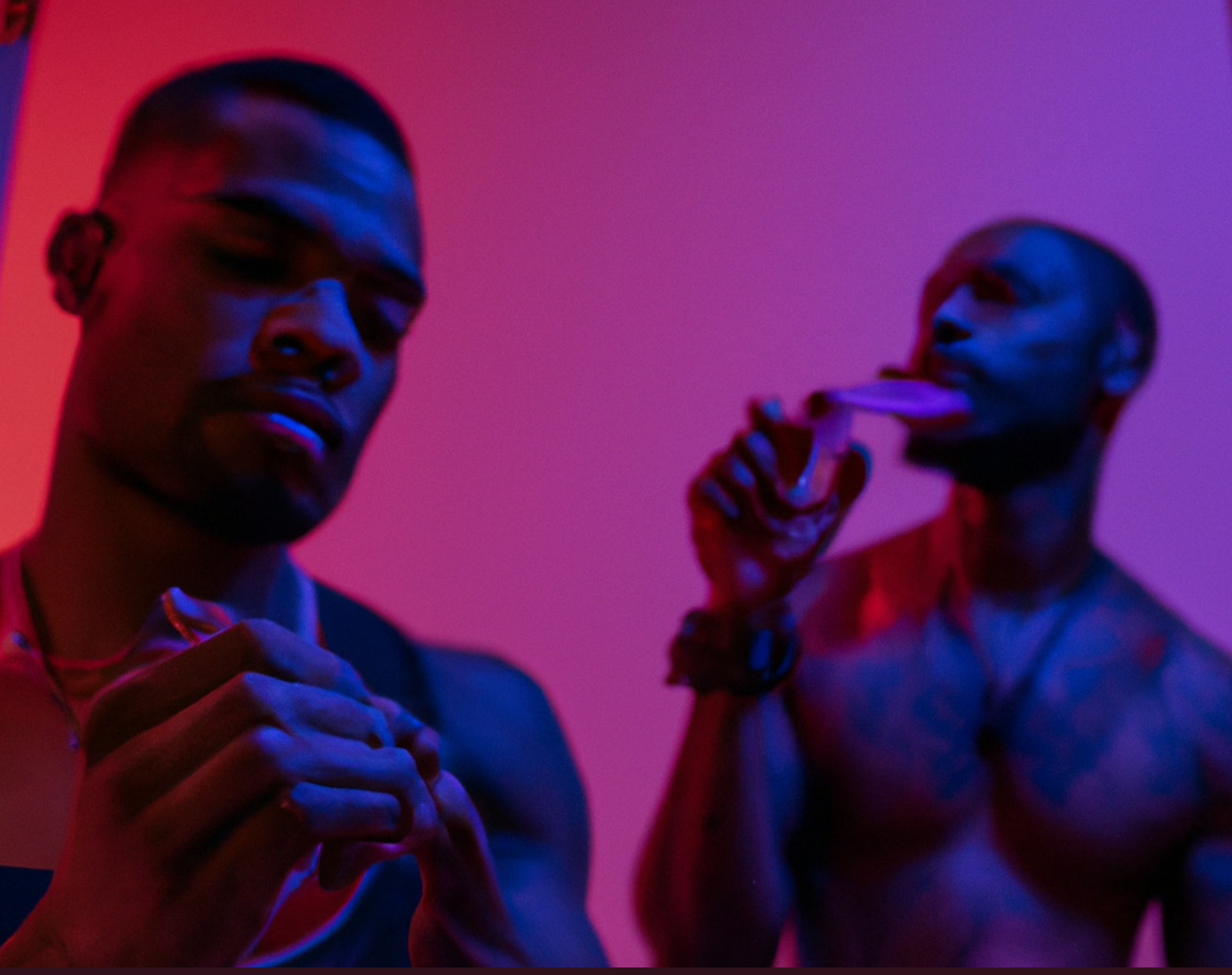


“People have an impression about what these parties are which is so far from the truth”:

Conversations with PnP harm reduction leaders

cbrc
Community-Based Research Centre

Introduction

We talk about sex. A lot. This is true of community-based organizations that arose in response to the AIDS epidemic. In many ways, sex has been an ever-evolving cornerstone topic of health promotion within Two-Spirit, gay, bi, trans, queer, and other men who have sex with men (2S/GBTQ MSM) communities.

As queer sexual cultures have evolved in the context of HIV/AIDS, so too has the relationship between sex and drugs. Earlier poz prevention strategies like condoms and serosorting have expanded to include newer paradigms of U=U, PEP, and PrEP. The drugs we use with sex have shifted as well - from the poppers, booze, pot, and LSD of the 70's, to today's crystal meth, GHB, ketamine, and MDMA.

Emerging from the nexus between sex and drugs is the party and play (PnP) scene. PnP is the use of specific drugs, particularly crystal meth and GHB, before or during sex to facilitate, enhance, or prolong sexual activity among some cis and trans 2SGBTQ MSM. PnP can be a fun, disinhibiting experience, a chance to try new things, push the limits, and have edgier, mind-blowing sex. But with new frontiers, new challenges can arise: some struggle to navigate experiences of compulsive use, or have to deal with the transgression of sexual boundaries, unanticipated risks, or feelings of shame due to stigmatization and morning-after regrets.

The community-based sector has had varied responses to the PnP scene, from alarmist proclamations that it is ruining our communities, to more nuanced approaches based on harm reduction principles. There are currently only a handful of harm reduction services across the country that are designed to meet the needs of 2SGBTQ MSM who party and play without emphasizing reduction or cessation of use.

In early 2021, as rates of substance use increased alongside the isolation (and, dare we say, boredom?) of the pandemic, the PnP scene came into particular focus. Recognizing this trend, CBRC felt that it was time to ask a question of the community-based sector: what kinds of conversations, knowledges, and perspectives would allow us to be able to talk about drugs and drug use just as competently as we talk about sex and sexual health?

As a starting point, two CBRC staff (Jody Jollimore, former Executive Director, and Len Tooley, Evaluation and Advancement Director), along with Roberto Ortiz Núñez (veteran queer men's health expert, and former ED of MAX Ottawa), conducted a series of interviews with community leaders to ask the question: how can we better support people who PnP?

The conversations that came out of those interviews touched on themes of stigma, advocacy, community care, and decriminalization. We got a lot out of these conversations, and we hope you do too. In the following article we explore key themes and lessons that came from those interviews: sex, drugs, and decolonization; talking about stigma; peers to the front; harm reduction and abstinence; and advocacy.

Many thanks to Colin, Jeff, Mikiki, Nick, and Rahim for sharing their knowledge and insights with us (check out their bios at the end of this document!).

Sex, Drugs, and Decolonization

*"I firmly believe in consulting with anyone in local regions, with Indigenous folks or Indigiqueer or Two-Spirit folks, [about] what harm reduction might look like... Teachings and practices are different between peoples from the South to the North. Some cultures don't allow substance use of any nature, they don't want to see it, and people who are more moderate in these contemporary times understand that some people are self-medicating, and understand what they need so they don't need to self-medicate."—**Jeff***

People can have vastly different experiences of mixing sex and drug use based on different aspects of their social location within a racist, colonial, and capitalist system. To create interventions for people who party and play, we need to start by acknowledging the diversity within our communities, the differences in lived experiences, and the disproportionate way some community members are harmed by bad drug policies and toxic drug supplies.

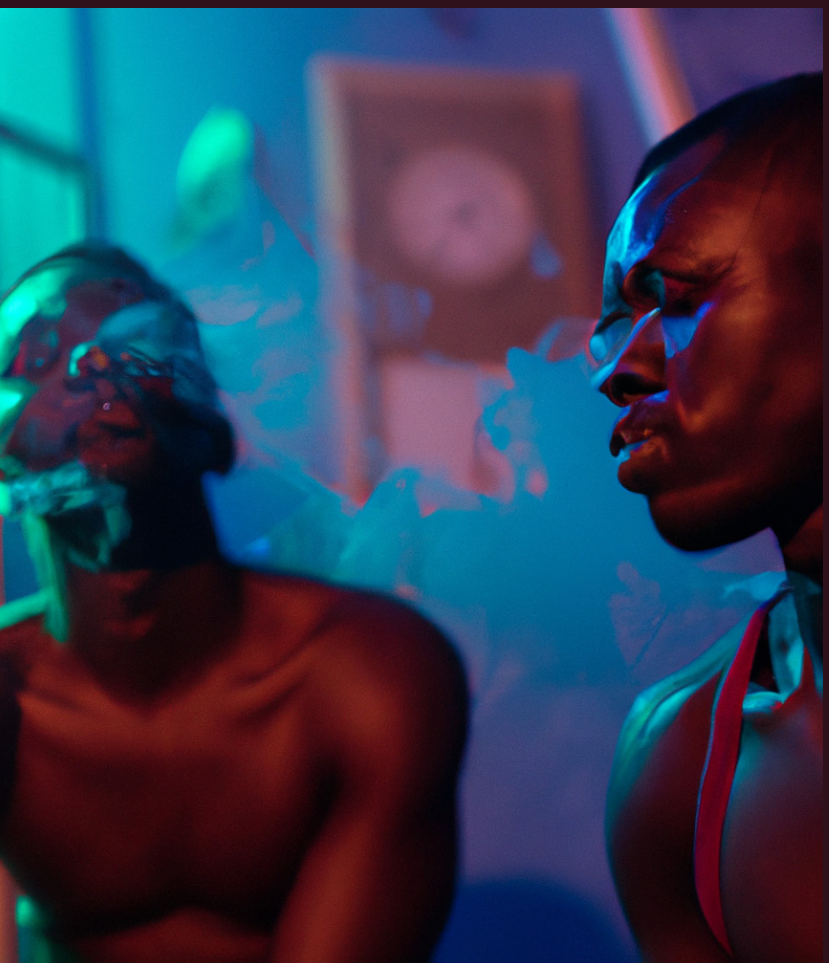
> *"So much of the activities relating to drugs in North America have a racist overtone in how they're implemented. We see this with the Chinese and Opium, the Blacks and Latinos and marijuana, Brooklyn and crack cocaine."—**Colin***

Colonization has ongoing, devastating impacts - producing harm, injustice, and trauma that affects generations. Prohibition was and is a part of the ongoing process of colonization in Canada. Drug policy in this country has always been based on racist ideology, from proposal to implementation. Our response to these conditions has to be rooted in anti-colonial and anti-racist values and actions.

Internally, we need to educate ourselves and our colleagues about this ongoing history and the disproportionate harm it has caused Indigenous, Black, and racialized people and communities. We need to actively centre Indigenous, Black, and people of colour in program development and delivery. We need to listen when community members are critical of a lack of diversity in programming or staff, or when microaggressions or overt biases are brought to attention.

Talking About Stigma

> *"People have an impression about what these parties are which is so far from the truth. Yes, they are orgyistic and there's a freedom in a way, but I think one of the things we don't hear through the press is that most PnP parties are actually cool, people enjoy themselves and are cool, and it's rare for things to get out of hand."*
> *—**Colin***



Stigma involves negative attitudes and beliefs about a group of people because of a characteristic or behaviour that sets them apart from other people. It can show up as harmful stereotypes and offensive language that shames and insults people who use drugs. It can also exist on a structural level, resulting in people who use drugs being judged, ignored, or treated poorly within healthcare and social services. Stigma can become internalized, bringing on feelings of guilt and shame, and reducing the likelihood that folks who do want to reduce or quit their use will reach out for help.

When it comes to PnP, 2S/GBTQ MSM are also confronted with stigmas associated with gay sex and promiscuity. Heteronormative, sex-negative attitudes and systems impact people and their ability to talk openly about what's going on in their lives and connect with services. When healthcare providers make quips about how many sexual partners someone has had, it is a barrier to care. When people are confronted with homophobia and transphobia in harm reduction services or in treatment programs, it is a barrier to access. People won't stay where they feel like they don't belong.

"For guys who are then really struggling, where do they get those culturally relevant supports? When you talk about mainstream programs, needle distribution programs, going in as an out gay guy - there's a lot of homophobia within those environments. Then you get into the addiction treatment cohort, there's nothing there for guys. It's hard to come in and talk about your gayness and sucking dick and fucking ass in mainstream addictions programs, they're just not there." —Nick

Some 2S/GBTQ MSM take drugs to silence their experiences of trauma or internalized homophobia enough to have a good time and connect with others. Some are totally self-assured in taking T and taking loads. In either case, creating spaces where folks can comfortably talk about how their drug use and sex lives mingle and interact is necessary for better engaging with the PnP community.

How then do we create services that can adequately address the unique, diverse needs of 2SGBTQ MSM who PnP?

Peers to the Front

*"Peers supporting peers is an extremely important aspect to consider. If you're not someone with substance use experience and you don't know what a bat is, or how to get a substance ready, or how to engage in group sex or negotiate the language about different sex positions or different activities, that can be a barrier to providing support for people."—**Jeff***

Meaningfully involving peers in harm reduction services is essential to the development of culturally competent supports. Peers are the experts; they speak the language, know the landscape, and can authentically meet others where they are at. They should be involved in the development, delivery, and refinement of programming and services. Whether they're a staff member, a consultant, a facilitator, or a focus group participant - they should be paid a fair wage for their time, and paid in non-restrictive ways.

*"Make sure that there's food, that people are being compensated for their time, recognizing that whatever hustle they were going to have for the day is going to be sacked. Make sure that you don't pay people in gift cards, pay people in cash."—**Mikiki***

It's not enough to just hire peers; there must be broad support for harm reduction across the organization. This means training all staff on the principles of harm reduction, stigmatization, and learning to recognise and address their own biases. Create a work culture that does not tolerate demeaning comments or behaviours towards people who use drugs.

In addition to supporting peers as workers and colleagues, we also need to better support peers as people who are doing frontline work that can be challenging sometimes.

*"What we're talking about here are struggles that are related to the job - if you're working in the community that you belong to. There could be debrief spaces, clinical supervision, but I think we put a lot on our workers."—**Rahim***

Harm Reduction and Abstinence

Navigating between harm reduction approaches and abstinence-focused approaches is complicated. There are a lot of people who manage their drug use just fine. They can pick their moments. They have supports and resources in place that help them keep their shit together even when they're starting to struggle. There are also folks who start out using in ways that feel good and fun at first but end up feeling disruptive or overly harmful over time. There are people who feel like they can't be anywhere near certain substances. All of those positions are valid. Harm reduction and abstinence can both serve important roles for people at different points in their lives. Whether someone is just looking for a few sterile pipes and some lube for the weekend, or whether they've quit using and need support around navigating sex while sober, people deserve the opportunity to access culturally-competent and supportive services.

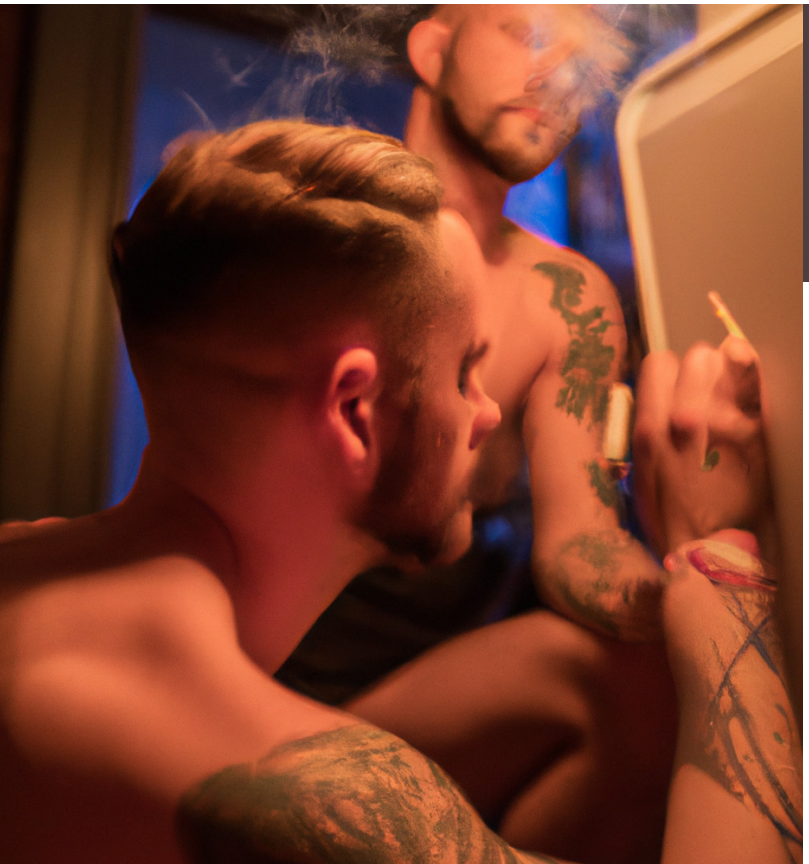
> *"There are so few opportunities for both people being able to speak their truths without fearing it cancels the other out: that harm reduction becomes 'oppositional' and abstinence becomes 'exclusionary'."—**Mikiki***

Offering a variety of programming is important in reaching people who are at different points in their navigation of substance use and sexuality. Provide referrals when folks need assistance with things that are outside of your wheelhouse. Investigate referrals first to ensure they are affirming of 2S/GBTQ MSM who have lived or living experience with substance use.

Advocacy

> *"Everyone working from a harm reduction framework has to be advocating from a point of ending criminalization. It diverts and prioritizes resources in ways that aren't helpful, spending money on courts and police versus mental health programming and housing."—**Nick***

It's time to decriminalize drug possession for personal use and provide regulated, safe supply. The criminalization of drugs has targeted Indigenous, Black and racialized people, leading to profiling, disproportionate arrests, and incarcerations. It has also led to the proliferation of toxic drugs. In 2021, an average of 21 people died per day in Canada due to opioid toxicity. It doesn't have to be this way.



> *"We're always going to be doing piecemeal work until we have stable housing, people are fed, basic minimum income - I think we've reached a critical mass of people who are unable to survive in this system."—**Mikiki***

Moving Forward: CBRC's Work Addressing Sexualized Substance Use

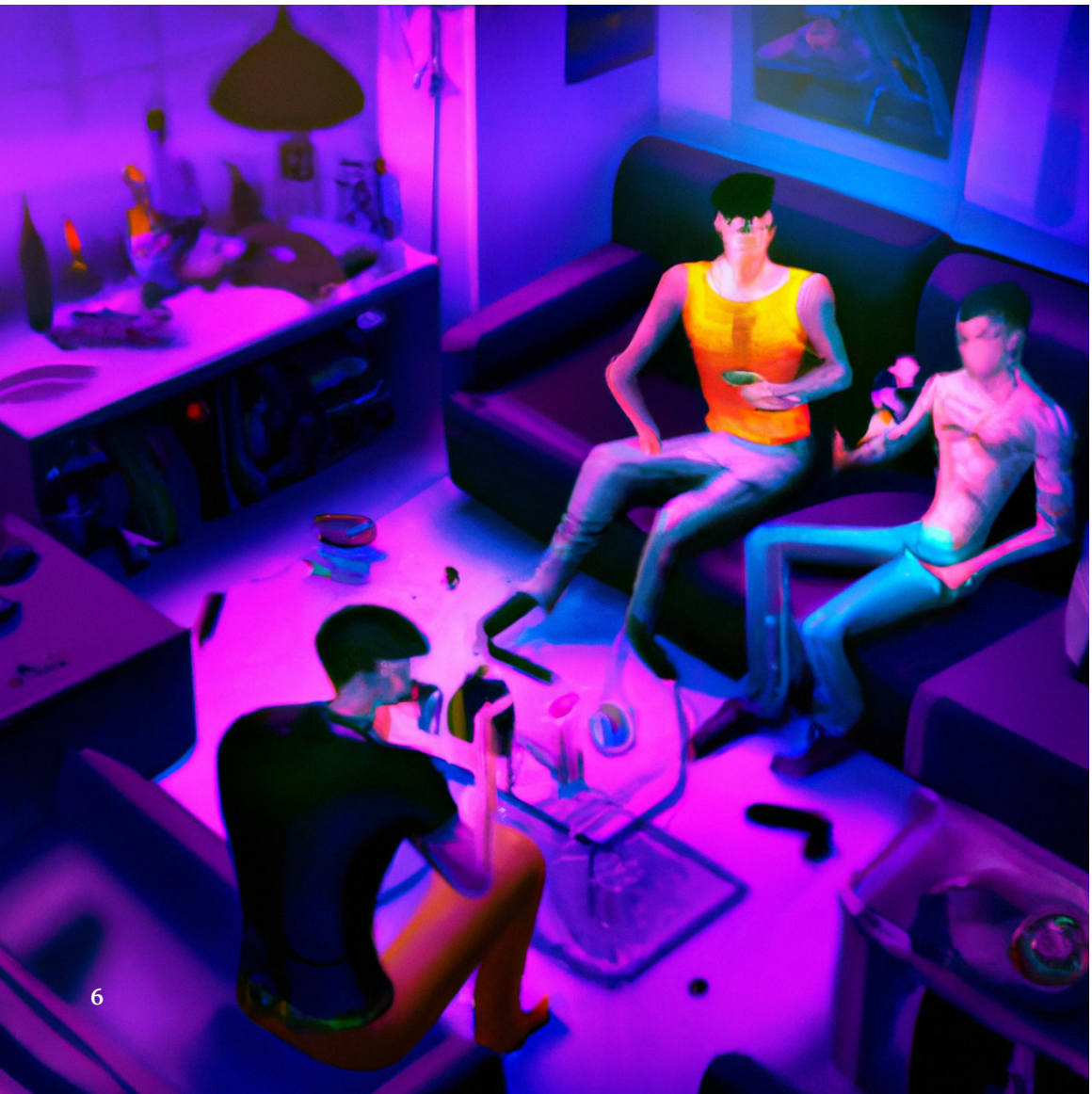
In order to further advance the work on PnP harm reduction done by leading individuals and organizations, CBRC applied for and received funding from Health Canada's Substance Use and Addictions Program (SUAP) to implement a one-year project titled "Addressing Sexualized Substance Use (SSU) among GBT2Q people in Canada through Frontline and Structural Interventions."

Addressing the needs of Two-Spirit, queer, and trans people who use drugs, as well as frontline health, social, and harm reduction workers who provide services to them, the project aims to enhance community capacity to address stigma, reduce or prevent potential harms, improve cultural competency among healthcare and social service providers, and ultimately, enhance the quality of life of these often-overlooked populations.

Building on an existing Canadian program model that has shown significant impact, the project is scaling up the PeerNPeer harm reduction program, currently run by QTHC in Edmonton and MAX in Ottawa, to two new cities. CBRC has partnered with Sexuality Education Resource Centre (SERC) in Winnipeg, and the AIDS Coalition of Nova Scotia (ACNS) in Halifax, as local organizations that will implement and evaluate community-led, peer-delivered, culturally specific harm reduction materials and information, online tools for self-screening, peer support services, and community action to reduce stigma.

Another objective of the project is, more broadly, to enhance the ability of mainstream harm reduction services in meeting the needs of Two-Spirit, queer, and trans people who use drugs across the country. "There are already so many community leaders, service providers, and researchers, who have a wealth of experience and insight about sexualized substance use," says Andy Lessard, CBRC's Harm Reduction Projects Coordinator. "We hope this project will provide opportunities for them to share and build on that collective knowledge."

While the project funding is only for one year, we have no plans to slow down, and we're waiting for the announcement of the next SUAP funding cycle in order to submit an application to continue the important work we've embarked on – stay tuned!



Bios

Colin H. Johnson identifies as a Gay, Black man, a long-term HIV survivor and a Person Who Uses Drugs. He works as a consultant with governments and private enterprise on issues of anti-Black racism, anti-oppression, decolonization, HIV, Hep C, Harm Reduction especially as it impacts African, Caribbean Black and Queer issues. Colin is the Chair of the Toronto Harm Reduction Alliance as well as the Vice Chair of the Board of PASAN (Prisoners AIDS Support Network). In addition, he sits on the Toronto Decriminalization Working Group.

Jeff Chalifoux is a citizen of the Métis Nation whose homeland is amiskwacîwâskahikan ᐊᒥᐢᑲᐧᒋᐋᐧᐢᑲᐦᐃᑲᐣ (Edmonton). He uses any, all, or no pronouns and is an Indigenous 2Spirit Father of nehiyaw/cree, French, Scottish and Irish descent.

After 20+ years of active addictions and surviving 12+ years through correctional systems, Jeff began his journey of giving back as a lifeguard, swim instructor and youth day camps counsellor at YMCA. He has earned a Bachelors in Social Work and is now a graduate in Advanced Clinical Social Work. Jeff found his passion in advocacy work for marginalized sexual, and gender diverse minority communities and with his wealth of lived experiences, he has co-founded and humbly provided leadership with 2SLGBTQ+ grassroots organizations, volunteered on several board of directors, presented at conferences, sat on panels, speaks at schools and universities, and continues giving back in many other ways.

Mikiki is a performance and video artist and queer community health activist of Acadian/Mi'kmaq and Irish descent from Ktaqmkuk/Newfoundland, Canada. They attended NSCAD and Concordia before returning to St. John's to work as Programming Coordinator at Eastern Edge Gallery and later to Mohkinstsis/Calgary to work as the Director of TRUCK Gallery. Their work has been presented throughout Canada and internationally in self-produced interventions, artist-run centres, performance art festivals and public galleries.

Their identity as an artist is informed and intrinsically linked to their history as a sexual health educator, harm reduction worker and activist. Mikiki's creative themes often address safety and responsibility, disclosure and self-determination, community building and reckoning with trauma and loss.

Mikiki has worked variously as Sexuality Educator in Mohkinstsis/Calgary's public schools, Bathhouse Attendant in sâskwatôn/Saskatoon, & Drag Queen Karaoke Hostess in St. John's. Mikiki has worked in numerous capacities in the gay men's health and HIV response both nationally/internationally and as well in Kitche Zibi/Ottawa, Tiohtià:ke/Montreal and Tkaronto/Toronto, recently focusing in homelessness & harm reduction outreach and HIV testing.

Mikiki is irregularly found hosting their Golden Girls screening and queer cultural studies lecture series Rose Beef. Check out their work at https://menshealthproject.wixsite.com/mikiki/home

Nick Boyce is the former director of the Ontario Harm Reduction Network, and has 20 years experience working with drug use from a harm reduction framework.After completing
a B.Sc. in Neuropsychology from Dalhousie University he became a trained volunteer with TRIP! – providing safer drug use and sex information and supplies to people in Toronto's rave and nightclub communities. Subsequently, he worked with the AIDS Committee of Toronto, as the Gay Men's Harm Reduction Coordinator and was actively involved in forming the Toronto Gay / Bisexual Men's Crystal Meth Task Force. For the past several years with OHRN (formerly OHSUTP) he has been very privileged, travelling Ontario to facilitate education and training with multiple types of service providers. He also attended the European Drugs Summer School at ISCTE - Instituto Universitário de Lisboa in Portugal. He has experience with program funding and development, online and in-person education and training, capacity building and policy development. He has been involved with various projects and working groups including as a Board Member with Addictions and Mental Health Ontario, a member of the Ontario Ministry of Health's Opioid Emergency Task Force, and past Chair of the Community Grant Review panel for the City of Toronto's 'Drug Prevention Community Investment Program'. In 2017/18, he was actively involved as a volunteer co-organizer of an unsanctioned Overdose Prevention Site in Moss Park, Toronto.

Rahim Thawer is a registered social worker and psychotherapist who is based in Toronto and has recently completed his tenure as a Visiting Scholar with the South African College for Applied Psychology in the 2021-2022 academic year. Through this clinical practice, Rahim provides individual therapy, clinical supervision, and training. He's been a sessional lecturer at the University of Toronto and the University of Waterloo. Rahim is currently working on multiple books related to LGBTQ mental health; the first of these will be published by Thornapple Press and Blue Cactus Press. You can follow his work, including his vodcast called The CBT DIve, in just one click by visiting ladyativan.com

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