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

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APRIL 2025

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

This technical document, led by the Division for the control of HIV, STIs, viral hepatitis, and tuberculosis, in collaboration with the Spanish Government's delegation for the National Plan on Drugs (Spanish Ministry of Health), aims to raise awareness across EU institutions and Member States about the need for a coordinated response to the health challenges posed by chemsex.

There is growing concern surrounding this phenomenon, as the likelihood of negative impacts increases when practices are sustained and intensified over time, potentially resulting in serious health implications, including a high risk of HIV and other STIs transmission, problematic substance use, addiction, and various mental health issues, among other documented situations.

In Spain, this concern has led public health authorities to implement a series of measures in recent years. Drawing on experiences developed in Spain, this document proposes key action lines to strengthen the European Union's public policy response in this area. Each of these lines includes examples of actions that could be promoted by the European Commission.

Some of the twenty-seven EU member states are likely already taking steps to address chemsex, although these actions may not have been shared in international forums. To avoid a fragmentation of efforts and ensure efficient use of resources, it is essential to establish a coordinated space within the framework of the European Union, allowing relevant institutions to share experiences and agree on unified strategies for a more harmonised response.

This document also includes a compilation of Spain's initiatives in public policies related to chemsex, showcasing its history of innovation that may serve as a benchmark for international developments in these areas.

The aim is that this document will serve as a positive contribution, paving the way towards an initial dedicated meeting on this topic in the European Union in the very near future.

*Suggested citation: Chemsex: a proposal to promote a harmonized response from public policies in the European Union. Division of HIV, STIs, Viral Hepatitis, and Tuberculosis Control. Ministry of Health. 2025*

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## SUMMARY TABLE OF PROPOSALS FOR EACH ACTION LINE

The following table presents a proposal for public policy action lines on chemsex for the European Union, which are expected to foster reflection on this issue within the European Commission.

Additionally, each action line includes examples of suggested actions to guide its development and implementation.

1. Interinstitutional coordination
<ul style="list-style-type: none"><li>• Hosting a consensus conference to establish a shared and standardised definition of chemsex.</li><li>• Roll-out of a study to evaluate the current institutional responses to chemsex across the European Union, identifying measures already implemented by member states.</li><li>• Creation of a European working group to promote a coordinated institutional response to the chemsex phenomenon. This group would provide oversight and guidance for the implementation of actions across all strategic areas.</li><li>• Proposal from the European Commission urging each member state to create a state-level task force on chemsex to facilitate the coordination of the institutional response, as well as the establishment of task forces in regions and cities where these practices are most prevalent.</li></ul>
2. Selective and indicated prevention
<ul style="list-style-type: none"><li>• Institutional support for prevention strategies aimed at individuals exposed to chemsex practices. These prevention efforts would be aimed at gay, bisexual, and other men who have sex with men, as well as trans and non-binary people, with an emphasis on specific groups: young people, people living with HIV, PrEP users, migrants, and sex workers.</li><li>• Institutional promotion of harm reduction actions targeting individuals engaging in chemsex. This would involve developing structured interventions on dating apps and social media networks in collaboration with community-based organisations working with key populations, as well as encouraging drug-checking services in countries where they are allowed.</li></ul>
3. Screening of practices, early detection, and linkage to care
<ul style="list-style-type: none"><li>• Institutional support for the development of screening tools for chemsex practices and other forms of sexualised drug use.</li></ul>

<ul style="list-style-type: none"> <li>• Proposal by the European Commission to Member States for the identification of key resources for the screening of chemsex practices in cities and regions where these practices are most prevalent.</li> </ul>
<b>4. Integrated support for people who engage in chemsex</b>
<ul style="list-style-type: none"> <li>• Promotion of an integrated approach addressing the sexual, addiction, and mental health dimensions of chemsex.</li> <li>• Proposal for the organisation and dissemination of care pathways for people who engage in chemsex at the local and regional levels. This would involve identifying key stakeholders and establishing coordination protocols to enable an integrated support.</li> </ul>
<b>5. Specialized training for key agents in the response</b>
<ul style="list-style-type: none"> <li>• Promotion of specialised training initiatives on chemsex, incorporating an integrated approach that addresses sexual health, addiction, and mental health dimensions, while also focusing on the prevention of stigma within healthcare settings.</li> </ul>
<b>6. Updating information and surveillance systems</b>
<ul style="list-style-type: none"> <li>• Consensus process for updating the information systems in drug services to enable the identification of treatment demands related to chemsex practices and other forms of sexualised drug use.</li> <li>• Standardization criteria and methods for data collection to enable the identification of emergency hospital visits by chemsex users, as well as deaths associated with chemsex practices.</li> </ul>
<b>7. Research</b>
<ul style="list-style-type: none"> <li>• Promotion of evidence-gathering on various aspects of the chemsex phenomenon, including its health impacts, epidemiological trends, care needs, sexual and drug-use behaviours, emerging patterns, personal experiences and narratives, public policy responses, community engagement, and the individual, social, and community-level factors that predispose, facilitate, sustain, or protect against these practices.</li> </ul>
<b>8. Participation by people who engage in chemsex</b>
<ul style="list-style-type: none"> <li>• Encouragement of active participation of chemsex users in the design of initiatives to enhance the response to this phenomenon, through collaboration with community-based organisations.</li> </ul>

## JUSTIFICATION OF THE RELEVANCE OF EACH OF THE LINES OF ACTION

### 1.- INTERINSTITUTIONAL COORDINATION

In 2018, following the second European ChemSex Forum held in Berlin, a document titled "A Call to Action for Effective Responses to Problematic Chemsex" was published. This event brought together 230 participants from 32 countries across Europe, Central Asia, and the Caucasus region. The introduction of the document includes the following definition: "Not all sexualised substance use is chemsex. Chemsex is a particular type of sexualised substance practice amongst gay and bisexual men, other men who have sex with men (MSM), and trans and non-binary people who participate in gay "hook-up culture".

This definition was designed to reflect the perspectives of professionals from various disciplines and countries. Nevertheless, in the research field—responsible for generating evidence on this phenomenon—many documents and studies continue to formulate their own definitions of chemsex. These definitions sometimes differ in terms of the populations they refer to, the substances considered associated with chemsex, or criteria such as the duration, intent, or motivation behind the practices.

The use of differing definitions or parameters for the same phenomenon impacts the comparability of study results across countries and cities, making it challenging to understand the epidemiological landscape. Furthermore, the absence of a consensus definition creates obstacles to optimising research funding in this area. Establishing an international consensus on the definition of chemsex is therefore a priority.

### 2.- SELECTIVE AND INDICATIVE PREVENTION

In recent years, the number of studies reporting an increase in the prevalence of chemsex practices has grown, along with a rise in the number of countries documenting their occurrence. The 2nd International Chemsex Symposium, held in July 2024 with participants from all five continents, underscored that chemsex has become a global phenomenon. Given the likely continuation of the increase in the number of individuals engaging in these practices, there is an urgent need to strengthen prevention strategies.

While chemsex was previously an urban phenomenon concentrated in large cities, it is now spreading to smaller cities. Those invited to chemsex sessions often have limited knowledge of the substances used in these contexts and may underestimate the risks involved. It is particularly critical to intensify targeted prevention efforts, especially among younger individuals.

According to a study conducted by the Madrid City Council, based on data from people who engage in chemsex accessing its addiction treatment network, the

average time from initiating substance use to seeking treatment is 5.7 years (Instituto de Adicciones, Madrid Salud, 2023). Although this timeframe may vary between cities, among users who continue these practices over time, numerous opportunities exist to intervene through harm reduction strategies addressing both risks associated with substance use and those linked to high-risk sexual behaviours, among other concerns.

Improving access to harm reduction interventions is a necessary step forward. This process should involve incorporating the perspectives of people who engage in chemsex to address the diverse prevention needs based on the variety of profiles and patterns of practices (Soriano, 2019). Additionally, selecting the most appropriate channels to deliver these prevention efforts is crucial, ensuring that they are non-stigmatising for people who engage in chemsex and the wider LGBTQ+ community.

Given the role that dating apps and international leisure networks targeting the gay community can play as facilitators of chemsex practices, it is also advisable to strengthen collaboration and dialogue between public administrations, community-based organisations, and the private sector to optimise prevention opportunities in this context (Soriano, 2022).

### **3.- SCREENING OF CHEMSEX PRACTICES, EARLY DETECTION, AND LINK-AGE TO CARE**

Chemsex screening can provide individuals involved in these practices with earlier access to targeted information and advice to help them protect and maintain their health. Regular assessment and follow-up could also reveal whether they need specialised professional care, ensuring they are guided to the appropriate services at the right time.

Certain types of centres and services can play a particularly significant role in screening efforts. These include sexual health clinics, LGBTQ+ and HIV-focused community-based organisations, HIV clinics, PrEP providers, and primary healthcare centres, especially those located in areas where chemsex practices are more prevalent.

In Spain, efforts to identify screening tools for chemsex practices have revealed significant disparities in the criteria used to frame questions, with no prior action taken to standardise procedures, validate the instruments, or adapt them culturally (Ministry of Health, 2024b). This situation reflects the growing awareness among different teams of the need to develop statements that could support them in conducting effective screenings.

A similar situation may be occurring in other countries across the European Union. This highlights the importance and timeliness of bringing together key stakeholders from different nations to advance harmonised approaches in this area. Such collaboration would also support the validation of screening tools and their cultural

adaptation, ensuring the clarity and relevance of the questions and terms used in each country and region.

The Spanish Ministry of Health has already published an initial proposal that includes phrasing to enhance the screening of chemsex practices (Ministerio de Sanidad, 2024a). This screening should be limited to the population groups where such practices are more likely to occur. Simultaneously, the proposal includes phrasing for screening other forms of sexualised drug use. Staff involved in these screening processes should receive appropriate training to perform this role effectively, familiarising themselves with the relevant tools and protocols (Pérez et al., 2020).

Not everyone identified through screening will require support from addiction treatment centres. It is important to consider the diversity of profiles among individuals engaging in these practices. The negative health impacts associated with chemsex can vary significantly depending on numerous factors, such as the substances used, the route of administration, the duration and frequency of episodes, and polysubstance use. Moreover, specific vulnerabilities —such as involvement in sex work, migrant status, or living with HIV— can place certain individuals at a higher risk.

Therefore, the variability in patterns, personal circumstances, and contextual factors contributes to a wide range of outcomes, with the level of unintended consequences from substance use differing significantly from one individual to another. In cases where a referral to the addiction care network is not deemed necessary, it would be advisable to establish periodic contact to provide ongoing support and follow-up.

#### **4.- INTEGRATED SUPPORT FOR PEOPLE WHO ENGAGE IN CHEMSEX**

Chemsex practices can impact various aspects of health, including mental health, sexual health, and social wellbeing, among others. As a result, individuals who engage in chemsex often require support from professionals across multiple disciplines and different types of care teams (Curto et al., 2020) (Agència de Salut Pública de Catalunya, 2021) (Ministerio de Sanidad, 2020).

At times, given the number of resources and professionals involved in providing care, there is a risk of fragmented service delivery. To address this, it is essential to implement care models that ensure coordination among professionals from the various areas involved. (Ministerio de Sanidad, 2020) (Agència de Salut Pública de Catalunya, 2021).

The development and publication of the care circuit could improve knowledge about the resources available to people who engage in chemsex in the main cities. This would also be useful for professionals, as it would help them to know which resources in their city offer care to people who engage in chemsex. It would also facilitate coordination between different teams or services in order to integrate their actions, an aspect that can also be specified through collaboration protocols.



Categorising the services that can play the most prominent role in the screening and care of people who use chemsex can be helpful in identifying gateways to care. The resources that play a more prominent role in the care of people who engage in chemsex include: addiction centres, sexual health clinics, infectious disease services/HIV units, community-based organisations, and medical and psychiatric emergency departments (Ministerio de Sanidad, 2020)( Agència de Salut Pública de Catalunya, 2021).

However, the type of resources that could play a key role in this approach may vary in the local context. Hence the need to carry out an analysis tailored to each environment.

One of the alternatives to simplify the care circuit is the creation of integrated consultations attended by different professionals in the same space, for example, by bringing addiction professionals closer to resources that already attend to the target population, such as sexual health clinics or community-based organisations. (Ministerio de Sanidad, 2020)

Collaboration between public care services and community-based organisations is considered good practice (Curto et al., 2020).

It must be guaranteed that all citizens who present health problems related to chemsex practices receive adequate professional care from the corresponding public health services, regardless of the territory or city in which they reside (Soriano & Alventosa, 2023), taking into account and correcting the different mechanisms that can generate social, institutional and health system stigma.

## **5.- SPECIALISED TRAINING FOR KEY RESPONSE AGENTS**

The geographical origin of the professionals who demand chemsex training courses is no longer limited to large cities. It is progressively spreading to a greater number of territories (Soriano & Belza, 2023).

As the health needs of chemsex practitioners may require the intervention of different centres or services, it is necessary that all these actors are adequately trained and coordinated with each other (Pérez et al., 2020).

Some of the training approaches that have received better evaluations emphasise the need for collaboration between professionals from different disciplines, building bridges to seek complementarity between the knowledge of sexual health and addiction professionals, so that they can share approaches that allow comprehensive care for this patient profile (Soriano & Belza, 2023).

Training needs may differ according to the professional profile or the type of resource in which they work. Those working in centres or services whose role in this context is focused on screening and identification are likely to need training of

shorter duration, and will require knowledge more oriented towards this role. It will be important for them to identify the local resources available and how to access them.

Those providing therapeutic care as part of an interdisciplinary intervention will require a training format more suited to this role, including technical knowledge and skills so that they can provide a specialised, inclusive and non-judgemental professional response that incorporates a risk reduction perspective and provides an integrated approach to the potential health needs arising from the impacts of these practices.

Training activities in this field can also have the role of generating synergies of knowledge exchange and collaboration between health professionals from different disciplines and workplaces. And this can improve knowledge of the role of the other agents, thus favouring the understanding of the facet on which each one of them intervenes. This joint training can also promote networking and coordination between these different agents.

Also in training, as in other aspects of the response to chemsex, people who engage or engaged in chemsex sex can play an important role. In this way, they acquire a greater role in the search for answers to their health needs, helping to facilitate a space for dialogue and discussion between professionals and users.

## **6.- UPDATING INFORMATION AND SURVEILLANCE SYSTEMS**

More and more people are requiring professional care as a result of these practices in different cities and countries. Negative impacts are more likely to occur when the practices are sustained and intensify over time. It is therefore foreseeable that a fraction of those who currently engage in chemsex practices will require specialised professional care in the coming years.

Although the demand for treatment in addiction centres is one of the health impacts of chemsex that would be easier to monitor, in general, current information systems do not allow us to know the volume, geographical distribution or evolution over time of the demand for treatment related to these practices, nor to other sexualised drug use.

In the case of the city of Madrid, the incorporation in 2017 of a specific field in the information system of its network of addiction care centres has since made it possible to record the annual evolution of the number of people engaging in chemsex admitted to treatment, a figure that has risen from 50 people in 2017 to 512 in 2022. All of them had a diagnosis of substance use disorder and had sought treatment for this disorder. The compilation of their data has allowed us to know the average age at which they start treatment (38 years old), their serostatus (59.8% live with HIV), the routes of consumption used (50.3% have consumed intravenously at some time), the main drug for which they request treatment (mephedrone in 66% of

cases), among many other interesting data (Instituto de Adicciones. Madrid Salud, 2023).

This example highlights the importance of identifying people who engage in chemsex in order to better understand their specific health needs. Identifying that a person's drug use occurs in a sexual setting also helps to contextualise the circumstances and motivations behind their drug use, helping to guide therapeutic intervention. If teams do not explore and identify this aspect, it is very likely that they are missing opportunities to offer more appropriate and personalised treatment. On the other hand, the joint analysis of data on this profile of people allows for a better understanding of their characteristics and facilitates epidemiological surveillance.

Updating information systems can facilitate better analysis of the health impacts of chemsex, as well as patterns and trends. Among other actions to be assessed, it would be of interest to identify chemsex practices among gbMSM men, trans and non-binary people diagnosed with HIV, or among those seeking PrEP. Demands for chemsex-related care in hospital emergency rooms would also be an aspect to explore.

The increase in chemsex practices appears to be accelerating, with these behaviours being reported in a growing number of countries. This underscores the importance of enhancing epidemiological surveillance. In countries where these practices were previously concentrated in large cities, it is likely that they are now expanding to smaller cities, where they are still considered an emerging issue.

There are many factors that can make the situation of the chemsex phenomenon very different from one EU country to another. It is necessary to monitor the dynamics of the growth of these practices between the different countries and regions of the Union.

## 7.- RESEARCH

In addition to the data gathered through improved information systems and epidemiological monitoring, it is essential to support research efforts aimed at expanding knowledge on various dimensions of chemsex. Behavioural studies, for instance, can provide valuable insights into the characteristics of sexual practices and substance use within this population. The potential health impacts of these practices are another critical area that requires further study.

It is also important to identify the variability in substances used for chemsex across different cities and countries. Not all substances are equally available in every location. Moreover, since the substances of choice and methods of administration may carry distinct risks, the potential health impacts can also vary depending on the specific consumption patterns observed in each city.

An additional area of interest involves examining factors that may facilitate the proliferation of these practices, including dating apps and the dynamics of tourism and international leisure activities aimed at gbMSM populations.

Research could also focus on subgroups of the population that may be more vulnerable to chemsex. Some studies suggest that these practices are more prevalent among gbMSM living with HIV, sex workers, migrants, and PrEP users (Pérez et al., 2020; Ministry of Health, 2020).

Other areas of interest for research could include the potential barriers faced by individuals engaging in these practices when accessing public healthcare services or community-based organizations. Additionally, it would be valuable to explore the level of knowledge and specialized training among professionals, alongside evaluating the capacity of healthcare systems to deliver effective and appropriate care.

## **8.- PARTICIPATION BY PEOPLE WHO ENGAGE IN OR HAVE ENGAGED IN CHEMSEX**

The phenomenon of chemsex can be understood as a form of sexual and drug-using culture or subculture, which incorporates specific codes of communication, and which takes place mainly in the private sphere, outside the social sphere. Furthermore, the very nature of the practices and the fear of stigma mean that people who engage in chemsex generally try to hide them so that they are not known in their personal or professional environment.

The fact that these practices take place in environments that are unfamiliar to outsiders can make it difficult for outsiders to understand the idiosyncrasies of chemsex, creating barriers to communication. It is also often professionals who have a lack of understanding or knowledge of these contexts, which can limit their ability to propose interventions, design health messages, identify appropriate channels of communication, or to understand the slang commonly used in the chemsex environment (Curto et al., 2020).

The participation of people who engage in or have engaged in chemsex themselves in the organization of the response to their health needs as a group represents an opportunity to facilitate a better approach to all these challenges. And it is probably from the community-based organizations where it is most common to channel this type of action, either through the figure of peers, such as volunteers, or even by hiring them as part of their team (Curto et al., 2020).

There are examples of volunteer work in this field such as ChemSex Support Commission of the association “STOP “which , have shown that with the right training and professional support they can successfully carry out a wide range of interventions: engaging new participants, accompanying and emotional support activities, responding to consultations on risk reduction, organizing leisure

activities, developing preventive campaigns, awareness-raising and dissemination activities, etc. (Stop, 2023).

Intervention in the area of leisure can serve a dual purpose for this group. Many individuals, after stepping away from these practices or taking a break, need support to combat loneliness and engage in activities that provide alternatives to substance use. Consequently, participation not only as a beneficiary but also as an active contributor to organizing leisure activities with others could be a valuable avenue for further exploration (Ministerio de Sanidad, 2020).

For all these reasons, the effective incorporation of the participation of people who engage or have engaged in chemsex should be a transversal line of work to be promoted by both public institutions and community-based organizations involved in this field.

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# ANNEX I

## Experiences in responding to chemsex developed by the Ministry of Health of Spain

Some of the actions already implemented in Spain in the context of the Ministry of Health's response to the chemsex phenomenon are listed below.

### **Inclusion of the chemsex phenomenon in public policy documents**

[Strategic Plan for the Prevention and Control of HIV and STI Infections 2021-2030 in Spain. Division of HIV, STI, Viral Hepatitis, and Tuberculosis Control \(DCVIHT\). Ministry of Health.](#)

[Public Health Strategy 2022: Improving the health and well-being of the population. Ministry of Health.](#)

[Action Plan on Addictions 2021–24. National Strategy on Addictions 2017-2024. Government Delegation for the National Plan on Drugs. Ministry of Health.](#)

Holding a webinar on public policy and chemsex, aimed at promoting a coordinated response to this phenomenon by the plans for AIDS and drugs of the different Spanish autonomous communities (2022 and 2023)

[First edition](#)

[Second edition](#)

Assessment of the response to the chemsex phenomenon given by the autonomous communities and autonomous cities.

During 2023, data of interest on the current state of the institutional response to the phenomenon of chemsex in the Autonomous Communities and Autonomous Cities was collected through a survey. [The final report](#) was presented to the Autonomous Community Plans during the webinar held in October 2023.

### **Working groups and publication of documents**

Four meetings of the Ministry of Health's chemsex working group were held in 2019 and 2020. In addition to the technical discussions held, work was done on the development and publication of two documents:

- **Document:** [Questions and Answers about Chemsex \(2020\)](#). It is aimed at the general public and provides basic information on this phenomenon.
- **Document:** [Addressing the Phenomenon of Chemsex \(2020\)](#). This is a technical document aimed at professionals working in this field.

Two technical working group meetings were held during 2023:

One of them aimed at advancing in the consensus on how to improve the screening of chemsex and other sexualised drug use practices, which produced the following document: [Proposal to improve the screening of chemsex practices in Spain](#) (2024).

The second aimed at the incorporation of treatment demands related to chemsex and other sexualised drug uses into the information systems of addiction care centers.

In 2024, several meetings were held by the working group on sexology and chemsex. As a result, the technical document "[The role of Sexology professionals in responding to the chemsex phenomenon](#)" (2025) was published.

## **Chemsex section on the Ministry of Health website (2020)**

### [Chemsex](#)

It includes links to the aforementioned documents, as well as others of interest involving public institutions, such as the [Document on Mental Health and Chemsex](#). The website includes a search engine for publications on chemsex, in collaboration with the SIDA STUDI documentation centre. The section aimed at professionals compiles scientific articles, documents presented at congresses and studies.

### [Monographs](#)

### [Documents presented at conferences](#)

### [Studies](#)

The section aimed at users includes guides and campaigns, as well as other audio-visual resources and materials related to chemsex.

### [Guides](#)

### [Campaigns](#)

## **Training on chemsex**

The FCSAI (Ministry of Health) National School of Health of the Carlos III Health Institute (Ministry of Science and Innovation) has organized nine editions of the online training course: '[Integrated approach to sexual health and drug use problems in the context of chemsex](#)'.

In October 2024 the Division for the control of HIV, STI, Viral Hepatitis and Tuberculosis of the Ministry of Health organized a training course aimed at non-clinical staff who do not provide care to chemsex users. This training is aimed at professional profiles such as those working in the National and Autonomous Community HIV and drug plans, justice and prison administration, and members of law enforcement agencies of the public administration.

**Inclusion of the chemsex phenomenon in calls for [grants for non-profit organizations and research projects](#).** Among the action programs eligible for funding are those aimed at: "promoting risk and harm reduction related to drug use, including chemsex practices, in vulnerable populations exposed to HIV and STI infections."

**The Government Delegation for the National Plan on Drugs funds programs related to chemsex through various grant lines, such as those annually directed to [non-profit organizations for the implementation of supra-regional programs on addictions or those aimed at research projects on addictions](#).**

In addition, the Ministry of Social Rights and Agenda 2030 also includes chemsex-related programmes in the granting of subsidies, known as [Subvenciones 0'7](#), for the implementation of activities of general interest considered to be of social interest, corresponding to the Secretary of State for Social Rights.

## ANNEX II

### EXPERIENCES IN THE RESPONSE TO CHEMSEX TO CHEMSEX DEVELOPED BY THE REGIONAL GOVERNMENTS

#### REGION OF MADRID

##### **Inclusion of the chemsex phenomenon in public policy documents**

Health authority of the Community of Madrid. [Initiative for a coordinated response to chemsex in the Community of Madrid 2023–2026](#). Community of Madrid; 2024.

Health authority of the Community of Madrid. [Sexually Transmitted Infections in the Community of Madrid: Current status and main lines of action, 2019–2023](#). Community of Madrid; 2024.

##### **Published documents**

- Santoro P, Rodríguez R, Morales P, Morano A, Morán M. One “chemsex” or many? [Types of chemsex sessions among gay and other men who have sex with men in Madrid, Spain: findings from a qualitative study](#). Int J Drug Policy. 2020; 82:102790.29
- R. Rodríguez, S. Fernández, M. Morán, J.C. Diezma, M. Molina. [The problematic practice of chemsex: the triple addiction](#). Oral communication nº 523 in Spontaneous round table 10: New challenges for the approach to sexually transmitted infections. XVII Meeting of the Spanish Society of Epidemiology (SEE) and XIX Congress of the Portuguese Epidemiology Association (APE). Cadiz, 10-13 September 2024. Gac Sanit. 2024;38(S2):S6-S57.
- Morán M, López G, Núñez O, Fernández S, Ayala M, Martínez W, del Pino I, Olmedo V, Molina M. [Chemsex users attended in the Prevention and Early Diagnosis Services of HIV and other STIs in health centres of the Community of Madrid \(2016-2022\)](#). Oral communication at XLI Meeting of the Spanish Society of Epidemiology (SEE) and XVIII Congresso da Associação Portuguesa de Epidemiologia (APE). Porto, 5-8 September, 2023. Gac Sanit. 2023;37(S1): S57-S176.

## MADRID CITY COUNCIL

### Inclusion of the chemsex phenomenon in public policy documents

#### [Addictions Plan for the City of Madrid 2022-2026](#)

#### Published documents

- [Guidelines for Intervention with Chemsex Users in Addiction Care Centres](#) (2024) The aim of this document is to serve as a support guide and provide guidelines to facilitate and improve the quality of intervention - both individual and group - with chemsex users in Addiction Care Centres.
- [CHEMSEX Report 2021-2022](#). Madrid Salud. This report compiles data and provides in-depth knowledge of the characteristics of this population group. To this end, the computerised medical records of 529 chemsex users who were in treatment for addictions between January 2021 and June 2022 were reviewed.

#### Other actions

[PAUSE PROGRAMME](#). It is an outreach programme aimed at people who practice chemsex in the city of Madrid, launched in 2020 by the General Subdirectorate of Addictions of Madrid Salud. The dissemination of [PAUSA](#) for the recruitment of people who engage in chemsex is mainly carried out online.

Workshop on sexual health and healthy leisure alternatives for people who practice Chemsex and attend the Madrid City Council's Addiction Care centres. This programme will start in 2018. The main objective of the programme is to provide a healthy leisure alternative and sexual health workshops for people who engage in chemsex at the Madrid Salud Addiction Care centres. The technical team carries out therapeutic sessions on diversity, sexual health and social skills and offers a network of therapeutic leisure alternatives for users undergoing treatment.

[Assessment and interdisciplinary and multidimensional approach in patients with chemsex practices in the addiction care centres](#) of the City Council of Madrid. Madrid Salud. Group care in MSM population from an addiction centre: motivation to change. Selected good practices and published in the Cesida Guide to good practices in the field of prevention and approach to chemsex.

Conference: [Addiction Care for users of CHEMSEX](#)

## CATALONIA

### **Inclusion of the chemsex phenomenon in public policy documents**

[Plan for drugs and behavioral addictions 2019-2025:](#)

#### **Published documents**

Consumption of drugs and their relationship with sex: [Listening to the voices of a group of gay and bisexual men in the city of Barcelona who practice Chemsex](#) (2017)

Document: [ChemSex: Prevention, detection, and approach in Catalonia](#) (2021)

Conclusions of the seminar: [The leisure industry, a necessary agent in the prevention of chemsex-associated risks](#). (2024)

Conclusions of the seminar: [Sexual consent and chemsex. Cultural aspects and legal implications](#). (2024)

#### **Other actions**

Training through Moodle since 2022.

Specific Chemsex web space within the Drugs Channel: [Chemsex](#)

## CITY OF BARCELONA

### **Inclusion of the chemsex phenomenon in public policy documents**

Action Plan on Drugs and Addictions of Barcelona 2021-2024)

Bartoli M, Clotas C, Barbaglia G, Caballé M, Garrido A, Gotsens M, Pasarín M (Reds). Action Plan on Drugs and Addictions of Barcelona 2021-2024. Barcelona: Agència de Salut Pública de Barcelona, 2021.

#### **Other actions**

Organisation of a scientific session 'Chemsex: challenges of intervention'.

## AUTONOMOUS COMMUNITY OF EUSKADI

### Inclusion of the chemsex phenomenon in public policy documents

#### [VIII Plan on Addictions in the Basque Country](#)

**Action 28:** Define and deploy care itineraries based on the stratification of groups and needs: Development of protocols for the assistance and treatment of emerging or lesser-known problems.

**Action 29:** Update and adapt harm reduction interventions to new needs.

#### Other actions

**Selective and Indicated Prevention.** It is carried out by Asociación T4: Chemsex: sexuality and drugs); Comisión Ciudadana Antisida de Bizkaia: Harribeltza: Asociación antiSIDA and Aldarte. Care centre for gay, lesbian and trans individuals.

**Screening of practices, early detection and linkage to care:** the centralised STI consultation is coordinated with Mental Health and sends all the cases that need attention, because they have been detected in their consultations, so that the person in charge of MH can refer them to the addiction care team in their sector. Currently, the activation of direct non-face-to-face consultations has been set up between this centralised STI consultation and the 12 Mental Health Centres (MHC) dealing with addictions in Bizkaia.

**Integrated approach to people who engage in chemsex.** In the Basque Country, care in addiction centres integrates psychiatry and addictions. These centres assess and draw up an individualised plan, which, if necessary, can include hospital admissions, a day hospital for addictions or a therapeutic community. Social work is also included. The use of the same clinical history with ITS facilitates coordination.

**Specialised training.** The Annual Training Plan of the Mental Health Network includes the possibility of planning training throughout the year for MH professionals. Other training courses, such as that of the Instituto de Salud Carlos III (integrated approach to sexual health and drug use problems in the context of chemsex), are also considered appropriate. Several professionals tried to register for this longer online course, but only three were admitted.

On 21 November, a conference on 'HCV elimination' was organised in Bilbao, within the framework of Socidrogalcohol, at which Oskar Ayerdi gave a presentation on 'Chemsex, a route of HCV infection'.



## CANARY ISLANDS REGION

### **Inclusion of the chemsex phenomenon in public policy documents**

IV Canary Islands Plan on Addictions 2022/2024.

Announcement 3068 of the BOC 2022/201.

### **Published documents**

Guide, poster, leaflet and triptych. Addiction prevention in the Canary Islands. Chemsex. 2022.

Addiction Prevention Guides in the Canary Islands.

### **Other actions**

- Presentations at conferences and symposia.
- Publications.
- Continuous training for professionals.
- Prevention projects.
- Campaign “Pleasures, risks and harms derived from chemsex sessions”. Prevention and awareness-raising service on the management of pleasures and risk and harm reduction in the framework of the Gay Pride and Winter Pride festivals in Gran Canaria.

## EXTREMADURA REGION

### **Inclusion of the chemsex phenomenon in public policy documents**

Regional Department of Health and Social Services of the Autonomous Community of Extremadura. [III Action Plan on HIV/AIDS and Other STIs in Extremadura 2023-2030](#). Regional Government of Extremadura. Mérida; 2023.

### **Other actions**

- Training course on the chemsex phenomenon aimed to health and social care professionals.
- Specific section on chemsex on the website of the Department of Health of Extremadura.
- [Dissemination of information via the web](#) and social networks.
- Preventive and harm reduction interventions delivered through community-based organizations.

## REGION OF VALENCIA

### **Inclusion of the chemsex phenomenon in public policy documents**

Generalitat Valenciana. [Programme for a Coordinated Response to Chemsex in the Region of Valencia 2025-2027](#). Valencia; 2024.

### **Other actions**

Training on the chemsex phenomenon aimed at professionals in services providing support to users engaging in chemsex practices in the Valencian Community.

## THE IMPORTANCE OF COLLABORATION WITH COMMUNITY-BASED ORGANISATIONS

This document's proposal for the harmonisation of public policy measures concerning chemsex logically emphasises the role of public administrations. Annexes I and II contain a variety of examples showcasing the significant progress of these public policies in Spain within this context.

It should also be noted that in Spain, community-based organisations have played a crucial role in these advancements. Their collaboration has enabled the development of numerous prevention, awareness, training, and research initiatives.

Additionally, many community-based organisations across different cities offer [specialised services to support individuals engaged in chemsex](#), alongside other complementary services.

It is therefore essential to acknowledge the value of this community-led work and to reaffirm the need to strengthen collaboration among all stakeholders involved in the response to the chemsex phenomenon.