JUST DON'T DO CHEMS, OK?

Back in 2013 we ran a big feature called ‘Slammed – drug fucking the weekend away’. It was an in-depth look at a recent trend amongst gay men who were injecting (or slamming) crystal meth for sex. Terms like ‘PnP’ were the common lingo being used on sex/dating apps. When we put that issue out on the scene I remember receiving a call from a very angry man who thought we were making the whole thing up. He said that this was just another case of the gay media sensationalising a small issue. Even on social media we were told that this problem was small and we should just ignore it and hopefully it would go away.

Well, two years later and I think the gay community has finally accepted that we have a major issue on our hands. PnP is now called chemsex and the term ‘chillout’ is being used to describe sex parties. Crystal meth is still a major issue but now the drugs of choice for most chemsexers are G, K and meph. Recently GMFA, the organisation that publishes FS, launched a brand new harm reduction campaign called ‘Safer Chems’. GMFA acknowledges that gay men are using these drugs more frequently and many are overdosing on G. Rather than pump out yet another ‘just say no’ campaign – which we know doesn’t work – we came together with Burrell Street clinic to produce an online resource that provides gay men with tips on how to dose properly, how much G they should be using and provides support and useful contacts.

Since the campaign has launched most men who have given feedback congratulated GMFA on this fresh approach. But just like in 2013 we had others attack the charity on social media. Some think GMFA are encouraging drug use. Others think GMFA should be scaring the shit out of potential drug users. Essentially they want GMFA to go from sex party to sex party and tell everyone to ‘just don’t do chems’. Why didn’t anyone think of this before? Telling people what they can and can’t do always works, right? Remember all those campaigns that told people not to smoke and then everyone stopped smoking...oh wait.

Let’s get real, people. Chemsex is happening whether we like it or not. Now you can bury your head in the sand and pretend that it’s simply going to stop or you can get behind GMFA and others to do our best to support the men who are using chems to 1) do chems as safely as possible and 2) get support if needed. Telling people not to do chems or making people feel like they are ‘fucked up’ because they partake in chemsex helps no-one.

There are many gay men out there who are involved in chemsex and it’s no issue to them at all. And there are lots of gay men out there who are involved in chemsex and it’s destroying their lives. We need to acknowledge both sets of men. And that’s what our new issue is doing. We talked to over 120 chemsexers about how they got into chemsex, what drugs they are doing, and we asked them to share their stories and provide advice for anyone who may want to try out chemsex or who wants to stop. There is no judgement or finger wagging. We are showing you the truth of what chemsex is like.

I hope in two years time that if we decide to run another chemsex feature we are at a point where the gay community has taken control of the situation. Chemsex exists and we need to take control of it if we really value ourselves, our community and our health.

Until next time.

Ian Howley, Editor
They range in age from 18 to 57. 60% are single, 40% are partnered/married. Some live in London, Belfast, Cardiff, Glasgow and other major cities, while others inhabit smaller towns including Bath, Gloucester, Llanelli and Stoke-on-Trent. Their professions include teaching, healthcare, marketing, IT, financial services, barista, scaffolder, cabin crew; some are students, some are unemployed. 50% are HIV-negative, 39% are HIV-positive, and 11% don’t know their current status. This cross-section of 123 men have one unifying factor – they told FS about their recent and frequent experiences of having sex with other men while using certain drugs, a practice known as chemsex.

**NATURAL PROGRESSION**

Jonathan is a 21-year old student from Birmingham. He first got into chemsex via a fuckbuddy he met on a dating app. “I haven’t had a full-on party per se, but the experiences I’ve had usually start with me and one person, a fuck buddy or now my boyfriend,” he says. “We would take either G and m-cat or just m-cat – sometimes injected, mostly sniffed. Then once this had taken full effect, we would get increasingly horny, start fucking and playing around for a bit, then get fixated on the mobile hook-up apps.

“Sometimes we found others who would head over in the early hours. Other times I would hook up with another guy or guys, and carry the one night into two days.”

“I got into it through clubbing in Vauxhall and at East Bloc,” says Ben, 27 from Newcastle. “Me and my partner would go there and select couples to come chill out with us, take drugs, and fuck. For days on end sometimes.”

“From the party scene, in particular Vauxhall,” agrees Danny, 28 from London. “It always happened spontaneously. A group of guys in a house on G and meph wearing very little. It’s almost inevitable!”

“My first few times were at parties,” says Jay, 48 from London. “Just because it was there.”

“I got into it through play with my ex and with friends/fuck buddies,” says Ben, 33 from Liverpool. “I enjoy drugs and enjoy sex, so it was a natural progression.”

“It started via Grindr,” says Joe, 35 from London, “and grew from there. I’d done drugs in clubs in the past and this seemed like the next step. Now everybody seems to be doing it.”
You could argue that all kinds of people have sex while under the influence of all kinds of disinhibitors, so why is chemsex any different?

“It’s likely that alcohol is still the drug that is most often responsible for people making poor decisions about their sexual safety,” acknowledges GMFA’s Matthew Hodson, “but it doesn’t have the same disinhibitory impact as some of the other drugs that are now available. The kind of chems that are used in chemsex can create an illusion of invulnerability, as well as making you feel really horny and uninhibited. In terms of HIV risk, that’s a really dangerous combination.”

“While there is strong evidence to support the disinhibiting effects of alcohol, studies show that the chems gay men use to enhance their sexual experiences act as an even more powerful and intense disinhibitor,” agrees Andre Smith of Positive East. “Chemsex drugs dramatically reduce the user’s ability to consciously reflect on, or rationalise, risky and more extreme sexual behaviour that he would not normally consider or engage in.”

“Chemsex is different in that it’s defined by the use of three particularly dangerous drugs: crystal methamphetamine, mephedrone and GBL,” David Stuart of 56 Dean Street explains. “HIV rates among gay men in London began rising again at the same time that chemsex, Tina, meph and G became normalised parts of hooking up.”

“Thus far, chem use has been confined to a relatively small group of men,” Matthew adds, “but there is mounting evidence that it is affecting more and more men each year, and over a wider geographical area.”

Chemsex isn’t just about group sex – couples who are dating or in committed relationships are as likely as anybody to experiment with chems. But as Jonathan indicated, the potency of these drugs means that one sexual partner is often not enough, so a one-on-one session can evolve into more, more, more.

Of the guys who shared their stories with us, 77% said they have chemsex at home, 41% have chemsex at chill-outs, 44% attend one-off chemsex parties found via dating apps and chatrooms, 20% have regular chemsex parties they attend, and 21% use chems at gay saunas.

So what exactly happens at a chemsex party?

“People will usually strip down to underwear, shorts, etc. It usually starts off quite sociable, and gradually people will pair off and sex will start to happen in front of you or in side rooms,” says Chris, 26 from London.

“Eventually everyone will be naked and high usually on G or mephedrone or sometimes crystal meth. People come and go, and often new people will be invited via apps. More often than not guys are spending more time scrolling through apps trying to find someone else than engaging in sex with the people at the party. There is usually porn playing and large orgies taking place. Tops will often take it in turns to fuck bottoms,”

“It usually starts off with just a few mates,” says Matthew, 32 from Hull, “then half a line or two, and guys start playing, usually followed by getting the dots out, and the slamming starts. Then phones come out to put Grindr on to get more guys round. Before you know it, the house or flat is full of guys you don’t know all getting high and fucking each other, or all sitting around naked talking rubbish.”

“I’ll organise a chemsex party with selected twinks, have drinks and after a few hours I’ll cut lines of crystal meth on the table and get everyone to sniff small lines,” says Marty, 33 from Belfast. “It will hit us in 20 minutes and then that’s when the sex party comes to life. The feeling of euphoria and the sexual desire kicks in and with the hot flushes everybody starts to get very horny and strip off their clothes. Before you know it, people are having sex everywhere. The sex goes on for hours; guys are so off their heads and having the most intense sex ever in multiple bareback sessions. The drug turns you into a sex demon and the sex will go on until there is no alcohol or drugs left. People will literally pass out all over the house. Sometimes the party can last all weekend.”

A group of near-naked, high and horny guys isn’t necessarily a recipe for sexual bliss.

“It depends on the type of the people at the party, the quality of the chems available,” says Ade, 36 from Gloucestershire. “It’s very hit and miss but when it’s great it’s mind-blowing. When it’s bad it’s really bad.”

“It depends on the make-up of the group and the chems being used,” agrees JP, 31 from Birmingham. “With a disparate group of people using lower grade chems it can be fun but there’s a lot of stalling and nerves. With more confident or comfortable people and harder chems it can get really wild, with people playing out long held fantasies including being a cumdump, bondage, piss, etc.”

“As a top I’ve found that timing the chems is important to avoid losing hardness. It’s also good to take chill out breaks to ensure you don’t peak too soon,” says Ben. “I’ve seen guys have to leave after an hour or two as they’re too twatted, or some just pass out on the sofa and can’t enjoy the fun.”

“Drugs, drinking, people talk a lot of shit, then you select the person who repulsed you the least and fuck. This is the basis of every group session I’ve been involved in,” says Daniel, 26 from Birmingham. “I’ve used recreational drugs since I was a teenager and the advent of Grindr facilitated the marriage of the two. I enjoy it at the time, invariably, although the sex can be quite poor given the physical limitations that are par for the course. However it’s sometimes a compulsion, driven by the drug. The sex is soulless and I’d like to stop, I see it as barrier to lasting intimacy, as when high I just want to fuck.”
APP
ADDITION

As some have already indicated, guys who attend chemsex parties often spend time scrolling through dating apps on their phones, generally to see what other guys and parties are around.

“Most recent ones I have been to, people are slamming T and going on the apps for a couple of hours until someone says ‘shall we do some more T and then get started?’ Everyone does more, then goes straight back on the apps,” says Jay. “Usually at that point I leave. When I ask if people are having a good time they all say they are. Maybe, just maybe, this is the new ‘safer sex’.

“I don’t like it if no one is playing with each other but instead everyone is on their phone chasing the next shag,” says Stefan, 43 from London. “I am after a connection with a guy or guys actually present in the room.”

“It’s very antisocial,” says Chris, 42 from London. “A lot of guys are constantly on Grindr looking to invite more guys or to find the next party to go to. New guys come and go.”

STIS

Of the guys who told us about their experiences, 42% said that condoms and lube are always provided, and 47% said they’re sometimes provided, with just 11% saying they’re never provided. Despite condom provision, it nevertheless seems that chemsex is often unsafe, with 27% saying it’s always bareback, 62% saying it’s a mix of bareback and condom use, and just 11% saying condoms are always used.

“Generally people will use condoms but sometimes they will run out. There’s sometimes conversations and debates about going bareback. If everyone wants to then it will happen.”

“When high I crave sex that is seen as forbidden or extreme, so I won’t consider condom use as a top or bottom,” admits JP.

“There seems to be a relationship between chemsex and unsafe behaviour, so men who use chems are more likely to pick up STIs,” acknowledges GMFA’s Matthew Hodson.

“There are downsides, including rising STI rates,” agrees David Stuart. “But caring about ‘rising STI rates’ or ‘HIV statistics within the gay community’ might not be the main priority for someone using drugs. The priority is experiencing a feeling which can’t be replicated off drugs, a feeling which promises the solution to so many things, a feeling that may just be worth all the consequences chems bring.”

SAFER
CHEMS

Are there safer and more responsible ways to enjoy chemsex?

“A person who loves their life, appreciates the benefits of responsibilities and routine; a person who has a good network of genuinely supportive friends and a healthy social life; a person who enjoys chem-free sex and intimacy regularly, will have a better chance of using chems safely,” explains David Stuart.

“It’s not helpful to say ‘just don’t do it’ — it doesn’t work,” admits Matthew Hodson. “People have to want to stop or they simply won’t. One of the things that GMFA is aiming to do is to reduce the harms that result from chemsex use, by ensuring that people don’t overdose on G, for example, or giving men information about what to do if one of their friends falls into a coma.”

“Tina, meph and G are harder to manage than alcohol, harder to manage than coke or ecstasy,” adds David. “These are hardcore drugs that gay men have adopted, very problematically, in the larger gay scenes around the world. Be very informed, know your limits, and don’t shy away from chatting with a Chems Advisor once in a while to keep those boundaries in place.”

TRIED TO
STOP

55% of the guys we spoke to have tried to stop using chems at one time or another, citing reasons including feeling and looking like crap, feeling depressed, financial concerns, the fear of losing jobs and relationships, and the devastating wake-up call of a friend dying of an overdose.

“I never took any drugs until...”

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three years ago, when a friend set up one-off sessions at his house,” admits James, 49 from Coventry. “They can cause problems in keeping an erection. I can see how they can be addictive, and a slippery slope downwards. I’ve seen people at saunas spaced out and very vulnerable and a danger to themselves. I’ve felt unwell and have passed out for a few seconds while taking meow and too many poppers at the same time, and felt my heart racing which can be scary. I can’t always remember what happened and with who, as I’m not always in control. I think if you had a good time you should remember it.” James has tried to give up. “I enjoy sex without them with my longstanding partner,” he explains, “but I feel nervous without them if meeting strangers.”

“ITs adverse affects make you feel jittery, isolated and paranoid,” adds Jonathan.

“It has a negative impact on the rest of my life,” says JP. “Destructive. It fed my depression.”

“I’m hooked,” admits Chris. “I’ve been doing it very regularly for two years – every weekend for the last a few months. It’s destroying me. I don’t know how to stop. I tried to stop many times, or at least reduce the frequency of partying. But unfortunately I failed. I do it more often than before.”

HOW TO STOP

“As ever, the first step is accepting that we may have a problem – a behaviour pattern that is putting our physical, mental and emotional health at risk, and one that is ultimately unlikely to bring us any lasting happiness,” says Andre Smith.

Fortunately there is help for anyone who wants it. Gay men are often able to access drug information and harm reduction services in sexual health settings – be they clinical or community based. Equally, organisations like Antidote have helped and supported countless numbers of gay men to deal with drug and addiction issues.”

“The centres of chemsex expertise in London, accessible to any gay man regardless of borough of residence, continue to be Antidote and 56 Dean Street,” adds David Stuart. “There is no shame involved in chatting with an
advisor; nonetheless both have online information and support. Proud, self-respecting gay men look after their own sexual health and general wellbeing, by checking in with health advisors from time to time. It’s no different checking in with a chems advisor. Outside London, your best bet is to speak with a health advisor in your local sexual health clinic.

“56 Dean Street has over 6,000 gay men through its doors each month. We estimate that over half of these men use chems for sex. Although chemsex support is offered to all of them, only 100 per month ask to chat with a chems advisor. 70% of these men cannot remember the last time they had chem-free sex or need therapy to re-engage with chem-free sex. We are seeing a rise in hep C infections, including among HIV-positive men who do not inject drugs.”

FULL STOP

17% of the men we spoke to have now stopped using chems. “I stopped as I realised it’s the most disillusioned, false and destructive scene to be seduced by,” says Bill, 34 from London. “Unfortunately, for so many LGBT people now, it is the only scene they believe you can find recognition and community.”

“My habit got out of hand,” admits Lee, 26 from London. “It led to a lost job, the breakdown of long-term relationship, and risky sexual practices.”

“I felt the ritual of taking them had become more important than anything else,” says Fred, 42 from London. “And they were destroying my ability to think.”

“A friend died of a G overdose. He was 20,” says Cory, 49 from London.

Some of these guys said how much better and healthier they felt, while others admitted to missing it.

“I’ve no physical side effects, just a tremendous sense of anger that it took a tragedy to bring me to my senses,” Cory admits.

“At first I was physically ill, and then progressively healthier,” says Lee. “I put effort into real friendships and not using sex to pass the time.”

“At first I was vulnerable and self-absorbed,” says Fred. “But gradually I returned to normality, stability and happiness.”

“The worst part of any habit or addiction is that you don’t realise it is one until you try to overcome it,” Bill adds. “However, if or when you do overcome it, you feel total control and self-belief. This is particularly true for breaking an addiction to a scene so toxic.”
GMFA projects are developed by HIV-positive and HIV-negative volunteers. Disclaimer: No assumptions should be made about the HIV status, views or drug use of the models featured in this ad. Support GMFA by making a donation at: www.gmfa.org.uk/donate
HOW TO BE A SAFER CHEMSEXER

Your sex life is your own business, and if you want to fuck 100 people a week via sex clubs, sex parties or wherever then that’s your decision and no-one should make you feel bad about it. However with every sexual act comes a risk of picking up or passing on an STI or HIV. So here’s a little guide on how to minimise the risk to your sexual health.

Condoms: Using condoms while having sex is still one of the best ways to avoid becoming HIV-positive or passing on the virus. And don’t forget the lube. Condoms can break, but using plenty of water-based lube can help prevent this. If you are in a group sex situation then you should use a new condom with every partner.

Partner selection: You won’t be able to know if someone is HIV-negative if you’ve just met them. About 80% of new HIV infections come from having unprotected sex with guys who think they are HIV-negative. If someone has recently been infected then they will not know their status, but their viral load will be very high, making them more likely to pass on HIV without knowing. So asking or assuming someone is negative and then making your decision based on that is not the best way to remain HIV-negative.

Can I have bareback sex with someone who is HIV-positive? Gay men who are HIV-positive and are on medication are less likely to pass on HIV. This is because the medication that they are on helps to reduce the amount of HIV in their body. It’s not impossible for them to pass on HIV but it’s very unlikely if they are undetectable.

HIV-positive? Don’t forget your pills: If you are HIV-positive, on medication and likely to go to chillouts/sex parties then it’s best you get into a habit of bringing your medication with you. Wrap up some pills in cling-film and keep it in your pocket. A quick hook-up can easily turn into a three-night session. This way you decrease the risk of missing your medication – which can cause your viral load to rise making you infectious.

Pulling out before cumming: Letting him cum inside you is very risky. Your anal canal soaks up the cum very fast. If he has HIV in his cum then the chances of him passing it on to you are extremely high. HIV is also in pre-cum so there is still a risk even if he pulls out.

PEP: If you have unprotected sex with someone who you think is positive, or if you’re not sure of their status, then PEP is available from your local GUM clinic or A&E department. PEP, which is a month-long course of medication, may stop you becoming positive if you start to take it within 72 hours of exposure (the sooner the better) and keep to the medication for the whole course. ➤ www.gmfa.org.uk/pep.

PrEP: Pre-exposure prophylaxis (PrEP) is a promising new way of preventing HIV infections. PrEP involves HIV-negative men taking a daily dose of one or two of the drugs that are used to treat HIV. Studies suggest that this can prevent infection if the user is exposed to HIV. At present in the UK PrEP was only available to men in a clinical trial with the PROUD study. This study is now over and groups like GMFA are trying to make PrEP available to all gay men who want it on the NHS. To keep up-to-date with PrEP, visit www.gmfafoundation.org.uk/prep.

Test for HIV and STIs: Having an STI can make you more vulnerable to HIV infection. All sexually active gay men should test for STIs at least once a year. If you are having lots of sex, and especially if you are having lots of unprotected sex, then you should test more frequently.

It takes roughly ten days for most STIs to show up in a test. It takes about four weeks for HIV to show up in a test.

Dosing: being in control of what you are taking will help you to make better decisions. About one in seven people overdose on G – some pass out and others end up in a state where they have no control over what they are doing. Knowing how to dose correctly can help you stay in control.

Do not share: HIV and hep C can be passed on through needle sharing. Using someone else’s needle will put you at risk of transmitting or getting HIV and/or hep C.

Use your own lube Most parties will provide condoms and lube. While you wouldn’t use someone else’s used condoms, many guys will use the same pot of lube. It’s quite possible for hep C to remain in blood which can be spread though shared use of the same pot of lube. ➤ www.gmfa.org.uk/condoms-and-lube.

SUPPORT:
➤ To find your nearest GUM clinic, visit www.gmfa.org.uk/clinics.
➤ ChemSex support at 56 Dean Street; for gay men who use drugs for sex. Walk in appointments Tuesday evenings, Thursday afternoons and two Saturday afternoons each month; for details, visit www.chemsexsupport.com
➤ For more info on sex and sexual health, visit www.gmfa.org.uk/sex.
It seems we can’t go a week without an article citing just how fucked up the gay community is and that we’re all crystal meth heads who are fucking 100 guys a night in some stranger’s living room. So here at FS we decided to ask two gay men, one who frequently hosts chemsex sessions and one who used to but stopped, about all things chemsex.

Who are you?

My name is David. I’m 26-years-old from Doncaster, but now living in London. I’ve been single for four years now. I currently work in the financial sector and live by myself.

So how did you get into chemsex?

My first experience with chems was through an invite to a sex party on Grindr. I was home, alone, drunk, horny and when then invite came I found the idea of going to a sex party fascinating.

When I got to the party there were about five guys there. Some were already having sex and it turned me on so much I just dived in and started to suck someone off. After a few minutes the host offered me a drink of G. I didn’t really know what it was but he told me it would make me super horny and it was fine. I drank it and he was right. It really did make me horny. I had the best sex I’d had in such a long time. It was really thrilling and the next day, even though I had a major comedown, I was left with a high and I knew I wanted more.

So what happened next?

I kept in contact with the host and told him to text me when his next party was on. He kept his promise and I went to lots more. I’ve even started hosting my own parties. Sometimes they are awful but mostly they are fun.

What happens at a chemsex party?

At my parties I try to keep the buzz going. I invite as many people as I can to keep fresh blood in the room. Most of the guys who show up do so through Grindr invites. You can get a bit bored with the same people so when someone new steps in you go for him. Many of the men at the parties switch it up between partners, or in a group. Some like to watch and others like to chill and chat on Grindr. Sometimes the sex is constant and other times you can go hours without any action happening.

Has anything ever gone wrong?

Yes. I’ve had several guys pass out and we’ve had to call an ambulance. These guys were new to the whole chemsex thing and didn’t know how to dose correctly or when to stop. You get that quite a bit with tourists or guys from countries where English is not their first language.

What type of guys come to a chemsex party?

Anyone and everyone. Because we are in London we get lots of South Americans, lots of guys who have recently moved to London from different parts of the UK. I once had
a minor gay celeb turn up but he didn’t stay long and I don’t think he took anything.

**Do you know the HIV status of the men you have chemsex with?**

Yes and no. Sometimes you ask, sometimes you don’t. It depends on how horny you are. You are taking a chance but I’m OK with that. Personally, I think I’m HIV-negative but I’m not sure. I’ve had no symptoms.

**What’s the number one thing you hate about chemsex?**

Guys who show up, think they know everything, but don’t know how to dose correctly and won’t listen. They are the ones who ruin the vibe.

**Would you say chemsex is a good or bad thing?**

Neither. It is what it is. I love it because it allows me to live out my porn fantasies but I have learnt how to control my chemsex use. I haven’t let it overtake my life. I still work and make sure it doesn’t interfere with my professional life. But for the gay men who can’t control it, I have seen many of them let it overtake their lives and it becomes a bad thing.

**What’s your advice to gay men who might engage with chemsex in the future?**

Learn how to dose. Learn when to stop. Be in control. Chemsex can be really fun but it can also fuck you up. You have to be ready for the highs and the lows.

**IS CHEMSEX REALLY SO BAD?**

**ALEX SAYS: YES**

**Who are you?**

I’m Alex, a 29-year-old designer from Croydon.

**So how did you get into chemsex?**

My friend introduced me to it. We were on a night out in Vauxhall when I got a text to come to a party. We went and it turned out to be a chemsex party. Lots of people fucking in one small room. It was like a mini gay sauna without the smell of shit. I was very naive at the time – there wasn’t much information about chems or how bad they were. I was offered some meph which I took. I still remember the rush I got. It was exciting at the time and made sex feel like something new. It became addictive very quickly.

**So what happened next?**

Well, obviously I wanted more. I stayed in contact with a few people I met there and was invited to more sex parties. It became addictive and I stopped going out to clubs and only attended sex parties. At the beginning I would only take drugs every couple of parties or so but after six months I can admit I was a full blown chemsex addict. It took over my life. I would live for the chemsex parties. I ended up taking sick days, annual leave and even faked a family death so I could go to parties. Some would last three to four days and some would only be a one nighter. One night I attended six parties within the Vauxhall area.

**What drugs were you taking?**

It started off with meph, then I moved on to G. In the latter stages of my chemsex life I was on crystal. At one point I was doing all three.

**Did anything ever gone wrong?**

Yes. I ended up in hospital several times. I overdosed on G and woke up in A&E. They told me what happened but I laughed it off and went home with what felt like a major ‘hangover’. But it didn’t stop me. I was once told I was so out of it the people at the party thought I was dead, only for me to come to life and start fucking again.

The biggest thing to go ‘wrong’ was that I became HIV-positive. It was bound to happen. I wasn’t using condoms. The drugs turned me into a slut and I was taking cock after cock. Sometimes I didn’t even see the face of who was fucking me. I remember bending over in someone’s living room with my arse in the air begging for men to dump a load in me. It was my own fault for becoming positive. I’ve also been diagnosed with hep C, gonorrhoea and herpes.

**So where did it all change for you?**

After being told I was HIV-positive and hep C positive my life changed. I first had to go on medication for hep C. The medication made me feel bad all the time and I ended up in hospital a few times because of it. This made me re-evaluate my life choices. There was one day I was so sick I couldn’t get out of the bed so I sat staring at my reflection in the mirror wondering where it all went wrong. I made the decision there and then to start making better choices. I’m now hep C free and on medication for HIV. I’ve been undetectable for over a year now. It’s been great to get my life back in shape.

**Do you regret being involved in chemsex?**

Yes, absolutely. It ruined my life. I was never the type of person who could control my urges so something like this was always going to affect me. I knew it would too, but I allowed it. Even today I still have urges to grab a bag of meph and say fuck it, but I know that high will be followed by a major low and I don’t want to go backwards.

**What’s your advice to gay men who might engage with chemsex in the future?**

Don’t do it. If you are someone like me who can’t control their urges then chemsex is not for you. The drugs, the sex, the highs are addictive. It will consume you and make you a different person. A shell of your former self. I’m sure there are lots out there, and I’ve met some, who can control it but in my experience I really wish I hadn’t got involved with it. I’ve now learnt that there’s more to life than sex.

**AND THE WINNER IS...**
You may feel that Alex is the winner of the ‘chemsex debate’ because he shows that there is a major downside to doing chems. And yes, Alex is correct. Some people lose control, but others can manage their drug use without it affecting their lives at all.

There are no winners in the chemsex world. Only users. Some users can’t handle their drug use and others can.

The easiest way to avoid the dangers of chemsex is never to do it. But if you are going to take chems for sex, it’s important you inform yourself about dosing and what to do in an emergency.

The drugs that are involved with chemsex are not drugs to be taken lightly. They are dangerous, are highly addictive and can kill you if you take a bad batch or take too much.

It isn’t helpful to make users feel bad about doing chemsex. But nobody should be encouraged to do it either. We are all grown adults with minds of our own. It’s not up to us to tell you either not to do chems or to give them up.

Gay men get into chems for all sorts of reasons. Shaming people for doing chems does not help anyone.

The key to reducing the harms from chemsex is empowering gay men with the knowledge to make an informed choice for themselves.

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**GET TO KNOW: CHEMS**

Do you know your G from your M? Do you know how to dose properly? Do you know just how addictive crystal can be? If you’re doing chems, knowing more about what you’re taking can help you reduce the harms. Here we explain the more common drugs being used for chemsex.

**M Eph**

*What is mephedrone?*
Mephedrone (aka meow meow, m-cat, plant food or drone) is a powder drug which is extremely popular on the gay scene because it’s easily available, inexpensive and very intense. It used to be the legal way of getting a similar high to MDMA. In 2010 it became illegal due to a number of deaths which were linked to it, but it is still popular, especially on the London gay club scene.

Mephedrone is a speed-like drug that comes in the form of white powder and is usually mixed with non-alcoholic beverages or sometimes snorted. In recent years, some people have started injecting it (‘slamming’). It can also be smoked or swallowed wrapped in paper or capsules.

*How does mephedrone affect my health?*
Even though mephedrone makes you feel excited, energetic and generally quite bubbly, it is actually quite a strong chemical drug. It can have a different effect from person to person each time they take it. Apart from making you gurn uncontrollably (so you look like you are about to chew your face off), twitch and sweat, mephedrone is a vascular constrictor that narrows the veins and makes your heart pump faster. Besides this, and the horrific comedown that follows a high, not too many people experience harms when taking mephedrone recreationally.

Many gay men use mephedrone for sex, staying up for many days either snorting or slamming. This can lead to a frightening drug-induced psychosis that can last for many days after you’ve stopped using and could have a severe impact on your work, finances and mental health. Many people experience no problems during and after getting high on mephedrone and you might recover in a couple of weeks if you stop using it, but the way it affects your body chemistry is very powerful and the comedown could be quite frightening. If you are going to slam, do not share equipment and needles as this is very high risk for the transmission of HIV and hep C.
Can I mix mephedrone with alcohol and other drugs?

Like most other drugs, mixing other substances with mephedrone is not advisable. Mephedrone dehydrates the body and drinking alcohol while high on it can further increase the likelihood of dehydration. It also adds extra strain to your heart and brain.

What do I need to know if I am planning to take mephedrone?

If you are planning to use it, avoid mixing it with other substances, especially alcohol. If you are on antidepressants containing MAOIs, avoid using meow meow as well because it can lead to seizures or heart problems. If you are injecting it, make sure you don’t share needles or equipment to avoid catching or spreading HIV and hepatitis C.

G (GHB/GBL)

What is GHB/GBL?

GHB, or G, is a liquid drug that you drink. It gives you a similar feeling to alcohol as it works on the same receptors in the brain. Like alcohol, it’s used for binging but you can also become addicted to it. The high lasts for about two hours and unlike alcohol it doesn’t give you a hangover. G is used for dancing and for sex as it’s one of the few drugs that enable a hard-on. It makes users confident to take off their shirts and feel like the hottest thing in the club. Some people also take it if they can’t fall asleep, but they are unaware that in fact they fall into a G-induced coma rather than sleep. Because of the many ‘benefits’ users get from G it’s easy to get addicted to it.

How does GHB/GBL affect my health?

Like many other drugs, G increases the desire for sex and reduces inhibitions. You are therefore a lot more likely to put yourself at risk of HIV and other STIs by having unprotected sex. It is easy to overdose on G and enter into a state of unconsciousness, leaving you vulnerable to sexual assault. Some people use G to take the edge off crystal, which decreases your inhibitions even further and so you are that much more likely to end up taking risks. Getting the dosage right is difficult because the strength of G varies with each bottle, therefore it is easy to take more than your body can handle and it could result in overdose, coma, respiratory collapse and even death. Some people take G if they can’t sleep but they don’t realise that they fall into a coma. Most people do wake up from it with no side effects whatsoever but there are a few who do not, so if you use G it’s important to dose correctly and not mix it with alcohol. Because G is a relatively new drug, it’s likely that some of the deaths that have taken place in the past few years have not been documented.

G is also physically addictive: many users find themselves dosing many times a day, just to avoid difficult and dangerous withdrawal symptoms. You can become addicted even in the space of a week if using regularly. Stopping ‘cold turkey’ can result in confusion, anxiety, panic, hallucinations and delirium and, in some cases, respiratory collapse. People using G dependently ought to seek medical support before attempting to stop their use. If you have been using G regularly for a week or more and begin to feel anxious or confused between doses, seek medical support from a drug service or A&E.

Can I mix GHB/GBL with alcohol and other drugs?

Drinking alcohol while under the influence of GHB can slow down the central nervous system and affect your respiratory system. This is very dangerous and should be avoided. Taking other drugs with GHB is likely to increase its effectiveness and could prove dangerous.

What do I need to know if I am planning to take GHB/GBL?

It’s very difficult to measure the correct dose of G. As with all illicit drugs, there are no quality control standards for G, therefore each dose could be different every time you take it. If you are planning to take G, make sure you take small doses and leave at least two hours between each dose, otherwise you could overdose or fall into a coma. Don’t drink alcohol and don’t take other depressant drugs when you are on G because the combination can increase your risk of overdose.
CRYSTAL METH

What is crystal meth?
Crystal meth (or Tina as it is sometimes known) is increasingly commonly used by gay men for sex. It's a powerful stimulant which keeps you awake for a very long time and makes you feel all-powerful, very horny and highly compulsive. Tina is made up of speed and various household cleaning products and comes in the shape of ice-like crystals or as a powder. It is usually smoked through a pipe, snorted, eaten or injected. The effects can last between two hours and two days.

How does crystal meth affect my health?
The main reason why Tina is so popular with gay men for sex is the fact that it makes people feel really horny. It can make you feel like you are the hottest porn stud on the planet for days on end. Sounds perfect but, unfortunately, Tina is also known to significantly reduce your inhibitions which can lead you to have unsafe sex and expose you to STIs, including HIV and hep C. If you share needles to inject Tina you also risk injecting HIV or hep C directly into your bloodstream. Because Tina keeps you awake for many hours, you can experience mild hallucinations or think you hear whispers which can become more profound the more regularly you take the drug. Tina withdrawal symptoms can include short-lived psychosis (a few days after you’ve stopped using), insomnia, irritable moods and depression. It can also have a negative impact on your immune system and metabolism. Often users get a sensation of insects crawling on their skin and can scratch their skin so hard that they end up wounding themselves.

Can I mix crystal meth with alcohol and other drugs?
Many people mix Tina with alcohol and other drugs with few side effects but you have to be aware that the more stimulants you take the more pressure you are putting on your heart. Some people may experience panic attacks while others may have no adverse effects at all. If you are mixing Tina with G, you could be awake for a very long time, become tired and find it harder to dose your G correctly. This can lead to overdoses. If you are HIV-positive you may also forget to take your medication if you get too high, which can impact on your health and also make you more infectious to your sexual partners. Getting high can also affect the choices you make around your sexual behaviour.

What do I need to know if I am planning to take crystal meth?
If you are planning to take Tina, it’s important to know that it is a very powerful drug which is likely to fog your judgement. At the very least it is advisable to set yourself some boundaries before you start your bender and think about what you want to do, how long you want to stay awake for and what your limits are with regard to safer sex. You can refer to these once you are in the grip of the high.

Tina can blur the choices we make around sex making us forget to do it safely, or finding it harder to care in the heat of the moment. Every week clinics are filled with crystal meth users asking for PEP because they have had risky sex while high on Tina. If you choose to inject it, make sure you get clean needles and equipment and learn how to use these correctly. Using clean needles and equipment is important to protect yourself from HIV and hep C. All UK drug services are happy to provide advice as well as clean equipment. If you have shared needles with someone you suspect to be HIV-positive, it is advisable to visit your sexual health clinic or A&E for a course of PEP.

Staying awake for two or more days may cause a drug-induced psychosis that can last up to 10 days after stopping use of Tina. In some cases, these symptoms can include feeling unsafe, watched, followed, paranoid, hearing voices or experiencing visual hallucinations.

KETAMINE

What is ketamine?
Ketamine is a strong general suppressant and anaesthetic used during operations on humans and animals. It is increasingly being used as a recreational drug by gay men. When taking ketamine, you are likely to feel as though your body and mind have been separated and you are having an out-of-body experience (sometimes referred to as a ‘K-hole’). Hallucinations and loss of feeling in parts of the body or the entire body are also common. How you are going to react to ketamine depends on the mood and environment that you
How does ketamine affect my health?
Occasional recreational use of K is not too harmful but when used on a regular basis, or on a daily basis, it can become as dangerous as alcohol is to an alcoholic. People often start taking it to forget their problems. Ketamine use can lead to bladder damage, which is irreparable in a third of cases.

Although it can give you a trippy feeling, K is actually a tranquiliser that numbs your body. This means that you can seriously injure yourself without realising it until much later. If you take too much K, you can go into a K-hole but there have been no reported cases of anyone not coming out of it. Like other chems, K could lead to decreased inhibitions; you may forget about using condoms and put yourself at risk of catching an STI or HIV. It’s also often used for fisting because it’s an anaesthetic and makes your brain dissociate from the pain which you would be feeling if you were to get fisted sober. Even though K is a sedative, it does not work topically so if you put it on your arsehole (as some gay men do), it’s not going to numb it. Similarly to G, if you are in a vulnerable situation, like passed out in a sauna cubicle or in a random shag’s house, this could leave you open to sexual abuse and expose you to STIs and HIV.

Can I mix ketamine with alcohol and other drugs?
Never mix K with G or alcohol as all of these are suppressants and highly dangerous to the respiratory system.

What do I need to know if I am planning to take ketamine?
If you start to feel unwell, let your friends know and ask them to take care of you. If you think your life is in danger call for an ambulance. You will not get into trouble. The emergency crew will only care about helping you.

To get more information about how to dose properly, you can visit GMFA’s website where you can find more information including tips on how to dose your meph, G and crystal meth correctly. Visit www.gmfa.org.uk/saferchems.

Antidote helpline: To discuss your drug or alcohol issues call 020 7833 1674 (10am-6pm, Monday to Friday). Ask for one of the Antidote team.

Chemsex support at 56 Dean Street: for gay men who use drugs for sex. Walk-in appointments Tuesday evenings, Thursday afternoons and two Saturday afternoons each month. For details visit www.chemsexsupport.com.

The number of gay men using drugs while having sex, particularly G, mephedrone and crystal meth, has increased in recent years. These drugs lower inhibitions, enhance sexual arousal and are mostly cheap and easy to get, often leading to sexual risk-taking.

When misused or dosed incorrectly, these drugs can be harmful to gay men’s physical, sexual and mental health. This is why GMFA, the gay men’s health charity, and Burrell Street sexual health clinic launched ‘Safer Chems’ – a campaign and web resource to reduce the harms of chemsex.

The new campaign provides information on safer dosing, safer sex, advice on how to stay in control of your sex life and emergency information (such as calling an ambulance, and where to get PEP).

“What we wanted to do is present something different to the ‘just say no’-style of campaigns that are out there,” says GMFA’s Campaigns Manager, Liam Murphy.

A recent report by the Advisory Council on the Misuse of Drugs found that campaigns intended to stop people taking drugs were not effective and, in some cases, increased the chance of people taking drugs. The new campaign from GMFA and Burrell Street clinic instead seeks to minimise the harms that can occur from chemsex.

“Someone who is having chemsex but still managing to maintain a career, friendships and a ‘normal’ life outside of their weekend fun, may not identify with that message of danger,” Liam continues. “We wanted to create a web resource that chemsexers can go to and get more information about what they’re doing and make an informed decision about their own sex lives and drug use. We want gay men to enjoy their sex life the way they want but to also show that it may affect their physical, sexual and mental health in the long term. The campaign provides guidance to help men reduce their risks as well as support for men who want to cut down or stop their drug use.”

Senior Sexual Health Promotion Specialist at Burrell Street clinic, Vicki Kirby, explains why they wanted to get involved with the campaign: “Burrell Street is seeing a huge increase in the numbers of gay men seeking PEP. This is attributed to the use of drugs such as GHB, mephedrone and crystal meth. These drugs can cause a loss of inhibitions, memory loss and even blackouts. Users are not always able to negotiate safer sex and some do not remember what kind of sex they have had. Burrell Street takes a realistic approach to the fact that chemsex is part of some men’s lives, and that harm reduction messages are essential. GMFA have a broad reach into the gay community and a strong social media presence, which makes them the ideal organisation to partner up with to promote factual, unbiased messages relating to chemsex.”

The campaign has the backing of many saunas and clubs – places where drug overdoses have been reported in recent months – which agreed to share the campaign in their venues.

GMFA and Burrell Street clinic have joined forces to give gay men advice to make their chems use safer.

For more info on sex and sexual health, visit www.gmfa.org.uk/sex.
Go to a chillout, they said. It would be fun, they said. But no, not for me. I ended up with HIV.

It all started with going out with friends on a Friday night. We had fun, drank a bit. Danced our butts off and kissed a bloke or three. The next thing I knew my friends and I were in a taxi going to a chillout. I had never been to one before and didn’t really know what to expect.

When we got to the flat we were greeted by a lad called Dave. We were told that if we wanted a bump to ask him and he’d get his dealer to pop over.

At first I politely refused but after all my friends were taking it, I thought why not? What’s the worst thing that could happen.

I ended up taking my first shot of G and the feelings were intense. I was fucking horny as hell within a matter of minutes. I sat beside two guys, one of whom pulled down my pants and started to suck me off. I started snogging the other guy. It was really intense, horny fun. I had never experienced anything like this.

My next memory was me bent over on the ground with my arse in the air asking for everyone to cum dump fuck me.

My reaction to my first ever shot of G was not agreeing with me and making me erratic. I could see what I was doing but I couldn’t stop. Here I was crawling on the ground asking for random lads to stick it in me. At one point I was being double fucked by a married couple.

I couldn’t really tell you how many cocks I had inside me that night, but the next day I felt like shit. It was the worst comedown I have ever experienced. I called one of my friends to ask what happened. He said he thought I had taken a little too much G but it looked like I was in control so they didn’t stop me. I was told that at one point I had seven men around me and was screaming at them to cum inside me. I was acting like I was in a porn movie.

I told my friend that I wasn’t really in control and didn’t actually want that to happen. The G lowered my inhibitions so much that even though I was thinking one thing my body was doing another. The connection between my brain and arse was broken.

My friend and I kinda laughed it off out of embarrassment and it was quickly forgotten. That’s until a couple of weeks later when I got sick, really sick. I had bad flu-like
symptoms, a rash on my leg that kept on moving. I knew straight away that something was wrong and I needed to get myself checked out.

So off I went to 56 Dean Street and yep, my fears were realised. I was told I had HIV. My first reaction was, OK thank you for telling me this. I kinda had nobody to blame but myself. I mean I took the G without knowing what the hell it was or what it does. I put my trust in my friends to guide me. I fucked up and I can’t really play a victim.

It’s been nearly eight months since that happened. I’ve recently started HIV medication and I’m on my way to becoming undetectable. I feel like once I become undetectable I can really put this all behind me and move on.

The one thing I have taken away from my experience was that my lack of knowledge around what I was taking has cost me dearly. If I knew what G was, what it does to you and how to take it properly then maybe I would have behaved differently and maybe there would have been a different ending.

At the moment I feel sad. Not because I have HIV but because my ignorance caused this. So do yourself a favour. If you’re someone who may be irrational like me then get clued up on what you’re taking before you take it.

THE G GUIDE:
How to measure your G carefully

Dosage
One dose = 1 to 1.5mls. Just an extra 0.5mls over and you can overdose.

Get the right equipment for dosing
- Glass eye droppers/pipettes: you can buy these online. Some hold 1.5mls exactly.
- Soy sauce fishes: these come with sushi boxes. One dose = half a fish.
- WARNING: some soy sauce fish bottles that come in sushi boxes can be larger. Make sure you have the right size. If you’re unsure, it’s best to use a syringe to measure.
- Syringes: empty syringes can be used to measure accurately.
- WARNING: Take the needles out.

Mix it properly
Make sure that you mix the G properly with your drink, otherwise you can burn your mouth or your throat.
1. Use a soft drink or fruit juice, as it doesn’t taste great.
2. Don’t mix it with alcohol as this makes you much more likely to overdose and pass out.
3. If you’re using G in a club, try not to dose it in your mouth without mixing with a drink properly, as you can easily burn your mouth or throat that way.

Time your doses
1. Leave plenty of time between each dose – at least two hours. Taking more before that could lead to an overdose.
2. Make a note of when you’ve taken it. It’s easy to lose track of time when using G so take a screen shot on your phone at the time you used G, so you remember when you took it, or set your alarm.
3. If you don’t measure and time your doses properly you could end up unconscious or dead.

G is addictive
Avoid becoming physically dependent – stick to less than 15mls a day and don’t use for more than two days in a row.

Anxious, sweaty or shaky?
When the G wears off and you find you’re starting to feel anxious, sweaty or shaky don’t have any more, as it’s sign you’re becoming physically dependent. Take a break from G for a while – at least a few weeks if you can.
If you’re dependent it’s dangerous to suddenly stop. If soon after stopping taking G you experience extreme anxiety, insomnia and tremors and/or become delirious you may be dependent and should seek professional help to medically manage getting off G.

Test the strength of the batch
Each batch of G can be different – if you’re getting it from a new source, use a smaller dose at first to test it. If it’s stronger than you’re used to, you’re more likely to overdose.

Be careful if you’re mixing with other chems
Don’t mix it with alcohol as this makes you much more likely to overdose and pass out. Avoid mixing with Viagra and poppers as they can slow your heart down too much. Avoid mixing with meph and crystal as they speed up the heart and can be dangerous, as G slows down the heart.

ONE-IN-SEVEN USERS OVERDOSE ON G...
According to the Global Drugs Survey between one-in-five and one-in-seven G users overdose on the drug.

What does that mean?
Some men who overdose on G pass out and end up in a mini-coma. However many who ‘overdose’ lose control of their bodies and start acting erratically.

Do people die from G?
There have been some cases of people passing out on G and not recovering from it. There are cases where people have heart attacks from the strain G puts on their hearts.

What if I have overdosed?
Call an ambulance. You will not get in trouble for taking G. The paramedics will only worry about your health and safety.

What if I have put myself at risk?
If you think you have put yourself at risk of HIV then PEP is available from your GUM clinic. PEP is a month-long course of medication and if taken, within 72 hours (the sooner the better) of possible HIV transmission, PEP can prevent you becoming HIV-positive.

For more info about PEP visit www.gmfa.org.uk/pep.

For more info about G and what it does, visit www.gmfa.org.uk/ghb-and-gbl.
SUCK IT!

Words by Liam Murphy  
@liamwaterloo

Blowing, sucking, swallowing, going down, giving head, oral, fellatio (if you’re fancy). These are all words and phrases for a fundamental staple of a gay man’s sex life (other than Veeting) – the blow job. Sucking dick may seem like a straightforward sex act but it’s not always as simple as bobbing merrily up and down with your mouth hole. It can require a certain amount of skill to perform a blow job, as well as receiving one. They don’t call it paid employment for nothing, honey (I may have got that quote wrong). We look deep into the multi-faceted world of fellatio with ‘Blow jobs: a written oral guide’.

BLOWN AWAY

Some gay men love blow jobs. Whether they are the sucker or the sucked, their sex life just wouldn’t be the same without a little oral indulgence.

24-year-old Cecil tells us that going down on a guy is one of his favourite (sexual) things to do. “I’d have to say the best thing is looking up and making eye contact – that connection is pretty amazing. It makes me feel like a slut, which is a feeling I rather enjoy. Seeing the pleasure I can give the other guy, it’s quite a powerful thing. I really get off on making him moan. The only downside is that I have a pretty small mouth, so sometimes my eyes are definitely bigger than it. I do enjoy a challenge though.”

Kieran, 25, says that his love of blow jobs centres on being the receiver of them. “Laying somebody down on the bed, their head hanging over the side – the best position for deep throating – and slowly sliding your dick down into their throat, seeing them take it, the bulge in their neck, the tears in their eyes, it’s all such a turn on. To know they are giving themselves over to you entirely, really submitting to you and giving you the trust. It’s a cliché, but I’m tall and well-endowed so people tend to enjoy giving me head.”

SUCKING SUCKS

On the other end of the scale, some guys just aren’t into mouth-hole massages and actively avoid heading south.

“It’s the smell and feeling, and partly my rather powerful gag reflex,” explains Simon, 27. “The first blow job I gave, some ten years ago now, ended with a rather unglamorous vomiting incident, after he came in my mouth unexpectedly. I’ve tried a few times since if I really like the guy, but it only lasts a few seconds before I start to feel queasy and I have to stop. I usually just outright refuse.”

Receiving a blow job also leaves Simon unimpressed. “I just find the sensation boring and any enjoyment is usually due to context and roleplaying-type power dynamics, but there are other things I’d much rather be doing. In fact, I got my first blow job before I gave my first one, and actually fell asleep during it.”

19-year-old Phil says that sucking cock just isn’t erotic. “It doesn’t disgust me; it just doesn’t turn me on or anything when I suck cock. I dislike giving blow jobs because I literally just get bored and my jaw aches after about 30 seconds. I find no
pleasure in it. With my first partner I used to enjoy doing it, but as we did it more and more I just got bored and enjoyed it a lot more when receiving head."

GET A HEAD

So what is it that can make or break (well, hopefully not break) a blow job? Technique? Trajectory? A cushion for one’s knees?

“If there’s something I can’t stand,” reveals 35-year-old Peter, “It’s over use of the tongue – licking is fine but it’s not really contributing to the main aim. Also, a lot of dramatics winds me up, a la porn films – there’s more focus on pleasure and less on unnecessary noise.”

Kieran thinks variation is key to good head. “You need to switch up the blow job, otherwise it all gets a bit samey – and unfortunately leads to diminishing returns. Different angles – me standing with them on their knees, seated, laying down - all allow for different depths of penetration. A few really talented people I knew used to take a drink of water every now and then. It causes a temperature change that kind of ‘resets’ the whole blow job experience and switches it up so that you get a different sensation. A couple have tried the Polo mint trick (having something minty at the same time as the water) which can make it tingly, but it’s not for me – menthol isn’t something I want to experience on my cock.”

“Slurping and teeth are the ultimate enemy of anyone with a girthier penis,” Kieran goes on to say. “Cover your front teeth with your lips boys! It’s shocking how many people don’t do this – you’re not a beaver stripping wood. Being too aggressive is a sucking turn off too. Going at it way too hard and aggressive like you’re in a porn film – calm it down. I don’t want to think about you snapping my banjo string.”

“There’s one mistake that a lot of people receiving the blow job make,” says Chris, 33, “and that’s pushing and holding down the head down of the guy giving it. I understand they want to go deeper because it feels better, but we’ve also got to breathe. It happened to me one of the first times I sucked off a guy and it just panicked me. I was struggling for air, it hurt my throat and I couldn’t get up. It really put me off doing it for a long time. The person giving the blow job has to enjoy it too; it’s not all about the one who’s receiving it!”
TIPS FOR THE PERFECT BLOW JOB

GIVING A BLOW JOB

Giving a blow job can be a thankless task. There’s breathing, gagging and mouth-moisture issues to contend with. Try these tips to make the experience better for both of you.

Mix it up – the same repetitive motion, like most procedural crime dramas, can get a little dull and you may soon find his hard on is gone. Try different variations of speed, sucking and licking, so that his cock won’t know what’s coming next. Like an episode of Game of Thrones (we watch too much TV).

Think outside the blow job - a good blow job doesn’t just involve your mouth on his dick, there’s all sorts of fun areas down there to get his penis pumping. Lick his balls, gently rub his perineum (the bit between his balls and arse) or reach up and play with his chest and nipples. Or slap it across your face. Whatever you’re both into.

Read the signs – if he’s wincing, flinching or screaming “JESUS CHRIST STOP, THAT HURTS, PLEASE JUST STOP!”, then it probably means he’s not enjoying what you’re doing. Try easing up or slowing down your technique, or switch it up completely. Maybe even just ask what he likes.

GETTING A BLOW JOB

I bet you thought you could just lay back and get ‘serviced’, didn’t you? Well that’s lazy and a little bit selfish. It’s not all about you, y’know? If you’re getting a good blow job, you want them to come back, right?

Tame the beast – don’t thrust too hard (at least at first) and hammer away at his mouth like an angry dentist. It can put the guy off wanting to continue or even scare him off. His mouth and throat will probably take a while to get used to your cock, so start gently and respond to the way he reacts to you. If you’re both comfortable you can enjoy the experience for longer.

Keep it clean – if you’re expecting his oral talents, the least you can do is run a damp cloth over your cock beforehand. Take a shower and wash carefully – not forgetting the surrounding areas seeing as he’s getting up close and personal. You don’t want him to gag before he has put it in his mouth.

Let him know what you like – if he’s grazing your dick with his incisors, there’s no point gritting your teeth and bearing it. Politely let him know that he’s grating your foreskin (there’s no need to be mean about it, though). If you’re enjoying what he’s doing, then a well-timed grunt, satisfied gasp or “fucking hell this is amazing” can motivate him to do more of what you like.
WHAT’S THE RISK

“I got chlamydia in my throat once from giving a blow job,” admits Cecil, “at least I think that’s how. I didn’t even know I had it until I went for my regular sexual health check-up. I do like to deep throat, so maybe that’s how.”

Is Cecil’s STI a peril of the job or was he just unlucky?

“Blow jobs are low risk but not absolutely no risk,” explains Matthew Hodson, gay men’s health charity GMFA’s Chief Executive. “There have been a few cases where people have been diagnosed with HIV where oral sex is the only credible route of infection, but these are pretty rare. The risk of transmission from oral sex is certainly much lower than it is for anal sex, whether you’re a top or a bottom.

“This is partly because saliva has natural properties which protect against a range of viruses. HIV is a relatively weak virus so in most cases saliva will disable it. The lining of the arse is very delicate and provides an efficient route for the virus to enter the body, which is why anal sex is the most common means of HIV transmission for gay and bisexual men.

“The risk is even lower if you don’t get cum in your mouth. If someone does cum in your mouth, it probably doesn’t make much difference whether you swallow or spit. It’s likely that any cuts or abrasions in the mouth, for example, if you have a sore throat, make oral sex a bit riskier.”

STOP GAGGING

Giving a good blow job without gagging is a skill that we aren’t born with, we have to learn. Here are some tips that could help you:

Alcohol tightens the throat muscles so it’s best to avoid it (especially spirits) if you want to relax your throat.

Drinking orange juice can suppress the gag reflex. If you feel like you’re going to gag when you’ve got a cock in your mouth – swallow. Don’t worry, it won’t go down.

Breathe through your nose. Exhale before taking his cock in your mouth. It will increase your oral capacity by about 33%.

Don’t just use your mouth – use your hand as well. You can use your hand as a stopper to ensure that you control the amount of cock you take. Wank him as you work him, or to play with his balls, arsehole, nipples or perineum.

SUCK DICK LIKE A PRO

Anyone can suck on a dick, but these secret techniques will help you blow like a pro...

Deep throating

One of the tricks to deep throating is the position. The cock usually curves upwards and the throat curves downwards, so the more you can get the two to work together the better. Probably the best position is to lay on your back with your head dangling over the edge of the bed, just enough so that your throat is in a straight line. This means that he can insert his cock, avoiding your soft palate (and therefore avoiding the gag reflex).

Another trick is when his dick gets to a point where it’s beginning to feel uncomfortable or where you’re gonna gag, then swallow and it should feel better.

The butterfly flutter

Get the head of his dick into your mouth (your lips just past of his ridge) and create enough suction to keep him there without holding him. Now start gently flicking the tip of his cock with your tongue. Remember, you’re flicking, not licking, so adjust accordingly. Keep this up for as long as you can.

The lollipop lick

With your man sitting in an elevated position and you on your knees in front of him, lift his hard cock to reveal his balls. With your tongue find the underside of his balls. Now, while resting his balls on your wet tongue, lick in an upward motion to the very tip of his cock. Repeat this several times, like you are licking a lollipop or ice cream.

Corona Twirl

Wrap your wet lips around the ridge at the head of his cock, and then twirl your lips by moving your head. This works because this ridge is one of the most sensitive areas of his cock. By sucking on this area you can really drive him crazy. This technique is also great to get him hard in the first place.

For more tips on how to better your sex life, visit www.gmfa.org.uk/sex.

For more information on STIs and how to prevent them, visit www.gmfa.org.uk/stis.
No matter what sexual act you are doing, there’s a risk of getting an STI. HIV is the ‘big one’ because it’s incurable. Once you have it, you have it for life (the same for herpes). But there are many more STIs out there, some of which you can get from oral and anal sex. And none of them are nice to have to deal with. Here’s what you need to know about:

**Gonorrhoea**

Gonorrhoea, or ‘the clap’, is a bacterial infection of the urethra (the tube you piss out of), arse, throat or eyes. It can be passed on by rimming, sucking cock, fucking or getting fucked without a condom.

**Chlamydia**

Chlamydia is a bacterial infection. It is most commonly passed on by fucking or getting fucked without a condom, but it can also be passed on by sucking cock or rimming.

**Crabs**

Crabs are usually transferred during naked body contact (yes, we mean sex). Less often, they can be caught from infested bedding, clothes and towels.

**Hepatitis A**

Hepatitis A is found in shit and is acquired by getting shit in your mouth. This can happen through sex acts such as rimming or sucking someone’s cock after unprotected sex.

**Hepatitis B**

The hepatitis B virus is in blood, cum, piss, spit and shit, as well as other body fluids of a person who’s infected. The virus can be spread by sharing needles, sharing snorting straws, unprotected sex, or by getting blood or infected cum in your mouth, eyes, or on to broken skin.

**Hepatitis C**

The hepatitis C virus is present primarily in blood (including dried blood) and can also be present in cum. Traditionally injecting drug use was the most common way to catch hepatitis C but it is now known that unprotected sex, particularly high risk sex and group sex, is associated with hep C infection. In particular HIV-positive gay men are getting hepatitis C sexually. However, this does not mean HIV-negative guys are not at risk from unprotected sex or sharing sex toys.

**Herpes**

Herpes is a virus that is spread by skin to skin contact. There are two forms of herpes: HSV-1, which causes cold sores around the mouth, and HSV-2, or genital herpes, which leads to sores around the cock and arse. You can get herpes by kissing, sucking cock, rimming, fucking without condoms and even frottage! You can also get it by sharing sex toys. Cold sores on your mouth can be spread to another person’s cock or arse, and genital herpes can be spread to the mouth.

**Syphilis**

Syphilis is a bacterial infection which is most usually transmitted through fucking without a condom and cock-sucking, but which can also be caught through rimming, fisting and even through skin to skin contact (although this is rare).

▶ For more information on sex, sexual health and STIs, visit www.gmfa.org.uk/sex.

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FS SAYS: HIV CAN HAPPEN TO ANYONE

Whether you are an expert in sex or a first timer, when it comes to sex there is always a risk of HIV and STIs. Remaining HIV-negative is your responsibility.

- In 2013, over 3,250 gay men were diagnosed HIV-positive in the UK.
- About 13% of gay men in London are HIV-positive, and 6% in the UK.
- About 80% of new HIV infections come from having sex with men who don’t know they have HIV.
- About 16% of gay men who are HIV-positive don’t know they have it.

**How to prevent STIs and HIV**

- **Condoms**: Using condoms while having sex is still one of the best ways to avoid picking up any STIs or becoming HIV-positive or passing on HIV. Make sure you use plenty of water-based lube too. Stay away from the vaseline and baby oil - they will make the condom rip.

▶ For more information, visit www.gmfa.org.uk/condoms-and-lube.

- **PEP** is a month long treatment of HIV medication that can stop you becoming HIV-positive if taken within 72 hours after sex (the sooner you start taking it the better). If you think you’ve been exposed to HIV contact your local GUM clinic or go to an A&E. For more info on PEP, visit www.gmfa.org.uk/pep.

- **Test for STIs**: All sexually active gay men should test for STIs at least once a year. If you are having sex with new partners then you should test more frequently. Test for HIV too when you’re there. It takes about two weeks for most STIs and four weeks for HIV to show up in a test.

▶ For more information or to find your nearest GUM clinic, visit www.gmfa.org.uk/clinics.
PEP is a course of HIV medication which you can take if you have been at risk of HIV infection. The course of medication lasts 28 days and, if you start taking it within 72 hours of putting yourself at risk, it may be able to prevent you from becoming infected with HIV.

PEP can be accessed through your local GUM clinic or A&E department.
To find your nearest GUM clinic, visit www.gmfa.org.uk/clinics.

www.gmfa.org.uk/pep
I bet you’re thinking about sex right now?

www.gmfa.org.uk/sex
‘I caught my new guy and HIV-positive ex fucking bareback on NYE’

By Daniel-James Beeson @djbeesonify

I had never felt so much anger in my entire life. Neither had I felt such a gut-wrenching sense of betrayal, and from my ex-boyfriend (and only boyfriend since I’d moved to London two years ago) and the new guy in my life.

I felt like I was experiencing all the struggles, insecurities and resentments almost every gay guy has living in this city coming into one – I caught them fucking, in my bed, at my New Year’s Eve house party.

The most shocking part of this Eastenders ‘doof-doof’ moment was that they were going at it bareback, when my ex had recently found out his new boyfriend had given him HIV.

‘Alex’ didn’t disclose his status and my guy didn’t ask. They both just assumed each other’s status.

My relationship with ‘Alex’ was turbulent at best. He was one of the first new people I’d met in London so I felt some kind of ‘allegiance’ to him but he’d been physically violent towards me on occasion and was wildly possessive, which I forgave and accepted following every incident of some new guy looking my way.

I look back now and see the relationship at the time as an anchor for my new life in London, and despite everything that had happened I wanted to hold on to this safety net even when things finally came to an end and I’d quietly come to my senses.

Eventually, we built a bond of friendship, as having mutual friends had kept us in the same circles – hence Alex coming to me, coincidentally at my birthday party, to tell me he might have caught HIV from his new boyfriend.

I stood by him and made sure he knew I was there for him. I’d never had someone close to me experience something so life-changing as HIV – so even though our relationship was troubled our new-found friendship, whether real or not now I look at it, led me to care for him no matter what.
And that’s where we were; we were sharing a history, a strong bond and a reliance on each other – for better or worse.

Fast forward three months and we come back to New Year’s Eve. I had a house full of people downstairs enjoying the first hours of 2015 and upstairs it felt like a large chunk of my life had crumbled from under my feet.

Adrenaline and anger overwhelmed me as I shouted for them both to leave. Alex’s reaction to being caught red-handed was to launch himself at me, pinning me by my neck against the window and raising his fist, as the commotion had brought friends upstairs to see what was going on.

Before he had the chance Alex was pulled off me and I shouted him down the stairs and out of the house, followed by the other guy who was in fits of drunken tears.

He stayed outside the house, as Alex left, until I came to my senses and realised I had to tell him he needed to go and get PEP.

The next day Alex texted me just this: “I'm sorry - I don't remember anything.”

I told him and the other guy, once I'd made sure he’d been to the hospital, never to speak to me again. The guy agreed. Alex persisted, but I haven't spoken to him since.

He's left with the quite cold belief that you shouldn’t ignore someone's failings or give them any leeway in life, even if they are dealing with something as serious as an HIV diagnosis. They are people, and it is not an excuse to self-destruct and take others with them.

Despite my feelings and things I’m dealing with now, the main concern here is health and the mental well-being of people who have recently being diagnosed or of those who are concerned about the way they may react to such news.

If you feel like you can’t come to terms with your diagnosis or you’re worried about how you’ll react if you discover you have HIV then please seek help.

Have you got a true life story that you would like to share with FS readers? Email fsmag@gmfa.org.uk.
I’ve been writing for FS for a little while now and out of all of the articles I’ve written, THIS is the one that’s closest to my stone heart. We’re all guilty of picking out the guy whose dick on their head is bigger than the one in their pants. Not to worry, I may only be 21 but I could take a gold medal for this exact behaviour. WHAT IS WRONG WITH US?

Why do we incessantly go for the wrong guy? I have a vague theory on this, so stay with me. We’re all a bunch of optimists. At heart, whether you’re an ice queen or Sally the Slut Bunny, everybody has hope. You know when your friend is telling you for the hundredth time how much of an insensitive jockstrap his boyfriend is, but still hasn’t left him even though they’re clearly so miserable? It’s because they have this vision of what the relationship could be like. They’re wiping the shit from the glasses to find the rose tint because they believe if they can just get past this stage, everything will be hunky dory. Now let me fill you in on a little secret. You probably do this too. It’s only recently, after the last guy took a shit on my optimistic expectations, that I realised – holy mother of Mary I had become that person. We can never see it when we’re in that situation. And why? Take it back full circle boys – because we’re so bloody optimistic.

But never fret because I, as your little sister (I’m probably too young to be your aunt) have come up with six ways to weed out the wankers...

**We want the same things, right?**

The golden rule which is too often ignored. There is no shame in asking the man you’re dating what he wants out of the situation. Too many men, myself included, clam up because they fear they won’t like what they hear. Believe me, if he wants a pound cake rather than a wedding cake, don’t stick around thinking you’re going to change his mind. If you’re both on different pages, put that book back on the shelf.

**M.I.A. on Saturday, spoon buddy come Sunday**

If you’re looking for a relationship in particular, this is one way to tell he’s not the man for you. We all have social lives, that much is inevitable. But if he ignores you on Saturday night, then wants your undivided attention on Sunday? Let me tell you what he’s trying to say – I didn’t get laid last night, so please come over.
He ain’t no porn star...

Some people just aren’t meant to sleep together. You can never quite get that rhythm, he only finishes himself off, he just lays there like a dead pigeon – whatever the reason, your bedroom compatibility can sometimes just be a bit off. If you’re not compatible in the bedroom, at least acknowledge what sacrifice you’re making before it’s too late and you’re nine years down the line with penetration but a distant memory (may Lance from Cucumber forever rest in virginal peace).

Is that a blush or are you just embarrassed to see me...

This might seem self-explanatory, but if he embarrasses you in public it’s clearly not going to work. I’m guilty of this sin. If you’re embarrassed to be seen in public with him because he’s too old/young/dresses badly/CLICKS HIS FINGERS AT PASSING WAITERS, then address that issue or get the hell out of Dodge.

The theory of HE’S JUST NOT THAT INTO YOU

Seriously, if you’ve never read this book or at least seen the film, get yourself a copy because it will change your life. I know what you’re all thinking – I will never be that person but let me summarise: If he’s not texting you; if he’s not taking the next step; if he only wants to see you Sunday afternoon but not Saturday night – HE’S JUST NOT THAT INTO YOU. And don’t sit there saying he’s not texting you because he’s always working or he’s just really busy. Just stop. YOU ARE NOT THE EXCEPTION, YOU ARE THE RULE.

Too much sacrifice

This is arguably the most important rule because it somehow relates to every one before. Dating and relationships are about sacrifice. I hate to pop your cherries (giggle giggle snort), but you will never find a man that is perfect. A man only becomes perfect when you can look past his flaws. In some cases, the sacrifice you have to make is too big – whether that be distance, his work schedule, his inability to read. Know what works for you and don’t settle for anything less.

HIV AND YOUR RELATIONSHIP

A recent study in America suggests that most gay men who become HIV-positive get it from their boyfriend, someone they are dating or regular sex partner. Many people feel that being in a relationship will protect them from STIs and HIV. Unfortunately, people cheat. Some will use condoms and some won’t when they cheat. Many gay men also don’t test for HIV when entering a new relationship. After a month or two they stop using condoms and pass on HIV without knowing it.

You can’t stop someone from cheating but if you are having sex with someone who is not your boyfriend it’s best you use condoms. Also test for HIV and other STIs regularly – especially if you are starting a new relationship.

We at FS have heard many stories about people who think they are in monogamous relationships only to find that their boyfriend has passed on HIV to them. If you are in or want an open relationship then you need to set ground rules around safer sex with different partners.

RULES FOR AN OPEN RELATIONSHIP

Once you’ve agreed in principle that opening your relationship to other partners is a change you want, do not rush into it.

1 – Take baby steps to see how things go before you take the plunge. Go out to a bar or club, or open up a dating app together and talk about the men you are attracted to and why. At least the first time or two that you do this, make an agreement not to actively cruise anyone or take anyone home.

2 – Once you decide that you are ready to officially open the relationship do so initially on a trial basis for a few weeks only.

3 - Some couples find it an enormous turn on to hear about their partner’s outside sexual experiences. Other couples while accepting that each will play separately, have no desire at all to hear the gory details.

4 - After a predetermined amount of time, sit down and honestly share with each other how you feel about the arrangement since having made this change.

5 – It may become clear that, no matter what rules you have agreed upon, it is not a viable option. Or you might find that you have to revisit and fine tune some of the rules, or that the arrangement is working fine and enhancing the way you both feel about each other.

6 – Prepare for jealousy. Some men think they will be fine with opening their relationship but ultimately it can destroy one too. Many men are completely fine with their partner having sex with another man but others may become jealous and hold it in. If you are the jealous type then an open relationship may not be for you.

7 – Make sure both of you get regular check ups for HIV and STIs. You may be using condoms all the time but your partner may not. Getting regular check ups at your GUM clinic will put your mind at ease and if one of you does pick up an STI you can get it treated. Remember it takes roughly about 10 days for an STI to show up in tests. HIV can take four weeks.

► For more information on sex, sexual health and STIs, visit www.gmfa.org.uk/sex
► To find your nearest GUM clinic, visit www.gmfa.org.uk/clinics
I WANT TO TALK ABOUT HIV, CHEMSEX AND ME  By G.MG (via email)

I have been on PEP twice. The first time was after having unprotected sex with a partner who was diagnosed the day after a 24-hour bareback chem session during which I bled and he came inside me. The PEP medication was horrible – my body did not react well to the drugs, nor do I think I was in a strong enough mental state to handle the PEP or my partner’s recent diagnosis. I completed my course of PEP – not as diligently as I should have. I missed my tablets on occasions because I felt too low and numb to care about myself enough to take them – even though they were potentially offering me a ‘get out of jail free’ card.

At some points I didn’t want to make the effort to keep my negative status because the person I loved had just been diagnosed as positive and as much of me and my heart wanted to become positive as wanted to stay negative, because he was in a place where I couldn’t reach him or understand him or be as close to him as we’d been for seven years. In my head I thought that if our statuses were the same and we were both positive then I could stand with him in the same place and continue to love him and help him from a position where I fully understood what he was going through. This played on my mind so often throughout each day.

I drank a lot, sometimes a bottle of vodka or two a day just to escape. I also went way overboard on benzos, particularly zopiclone – primarily to help me sleep at night, although I would wake up some mornings knowing I wouldn’t be able to sleep again but just did not want to be awake and aware of the hell I/we were in. I’d pop another zopiclone just to make my waking hours foggy and somehow more bearable.

After my PEP and tests I remained negative and that was the beginning of the end of our relationship. Not by my doing or choice but his. The moment he told me he had got the results and they were positive I saw in his eyes that a door had slammed shut. I will never forget that look in his eyes and the immediate snap reaction it provoked in me, had I not have promised myself that I needed not to cry and not be weak or broken for his sake. The very fact was I saw our relationship end in his eyes. I was inconsolable.

Our relationship finally ended three months later but those facts aren’t important for this article. What is important is that his diagnosis completely tore my life apart. I lost the love of my life, fiancé and my best friend – he just shut
down. I lost my home, I lost my cat, I lost being part of his family who I was very close to. I lost my dream, I lost the future I had worked so hard to build, I lost my hope, I lost my fun, I lost light, I lost my joy and still being HIV-negative didn’t matter to me. I lost myself.

Now, having been through that you would think that I of all people would be sensible in my drug taking, always have safer sex and never do anything to put myself at risk. Wrong. I cared so little for myself and had no fear any more because I wasn’t living the life I knew before, my life which I wanted so much. I felt that the life I had now been flung into was an empty one I didn’t care for and so it began.

At first I was super diligent with the ONLY SAFE SEX thing. But I threw myself into a relentless series of sex parties, three to four days long sometimes, on Tina, meph, G and Viagra. Then that wasn’t good enough so I started slamming meph and Tina, separately or together. I was so bad I slammed crushed up and diluted zopiclone – I didn’t care. And we all know this story and you know what’s coming.

The first party I was at where I slammed, the guys were running low on needles so someone suggested that we keep hold of our own used pins and reuse them. I don’t need to tell you how wrong this is on numerous counts. I have the facts. However the more trashed I got the more because I wasn’t living the life I knew before, my life which I wanted so much. I felt that the life I had now been flung into was an empty one I didn’t care for and so it began.

The first party I was at was where I slammed, the guys were running low on needles so someone suggested that we keep hold of our own used pins and reuse them. I don’t need to tell you how wrong this is on numerous counts. I have the facts. However the more trashed I got the less attention I paid watching my clean new pin being unwrapped from its medically sterile package and prepared. I was just letting strangers I didn’t know prepare my dose, I didn’t check the needle and the dose, but I just allowed him to stick it in a vein and push. A few hours after the party I realised how stupid I had been. Particularly as I knew that three of the guys I was doing this ‘sensibly’ – never in the group, I’d take a guy off and bareback with him privately in the toilet and I’d only do it with guys I thought were undetectable or definitely negative.

I never ask a guy his status at a sex party. My sexual health is my own business and mine to take care of or neglect as I see fit. Therefore if I’m about to have bareback sex with a guy I always presume he is positive and I can’t know if he is undetectable or not as we’re not discussing it. If he asks me that is fine, I’m happy to discuss and similarly if he volunteers his status. But none of that really matters. Similarly when a guy tells me he is negative but is about to have bareback sex with me, I always think an HIV-negative guy who has just picked up the virus has an extremely high viral load and is therefore more likely to pass it on than a positive guy on meds. Of course all this is when you are fucking strangers. My ex and I only ever had bareback sex, but unfortunately he was also having bareback sex with other guys behind my back. And yes – I knew he cheated often, I’d hoped he had more respect for me and my health than to cheat and bareback while doing it. But then I am, I guess, naive. And being in love makes you do stupid things.

My last HIV test was at Easter 2014 and was negative. I have not had a test since. Therefore I am currently labelled HIV-negative. But am I? If barebacking with at least six guys since then? And when I get tested next week and IT comes back HIV-positive... will I be a different person then than I am now? Personally I don’t think so.

I am happy to say I am now in a better place and place more value on myself again. I might still make reckless decisions but I am aware of myself now. I hope others can be brave and share their stories too.

Have you got a true life story that you would like to share with FS readers? Email fsmag@gmfa.org.uk.

Support

If I’m about to have bareback sex with a guy I always presume he is positive.

For details about PEP or where to get it, visit www.gmfa.org.uk/pep.

For details about counselling services that may be available and suitable for your needs, call THT Direct on 0808 802 1221.

Newly positive? GMFA has a whole section of its website dedicated for gay men living with HIV. For more information visit, www.gmfa.org.uk/living-with-HIV.

DEAR EFFEMINATE GAY MEN.
YOU’RE FUCKING FABULOUS!

By Vish
@Vishdlish

I’m a campy, limp-wristed, queen of a man! This sentence paints a picture of me being an exaggerated gay caricature. Perhaps true. But to me these words fundamentally communicate effeminacy. So to break it down – I’m an effeminate gay man. Phew, I’m glad to get that off my chest!

Not that this was some sort of big secret. Just take a look at me and I’m sure you’ll clock my gayness in seconds. “What’s your gayness got to do with effeminacy?” you ask. But let’s face it – the majority of people have evolved to see gay men as effeminate. It’s as if the words ‘gay’ and ‘effeminate’ have become synonyms. This could be due to various factors like media representation or cultural dynamics. When men like me are patronised for being ‘so gay’, it’s implied that we’re behaving like a woman. It’s clear that hetero-normative society can’t see beyond its male gender
After school, I would slap on my sisters lippy of prominent women, I’d naively questioned in convinced. Having been brought up in a house me that it was all in my head and all little I sounded like a girl. They simply reassured questioned my two elder sisters about why ‘normal’ for a boy to sound this feminine. I developed a speaking complex, worried I’d be me were the jibes about my feminine voice. I 'chocolate face' by my little peers. Yes kids are pre-pubescent age. At ten years old, I stood out like a sore thumb at primary school with class of predominantly white classmates. I was have shaped me. secure mentality. With that said, here are some personal acceptance to get this somewhat filled with questions, anxieties and eventual restrictions where men are expected to be a macho, emotionally unavailable, ball-scratching stereotype.

Reflecting on the extent of my femininity – I wouldn’t say I was born in the wrong body. I’ve never had overwhelming urges to have a sex change. I’d probably get more respect if I became a woman or even a drag queen. I think straight and gay communities would have an easier time tolerating me even in pseudo female form.

This narrow mindedness towards gender identity bothers me. I’m fed up of the raw deal we effeminate men are given by everyone. I’ve come to realise my feminine attributes are my strengths and that I shouldn’t shy away from expressing them. It’s been a turbulent journey filled with questions, anxieties and eventual acceptance to get this somewhat secure mentality. With that said, here are some of the past experiences and realisations that have shaped me.

I became aware of my effeminacy at a pre-pubescent age. At ten years old, I stood out like a sore thumb at primary school with my high-pitched voice and Asian ethnicity in a class of predominantly white classmates. I was frequently made aware of my ‘girly’ voice and ‘chocolate face’ by my little peers. Yes kids are cruel and I dealt with it. But what struck with me were the jibes about my feminine voice. I developed a speaking complex, worried I’d be labelled girly if I opened my gob.

I quickly realised it wasn’t considered ‘normal’ for a boy to sound this feminine. I questioned my two elder sisters about why I sounded like a girl. They simply reassured me that it was all in my head and all little boys and girls sounded and behaved alike. Though a comforting answer, I wasn’t really convinced. Having been brought up in a house of prominent women, I’d naively questioned in my mind if I had caught my girly ways from one of them.

At times I would embrace my femininity. After school, I would slap on my sisters lippy and prance around my bedroom in high heels. It felt fucking awesome. But eventually my sister found out and I was given a lecture about how boys weren’t allowed to wear make-up and that I shouldn’t touch her shit again. I was left mortifyingly embarrassed and confused. It didn’t seem that long ago that my sisters comfortingly told me that boys and girls were similar. But now I was abruptly given a contradicting message that boys should behave like boys. This felt repressive. For me playing with make-up and female clothing was an avenue to express what I now realise is my inherent femininity.

At home my ten-year-old feminine self was fawned over – I was considered cute. But at 15 my mother in particular didn’t like what she saw. “Walk like a man!”, “Boys can’t wear that!”, “Stop acting like a girl!”, “Why don’t you like sports!” were common taunts shot my way that continue today. The truth is my mother is embarrassed of me. Especially about what other people will think of me and how that reflects on her. I’ve always sensed my mother wished I mirrored the effortless masculinity of my father. After all, my father’s masculinity is all she has ever known to expect from the male species and I’m sure my effeminacy freaks her out.

The strange thing is my prized masculine father has never brought up my effeminacy or gayness. This has always puzzled me. I’m not naive enough to think he doesn’t see it; rather he’s a pro at ignoring it. I think my father sees me through inverted binoculars. My femininity isn’t in focus for him, contrary to my mother’s view where she can read the writing on the wall.

I’m not upset at my mother for knocking my self-esteem. As messed up as it sounds, her criticisms were from a place of love. She just wanted me to fit in to society and be accepted. Societal acceptance is a big deal in Asian families, not to mention the importance of having a son. I learnt as a teen that a son is considered a blessing (or saviour) who carries on the father’s lineage and brings home a big pay check. On the other hand, girls are considered burdens and they need to be married off quickly.

It seems masculine heterosexual men have muscled right to the top of society’s hierarchy. Women and non-conforming men like me are often casualties of this infrastructure. I’ve realised that if this hierarchy doesn’t break down, narrow mindedness towards gender identity will remain.

On reaching my 20s, I came out as a gay man. I threw myself into the gay scene looking for acceptance. I found it by the bucket load and it was liberating. However under the surface it’s clear that many gay men tend to look down on effeminate men. They moan that we let the gay side down and that we perpetuate a campy/jokey stereotype. Effeminate men are generally desexualised and labelled repulsive on hook-up apps. Let’s just say you will never see grindr profiles yearning for ‘camp men only’. This type of discrimination appears more prominent and openly acceptable than sexual racism.

We’ve all heard of the term ‘straight acting’. A phrase commonly used within the gay community to describe men who are masculine enough to pass as straight. This term is deeply depressing to me. Why are gay men still pandering to the straight male image and its supposed masculine sex appeal? This macho male image is inescapable and it’s glorified everywhere. I suspect effeminacy-policing gay men are holding on to hetero-normative values they were brought up with. I can empathise that this narrow mindset isn’t easy to shake off. But I can’t help feeling this reeks of internalised homophobia and misogyny.

Yes that’s right, misogyny! To state the facts graphically, I’m a man who many years ago came out of a woman’s vagina. If my attributes match those of my female creator, is that really so awful? But I see a bigger elephant in the room. The truth is many men throughout the world continue to disrespect women and their rights. I feel this injustice has trickled down to gay effeminate men. Perhaps, when women are truly respected and considered equal to men it will finally be celebrated for men to be effeminate.

I’ve gone through struggles being an effeminate man – mainly tirelessly worrying if I’d be accepted by straight and gay communities. I’m now at a point where people’s opinions don’t matter. I’m striving to be authentically me and a great part of that is accepting my femininity. On that note, I raise my limp wrist in salute to my fellow effeminate gay men and I hope to empower them with the following few words – you’re fucking fabulous 😊

Would you like to write an opinion piece for FS? Email us on fsmag@gmfa.org.uk.
MY ALCOHOL AND DRUG RELAPSE TAUGHT ME RECOVERY IS NOT EASY

Back in August 2014, I wrote about my life and how I turned to drugs and alcohol when I couldn't cope [FS#143].

I remember a couple of years ago, my friends and I would always joke about going to an AA meeting drunk and pretending we have a problem. Little did I know that I would end up attending different forms of AA such as Narcotics Anonymous and other fellowships.

Eight months later I am here writing about how I have changed my life around. I am not going to say it was easy or that it all fell into place overnight, because it didn’t. In fact I am still trying to piece it all together. Some days I struggle worse than others, but it’s all a work in progress.

As I wrote the article last year, I was preparing for the London to Brighton bike ride for charity, which I successfully completed (120km in 11 hours). Two weeks prior to the event I had relapsed and consumed large amounts of narcotics. To my belief now, I didn’t become an addict overnight – everyone has their own way. It’s a mistake. We are only human and are not expected to be perfect. As long as you learn and keep on moving forward, you will always be a step ahead of the game.

The fear of starting an event such as this was starting to scare me. “Why had I signed up for this?” “There is no way in hell I can finish” and “What will people think if I don’t finish?”, were running through my head and I felt that the only way I could escape was through my old friends, the narcotics. Deciding to do something for myself, turned into how will everyone else see me after I fail – not IF I fail, but after I fail. I kept on piling on more guilt and shame on to myself until, BANG, I relapsed. After my relapse I stated to push myself harder, cycling more at the gym and training all the time until judgement day.

Looking back now I wouldn’t change anything. That extra push I needed I got – it may have been from the wrong things but I got it, and now learning through my recovery, there are other ways I have to achieve such goals without relapsing. Not all the time, but keep trying and keep asking for help when needed.

These last eight months I have had my fair share of relapses. At the time I used to beat myself up about them, thinking I couldn’t do this, life is too tough and how can I give up substances that I have abused for the best part of a decade? The truth is, I learned something from every relapse. I can’t say that I will never do it again, but I can hope and pray that I don’t. There is no right or wrong way to securing your road to sobriety – everyone has their own way. It’s a matter of finding what is best for you and what works – no “you shouldn’t do this” or “shouldn’t do that” – but trial and error.

I didn’t become an addict overnight and I can’t give it all up overnight either. But I can tell you that once I started on the path of finding my way, it started to become clearer and easier.

There are many ways out there that can help and some that won’t, but you have to take the chance to try and see what works best. I’ve been attending Narcotics Anonymous for over a year now, and that alone isn’t enough for me. For my other friends it is, but I also attend a day programme, SMART recovery, and have a key worker. Tying all these together I am able to take bits from every aspect and put them together to find what works for me.

My life over the past eight months has taught me many things, which I didn’t understand before, due to the shame, hiding and trying to become someone else by abusing substances. Only now have I been able to understand these and take them further, and learn more about myself, including discovering things I didn’t know.

This is an ongoing mission of mine. It isn’t as hard as it seems any more and most of it comes naturally to me now. I have started to study again and with a clear mind, I have found what I truly want to do with my life. Only with the power of recovery have I been able to do that.

Life has its ups and down, and it’s how we handle them that matters. Building up a new social network of people in recovery, who feel and understand where I am coming from always helps me to ground myself and see life in a positive way.

I’m no expert at this recovery, but I am a participant and that is the main thing, I try and keep my nose clean (literally) and sometimes I have a slip, but that’s OK. I don’t give up, I get up and carry on, trying to learn from that mistake. We are only human and are not expected to be perfect. As long as you learn and keep on moving forward, you will always be a step ahead of the game.

You don’t have to be alone. For years I thought I was and now I know I am not, unless I choose to be!

SUPPORT

If you are affected by Jamie’s story and would like support ‘Antidote @ London Friend’ offers support and counselling for gay men dealing with alcohol and drug problems.

For more information, visit www.londonfriend.org.uk or call 020 7833 1674. Lines are open 10am – 6pm, Monday to Friday.
THINK ABOUT SEX

www.gmfa.org.uk/sex
REVENGE PORN IS A DISH BEST SERVED COLD

By Gareth Johnson

@GTVlondon

Most guys I know don't hesitate to take intimate photos or videos of themselves – either solo or with someone else.

The motivation for this isn’t new – we want to capture a moment, to show ourselves in different ways, but developments in technology over the years have dramatically enhanced our ability to do so. Your phone is always within easy reach, it’s simple to use and it takes great quality photos and video. Capturing and sharing those intimate moments has never been easier.

Keeping control of those images is not so easy. From the widely publicised examples of celebrities whose cloud storage accounts have been hacked, to the private exchanges on dating apps that somehow go public, or the more malicious practice of revenge porn.

‘Revenge porn’ is a subject that has received a fair bit of coverage in the UK recently, with new legislation enacted that specifically seeks to punish perpetrators. Other countries around the world have introduced similar legislation – the UK law carries a penalty of up to two years in jail.

The legislation defines revenge porn as: “Photographs or films which show people engaged in sexual activity or depicted in a sexual way or with their genitals exposed, where what is shown would not usually be seen in public.”

While most of the reported victims of revenge porn are women, there have been a number of cases involving gay men.

The scenario usually involves a messy break-up. People tend to do extreme things when they are experiencing turbulent emotions. Threatening to publicly share personal information without consent is a form of abuse; it’s controlling behaviour, trying to frighten someone into submission.

The consequences for victims can be extreme – once your intimate moments have gone public, it’s pretty much impossible to erase them. Reputations can be damaged, relationships undermined, and careers ruined.

While the new legislation in the UK may deter and punish revenge porn, it isn’t able to minimise the impact on the victims.

I take most of my life advice from Judge Judy. She was recently asked about the leaking of nude photos of celebrities such as Jennifer Lawrence and Kate Upton. According to Judge Judy:

“If you don’t want to see a picture of yourself out there, then it would be my best advice not to take them.”

It’s a logic that is hard to argue with. However the reality is that we take photos because we want to, because that moment is important to us, and that moment says something about us.

Revenge porn is now illegal and punishable, but the security of your intimate photos and videos remains your responsibility.

Messy break-ups are hard enough. Don’t add to the drama by exposing yourself to revenge porn. 😐

REVENGE PORN:
WHAT YOU CAN AND CAN NOT DO

People who maliciously share sexually explicit pictures of former partners will face prosecution under new laws.

Revenge porn – the distribution of a private sexual image of someone without their consent and with the intention of causing them distress – will be made a specific offence in the Criminal Justice and Courts Bill, and has been passed through Parliament.

The change will cover the sharing of images both online and offline. It will mean that images posted to social networking sites such as Facebook and Twitter will be covered by the offence, as well as those that are shared via text message. Images shared via email, on a website or the distribution of physical copies will also be covered. Those convicted will face a maximum sentence of two years in prison.

The offence will cover photographs or films which show people engaged in sexual activity or depicted in a sexual way or with their genitals exposed, where what is shown would not usually be seen in public.

Victims and others will be able to report offences to the police to investigate. Officers will work with the Crown Prosecution Service to take forward cases for prosecution.

Those found to have committed a sexual offence can continue to be prosecuted under existing legislation, which can lead to sentences of up to 14 years in prison.

What you can do:
If someone sends you pics of themselves naked you are fully entitled to keep the image for your own private use. This incudes anyone and not just someone you used to be in a relationship with. It’s perfectly legal to keep the pics for yourself.

What you can’t do:
If someone sends you naked pictures of themselves and you decide to share them with others on the internet, email or even offline this is now illegal and you could be prosecuted. This includes:

- Pictures your current or ex-partner sent you.
- Images sent via email.
- Images sent via social media.
- Images sent via dating/sex apps.

It is now also illegal for you to take naked pictures of someone and put them online without consent.

My ex put my dick pics on Tumblr:
This is now illegal. You can report him to the police if he refuses to take the images down.
While the AIDS epidemic was ravaging our gay communities in the 80s and 90s, and when (pre-smartphones) we still had to leave the house to find a shag, many of us were cutting our teeth on ecstasy and ketamine in after-hours clubs and chillouts. Good times.

Those innocent highs helped us party through years of disease, trauma and inequality; they gave the shy and awkward among us the confidence to congregate, they gave freedom of movement to bad dancers and they facilitated a community cohesion that had never been so robust and proud and united.

So now it’s 2015, and we’ve upgraded our equality laws, our technology… and we’ve upgraded our drugs. Ecstasy is a rarity (crap when you can find it), and we’ve kindly handed ketamine over to the straight ravers. In their place, we’ve taken Tina and meph to our hearts as our enablers-du-jour, and G has pride of place in our kitchen cabinets alongside the coffee and Candarel.

The online disagreements continue, about our right to do drugs, and the degree of harm they do or don’t cause. Are Tina, meph and G simply the modern equivalent of the innocent highs we enjoyed in the 90s? Or are these drugs the seriously hardcore equivalents to heroin and crack, devastating the wellbeing of our gay brothers and our communities?

It’s interesting, that during the ecstasy years, HIV rates among gay populations around the globe stabilised. It was hailed as a roaring success of gay men adopting safer sex practices, and absorbing vigilant health promotion messages.

Interesting too, and unfortunate, that as Tina, meph and G became popular on gay scenes, HIV rates among gay men began climbing, doubling in the last five years in London.

Just a coincidence, perhaps. There are plenty of possible explanations for the increase. Nonetheless, our vigilance must ‘up’ a gear – use condoms, know our status, de-stigmatisate HIV, campaign for the availability of PrEP, raise awareness of PEP (too many of us just don’t know what it is, or don’t access it in time); and of course, play as safely as possible when using chems.

The ultimate, best way for us to address the HIV epidemic in our communities is to have a robust sense of what makes for an awesome sex and romantic life; knowing what we’re worth, what our partner/shag is worth, understanding our sexual and emotional needs, knowing how to form intimacies in all sexual settings, knowing the role sex and intimacy play in our wider lives, and within our communities. Including having an enthusiastic sense of our future, and protecting that future through the choices we make today, and in bed.

If we could all manage this, HIV would be stopped in its tracks. Bring it on.

Playing safe
Quite often, the chem-high can mean parking all our boundaries and self-care at the door, and pushing all the fun, risky limits that chemsex offers to the max; it’s only a few days after that these consequences catch up with us, and they can include HIV, hep C, missing days at work, seeing less of our friends, depression, and sometimes guilt, shame and regret. It’s wise to set some boundaries before getting high, discuss them with our shags, and avoid self-medicating our way through the consequences.

Why make changes at all?
Disease, dependence and psychosis are not the only consequences of chemsex. There are some other, somewhat insidious consequences that we may be less aware of, and that can creep up on us – losing the ability to have sober
sex, or to form relationships, a lack of enthusiasm for life, friendships, career, or becoming isolated and depressed.

Get to know: COKE

What is cocaine? (also known as coke)
Cocaine or coke is a drug made from coca plants. It is a stimulant that comes in a flaky, white and odourless powder and is usually snorted in small amounts (in a line or a bump) through a straw or a rolled up bank-note. You can also spread it on your gums (less common), heat and inhale it or inject it intravenously in its soluble form. Cocaine can easily be found on the London gay scene but in recent years its quality has decreased as it is often mixed with other substances. Taking a few lines of coke will often make you feel wide awake, chatty and confident. It's also known to make users horny but it's harder to sustain a hard-on when high on it.

How does cocaine affect my health?
Having a line from time to time is not a big deal, and many gay men in London use it. Some people take it further and use coke on a regular basis which leads them to become psychologically addicted. If you get yourself high on coke, you could end up making poor choices around your sexual health, as it's a drug that makes you feel all-powerful and you may think that a condom is not necessary. Coke acts as an anaesthetic and some gay men put it up their bums, which makes them able to get fucked for longer. If you are not using condoms and enough lube, this can increase the chance of spreading or catching HIV and hep C.

Regular cocaine use can also lead to anxiety, paranoia, depression and insomnia, especially in the comedown period a day or two after using it. Snorting cocaine too frequently can also damage your nasal cavity.

Can I mix cocaine with alcohol and other drugs?
Many gay men mix coke with alcohol regularly with little side effects but, because cocaine counteracts the effect of alcohol, it makes you think that you can drink more. Mixing too many drugs together also adds extra strain to your heart and brain which could potentially be dangerous.

What do I need to know if I am planning to take cocaine?
Taking coke on an occasional basis is not exceptionally dangerous. The problem comes if you start using it too often. If you are going to take it, keep track of how much you take, start with a smaller line at longer intervals and perhaps ask a friend to keep an eye on you. If you are using a straw or a banknote, don’t share it but use your own one every time you snort. This will reduce your risk of catching hep C if there is infected blood residue on the utensil you use to snort. If you are planning to inject it, make sure you don’t share needles to avoid transmission of HIV and hep C. Drink plenty of water.

What else is cocaine known as?
Some of the most common names for cocaine around the scene are Charlie, coke, snow, white, nose candy, blow and sniff.

To get more information on drugs, visit www.gmfa.org.uk/alcohol-and-drugs.

Antidote helpline: To discuss your drug or alcohol issues call 020 7833 1674 (10am-6pm, Monday to Friday). Ask for one of the Antidote team.

David Stuart is the Substance Use Lead/Health Advisor at 56 Dean Street.

Chemsex support at 56 Dean Street: for gay men who use drugs for sex. Walk-in appointments Tuesday evenings, Thursday afternoons and two Saturday afternoons each month. For details visit www.chemsexsupport.com.
Post Exposure Prophylaxis, or PEP, is a course of HIV medication which you can take if you have been at risk of HIV infection.

The course of medication lasts 28 days and, if you start taking it within 72 hours of putting yourself at risk, it may be able to prevent you from becoming infected with HIV.

If you believe that you need PEP you must act fast! The sooner you start PEP, the more likely it is to be effective.

For more information, visit www.gmfa.org.uk/pep

Reminder...
Test for HIV!!!
Sex with a recently tested HIV-negative man

Q Is it possible that someone may get a negative HIV test results but he actually has HIV and the infection may show sometime later. Can I have sex with someone who has a recent negative test result?

A Most HIV tests have a window period of about four weeks. This means that the test results are only accurate up to four weeks before taking the test. So if someone was infected with HIV today, a test will not usually register this until four weeks later. If you are uncertain of someone’s HIV status, it is recommended to always use a condom with that person.

My foreskin and rectum are bleeding

Q I’m 15-years-old and I wanted to ask a few questions about my body. I think I have phimosis and I noticed that I had rectal bleeding recently. Help please.

A Phimosis is a condition where the foreskin is too tight to be pulled back over the head of the penis (glans). It’s common in babies but if left untreated in adulthood, it can be inconvenient and make sex difficult. Depending on how tight your foreskin is, you may need to get your foreskin expanded or circumcised. We would advise you that you make an appointment with your GP and ask them to refer you to a urologist so that they can advise you on how to proceed. We appreciate that you might feel embarrassed to see your GP, but phimosis is a common condition and your doctor will be very familiar with it. Rectal bleeding can be caused by your stools being too hard which can be a result of not having enough fibre in your diet. Soluble fibre dissolves in water therefore making the stools softer. It can be found in fruits, vegetables, beans and grains. Bleeding in your anus can also be caused by piles which can usually be treated with over-the-counter creams. If you notice that the bleeding persists, you should get examined by your doctor.

Worried about having anal sex

Q I have met a guy who I would like to eventually have anal sex with (having not had it for four years). I don’t sleep around and it’s kind of a big thing for me, and working as a dancer means that these muscles are particularly tight. I thought I could try to finger myself using water-based lube but I encountered some bleeding. It’s not painful but I am now too worried to try again. Should I go to the doctor or wait for it to heal again?

A The bleeding, if not too severe will heal shortly, but if it does persist, you should visit your GP. If you are going to get fucked and you are worried that it will hurt or your anus will bleed again, it is important to use enough water-based or silicone-based lube. You should also relax and make sure you communicate with your partner about him going easy on you. Ask him to open you up by rimming your arse or playing with it gently using his fingers. Make sure he doesn’t have long, sharp nails so that he doesn’t hurt you. You can also try out different positions that are more likely to make your arse relaxed so that you can take your partner’s cock.

Please note, the advice GMFA provides is intended to support, not replace the relationship that exists between you and your doctor. GMFA recommends you visit your GP or GUM clinic if you have a sexual health need.

To find your nearest GUM clinic, visit www.gmfa.org.uk/clinics.

For sex and sexual health advice,
I've been living with diagnosed HIV for many years. In that time I've had my share of sexual and romantic rejections on the basis of my HIV status. While these don't make up any of my happiest memories, I've tried to take it on the chin. I've always been a firm believer that individuals have a right to work out the sexual strategy that is right for them – and that included rejecting people on the basis of their HIV status. But, you know what – I've had a change of heart. It's bullshit.

Firstly, as a safer sex strategy, it just doesn't work. We've known for some years now that someone on treatment is very unlikely to pass on the virus. How unlikely? Well you're more likely to be infected from sex using a condom with someone who isn't on treatment than you are to be infected from sex without a condom with someone who is on treatment. So when someone says that they're going to avoid John because he has HIV (and is on treatment), and then runs off with Jonah, whose status is unknown, they're taking a far bigger sexual risk.

Then there's the idea that you ditch the condoms with the one you settle down with – but you don't want to do this with a poz guy (despite the fact that treatment makes transmission very unlikely). It sounds great in theory but even if you've done the responsible thing and tested together, a negative test result just relates to that moment in time. Monogamy is great, don't get me wrong, but it can fail. The truth is most HIV infection is a result of sex with someone who doesn't know their status. If you've dumped some hot guy because he was responsible, got tested and told you his HIV status, you could be just opening yourself up to some other, far greater risk.

If you're worried about an HIV-positive partner getting sick or dying then it's time for you to realise that it's now the 21st century. Life expectancy for people with HIV who are diagnosed when their immune system is still robust is expected to be more or less the same as anyone else's. Some studies even suggest we may live a bit longer than our negative brethren (only because we're always going for check-ups so any other conditions are likely to be detected earlier).

Or maybe there's still some lingering sense that people with HIV are unclean or unworthy? Please. It's a virus, it's not a moral judgement or a matter of personal hygiene. Sure you can find some guys with HIV who are, shall we say, socially generous, but you'll find the same in the HIV-negative community. And the same goes for personal hygiene. It's a pretty poor state of affairs if you think the stigma is going to rub off on you – surely that's a just call for us all, whether we are HIV-positive or negative to work together to challenge stigma?

I want people to be able to have open and honest discussions about HIV and about what they know or suspect about their own status. I think it's vital if we're going to reduce new infections and challenge stigma. A blanket rejection of anyone with HIV means that fewer men feel able to be open and honest and this provides a foundation for ongoing ignorance and fear.

Avoiding sex or a relationship with someone just because they're living with HIV isn't a good strategy: it won't prevent you from becoming HIV-positive, it won't reduce the number of new infections and it contributes to an unacceptable caste system within our communities. It's time to say, ‘enough’.

Matthew is the Chief Executive of GMFA. This article is Matthew’s own opinion and not necessarily the view of GMFA as an organisation.
Most HIV infections are from men who don't know their status.

Think Again

Most HIV infections are from men who don't know their status.


Know the Facts. Use Condoms. Test for HIV.

www.gmfa.org.uk/thinkagainHIV

Disclaimer: No assumptions should be made about the HIV status or views of the models featured in this ad. GMFA projects are developed by HIV-positive and HIV-negative volunteers. Support GMFA by making a donation at: www.gmfa.org.uk/donate

1 in 3 gay guys diagnosed with HIV are in their teens or 20s.*


Know the Facts. Use Condoms. Test for HIV.

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