



# PARTY N' PLAY

SEX, SUBSTANCE USE, AND SAFETY



### **About SafeLink Alberta**

SafeLink Alberta is a non-profit organization that has been serving and advocating for priority populations in southern Alberta since 1983. Our mission is to reduce the risks associated with sexual activity and substance use through education, non-judgmental services, and harm reduction programming. Our vision is inclusive, empowered, and healthier communities.

### **Land Acknowledgment**

SafeLink Alberta is located on the traditional and unceded territory of the Niitsitapi, which includes the Siksika, the Piikani, and the Kainai, the Tsuut'ina, and the Îyâxe Nakoda, and on land which borders the traditional territories of the Cree, Sioux, and Saulteaux bands of the Ojibwa. SafeLink Alberta is also located on the Battle River Territory of the Métis Nation of Alberta. SafeLink Alberta is committed to identifying where and how we perpetuate and benefit from systems of oppression and white supremacy, and to holding ourselves accountable through learning and unlearning, and through active participation in personal, social, and structural change.

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## Executive Summary

Funded through Health Canada's Substance Use and Addictions Project (SUAP), SafeLink Alberta's *Party n' Play: Sex, Substance Use, and Safety* toolkit was developed through a detailed literature review and environmental scan, 8 semi-structured interviews conducted with service providers, 51 survey responses from people who currently or formerly Party n' Play (Pn'P), and the support of an advisory committee consisting of people with lived or living experience (PWLLE) of Pn'P.

While developing this toolkit, it was noted that the discrimination and stigma surrounding those who Party n' Play is somewhat social and more so systemic; that those who Party n' Play disproportionately face barriers associated with sex and gender identity, health care, social supports, and a toxic drug supply. Throughout this document, voices of people with lived and living experience are amplified and expanded upon to guide service providers in improving the quality of support for people who engage in Pn'P.

Based on the extensive consultations, key considerations for service providers supporting those who Party n' Play, include:

1. Increasing knowledge of Pn'P activities, elements, culture, and impact;
2. Addressing stigma and unconscious bias;
3. The meaningful engagement of PWLLE in the development and implementation of programs and policies specific to the well-being of people who Pn'P;
4. Incorporating strategies and suggestions for safety planning;
5. Decreasing or removing barriers for health and social services and pathways to recovery; and
6. Addressing the inequities in social and structural determinants of health that determine how people who Pn'P are impacted.

At a program delivery level, the meaningful engagement of those who Party n' Play is a fundamental component of developing sustainable support services. Employment of peers and/or the consultation of an advisory committee consisting of PWLLE are important elements to creating and sustaining person-centred programs. Employees and volunteers with lived or living experience possess a unique understanding of the potential issues and benefits associated with Pn'P culture and are crucial in the development of trust and credibility of service providers to service users.

To practice this within our own organization, SafeLink Alberta employs people with lived and living experience of substance use and Party n' Play, offers low barrier sexually transmitted and blood borne infection (STBBI) testing on site at our geographical locations in Medicine Hat and Calgary, provides services online and in community locations such as bars and bathhouses, widely distributes prevention supplies at no cost to participants, and regularly facilitates education curriculum on Party n' Play (as well as several related topics). Our training content was built from the consultations of this project by a person with lived experience and is facilitated or co-facilitated by a PWLLE whenever feasible.

# The SafeLink Alberta Party n' Play Project

Development of this toolkit began in October of 2022 and was funded by Health Canada's Substance Use and Addiction Project (SUAP). In addition to a comprehensive literature review, and in keeping with SafeLink Alberta's commitment to meaningful engagement of people with lived and living experience (PWLLE), project staff conducted a total of 8 semi-structured interviews and 51 surveys with:

- 15 Service providers across 9 service organizations
- 36 Individuals who currently Party n' Play.
- 15 Individuals who formerly Party n' Play.
- 5 Advisory Committee Members.

In consideration of demographic diversity among PWLLE respondents and advisors, researchers also undertook environmental scan of social media, focusing on Instagram, Facebook, LinkedIn, and TikTok. The results of project are separated by PWLLE and service providers, and responses were used to inform this toolkit as well as SafeLink Alberta programming.

## Service Provider Responses

The community service workers and health care providers who spoke with SafeLink Alberta in the development of this toolkit identified four common areas where more information is needed to inform their work with individuals who do or did participate in Party n' Play. Service providers would like to know:

1. More about why people Party n' Play and about the different drugs associated with Pn'P;
2. More about the stigma associated with queer identity and substance use and about the intersection of both in Party n' Play;
3. More from people with lived and living experience about their experiences and about safer Party n' Play strategies to better prepare service providers to have practical and helpful conversations; and
4. More about what resources are available to people who Party n' Play, and how to support clients from a harm reduction or health promotion lens.

As such, this toolkit offers guidance in these areas, suggests best practices for supporting and respecting people who Party n' Play as community members deserving of autonomy and care, and works to empower service providers to increase the cultural competency and psychological safety of health and social services.

## Participant Responses

While respondents to the survey reported diverse experiences, several key themes were identified. Besides the euphoria or high associated with substance use, one commonality was the desire to use Party n' Play as a means of lowering inhibitions and meeting likeminded men in a sexual environment. Party n' Play allows many men to have sexual experiences with other men in a controlled environment, with increased libido, and with added feelings of intimacy and connection, while (temporarily) experiencing less of the stigma and discrimination often associated with men who have sex with men. Survey respondents indicated that Party n' Play typically involves specific drugs, tends to be communicated and organized through social networking platforms designed for men who have sex with men, and is practiced most frequently in private homes. Party n' Play has developed against a socio-cultural backdrop of homonegativity and queerphobia, and aspiration for distinctiveness from a heteronormative culture and the quest for a sense of collective belonging among the queer community was reflected in both the literature and the survey responses.<sup>1</sup>



Regular testing for sexually transmitted and blood borne infections (STBBI) was a priority for the majority of respondents. 44% of those who responded stated that they were tested for sexually transmitted and blood borne infections every 3 months, and an additional 63% stated they received testing at least every 6 months. According to the Centre of Disease Control and Prevention,<sup>2</sup> sexually active gay, bisexual, and men who have sex with men should be tested for STBBI's every 3-6 months, so these responses are in line with best health practices. When asked about safety planning during Party n' Play experiences, 65% of survey respondents stated they created a safety plan before they played. Safety planning elements included bringing their own sterile substance use supplies, taking PrEP medication prior to playing, carrying or supplying Naloxone to those at the party, and always using and bringing extra condoms. Many respondents explained that engagement in Party n' Play has improved their sex life by making it more intense and more frequent. However, numerous individuals, including those who stated it improved their sex life, also shared that Pn'P came with risks such as STBBI's, sexual dysfunction, physical safety issues, increased willingness to participate in riskier behaviours, physical and mental health issues, and, over time, an inability to have sex or orgasm without drugs.

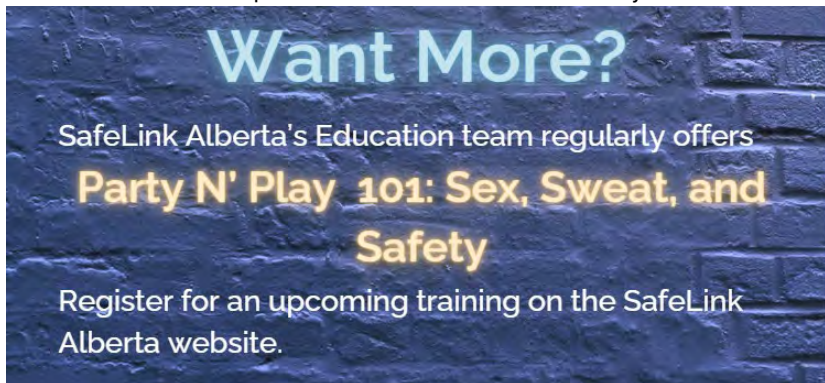
As the toxic drug supply evolves in Canada, so does the drug use of those who Party n' Play. Numerous respondents to the survey stated that the evolution of their drug use involved not only amount, route of consumption, and frequency of use, but a tendency to change which drugs were being used depending on circumstance. Often, respondents reported moving to a more potent and less expensive variety. For example, several respondents shared that they began engaging in Pn'P by using more expensive and shorter lasting drugs such as cocaine, and as they became more versed in the world of Party n' Play and more substances became

available to them, they adjusted to using a more potent, longer lasting, and less expensive drug such as methamphetamine. While there were a variety of reasons that survey respondents drug use evolved, the majority stated it was because their personal preference changed, or because they were constrained to use whichever drug was available to them at the time. Because the majority of substances used are stimulants and hallucinogens, respondents reported some adverse toxicity events, but rarely any relating to opioid use. Respondents were, however, very cognizant of the current toxicity crisis and the contamination of street supply.

For help seeking, 37% of respondents stated they were connected with some form of medical or social support. These supports included family doctors, HIV physicians, therapists, family members, and local Calgary based organizations such as SafeLink Alberta, the Alex, and Safeworks. While there are some other supports available, they are not easy to access, and often respondents were met with stigma and discrimination. Of the 51 survey respondents, 45% reported an experience of discrimination from a medical or social service provider related to their engagement in Party n' Play, and several identified a need for more informed and less stigmatizing or judgemental care.

## What is Party n' Play?

Party n' Play (Pn'P), also known as Chemsex, refers to the use of substance(s) to enhance the sexual experience.<sup>3</sup> Although the two terms are interchangeable, Pn'P is more commonly used in Canada and the United States, while Europe and Asia more commonly use the term Chemsex.<sup>3</sup> While there may be the tendency to assume that Pn'P is an all-encompassing term that explains a sexual experience that occurs alongside or as a result of an individual being intoxicated, this assumption misses much of the complexity of the Pn'P experience.



## The Evolution of Party n' Play

*Sexualized substance use* emerged in the 21<sup>st</sup> century as men began the practice of taking drugs during sexual encounters as a means of increasing pleasure, promoting endurance, and expanding the nature of sex.<sup>4</sup> While the term “party n' play” came to consciousness in Canada with the introduction of lifechanging antiretroviral medications for HIV and the increasing popularity of dating apps and online pornography, both of which contributed to the popularization and potentially unjustified desire for intervention of Pn'P, the history of sex and substance use among men is much older than that.<sup>4</sup> However, very few studies providing information about the history and commonality of Pn'P are available from a Canadian context.<sup>5</sup>



Internationally, the origin of the word chemsex appeared during the latter part of the 20<sup>th</sup> century. The term “chems” was originally used for methamphetamine and GHB by the gay community when communicating via phone or text with their drug dealers or sexual partners.<sup>6</sup> At the time, lesser known drugs like GHB and methamphetamine were being brought back to London from San Francisco, New York, and Cape Town, where these drugs were more readily available.<sup>6</sup> GHB and methamphetamine were more commonly

used among wealthier men who travelled to different international “circuit parties”. The term “chems” (derived for chemicals) was used to distinguish these two drugs from cocaine, MDMA, poppers, and ketamine, which had been staples among the gay club scene for decades.<sup>6</sup>

The interplay between substance use and human sexuality forms a complex tapestry that often challenges conventional viewpoints.<sup>7</sup> Modern histories of sex, substance use, substance use disorders, and the “war on drugs” have long been deeply rooted in politics and a polarizing public debate.<sup>5</sup> Those opposing the practice of sexualized substance use do so by focusing on the potential public health harms.<sup>1</sup> This discourse and the associated moral panic emerged early, with some media outlets framing the practice as self-destructive for those in the 2SLGBTQIA+ community and emphasizing the link to sexually transmitted and blood borne infections such as HIV, as well as to substance use and related disorders.<sup>1</sup> Although epidemiological data does show a significant correlation between engagement in PnP and practices and increased risk of HIV and sexual assault, the portrayal of this in media is often inaccurate and stigmatizing.<sup>1</sup> In fact, any risks associated with Party n’ Play can be well mitigated with the right information, tools, and supports.

“Notwithstanding the empirical associations between chemsex, sexual risk, and adversity, dominant social representations of chemsex tend to obscure the reality that some men who engage in chemsex manage their engagement in this practice effectively and do not go on to develop significant social or health problems”<sup>1</sup>

### Who Engages in Party n’ Play?

Party n’ Play is practiced predominantly in spaces and groups where sex and substance use are less stigmatized, such as within the queer community. In particular, two-spirit, non-binary,



and transgender gay, bisexual, and other men who have sex with men (gbMSM). While it is less common and less socially acceptable, Pn'P is also practiced among women-identified and heterosexual couples or groups. In general, Pn'P involves a variety of demographic groups, communities, abilities, and socio-economic status.

Those who engage in Party n' Play do so with a range of motivations and with varying degrees of engagement in substance use and sexual activity. Some participate for pleasure, some for experimentation and discovery, some for practical purposes such as managing anxiety or to meet basic needs, and others for social connection. On either end of a spectrum, some participants report compulsive, problematic, or disordered engagement, and others report recreational or healthy play. Some individuals Pn'P infrequently or only on specific occasions (on vacation, for example), some Pn'P on weekends, and some Pn'P daily. Among the 51 survey respondents, 14% participate 'once in a while (every couple of months or so)', 20% participate 'monthly', 41% participate 'weekly', and 24% participate 'daily'. When providing services or support to someone who has disclosed engaging in Pn'P, it is important to take the time to understand individual motivations and experiences.

*"I liked how my body felt"*

*"I cum harder, better orgasm, and just fun to make friends"*

*"...opens up new avenues for me sexually that I don't normally explore. I'm not gay but like to have sex with guys more when high and lowers my inhibitions."*

*"Each drug has a different dynamic. Lost in thoughts, more aggressive, calming and lack of anxiety"*

*"I enjoy being more explorative when pnp'ing"*

*"the fact that it represses my worries, I can shut out the world. it cancels out the stress of everyday life and increases the libido and lowers inhibition"*

*"when high, I feel confident in myself when naked"*

*"it makes me incredibly horny and want to have sex all the time"*

*"the long sessions, the companionship, the like-minded people"*

## The Sex of Party n' Play

As noted above, Party n' Play differs from sexualized substance use primarily in that it involves an *experience*, the social and cultural elements beyond the use of drugs and a sexual activity. Notably, the 'play' of Pn'P indicates an expectation of fun and pleasure in these spaces. Pn'P is also an activity that involves at least one other, if not multiple, participants or partners, and is often a social experience.

The type of sexual play is very individual and dependent upon on a variety of circumstances. For some it involves a group orgy, while others prefer a couple or smaller group. In some activities members are strangers, while others involve a familiar cohort or an intimate partner. Interactions can be short or can last several hours or multiple days. The sexual acts may be performed with a condom or not, may be an expression of pleasure or not, may be compulsive or transactional or not, and may be social or not. There are numerous locations in which people can meet, including private homes, resorts or cruise ships, circuit parties, public spaces such as parks or truck stops, clubs, and bathhouses. While some events occur online with video meeting platforms, particularly in the last several years, most occur in person. However,



online discussions have been dominant for many years, with apps designed for men who have sex with men being the most common spaces for people seeking to find a Pn'P partner or group. 82% of survey respondents found Pn'P partners online, while others found partners through social groups, on the street, or in clubs or bathhouses.

## The Drugs of Party n' Play

It is important to note that substances do not fit into one category. While it may be true that a general online ask for "Pn'P" is generally referring to a variation of methamphetamine, there are numerous other substances that are used. Methamphetamine, synthetic cathinones (e.g. Mephedrone), and Gammahydrobutyrate (GHB) are among the most common substances

used for Pn'P globally.<sup>10</sup> These drugs, as previously mentioned, are known as the “chems” in chemsex.<sup>10</sup> Although these mentioned are the most commonly used in Pn'P according to international literature, it is important to note that other substances, such as poppers, cocaine, ecstasy, alcohol, ketamine, and sildenafil (Viagra) are often involved as well.<sup>10</sup> Drugs of choice or availability may also change regionally, and do vary greatly globally.<sup>10</sup> As an example, Mephedrone is rarely used in Alberta, and none of our survey respondents identified this among listed drugs used in Pn'P. Our outreach and system navigation supports for people who use drugs in Calgary and Medicine Hat are also unfamiliar with this substance.

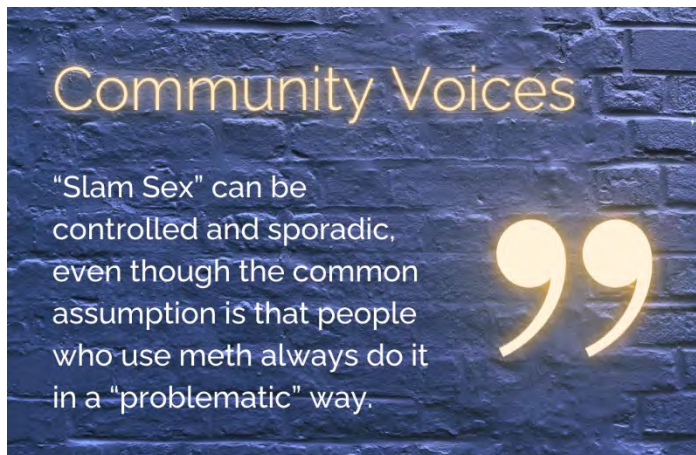


Among survey respondents, 43 (reported living in Calgary, 4 reported living in Medicine Hat, Red Deer, or Edmonton, and only 4 reported living out of province or in an unidentified location. Of southern Albertans (88% of respondents), the most common substances preferred for Party n' Play activities include meth, GHB, poppers, erectile dysfunction medication, cocaine, crack, alcohol, cannabis, and euphoric

drugs such as ecstasy & ketamine. People typically use these drugs to keep them alert, to increase arousal, and to amplify their sexual pleasure. Polysubstance use, a mix of substances, was common. Service providers supporting someone who Party n' Plays, should never assume they know which substance(s) that people are partying with or why they choose to use them.

### Methamphetamine

Methamphetamine is a stimulant, the use of which can significantly impact a person's neurochemical system.<sup>11</sup> While methamphetamine impacts several neurotransmitters, including serotonin and norepinephrine, it primarily affects dopamine, which plays a vital role in motor function, motivation, and reward/pleasure.<sup>11</sup> Due to the similarity in molecular structure between methamphetamine and dopamine, methamphetamine can mimic dopamine, causing neurons to take in methamphetamine the same as they would dopamine.<sup>11</sup> When this occurs, increased amounts of dopamine are released and re-uptake is blocked.<sup>11</sup>



Methamphetamine is set apart from other drugs associated with Pn'P by the particular high user's experience.<sup>11</sup> In the context of Pn'P, when the powerful stimulant is combined with the sexual arousal and the inhibition an individual may experience around sex, it creates an overwhelming sexual disinhibition and access to desires that may have been previously repressed due to religion, culture, or psychological obstacles.<sup>11</sup>

### Gammahydrobutyrate (GHB)

GHB has become increasingly popular among those who participate in Pn'P.<sup>12</sup> Although there are advantages to using GHB while having sex, the increase in use has been accompanied by growing concerns about poisonings and other negative health outcomes (Hammoud, 2018).<sup>12</sup> GHB is also known as liquid ecstasy, G, fantasy, and Gina. It was originally developed as an anaesthetic, but its applications were limited by negative side-effects which included vomiting and seizures.<sup>12</sup> The most common effects of GHB are euphoria, increased libido, relaxing of the anal sphincter, lowered inhibitions, and loss of motor control.<sup>12</sup> The euphoric and stimulating effects of GHB were discovered in the mid-1990s, leading to its use among those who Pn'P.<sup>12</sup>

### Cocaine

Cocaine has three main effects on the body. First, it acts a local anesthetic due to its ability to block neural conduction by binding to sodium channels.<sup>13</sup> Individuals engaged in Party n' Play will sometimes place cocaine on their rectum for the numbing effect prior to anal intercourse.<sup>13</sup> Second, it is a sympathomimetic drug, which mimics stimulation in the nervous system, increasing heart rate and blood pressure, as well as causing vasoconstriction and hyperthermia.<sup>13</sup> Finally, it is a stimulant of the central nervous system, increasing sexual arousal, sharpening perceptual sensations, increasing self-confidence, decreasing the need for sleep, lowering inhibitions, and inducing euphoria.<sup>13</sup> As these effects are beneficial to extended periods of sex, cocaine is common in Party n' Play. A cocaine high is short-term, typically lasting less than 45 minutes in most individuals.<sup>14</sup> Due to this short-term high, several respondents of the survey reported a preference for stimulants with longer highs, such as methamphetamine. Cocaine can also induce other short and long-term effects on physical and mental health, such as depression, anxiety, erectile dysfunction, cardiac issues, increased risk of stroke, and bruxism.<sup>13</sup>

### Ketamine

Ketamine is a fast-acting anesthetic primarily used in veterinary surgery, and to a lesser extent in human medicine.<sup>15</sup> It produces similar effects as PCP (a hallucinogenic drug), including vivid dreams and the euphoric feeling that the mind is separated from the body; an effect known as dissociation.<sup>15</sup> At lower doses, ketamine has a stimulant effect, accompanied by a sense of floating and disconnection.<sup>15</sup> When taken in higher doses, ketamine can cause hallucinations, forgetfulness, clumsiness or poor motor control, racing heart, difficulty breathing, and occasionally loss of consciousness.<sup>15</sup> 24% of our survey respondents stated that they use ketamine to Party n' Play. Ketamine can increase arousal and make it difficult to orgasm, resulting in longer play. It also relaxes the rectum and increase pain tolerance, which may be beneficial to those who participate in anal sex.<sup>16</sup> It is important for users to be aware that this numbing effect can lead to damage or micro tears to the rectum, which puts an individual at higher risk of HIV, Hepatitis C, and other STBBIs.<sup>16</sup> Due to ketamine's dissociative effects and

ability to cause unconsciousness (ketamine is also known as a “date rape drug”, it is advised that individuals use caution when using it and obtain explicit consent.

## Ecstasy/MDMA/Molly

MDMA is structurally related to amphetamines and a hallucinogen called mescaline.<sup>17</sup> Effects typically begin within 45 minutes after consuming a single dose, depending on the route of administration.<sup>18</sup> Effects include enhanced sense of well-being, increased extroversion, emotional warmth, empathy, sexual arousal, and a willingness to discuss emotionally-charged memories (NIDA, 2017).<sup>18</sup> MDMA enhances both emotional and physical feelings, making it ideal for Party n’ Play. 31% of our survey respondents stated they have taken MDMA during a Party n’ Play experience. Adverse effects include bruxism (grinding teeth), lack of appetite, disorganized thoughts, restless legs, nausea, headache, sweating, and muscle stiffness.<sup>18</sup> MDMA toxicity deaths are rare and typically associated with serotonin toxicity. Excessive MDMA use during Party n’ Play is often characterized by repeated drug use over a number of days, followed by periods of no use.<sup>18</sup> After days of continued use, it is not unusual to see individuals experience irregular heartbeat, depression, impaired attention and memory, anxiety, aggression, and/or irritability.<sup>18</sup>

## The Canadian Drug Toxicity Crisis

Canadian opinions of substance use have been indecisive over the past century. Until the late 1800s, plant-based drugs were legally available to Canadians.<sup>19</sup> People used drugs to manage their pain and promote health, and similar to today, drugs were used culturally, spiritually, and for pleasure.<sup>19</sup> Until the turn of the 20<sup>th</sup> century, heroin and other opioids, cocaine, and other now criminalized drugs were not constituted as social issues; however, larger social, racial, and economic shifts would soon occur, changing many Canadian’s perspectives about certain drugs and who should be able to use them.<sup>19</sup> Since the Opium Drug Act of 1908 and the numerous amendments to follow, many of which are rooted in racism and discrimination, once socially accepted substances have become demonized.

Further, Canadians are experiencing an increasingly toxic street supply of illicit drugs. What began in the early 2010’s as random spikes in opioid poisoning deaths, the number of poisoning deaths began to accelerate drastically with the introduction of off label opioids such as fentanyl to the streets.<sup>20</sup> In 2016, autopsies began to show that these poisonings began to include other unregulated and criminalized substances, including commonly used drugs used in Pn’P such as cocaine and methamphetamine, in addition to opioids. since 2016, more than 40,000 Canadians have died due to the drug toxicity crisis.<sup>20</sup> and the toxic supply of criminalized drugs in Canada has triggered provincial and local states of emergency and even lowered life expectancy considerably in certain demographics, such as Indigenous communities.<sup>20</sup> According to the Government of Canada,<sup>21</sup> a total of 3970 people died between January and June of 2023, a 5% increase from 2022. Current interventions in provinces like Alberta have been ineffective, with 2023 the deadliest year on record.

While the impact the ongoing drug toxicity crisis has on those who participate in Pn’P is not fully understood, the unregulated and criminalized substances used most often in Pn’P are a

significant driver of risk. Due to the toxicity of the current street supply, composition and dose are unpredictable (i.e. without drug testing services, people effectively have no ability to determine which drug and at which dose they are receiving). As such, people who engage in Party n' Play and other substance use activities are unable to make informed choices around safer use, increasing the risk of poisoning and death. Further, a well-known comorbid series of individual (e.g., suicide, mental health concerns), social (e.g., violence, bullying, social rejection), and structural (e.g., poverty, homophobia, transphobia, and stigma) factors are known to disproportionality put people who Party n' Play at higher risk of drug-related harms.<sup>22</sup> This is further detailed below.

Of survey respondents, 21.5% reported no concerns with the current drug toxicity crisis. Others shared a variety of responses, from high concern to being aware and taking precautions, but feeling confident with safety measures.



"high concern, I will always pay a premium to have access to higher quality drugs and buy from someone I trust"

"I don't think about it too much"

"slamming is new to me, just want to make sure I don't take too much and I know and trust the dealer"

"every time I use I wonder if there is stuff in my meth, sometimes it makes me not want to use"

"I know my limit and don't go past it"

"concerns about overdose or a bad high"

"I was incredibly worried about overdose and have many friends and family who have died"

"bad drugs have always been present"

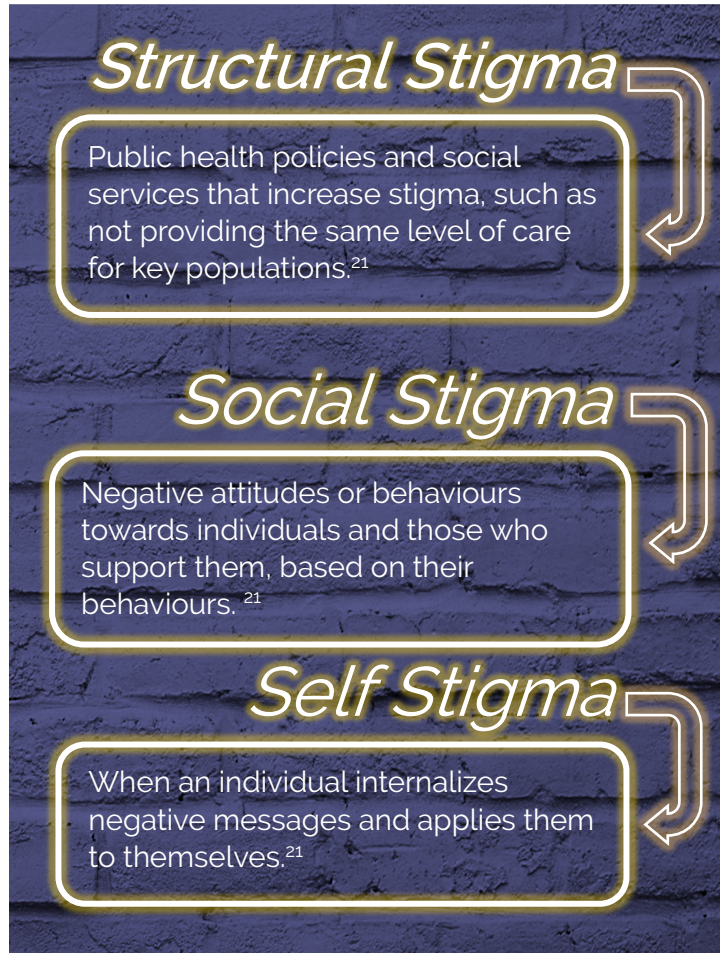
## Social Determinants of Queer Health

According to the World Health Organization, social determinants of health are “the non-medical factors that influence health outcomes.<sup>23</sup> They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and system shaping the conditions of daily life.”<sup>23</sup> Social determinants of health include factors such as housing, food security, income, and child development. Factors also include experiences of stigma, discrimination, and prejudice.<sup>23</sup>

As discussed above, engagement in Pn’P is not limited to members of the queer community. However, we know, as it is well documented in the literature, that sex and gender minorities are at greater risk of experiencing health inequities, and that the social determinants of health are primary drivers of this.<sup>24</sup> 2SLGBTQIA+ community members disproportionately experience physical health disparities ranging from poorer general health status to a variety of chronic conditions, and experience mental health disparities including major depressive episodes and suicidal ideation more frequently.<sup>24</sup> Further, when comparing the health care provided to heterosexual and cisgender people, 2SLGBTQIA+ individuals often experience substandard health care, resulting in poorer physical and mental health outcomes.<sup>24</sup> No matter which public health approach is used as a standard for care, each is based off heteronormative expectations,

creating a health system in which care is often determined by an individual’s identify rather than their need, and in which prejudice and discrimination are often structurally embedded.

The 2SLGBTQIA+ community face stressors common to other marginalized groups, including external prejudice events and internal responses to them. These stressors arise from societal prejudice, discrimination, and stigma related to their sexual orientation or gender identity.<sup>25</sup> In addition, individuals may encounter stressors unique to the queer community, such as lateral violence relating to body and fitness, encountering societal views on sexuality and gender, and navigating the ongoing impact of the HIV/AIDS crisis.<sup>25</sup> Structural, social, and self stigma can negatively impact mental and physical health and can lead to feelings of isolation, fear, and lower self-esteem. These stressors are further exaggerated when substance use is



## Community Voices

The association of HIV with same-sex relationships may create a hostile environment. Unprotected sex can symbolize intimacy and liberation, and perpetuates HIV stigma. Advances in technology (PreP, TasP, and PEP) also change how same-sex encounters are seen. Drugs might help relax people, but the main reason for chemsex is pleasure-seeking. Cultural obstacles can make it hard for some Queer people to feel pleasure without substances. Pn'P isn't bad, but problems arise when people can't feel free during sex.



added. Sexualized drug use has become an increasing public health concern, particularly as public health literature generally characterizes Pn'P as involving "abnormal" sexual behaviours which increase one's risk of acquiring HIV and other STTBIs.<sup>26</sup>

Although risk can be mitigated, international research does support that individuals actively participating in Pn'P are at increased risk of passing and contracting HIV, hepatitis C, and other STTBIs.<sup>5</sup> For service providers, understanding the history and connection between Pn'P and HIV and the communal trauma felt by 2SLGBTQIA+ communities is essential to challenging the stigma related to

substance use and non-heteronormative sexuality and to effectively working with someone who is impacted. Today, historical impacts of the HIV/AIDS crisis, current prejudices relating to new diagnoses, and structural violence embedded within Canadian law continues to affect 2SLGBTQIA+ views on sex and risk. This impacts how individuals approach STBBI prevention and how they may disclose their STBBI status in different situations.

The stigma around Pn'P continues to reinforce traditional views and neglects participants' perspectives. The dominant narrative portrays chemsex as deviant, failing to understand differing experiences and motivations, and pathologizing a range of sexual experiences. This stigma can lead to rejection even within 2SLGBTQIA+ communities, making it hard for people to discuss their experiences openly. It also may contribute to isolation and feelings of loneliness.

## Considerations for Service Providers

How people perceive Pn'P is closely associated with how it is communicated as well as the social, cultural, and psychological consequences of scientific and health literature discourse.<sup>1</sup> As discussed above, the dominant narrative around substance use is that all use of illicit substances is problematic and that all people who use substances or engaged in activities like Party n' Play are in need of intervention and support. In reality, Pn'P can be a harmful coping mechanism for some, and a safe space for intimacy and exploration for others. While some seek to exit Pn'P culture and stop all engagement, others are seeking to make adjustments to their engagement or to address other social determinants of health that impact how engagement in Pn'P impacts their life; it is important to not make assumptions, and to let the individual lead. The pathologizing of people who participate in chemsex and the resulting stigmatization can lead to a decrease in health and help-seeking behaviours among those who require support.<sup>1</sup> As such, when providing services or support to someone who has



disclosed engaging in Pn'P, service providers are encouraged to take the time to understand individual motivations and experiences, and to recognize and challenge personal bias around sexual activity and substance use.

The queering of harm reduction has garnered significant attention from researchers due to the potential health risks associated with Pn'P and the need for effective support strategies. Researchers<sup>27,28</sup> highlight the importance of personalized prevention and harm-reduction programs, as well as specialized services tailored to cis and trans gay, bi, and other men who have sex with men who are engaging in substance use during sex. Culturally competent, non-judgmental, and sex-positive approaches that minimize biomedical harm and provide integrated services are necessary to effectively address the unique challenges associated with chemsex,<sup>28</sup> particularly due to the closed nature of many Pn'P activities. Understanding

“going to the hospital, the nurses would treat me like shit and would put me down and call me names”

“treated like scum”

“a nurse at...talked down to me for contracting two STIs within six months”

“I feel judged from doctors and such”

“the first time I told my doctor he was shocked at the number of partners I have”

“refused to see me when I disclosed I was gay and that I use drugs”

“ignored my request for counselling”

“treated like a non-person, completely disregarded”

“told me I was a walking disease and should be locked up”



the individual experiences and patterns of Pn'P is crucial for developing effective prevention strategies. Services for Pn'P require a non-judgmental approach that focuses on mitigating harms and integrating with other sexual health, substance use, and social support services. Many, and many less stigmatized, activities we engage in are associated with potential risks; in this case, risks can be safely mitigated when support strategies are implemented.

As reasons for seeking support vary, providers for people who Party n' Play include a broad group who offer a variety of individual services. Specific supports for the Party n' Play experience may include family physicians, specialists (such as HIV treatment), therapists, substance use treatment workers, sex worker supports, supports for people living with HIV, STBBI testing and treatment supports, and supports for the 2sLGBTQIA+ community.

## **Challenging Unconscious Bias and Assumptions**

As a service provider for people who engage in Party n' Play, the most important thing you can do is to offer service without judgement. As noted above, experiences of stigma and discrimination are common for those seeking supports from health and social service providers, and this is often a valid reason for not seeking support, for not seeking support for all identified needs (e.g. for seeking substance use treatment without disclosing any potential supports needed for the more complex experiences of Pn'P), or for not fully disclosing all relevant information. Be conscious of the language you use about sex and substance use with all clients, acknowledging that those who Party n' Play involve a diverse group and you may be working with individuals who currently or formerly play without being aware of it. Unintentional or intentional communication of judgement or prejudice can break trust and prohibit future disclosure.

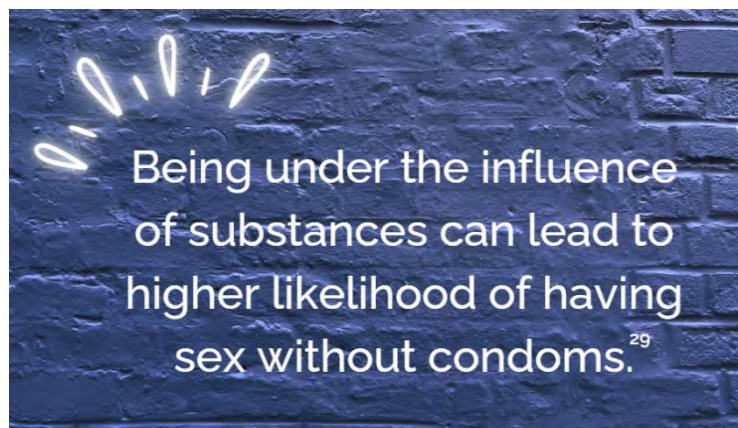
To ensure individuals receive the proper health care treatments, such as STBBI screening and instruction about safer sex and substance use practices, it is customarily advised or expected that full details of actions and experiences are shared. However, note that this requires a great deal of vulnerability from the individual being supported and that similar disclosures have very likely resulted in harmful experiences of discrimination in the past. Consider what information is necessary in any moment to competently provide care. For example, is it required that you, as a service provider, know the number of sexual partners to proceed with STBBI testing every three months, or is it sufficient to know that the individual is sexually active and that frequent screening is best practice? Is it necessary to advise individuals to stop using cocaine because of the potential heart risks, or is it sufficient to share all relevant information, including adverse effects, and allow the individual to make an informed decision. Are you able to set a need to decide for them aside, and to instead offer service regardless of what decision is made? It may take time and several interactions to establish and maintain the trust that is often required for full disclosure.

## **Safety Planning**

Supporting individuals to address social determinants of health and to navigate health systems is one of the most impactful health promotion strategies. This includes a focus on housing, income, and food security as well as access to low barrier, affirming, and non-stigmatizing health and social services. An individual who has access to a variety of health food choices will experience the effects of substances very differently than someone who is perpetually hungry. An individual who has secure and stable housing has options relating to location and physical safety than an individual who does not. An individual who has the financial security to make autonomous rather than constrained choices around sexualized

substance use will approach Pn'P very differently than someone who does not. Addressing these inequities is a sure way to mitigate risks associated with Pn'P.

An additional health promotion strategy is the prevention of sexually transmitted and blood borne infections. In recent years, the landscape of HIV prevention has undergone transformative changes, marked by groundbreaking advances in understanding, testing, treatment, and prevention strategies. Service providers play a pivotal role in disseminating accurate information and facilitating the adoption of these strategies within communities. Important



concepts and prevention strategies are detailed below under *Vaccinations and Medications* and *Safer Sex Supplies*; understanding these concepts is vital for service providers to effectively guide their clients toward comprehensive STBBI prevention approaches.

For all participants, supporting individuals to develop a Party n' Play safety plan is important. Strategies for safety planning may include:

### STBBI Screening

- Source referral options for sexually transmitted and blood borne infection testing. Individuals ideally will be tested every three to six months.
- It is essential that testing options be low barrier and judgement free; many individuals supported by SafeLink Alberta report stigmatizing experiences with health care professionals where the need for frequent testing is challenged or where sexual practices are questioned and judged negatively.

### Vaccinations and Prevention Medications

- Hepatitis A and B: In Alberta, individuals receive free vaccinations for Hepatitis A and B from a local public or community health centre if there are issues with the liver and/or individuals are at increased risk of contracting the virus' due to your lifestyle.<sup>30</sup>
- Treatment as Prevention (TasP) is a strategy that recognizes the benefits of antiretroviral therapy (ART) for individuals living with HIV. Not only does ART improve the health and quality of life for those infected, it also significantly reduces or eliminates the risk of transmitting the HIV virus to sexual partners. Service providers can support individuals with early diagnosis, prompt initiation of ART, and offer strategies to manage adherence to treatment regimens to prevent new infections and enhance the health outcomes of those living with HIV.
- Pre-Exposure Prophylaxis (PrEP) is a preventive strategy that involves the use of antiretroviral medications in individuals who do not have HIV but are at high risk. By

taking a daily pill, individuals can significantly reduce their risk of infection. Service providers are encouraged to be informed of medication prevention strategies, provide accurate information about the efficacy, benefits, and potential side effects of PrEP, and be aware of local prescribers and referral pathways. PrEP represents a proactive step towards HIV prevention, allowing individuals to take control of their sexual health.

**Undetectable  
=  
Untransmittable**



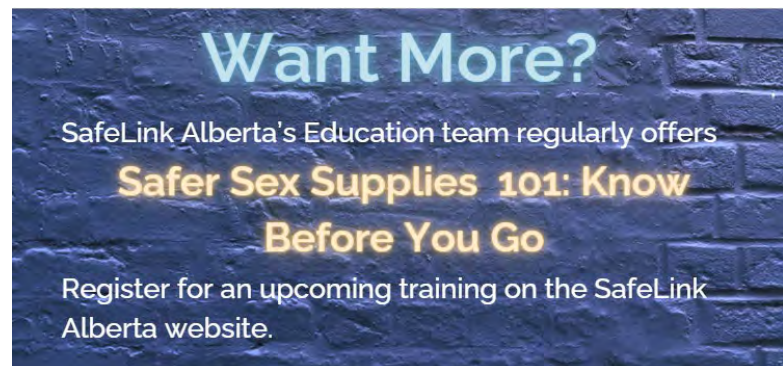
A groundbreaking education campaign in HIV prevention. Research has definitively shown that individuals living with HIV who achieve and maintain an undetectable viral load through consistent ART cannot transmit the virus to a sexual partner.

This knowledge has profound implications for both prevention and destigmatization. Service providers are encouraged to be aware of the leading science advancements, empower individuals to make informed decisions, reduce stigma, and contribute to the global effort to curb new HIV infections

- Post-Exposure Prophylaxis (PEP) is an emergency medical intervention for the prevention of HIV infection following potential exposure. PEP involves taking a prescribed antiretroviral regimen within 72 hours of a potential exposure incident, such as unprotected sex or needle-sharing with someone who is HIV positive. Service providers are encouraged to educate about the time-sensitive nature of PEP and the importance of seeking medical attention promptly after exposure. Knowledge of intervention and prevention options such as PEP enables service providers to offer immediate support options to individuals who find themselves in situations of potential HIV exposure.

## Safer Sex Supplies

- Use of condoms, lube, dental dams, and other barrier protections is encouraged to prevent the spread of STBBI's. Sterile items should be widely available at no cost and used new for each activity and partner,
- Safer sex supplies include:
  - *Internal Condoms*: a protective barrier designed to be inserted into the vaginal canal.
  - *External Condoms*: a protective barrier designed to cover a penis. Due to the risk of tearing or breakage, particularly for non-latex condoms, encourage individuals to carry more condoms than they think they might need.
  - *Dental Dams*: a thin square of either latex or non-latex material that can be used for safer oral sex between the mouth and the vulva or anus.
  - *Lubricant*: water-based lube is versatile and safe when using both latex and non-latex condoms, as well as with silicone toys. This lube also decreases the likelihood of condom breakage and is easier to clean up.<sup>31</sup> Silicone-based lube is a hypoallergenic and effective solution for skin sensitivity and it is safe to use with condoms and great for water play as it is difficult to wash away.<sup>31</sup> Oil-based lubricants are not recommended, as they are associated with higher rates of bacterial infection and condom breakage.<sup>31</sup>
- Silicone or body-safe toys are recommended for safe sexual play, provided they are maintained according to the manufacturer's guidelines and cleaned between insertive holes. It is recommended that only water-based lube is used (as silicone-based can deteriorate the material of silicone toys) and that condoms are used along with sex toys to prevent STBBI transmission if toys are shared.<sup>31</sup>



## Establishing Boundaries Prior to the Use of Substances

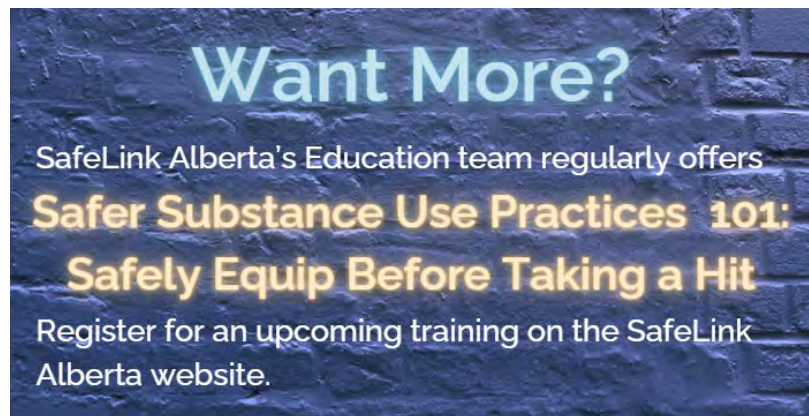
- Boundaries validate what we are willing and able to experience from others, and they assist in keeping all participants emotionally and physically safe.<sup>32</sup>
- Individuals who engage in Pn'P have different preferences, experiences, motivations, and limits. Because boundaries are not visible, they must be communicated explicitly.
- Conversations may include consent for specific sexual acts, for substances used and at what dose, for the length of play, for the specific individuals involved in play activities, etc.
- Boundary setting can be uncomfortable, especially when introducing them to a pre-existing relationship. However, doing so will help to keep all parties safe and prevent any surprises during sex.<sup>32</sup>

### Awareness and Intentionality Around Length and Frequency of Play

- While there are many reasons for people to engage in Pn'P and many benefits and positive experiences that are reported, caution around length and frequency of play is important.
- Paranoia and hallucinations are common when awake for too many hours.<sup>32</sup>
- Pn'P may negatively impact an individual's mental and physical health, and may contribute to anxiety and depression.<sup>32</sup>
- If injecting, there is increased risk of infections and STBBI's.<sup>29</sup>
- The more often a person Pn'P's, increases the risk of physical dependency to certain substances, which may create withdrawal symptoms when stopping use.<sup>29</sup>
- Ensuring that those who Pn'P are aware of the risks relating to long and frequent Pn'P allows individuals to make informed decisions around personal health.

### Safer Substance Use Supplies

- Syringes: for injection drug use, sterile syringes are encouraged every time. Syringe barrels (without the needle) are also used for activities such as hooping/booty bumping.
- Pipes: glass pipes of varying shapes (straight, bauble, hammer) for use depending upon the substances consumed.
- Accessories such as alcohol wipes, sterile water, cookers, screens, citric acid, etc. are encouraged to ensure individuals are using sterile equipment that prevents the spread of sexually transmitted and blood borne infections. Each supply has a specific use and prevention rationale, and service providers are encouraged to familiarize themselves with prevention supplies and their proper use.



### Safer Substance Use Practices

- Start low and go slow: begin with a small or partial dose and allow time for the drug to take effect. This limits the risk of poisoning when the drug supply is unregulated and contaminated, where individuals are not able to predict with confidence the composition and dosage.
- Access drug checking services where available.

- Carry Naloxone and know how to use it in the event of an opioid poisoning.
- Don't use alone and ensure partners are also trained in Naloxone administration.

## Peer Support

People who Party n' Play often encounter numerous barriers in accessing effective supports,<sup>33</sup> as Pn'P support needs often occur at the intersection of sexual health, physical health, mental health, and substance use.<sup>33</sup> This intersection can lead to individuals being referred from one provider to another, with each understanding only part of the issue or believing the service need lies within the scope of practice of another.<sup>33</sup> This can make it overwhelming for people trying to access comprehensive services to adequately address the issues associated with Pn'P.

Involving people with lived or living experience (PWLLE) of Pn'P, or peers, in support services is an impactful way to navigate these challenges. With firsthand knowledge of Pn'P culture, similar experiences, and successes or strategies in navigating the system of care, PWLLE are best equipped to support individuals in achieving health related goals. PWLLE are also able to gain and establish rapport and trust much more effectively than people without that knowledge, experience, and shared connection.

Services a peer support worker may be able to assist with include:<sup>33</sup>

- Emotional support;
- Education around safer Pn'P practices;
- Appointment accompaniment to support in self advocacy with providers;
- Referral options for dedicated and competent Pn'P supports;
- Referral options and system navigation around other social determinants of health, such as housing, income, and food; or
- Accessing or completing screening tools to assess problem areas.

While the meaningful inclusion of people with lived and living experience in all areas of program design, delivery, and evaluation is best practice, we recognize that this may not be feasible for all service providers. For providers such as physician, consider what elements can be included, such as ongoing professional development and education opportunities lead by or including PWLLE, increasing knowledge for referrals to peer support and culturally competent programs locally, or promoting the design of dedicated care spaces when sufficient need is identified by community.

## Outreach

For service providers that have the ability to literally meet people where they are, to provide services in areas where members of key populations congregate, outreach is a very effective strategy. Before initiating an outreach program, first assess the needs of community. For example, 82% of our survey respondents found Pn'P partners online. As such, you may

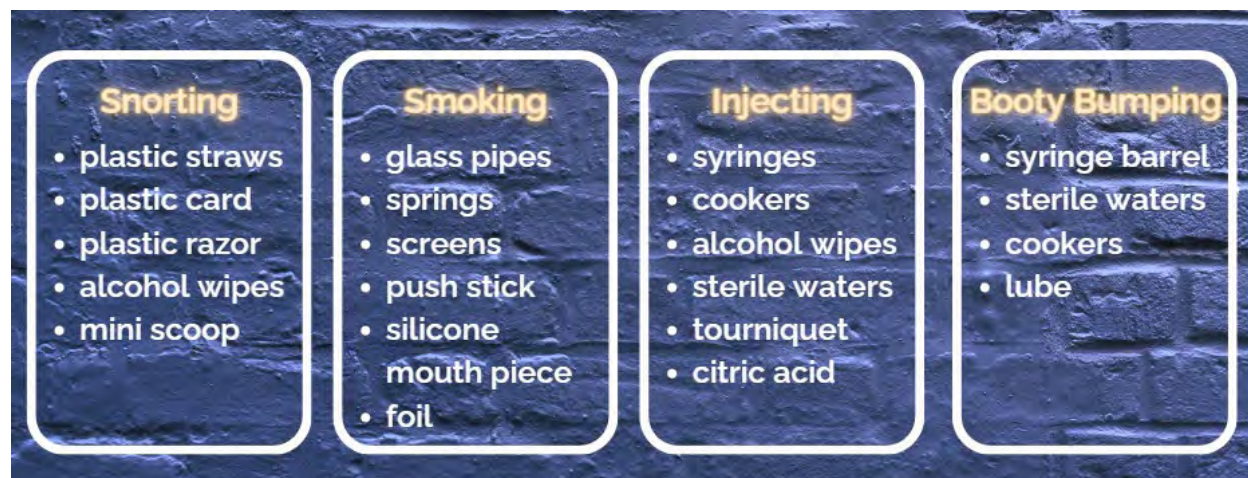
consider offering education and information in online spaces, such as within apps and online events. A profile on several apps designed for men who have sex with men provides the opportunity for individuals to ask questions about sexual and substance use health practices, to book in person STBBI testing with you or at a local testing clinic, or to seek referrals for additional supports.



Individuals are also connecting in spaces such as bars, clubs, and bathhouses. Offering information, prevention supplies, and testing clinics in these spaces is an effective strategy for reaching individuals who practice Pn'P. To reach individuals in spaces such as private homes, parks, or truck stops, information materials posted in bathrooms directing people to places that offer supports is a good idea. Online promotion or a QR code leading to a website with education and information materials may also reach these groups. Connection through social or word-of-mouth routes is also effective. Considerations of when and where individuals who Pn'P are interacting may also impact hours of operation as well.

Aside from information and education, an important aspect of outreach is the distribution of safer sex and safer substance use supplies for the prevention of HIV, hepatitis C, and other STBBIs. SafeLink Alberta distributes "party packs" of supplies that are tailored to the kind of party and the substances used.

Pre-packaged supplies should be customized to the needs of the community you serve, which may require some investigation, but may include:





Note that use of terms like “party pack” can be interpreted as drug-positive or enabling. In reality, use of language is an important tool in bridging the gap between service providers and service users. Using the language of community can communicate cultural competency and an expectation that, as a service provider, I can figuratively meet you where you are. It also communicates support without shame or judgement, and without a need for service users to code switch and adapt to the language of the service provider. Saying to someone, “hey man, do you party?” will go a lot further in building rapport quickly in an outreach setting than “hello sir, do you inject drugs and have sexual intercourse with other men and male-identified persons?” A less formal approach can open conversation for you to share more information.

For service providers that are more constrained in their ability to adapt to the needs of community, such as mainstream health providers, consider options such as partnering with a community-based organization to offer services such as clinic days at their location.

## Transition and Recovery

As a service provider supporting people who engage in Pn’P, it is essential not to make assumptions about care being centered in abstinence or recovery. Some individuals may be seeking support to address physical or mental health, or to address social determinants of health, with no desire or intention to change their level of engagement in Party n’ Play activities. Assuming so can unintentionally communicate judgement and damage the relationship. Be prepared to ask questions about Pn’P activities and to accept the responses with neutrality.

For those who are seeking to make changes to the way they Pn’P or to exit completely with an abstinence approach, seek to provide support that includes substance use treatment as well as addressing the complexities of Pn’P. For example, consider why the individual began engaging in Pn’P and what needs were being met; are there other gaps that need to be filled such as social connection, inhibitions around sex, explorations of sex and gender identity, trauma, etc. Also consider what abstinence or a change in Pn’P engagement means for sex now; some survey respondents identified physical and psychological impacts that last into recovery.

In seeking support, survey respondents identified the following local resources:

*“Crisis stabilization unit”*

*“Narcotics Anonymous”*

*“Needle exchange referred me to a program”*

*“I had a couple real ride or die women in my life who pulled me out of it”*

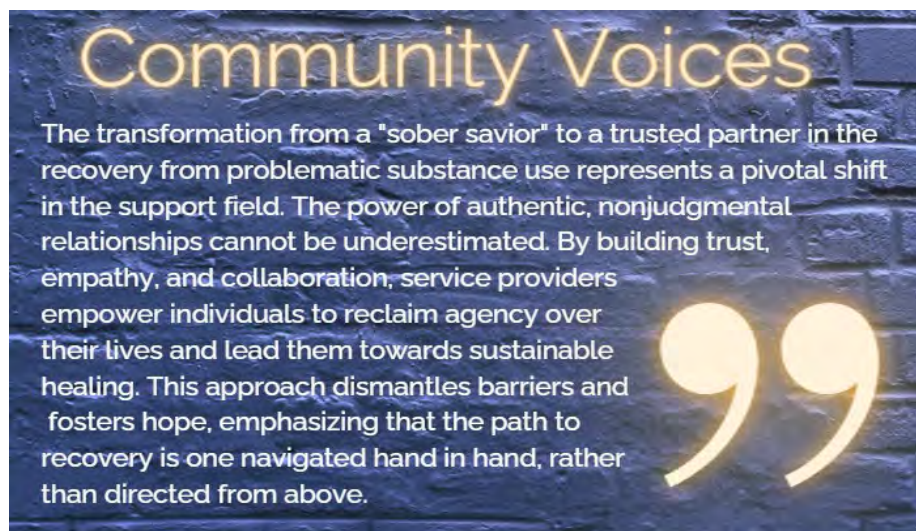
*“Thorpe Recovery Centre”*

*“Foothills Addiction Centre”*

*“Shift Calgary /SafeLink Alberta”*

## Relationship Centered Supports

Service providers are encouraged to be cognizant of power dynamics and historical systems and interventions that perpetuate the oppression of groups such as members of the 2SLGBTQIA+ community, and to challenge these in practice. An approach rooted in 'sober saviorism' views people who use drugs as victims in need of saving, as unable or unwilling to make the necessary decisions and actions to improve health. It is also rooted in a belief that substance use and Party n' Play are inherently harmful activities. This approach ignores factors such as structural and social determinants of health, demonizes sex and substance use, and minimizes choice and autonomy.



Recognizing the importance of building genuine and trusting relationships between service providers and individuals navigating substance use challenges is an empowering path to recovery for those seeking it. Relationship and person-centered care places empathy, respect, and collaboration at the forefront. This approach requires an acknowledgement that individuals experiencing problematic substance use are not passive recipients of solutions, but active drivers of change.

## Trauma and Violence Informed Care

Trauma and violence informed approaches to care are the policies and practices that recognize the connections between violence, trauma, negative health outcomes, and behaviours. These approaches increase safety, control, and resilience for people who are seeking services in relation to experiences of violence and/or have a history of experiencing violence.<sup>34</sup> Trauma and violence informed care creates a treatment culture of nonviolence, learning, and collaboration by providing services in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment.<sup>35</sup> This approach benefits all service recipients, regardless of any history of trauma or violence, by offering a baseline or universal standard for care that prevents unintentional harm and prioritizes autonomy and trust.

Examples of recovery approaches that are trauma and violence informed include:

- Motivational Interviewing
  - People who are considering changing specific behaviours associated with their substance use are often ambivalent about this decision.<sup>36</sup> While they may be aware of the ramifications related to using substances, there are also positive

outcomes related to their behaviour.<sup>36</sup> This dilemma often contributes to their ambivalence until their perception of the risk(s) and benefit(s) of their behaviour shifts.<sup>36</sup>

- This also contributes to disconnection from service providers who are unable to emotionally or practically support participants who are not ready or not planning to change or stop the way they engage in Pn'P.
- Motivational Interviewing is a therapeutic style which guides individuals through a person-centered discussion, assisting them in navigating whether there are health-related behaviours they'd like to change.<sup>36</sup> It enhances underlying motivation to modify specific behaviours by addressing an ambivalence to change, and has a collective, autonomy-supporting, and evocative style in which support workers seek to understand an individual's perspective on their substance use and related behaviours.<sup>36</sup>
- The Transtheoretical Model of Change
  - Health care providers are often inclined to operate as problem solvers, providing advice and arguing for change without considering an individual's degree of motivation for change.<sup>37</sup> Beyond a 'willingness', some are also not equipped to navigate change due to circumstances such as housing insecurity, income insecurity, etc. Consider what need an activity like Pn'P is currently meeting for the individual. For those who are not ready or resources for change, an argumentative approach is counterproductive, often resulting in frustration and/or avoidance.<sup>37</sup>
  - Also known as the 'stages of change', the Transtheoretical Model of Change identifies six distinct stages for change that individuals may or may not pass through consecutively.
    - Precontemplation Stage: the individual has no desire or intention to change their behaviour.
    - Contemplation Stage: the individual expresses interest in changing certain behaviours they may see as troublesome.
    - Preparation Stage: the individual begins to create a plan of action in behaviour change.
    - Action Stage: the individual has changed certain behaviours with the intent to continue.
    - Maintenance Stage: the individual has sustained their change in behaviour for a specific period of time and they intend to continue.
    - Relapse: the individual may experience a setback in their desired behaviour change and may go back to any of the previous five stages. This does not mean that they have failed in any way, it simply means their plan to change may need adjustment.
  - Assessing an individual's readiness to change is an effective way to minimize frustration and improve the likelihood of eventual change, and interventions which are appropriate to an individual's stage of change can increase motivation and promote positive change.<sup>37</sup> It is important to note, that an individual's ambivalence, confidence, and readiness for change will likely hit ebbs and flows, and to accept this as part of their individual journey and make space for relapse without shame or judgement. Assist individuals in navigating their journey rather than driving them in any specific direction.

## Conclusion

Party n' Play involves a variety of motivations and experiences embedded within a complex Pn'P culture. This practice is widely misunderstood and highly stigmatized, resulting in inadequate supports for individuals who actively engage, who are seeking to make changes within their practice, or who want to stop engaging in Party n' Play. Further, Pn'P is most often practiced among members of the queer community who face additional discrimination and inequities relating to social and structural determinants of health. Further, determinants of health such as housing, income, food, and access to health services influence how people may experience the impact of Pn'P. While Party n' Play is not inherently harmful and many report positive experiences and healthy participation, others report harmful experiences, generally over time and with prolonged and/or compulsive engagement.

By highlighting the voices and experiences of people with lived and living experience alongside published literature, this toolkit is intended to offer service providers a starting point for understanding the gaps within our system of care. Throughout, we have offered tools for bridging these gaps, such as guidance on challenging stigma and providing non-judgemental care, safety planning strategies, and treatment approaches rooted in trauma and violence informed care. We also share information to fill potential gaps in knowledge around Party n' Play culture norms, substances used, and medication treatment options for HIV and other STBBI's.

While Alberta, and more broadly, Canada, offers a few excellent programs for people who Party n' Play, there is overall a marked lack of dedicated services available for individuals seeking support. One solution to this gap is offered through the publication of resources such as this one; to increase the capacity of general health and social service providers in providing culturally competent care to people who engage in Pn'P. At SafeLink Alberta, we hope this resource inspires you to approach Pn'P with curiosity, to make the effort to challenge unconscious bias, and to seek further education and professional development opportunities. By doing so, we aim to improve the quality of care and health outcomes for people who Party n' Play in our communities.

"It gave me a sense of community that was lacking for me, those were the guys I knew, I got jobs from it and made friends from it - I found it easier to find that anywhere else.."

- Survey Respondent, 2023

## Additional Resources

### Alberta

- Alberta Health Services
  - Designated PreP providers in Alberta, by City – <https://www.albertahealthservices.ca/assets/info/hp/srh/if-hp-srh-hiv-prep-designated-providers.pdf>
- SafeLink Alberta, Calgary and Medicine Hat
  - Offers Education on Party n' Play, safer sex practices, safer substance use practices, and more. Offers low barrier STBBI testing on site, in community, and online, distributes free safer sex and safer substance use supplies, offers peer supports for people living with HIV and sex workers, and offers system navigation and referrals for members of key populations.
- StoneWall Recovery, Calgary
  - Offers in-patient addiction treatment and online recovery programs for members of the 2sLGBTQIA+ community.
- Queer & Trans Health Collective, Edmonton
  - PeerNPeer – offers peer led and substance use and sexual health programming

Alberta also offers many other options for individuals seeking detox and treatment for substance use.

### Canada

- AIDS Coalition of Nova Scotia, Halifax
  - Peer N Peer – piloted a peer led Pn'P program, currently not funded. Other Pn'P and related resources available.
- Gay Men's Sexual Health Alliance, Toronto
  - Offers online information for people who Pn'P and for service providers. Publishes best practices and resources.
- Halifax Rainbow Encyclopedia, Halifax
  - Pn'P Project – offers a monthly social group for people who Pn'P, free safer substance use and safer sex supplies, education, and social connections.
- Initiative for Men (HIM), Vancouver
  - PNP & ME – offers group therapy programming designed to support individuals in identifying and achieving health goals related to Pn'P.
- MAX Ottawa
  - Spill the Tea! – offers a health and wellness program to deliver safer partying education and awareness among guys into guys who Pn'P.
- PNP & ME: The Afterparty – offers a weekly informal drop-in style group for gay, bi, queer men and gender-diverse people who Pn'P and want to connect with other people in the community.
- Sexuality Education Resource Center MB, Winnipeg
  - Peer N Peer – piloted a peer led Pn'P program, currently not funded. Other Pn'P and related resources available.

## References

1. Jaspal R. Chemsex, identity and sexual health among gay and bisexual men. *International Journal of Environmental Research and Public Health*. 2022;19:1-16. doi:10.3390/ijerph191912124
2. Centers for Disease Control and Prevention. Sexually transmitted infections treatment guidelines, 2021. 2022. Accessed March 25, 2024. <https://www.cdc.gov/std/treatment-guidelines/msm.htm#:~:text=Preventive%20screening%20for%20common%20STIs,be%20performed%20at%20least%20annually.>
3. Kawabara Blanchard S. A guide to chemsex: what is it, and how can you make it safer? Healthline. 2021. Accessed October 23, 2023. <https://www.healthline.com/health/substance-use/chemsex>
4. Florencio J. Chemsex cultures: subcultural reproduction and queer survival. *Sexualities*. 2023;26(5):556-573. doi:10.1177/1363460720986922
5. Canadian AIDS Treatment Information Exchange. Party and play in Canada: what is its impact on gay men's health? CATIE. 2019. Accessed February 27, 2024. <https://www.catie.ca/prevention-in-focus/party-and-play-in-canada-what-is-its-impact-on-gay-mens-health>
6. Stuart D. Chemsex: origins of the word, a history of the phenomenon and respect of the culture. *Drugs and Alcohol Today*. 2019;19(1):1-9. Doi:10.1108/DAT-10-2018-0058
7. McKeller K, Sillence E. Current research on sexual health and teenagers. *Teenagers, Sexual Health Information and the Digital Age*. 2020;1:5-23. doi: 10.10/B978-0-12-816969-8.00002-3
8. TickleLife Editorial Board. Defining kink, bdsm, ssc, rack, and the 4c's. TickleLife, 2023. Accessed February 8, 2024. <https://www.tickle.life/blog/defining-kink-bdsm-ssc-rack-4c's/>
9. PureWow. Kink vs. fetish: a sex therapist lays out the difference. 2021. Accessed March 1, 2024. <https://www.purewow.com/wellness/kink-vs-fetish>
10. Harm Reduction International. Chemsex and harm reduction for gay men and other men who have sex with men. 2021. Accessed February 3, 2024. <https://hri.global/publications/chemsex-and-harm-reduction-for-gay-men-and-other-men-who-have-sex-with-men/>
11. Rapid Response Service. Sexualized drug use (chemsex and methamphetamine) and men who have sex with men. Ontario HIV Treatment Network. 2019. Accessed February 23, 2024. <https://www.ohrn.on.ca/sexualized-drug-use-chemsex-and-methamphetamine-and-men-who-have-sex-with-men/>
12. Hammoud MA, Bourne A, Maher L, et al. Intensive sex partying with gamma-hydroxybutyrate: factors associated with using gamma-hydroxybutyrate from chemsex among Australian gay and bisexual men, results from the Flux Study. *Sexual Health*. 2018;15:123-134. doi:10.1071/SH17146
13. Rosati L, Chianese T, Mileo A, De Falco M, Capaldo A. Cocaine effects on reproductive behaviour and fertility: an overview. *Veterinary Sciences*. 2023; 10(8):484-490. doi:10.3390/vetsci10080484

14. Centre of Addiction and Mental Health. Cocaine and crack. 2024. Accessed March 25, 2024. <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/cocaine>
15. Centre of Addiction and Mental Health. Ketamine. 2024. Accessed March 25, 2024. <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/ketamine>
16. Trades Sexual Health. Ketamine. n.d.. Accessed March 25, 2024. <https://www.tradesexualhealth.com/sexual-health/sex-drugs/ketamine.html>
17. Zemishlany Z, Aizenberg D, Weizman A. Subjective effects of MDMA ('ecstasy') on human sexual function. *European Psychiatry*. 2001;16(2):127-130.
18. National Institute of Drug Abuse. What are the effects of MDMA?. 2017. Accessed March 25, 2024. <https://nida.nih.gov/publications/research-reports/mdma-ecstasy-abuse/what-are-effects-mdma>
19. Boyd S. Heroin and the illegal drug overdose death epidemic: a history of missed opportunities and resistance. *International Journal of Drug Policy*. 2021;91:1-11. doi:10.1016/j.drugpo.2020.102938
20. Fischer, B. The continuous opioid death crisis in Canada: changing characteristics and implications for path options forward. *The Lancet Regional Health- Americas*. 2023;19(1):1-5. doi:10.1016/j.lana.2023.100437
21. Government of Canada. Social determinants of health and health inequities. Public Health Agency of Canada. 2023. Accessed January 15, 2024. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
22. Goodyear T, Mniszak C, Jenkins E, Fast D, Knight R. "Am I gonna get in trouble for acknowledging my will to be safe?": identifying the experiences of young sexual minority men and substance use in the context of an opioid overdose crisis. *Harm Reduction Journals*. 2002;17(23):1-14. doi:10.1186/s12954-020-00365-4
23. World Health Organization. Social determinants of health. 2024. Accessed March 26, 2024. [https://www.who.int/health-topics/social-determinants-of-health#tab-tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab-tab_1)
24. Higgins R, Hansen R, Jackson BE, Shaw A, Lachowsky NJ. Program and interventions promoting health equity in LGBTQ2+ populations in Canada through action on social determinants of health. *Health Promotion and Chronic Disease Prevention in Canada*. 2021;41(12):431-435. doi:10.24095/hpcdp.41.12.04
25. McConnell EA, Janulis P, Phillips G, Truong R, Birkett M. Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of Sexual Orientation and Gender Diversity*. 2018;5(1):1-12. doi:10.1037/sgd0000265
26. Tan RKJ, Phau K, Tan A, et al. Exploring the role of trauma in underpinning sexualised drug use ('chemsex') among gay, bisexual and other men who have sex with men in Singapore. *International Journal of Drug Policy*. 2021;97:1-9. doi:10.1016/j.drugpo.2021.103333
27. Nimbi F, Rosati F, Esposito R, Stuart D, Simonelli C, Tambelli R. Sex in chemsex: sexual response, motivations, and sober sex in a group of Italian men who have sex with men with sexualized drug use. *The Journal of Sexual Medicine*. 2021;18(12):1955-1969. doi:10.1016/j.jsxm.2021.01.013
28. Moller K, Hakim J. Critical chemsex studies: interrogating cultures of sexualized drug use beyond the risk paradigms. *Sexualities*. 2021;26(5):547-555. doi:10.1177/13634607211026223

29. Change Live Grow. What is chemsex? Support, advice, and how to stay safe. 2024. Accessed February 12, 2024. <https://www.changegrowlive.org/advice-info/alcohol-drugs/chemsex-drugs>
30. Alberta Health Services. Hepatitis A (HAV) vaccine. MyHealth Alberta. 2023. Accessed March 5, 2024. <https://myhealth.alberta.ca/topic/immunization/pages/hepatitis-a-vaccine.aspx>
31. SafeLink Alberta. Safer sex practices. 2022. Accessed January 3, 2024. <https://safelinkalberta.ca/safer-sex-practices/>
32. Lets Talk About It. Chemsex support. 2024. Accessed March 2, 2024. <https://londonfriend.org.uk/realchemistrybuildingboundaries/>
33. Queer and Trans Health Collective. Chemsex. 2019. Accessed March 1, 2024. <https://ourhealthyeg.ca/chemsex>
34. Centre of Excellence for Women's Health. Trauma-informed practice guide. 2013. Accessed March 26, 2024. [https://cewh.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](https://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)
35. Government of Canada. Trauma and violence-informed approaches to policy and practice. 2018. Accessed March 26, 2024. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>
36. Ingersoll K. *Substance use disorders: Motivational interviewing*. Wolsters Kluwer. 2023. Accessed January 15, 2024. <https://www.uptodate.com/contents/substance-use-disorders-motivational-interviewing>
37. Centre of Addiction and Mental Health. Fundamentals of addiction: motivation and change. CAMH. 2021. Accessed February 27, 2024. <https://www.camh.ca/en/professionals/treating-conditions-and-disorders/fundamentals-of-addiction/f-of-addiction---motivation-and-change>
38. Miller WR, Rollnick S. *Motivational interviewing: helping people change*. 3rd ed. The Guilford Press; 2013.