Indeed, HIV is by no means the only issue, and HIV prevention, diagnosis and treatment may not even reflect the most important needs of LGBT communities, especially those who engage in substance use. Issues related to mental health and quality of life – like depression, anxiety, suicidal ideation and suicide attempts – are perhaps even more important. While people can live with HIV and enjoy full, productive and healthy lives, people who commit suicide cannot since their lives have literally ended. Similarly, interventions are routinely implemented to support people living with HIV, but there are comparatively far fewer services available or interventions implemented to address their mental health needs. The focus on HIV can therefore be misplaced and even misleading, diverting attention from other issues that pass in the literature as secondary or less important, given that they are not as frequently or thoroughly documented or reported in the literature.

In the same context, the focus on HIV has also emphasized the needs of gay and bisexual men and other MSM over the needs of other members of the LGBT continuum. As a result, data about other members of the LGBT community are often underrepresented in the literature, so it is difficult to assess their risk profiles, and this is particularly true for lesbians, bisexual women and trans men, as this report demonstrates.

It is worth repeating that the findings presented in this report are not meant to support or suggest policing of LGBT people who use substances, policing of online and offline spaces where LGBT individuals engage in risk behaviours, or encouraging censorship or closing down of LGBT-specific platforms that they use to communicate. In fact, doing so may exacerbate the stigmatization of and discrimination against members of the LGBT community and generate additional barriers to reaching and connecting with LGBT people who use substances.

Again, the data reported here are meant to facilitate discussion and improve understanding of the current situation in Thailand in order to develop and deploy effective evidence-based public health interventions, including community support towards safer use of substances, that address the specific risks and harms that may result from such practices. The fact that LGBT people are vulnerable to multiple problems and negative health consequences – such as substance use, violence, depression, suicidality and HIV and sexually transmitted infections – has been well documented, yet public health efforts have unfortunately not been as responsive in Thailand as in some other countries.²⁹⁴

Despite these critical challenges, the data presented in the report have immense value. They fill important gaps in information. Without data and information, it will be impossible to design evidence-based advocacy strategies or interventions to meet the needs of LGBT communities who use substances. Moreover, available data show that LGBT people use a variety of substances, for a wide range of reasons, in different ways and in different contexts, leading to different levels of exposure to an array of different risks. This means that interventions and strategies need to be tailored to each population segment, even to different subsegments within each community, according to each specific risk profile, in order to respond effectively to their needs. For example, some gay men who use illicit drugs may do so to cope with stress and anxiety that results from SOGIE-based discrimination, while other gay men may be using the exact same substances purely to improve their sexual experiences. In each case, their risk profiles will be distinct, so effective interventions will need to differentiate between their motivations in order to respond to their specific needs. It is also worth highlighting that research about sexualized drug use conducted in North America and Western Europe is often couched in the context of specific sub-cultures within LGBT communities, but the discussion about these different sub-cultures is generally not documented in similar research studies from Thailand. Contextualizing evidence about sexualized drug use within the different sub-cultures of the multiple LGBT communities in Thailand could help better understand the dynamics of risk behaviours, design more targeted interventions and focus efforts to meet the needs of those who are most exposed to risks.

²⁹⁴ Guadamuz, T. E. and Boonmongkon, P. 2018. "Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks" in *Int J Drug Policy*, 55: 249–255. doi:10.1016/j.drugpo.2018.04.005. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5970987/pdf/nihms958911.pdf>)

A comprehensive package of interventions to prevent HIV transmission among people who inject drugs has been standardized and endorsed by the United Nations (UN)²⁹⁵ and other international agencies.²⁹⁶ UN agencies have also released guidance on HIV prevention, treatment, care and support for people who use stimulant drugs.²⁹⁷ However, to date, there is no internationally approved guidance or standardized set of normative interventions, grounded on harm reduction principles, that are recommended to address the particular needs of sexual and gender minorities who use substances, especially in a non-HIV-related context. That said, UNODC has published guidance on meeting the particular needs of women and girls who inject drugs, although the tool does not refer to the specific needs of lesbians, bisexual women or transgender women.²⁹⁸ Similarly, international standards on the treatment of drug use disorders mention that gender and sexual minorities may have particular needs, but there is no official guidance on what those specific needs are or how they should be addressed in clinical and community settings.²⁹⁹

In Thailand, harm reduction services have been exclusively focused on prevention of HIV and other transmittable infections, as a result of the funding of those activities being almost exclusively provided by the Global Fund.³⁰⁰ Meanwhile, there is an informal agreement between the Thai government, the Global Fund and US government donors like USAID and PEPFAR for a vertical and siloed division of labour, where the Global Fund supports HIV prevention interventions and among people who use drugs and the US government funds MSM-related programmes. This informal agreement essentially translates into extremely complex political challenges for any organization trying to address the needs of LGBT people who use drugs, since neither donor is willing to fund interventions at the intersection of substance use and SOGIE.

Even then, the basis for the scale, scope and targeting of those interventions – population size estimates – do not necessarily include MSM or other segments of the LGBT community who inject crystal methamphetamines, given the almost exclusive focus on ‘traditional’ opioid injectors.³⁰¹ Thailand does not have a policy in place to support effective harm reduction service delivery,³⁰² and the quality of drug dependence treatment services has been criticized for decades.³⁰³ The needs of LGBT people who use substances are therefore not meaningfully integrated into policy or practice given that the public health response to drugs in Thailand has been and remains extremely poor. However, as indicated earlier, several CSOs have taken the initiative of tackling the needs of their LGBT clients who use substances, although the response to date has been rather limited.

Mainstreaming harm reduction concepts, strategies and interventions is critically important. And so is the integration of SOGIE within harm reduction services and the organizations that deliver them. In fact, all community-based and community-led services designed to meet the needs of people who use drugs and LGBT people in Thailand should increase the opportunities to further meet the needs of LGBT people who use substances. Indeed, evidence shows that community representatives are ideally positioned to meet the needs of their own communities,³⁰⁴ so their meaningful participation is as essential as their collaboration across the harm reduction and SOGIE responses.

²⁹⁵ Joint United Nations Programme on HIV/AIDS, UNODC, and WHO. 2012. *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*. (http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf)

²⁹⁶ Global Fund. 2020. *Harm reduction for people who use drugs*. (https://www.theglobalfund.org/media/1279/core_harmreduction_infonote_en.pdf)

²⁹⁷ Joint United Nations Programme on HIV/AIDS, UNODC, and WHO. 2019. *HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs: Technical Guide*. (https://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/19-04568_HIV_Prevention_Guide_ebook.pdf)

²⁹⁸ UNODC. 2016. *Addressing the specific needs of women who inject drugs: Practical guide for service providers on gender-responsive HIV services*. (https://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf)

²⁹⁹ UNODC and WHO. 2020. *International Standards for the Treatment of Drug Use Disorders: Revised edition incorporating results of field-testing*. (https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders?fbclid=IwAR3rrIXvmBtBorN13ILCaG86stjZWQjZMfV38CAREq7r_4Cc6qD80DKIMAI)

³⁰⁰ Harm Reduction International. 2020. *Summing it up: Building evidence to inform advocacy for harm reduction funding in Asia*. (<https://www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf>)

³⁰¹ National AIDS Management Centre. 2015. *National consensus meeting: size estimation on PWID, September 2015*.

³⁰² Tanguay, P. and Ngamdee, V. 2015. *CHAMPION-IDU: Innovations, best practices and lessons learned: Implementation of the national response to HIV among people who inject drugs in Thailand 2009–2014*. PSI Thailand. (www.psi.org/wp-content/uploads/2020/02/Small-CHAMPION-IDU-INNOVATIONS-BEST-PRACTICE-AND-LESSONS-LEARNED.pdf)

³⁰³ Tanguay, P. and Ngamdee, V. 2018. *Drug Dependence Treatment in Thailand: Progress Against Persistent Concerns*. International Drug Policy Consortium. (<http://fileserver.idpc.net/library/DrugDependentTreatmentinThailand.pdf>)

³⁰⁴ Joint United Nations Programme on HIV/AIDS & Stop AIDS Alliance. 2015. *Communities deliver: The critical role of communities in reaching global targets to end the AIDS epidemic*. (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_JC2725_CommunitiesDeliver_en.pdf)

TECHNICAL ASSISTANCE ON HARM REDUCTION SERVICE DELIVERY FOR LGBT PEOPLE WHO USE DRUGS

Across the globe, sexualized drug use (or chemsex) is drawing increasing attention as a result of potential negative sexual, physical and mental health outcomes. Despite these issues, public health and social care service providers often lack capacity and need to be sensitized about the needs of LGBT people who use substances and the effective responses to meet those needs.

Mainline (Foundation) has been a frontrunner in delivering harm reduction interventions to LGBT people who use substances, especially related to chemsex. Mainline is a Dutch harm reduction NGO that works to improve the health, rights and well-being of people who use drugs. Since 2015, Mainline conducted several studies and developed harm reduction interventions for chemsex participants, including providing non-judgemental information about safe drug use, distributing appealing information, education and communication materials, organizing individual and group counselling sessions, and providing long-term training for professionals. Currently, the response is a collaborative effort that includes active involvement of local governments, health care providers, law enforcement, and academic partners.

Mainline uses its technical expertise to strengthen the capacity of national and international organizations in their harm reduction responses to LGBT people who use substances. Mainline provides technical assistance through online e-learning, face-to-face and blended learning programmes in every continent of the world. Mainline has developed comprehensive “chemsguide” guidelines and an online learning module on chemsex, which is partially funded by WHO. These resources help organizations strengthen their outreach activities, build and maintain relationships with clients, provide tailored harm reduction services (aimed at before, during and after chemsex parties) and build collaboration and referral networks.

In Asia, Mainline brings its expertise to national and regional meetings to share its experience on stimulant drug use and chemsex. Mainline co-facilitates the Asia Chemsex Platform, an online community that includes more than 250 community members, researchers, government officials and representatives of UN agencies. In Indonesia, Mainline started the first harm reduction programme for people who use crystal methamphetamines, which has now been incorporated in the national response and continues with the support of the Global Fund. In Viet Nam, Mainline collaborates with the Center for Supporting Community Development Initiatives (SCDI) to strengthen the capacity of community-based organizations that work with key populations to ensure the service delivery of quality harm reduction to people who use stimulant drugs. Mainline also provides technical support to partners in Nepal and Pakistan.³⁰⁵

Fortunately, Thailand has a history of and a global reputation for tolerance towards LGBT communities, despite the fact that stigma and discrimination remain barriers to genuine social integration.³⁰⁶ This represents both a significant opportunity and a critical challenge for the way forward in addressing the needs of LGBT individuals who use substances. On the one hand, interventions to support LGBT communities in Thailand are more socially acceptable, better funded and implemented by many more actors, including government agencies and individuals, than those targeting people who use drugs. There is, therefore, a strategic opportunity for establishing partnerships between CSOs and other agencies that are working with LGBT communities in order to more effectively and rapidly scale up harm reduction interventions, both for LGBT communities and for others.

However, the compound stigma faced by LGBT people who use substances is much greater than the stigma that LGBT individuals who do not use substances face, or that non-LGBT people who use drugs are subjected to. The stigma associated with using substances, often driven by criminalization of those substances, is so powerful that it may lead to incremental discrimination from other community members,³⁰⁷ as reported on multiple occasions during the key stakeholder interviews that informed the preparation of this report.

This implies that the road to meaningfully addressing the needs of LGBT people who use substances will be long and arduous in Thailand, given that an effective response will need evidence-based policies and practices that integrate elements across two very complex and often marginalized communities. The way forward will require cooperation, collaboration and coordination between stakeholders and agencies to conduct research, collect data, pilot interventions, roll out services, expand coverage and evaluate results, while advocating for the meaningful participation of LGBT people who use substances, for a more enabling environment, for legal and policy reform, and for allocation or reallocation of both financial and technical resources.

³⁰⁵ For more information about Mainline's technical expertise, visit the organization's website at www.mainline.nl.

³⁰⁶ UNDP. 2019. *Tolerance but not Inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand*. (<https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/tolerance-but-not-inclusion.html>)

³⁰⁷ International Network of People who Use Drugs. *Chemsex: A Case Study of Drug-Userphobia*. (<https://www.inpud.net/en/chemsex-case-study-drug-userphobia>)

RECOMMENDATIONS

- ✓ All stakeholders working with LGBT people who use substances must prioritize the meaningful involvement of community representatives in all aspects of the response, including in advocacy and the design, planning, development, implementation and monitoring and evaluation of tools, services, projects, programmes and policies.
- ✓ All stakeholders working with LGBT populations and/or SOGIE-related issues in Thailand should be trained on and sensitized about issues related to substance use, effective harm reduction approaches and supportive drug policies. Conversely, all stakeholders working on drug policies or issues related to substance use should be trained on and sensitized about the needs of LGBT communities and SOGIE-related issues.
- ✓ Additional qualitative and quantitative research is urgently needed on substance use among LGBT people in Thailand, including the potential misuse of licit medications, both in sexualized and non-sexualized settings.
 - Given the limited data and information about substance use among certain segments of LGBT communities in Thailand, research should be prioritized to understand the risk behaviours of lesbians, bisexual women and trans men. Noting that there are virtually no available data related to substance use among intersex people, this area calls for further research.
 - Specific data about the non-medical use of medications should be collected and analysed to better understand the supply chain, the patterns of use, the scope and scale of this behaviour and the potential adverse consequences on physical and mental health, including potential drug-drug interactions, as well as the social and economic impacts.
- ✓ Standardized and normative tools are urgently needed to monitor and evaluate programme implementation and quality assurance to identify changes in drug trends and the contexts in which they are used; to collect evidence related to the effectiveness, cost-effectiveness and safety of interventions; to strengthen service delivery and health programming; and to support strategic advocacy to facilitate policy change.
- ✓ All relevant stakeholders in Thailand should work together to establish a coordination mechanism to facilitate communication, cooperation and collaboration across those that work on issues related to SOGIE and issues related to substance use.
- ✓ All relevant stakeholders should use evidence and strategic information, including programmatic data, to develop client archetypes or profiles in order to design targeted and tailored effective public health messages, services and other interventions that respond to the needs of LGBT people who use substances.
 - A standardized, comprehensive and tailored package of public health services is urgently needed to meet the needs of LGBT communities who use substances. Services must include and prioritize community-led delivery in order to ensure effectiveness, accessibility and empowerment.
 - Public health interventions for LGBT people who use substances should be based on evidence, culturally respectful, non-judgemental, grounded on human rights principles and designed and implemented with the meaningful involvement of peers with the priority objective of reducing harms and managing risks.
 - All relevant stakeholders should work together to develop information and education messages, tools and strategies, based on the principles above, to sensitize LGBT, harm reduction and other public health service providers – both in community and primary care settings – on the needs of LGBT individuals, including those who use licit and illicit substances.
- ✓ Donors and government agencies in Thailand should facilitate financial investments to address the needs of all populations who use substances (irrespective of population-based silos and disease focus), urgently mobilize technical assistance and allocate or reallocate resources to support the development and prioritization of the activities listed above.
 - All relevant stakeholders should work together to reform punitive laws and policies that prevent the effective implementation of public health strategies and interventions.
 - All relevant stakeholders should work together to reform laws and policies to facilitate the recognition of gender and sexual diversity.
 - All relevant stakeholders should work together to ensure that gender-affirming care is recognized as a public health need and a human rights imperative (as opposed to an aesthetic luxury) in order to facilitate access to medically supervised hormones and silicone treatment as well as effective health insurance coverage for these procedures.

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