

The Chemsex Phenomenon in Vietnam: Silent Growth and Passive Healthcare System Responses

Ly-Lai Nguyen

s112103908@ncnu.edu.tw

National Chi Nan University

Thi Lan-Phuong Tran

South Vietnam HIV/AIDS Addiction Technology Transfer Center, Ho Chi Minh City University of Medicine and Pharmacy

Hoang-Nguyen Danh

South Vietnam HIV/AIDS Addiction Technology Transfer Center, Ho Chi Minh City University of Medicine and Pharmacy

Thi My-Tien Nguyen

South Vietnam HIV/AIDS Addiction Technology Transfer Center, Ho Chi Minh City University of Medicine and Pharmacy

Hoang-Son Vo

University of Social Sciences and Humanities, Vietnam National University Ho Chi Minh City

Research Article

Keywords: chemsex, men who have sex with men, Vietnam, healthcare system response, public policy

Posted Date: July 9th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-10088725/v1>

License: © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Additional Declarations: No competing interests reported.

Abstract

Chemsex – the intentional use of psychoactive substances to facilitate or enhance sexual encounters – is most documented among men who have sex with men (MSM). Globally, sexualized drug use (SDU) is of increasing research interest due to its complex associations with HIV, sexual transmission illnesses (STIs), mental health disorders, and drug dependence. While Asian nations like Taiwan have pioneered evidence-based practice models, research in Vietnam remains scarce. This study investigates chemsex patterns in the Vietnamese context and examines the healthcare system's response.

Using a phenomenological approach, we conducted 50 in-depth interviews (IDIs) with 23 community-based organization (CBO) members and 27 public providers, and eight focus-group discussions (FDGs) with 18 CBO members and 25 service providers across six provinces. Data were analyzed using Carney's five-step hand-coding method, adapted by Chang. Four themes emerged: (1) varying knowledge levels regarding chemsex; (2) intertwined social and individual drivers; (3) HIV-centric healthcare lacking mental health and substance abuse support; and (4) lack of priority of a legal framework.

Key concerns include risk compensation among PrEP users and the notably young age of participants. Low political prioritization currently results in a passive healthcare response. Findings suggest that policymakers should re-examine chemsex to develop legal and clinical frameworks that integrate sexualized drug users into social welfare systems.

Introduction

The Chemsex Phenomenon: A Global Overview

Broadly defined, the term "chemsex" refers to the intentional use of psychoactive substances in a sexual context to facilitate, prolong, or enhance sexual encounters (Coronado-Munoz et al., 2024; Maxwell S., 2019). While this behavior may occur across various demographics, it is most predominantly documented among gay men, bisexual men, and other MSM. Substances typically associated with SDU include crystal methamphetamine, mephedrone, gamma-hydroxybutyrate/gamma-butyrolactone (GHB/GBL), cocaine, ketamine, and volatile nitrites (poppers). The phenomenon has increasingly become a focus of multidisciplinary inquiry—spanning public health, social policy, and clinical psychology—as it intersects with individual sexual desires and entrenched social norms regarding gender roles and the legal categorization of illicit substances (Amundsen et al., 2024; Card et al., 2020; Coronado-Munoz et al., 2024; Hibbert et al., 2019; Hua et al., 2025; Incera-Fernandez et al., 2021; Le et al., 2016; Moreno-Gamez et al., 2022; Song & He, 2026).

The persistence of these socio-historical standards has established a rigid heterosexual hierarchy that often hinders the goals of modern social reforms aimed at promoting diversity, equity, and inclusion. Chemsex is of critical concern due to its complex associations with HIV transmission, STIs, substance dependence, mental health disorders, and social stigma. Individuals engaging in chemsex encounter

both internal psychological distress and external structural barriers; current healthcare systems often fail to address their specific psychosocial and medical needs (Peng et al., 2026; Tangerli et al., 2022).

Patterns of sexualized substances use

Research over the last two decades has identified several consistent chemsex patterns. Primary drivers include enhancement of sexual pleasure and escape from social pressures: chemsex provides both sexual gratification and a sense communal belonging for MSM, offering a space of acceptance that contrasts with broader stigmatization (Amundsen et al., 2024; Card et al., 2020; Ghobrial et al., 2025; Hibbert et al., 2021; Song & He, 2026). Second, the rise of digital hookup applications has fundamentally altered the landscape, fostering an app-based culture within LGBTQ+ communities (Amundsen et al., 2024; Hibbert et al., 2019). Third, stimulants predominate, though with regional variations: cocaine is prevalent in North America and Europe contexts, while crystal methamphetamine predominates in Asia; polydrugs use within a single chemsex session is a frequent clinical finding (Hibbert et al., 2019; Moreno-Gamez et al., 2022; Vaccher et al., 2020). Final, chemsex events are often characterized by multiple sexual partners, group settings, and high-risk behaviors, including prolonged anal intercourse and condomless sex; exchanging or finding new sexualized drug partners are usually reported (Coronado-Munoz et al., 2024; Drysdale et al., 2020; Maxwell S., 2019; Vaccher et al., 2020).

Chemsex users' demands and approach to health services

These patterns rise increase the risk of HIV, STIs, mental health, substance dependence, and overdose (Evers et al., 2020; Maxwell et al., 2019). The rate of HIV positive among MSM who have reported for ATS use is 1.7 times compare with MSM who were non-users (Vu et al., 2015). System reviews found that 17% chemsex participants were diagnosed are drug dependent, 26% reported suicidal thoughts, and one case died from GHB overdose have been recorded (Hibbert et al., 2019; Incera-Fernandez et al., 2021; Moreno-Gamez et al., 2022). In other view, healthcare systems – even in the UK, the U.S, or Netherland – remain ill-equipped to meet these needs, partly because public service providers lack specialist knowledge and dual stigma around substance use and dender identity creates access barriers (Aman Bedi, SAGE/2020; Drysdale et al., 2020; Evers et al., 2020; Ghobrial et al., 2025; Hibbert et al., 2021; Nagington & King, 2022; Tangerli et al., 2022; Xi-Yuan Peng, 2026).

Theoretical frameworks

Chemsex can be interpreted through Meyer's Minority Stress Theory, which argues that LGBTQ+ individuals face exclusion from social and legal systems built by the heterosexual majority, producing stigma and barriers to healthcare agencies (Meyer, 2003). From this perspective trace back 1950s, Foucault criticized the conceptualization of "normal" and "abnormal" under lens of majority population who possess similar views about human behaviors so then they build up standards of individual's actions, otherwise individuals practice in different manners are refered to the act of resistance to social norms or morality. His analysis of sexuality and furidico-political power further illuminates how

heteronormative norms construct chemsex participants as “abnormal”, marginalizing them doubly: as non-productive subjects and as illicit drug users (Foucault, 1990a, 1990b). Fromm’s concept of escape from social conformity adds a third dimension – the more gay men fail to satisfy dominant social roles, the more likely they are to seek belonging and authenticity through chemsex in which it creates a self-reinforcing cycle (Fromm, 1941). These Western theoretical frameworks require critical adaptation for Eastern contexts where heterosexual mono-hierarchical, criminal drug laws, conservative family structures remain more rigid.

Chemsex in Asia and Vietnam

Asian chemsex research is substantially smaller in quantity than Western literature, such as 23 versus 96 studies in major reviews (Amundsen et al., 2024; Wang et al., 2023). Crystal methamphetamine predominates in Asia; HIV prevalence among MSM engaging in chemsex is approximately three times than non-users (Wang et al., 2023). In China, social labelling and stigma from heterosexual mono-hierarchies structure gay men’s chemsex experiences (Song & He, 2026). Taiwan, recently Strong et al evaluates the effect and efficiency of chemsex interventions, and then to recommend sustainable modes which they involve community-based organizations in (Carol Strong, 2022; Strong et al., 2023). Another longitudinal approach indicates weak association between sexualized drug use and depressive symptoms in five-year period (Hua et al., 2025).

In Vietnam, understanding remains fragmented information gleaned from research relative to HIV epidemic. The 68,7% among 300 MSM engage in unprotected sex and drug users are 2.4 times more likely to be HIV-positive (Ly Anh Huy, 2022); 24.7% of 456 transgender women use ATS, popper users face twice the HIV risk (Vi et al., 2020); 26,5% of 200 gay men in one provincial sample reported chemsex participant (Trí et al., 2022). These findings recommend that should build-up comprehensive intervention strategies to cope with increasing ATS use and inadequacy of healthcare services, however, Vietnam’s national goal HIV response has shifted from 90–90–95 to 95–95–95 targets aim to cease HIV epidemic by 2023. For doing it, scaling up PrEP and PEP, antiretroviral therapy (ART) in orders to achieve Undetectable = Untransmittable, self- and Community-based HIV testing (Bao Vu Ngoc, 2023; Huong, 2018; Shinichi Oka, 2024). CBOs are empowered and encouraged to transform to social enterprises for utilizing their missions in screening HIV status for MSM, female sex workers, and injected drug users. On the other view, comparing to the availability and feasibility of HIV-services, mental health and substance dependence interventions are unavailable and unfeasible except Methadone Maintenance Therapy (MMT). Since 2010, after two-year pilot to respond to the predominate HIV transmission among injected heroine user, MMT scaled-up 335 clinics in all 63 provinces (Hoang et al., 2015; Nguyen Thanh Long, 2012). Keeping drug control lens, opioid, ATS, cannabis, and other users are criminalized, and MMT patients still face compulsory rehabilitations after two positive tests (Dam, 2016; Dam, 2021; Vuong et al., 2012). Mental health, ATS, and SDU interventions are effectively unavailable beyond HIV services (Capoccia, 2022; Giang et al., 2026; Thuong Nong, 2022).

In short, responding to HIV epidemic, substance misuse, and gender identity is far different between western and eastern nations. In the West, majority of developed countries has gradually shifted from a control-approach to human rights and diversified services to meet the needs of these populations. In the East, except Taiwan and Thailand regulate the homosexual rights, then they promote a variety of sexual health and substance services; whereas criminal drug use and unregulated same-sex marriage are maintained their orders. Consequently, understanding on chemsex that is both unregulated parts is a severe gap in Asia, particular in Vietnam. Therefore, this study asks: What are the phenomenon of chemsex in Vietnam, and what extent does the healthcare system respond?

Methods

Research design, setting, and participants

This study employed a phenomenological approach by exploring perspectives and work experience of those who provide HIV/AIDS prevention and treatment interventions for MSM in six provinces included Ho Chi Minh, Ha Noi, Can Tho, Dong Nai, Tien Giang, and Tay Ninh cities. These sites represent major urban centres and border areas with district epidemic profiles. The participants included healthcare service providers and program managers at Provincial Centers for Disease Control and Prevention (CDC) and district Outpatient Clinics (OPC), and members of CBOs or social enterprises. Because chemsex information is rarely documented in clinical records and direct recruitment of sexualized drug users raised ethical and safety concerns, data were collected from secondary informants; notably, some CBO members had personal chemsex experience (Berg, 2017; Poth, 2018). Purposive sampling recruited OPC and CDC staff; snowball sampling recruited CBO peer-educators. A total of 50 IDIs and eight FGDs were conducted, the detail information is illustrated in Table 1. Each interview was approximate one hour; participants received USD 25 compensation.

Table 1
Distribution of Respondents in the Study

Study sites	Numbers of In-depth Interview			Numbers of Focus-group Discussion	
	CDC Managers	Service Providers	CBO Members	Service Providers	CBO Members
MoH (VAAC)*	1	0	0	0	0
Ho Chi Minh	2	1	7	1 (4 Ps)**	1 (4 Ps)
Ha Noi	3	0	4	0	1 (4 Ps)
Can Tho	5	4	4	1 (7 Ps)	1 (5 Ps)
Tien Giang	0	2	2	1 (7 Ps)	0
Dong Nai	3	4	4	1 (7 Ps)	1 (4 Ps)
Tay Ninh	0	2	2	0	0
Total	13	14	23	4 (25 Ps)	4 (28 Ps)

* Vietnam Administration of HIV/AIDS Control

** Persons participate in Focus-group discussion

Ethics and consent to participate

The Ethical approval was granted by the Ho Chi Minh City University of Medicine and Pharmacy's research ethics committee. All participants were over 18 years, provided verbal recorded consent and explained the study aims before interviews. The interviews were audio recorded, transcribed verbatim by a third-party service, checked for accuracy and then anonymised.

Data analysis

Analysis followed Chang's adaptation of Carney's five steps qualitative ladder of abstraction (Chang, 2010; Denzin, 2016; Hothersall, 2018; Nelson et al., 2018). The textualization step produced 268 working pages from 1,563 pages transcripts. Then conceptualizing assigned concepts to some pieces of text data to establish preliminary codes; propositionalization grouped them into themes, with two researcher certifying the codebook. After comparing and achieving agreements on different points, the researchers tested hypothesis and cross-checked tentative findings to develop a diagramming of the study. Finally, four themes were ultimately organized to describe the chemsex phenomenon and healthcare system responses.

Findings

Sociodemographic characteristics of the participants

The average age of fifty participants was 37 (13 females, 37 males). Most CBO staff (n = 23) identified gay men; 17 reported active and non-active to approach chemsex participants. Of all informants, 24% held undergraduate qualifications while the remainder held bachelor's or master's degrees. The median years of working experience with LGBTQ + was 6 (range 4–14). CBO staff provided HIV-testing, harm-reduction, educational communications, and service-referral; OPC staff provided PrEP, PEP, ART and covered HIV-testing programs. The first two themes – chemsex patterns and drivers – were primarily informed by CBO respondents; the last two – healthcare system responses and legal framework – drew on all participants.

Theme 1: Degrees of knowledge on chemsex and its patterns

Subtheme 1.1. Spectrum from known to unknown about chemsex among respondents

When asked to describe chemsex, based on a common global definition of sexualized drug use, responses stretched from detailed knowledge to complete unfamiliarity. The known pole was performed by CBO members, and OPC service providers stood on the unknown pole. A chief with 14 years of work experience with MSM described a precise definition:

'Chemsex is a combined word of chemical and sex, so people generally call the use of those chemicals in sexual intercourse, and the word that comes from England is for men who have sex with men. [...] Chemsex is a specific intention of using drugs before and during sex. They may have sex in a couple or a group of many people. Commonly, chemsex implies sexualized drug use among MSM' (gay man, 38ys, CBO, HCMC).

On the opposite pole, many OPC providers had no prior knowledge; a medical doctor said: *'I don't know what chemsex is'* (female, 43ys, SP, DN). Some service providers searched the internet before the interview:

'I searched and found that chemsex is using stimulants in sex [...]; I've never heard of chemsex before; [...] the first time I saw a chemsex term was the invitation for this study' (Focus-group discussion, SP, DN).

The study found that the majority of OPC service providers fell in the middle of the spectrum. They had encountered passing references from patients or colleagues but dismissed them as outside their clinical mandate: *'I neither go deep into patients' personal issues (chemsex), nor follow up on their personal problems. The lack of human resource could not allow me investigate deeper their problems, I just concentrate on what are assigned of treatment tasks'* (male, 40ys, SP, TG). In their view, they must follow the healthcare guideline solely, chemsex had not included in it, hence, was unnecessary: *'I haven't learned*

and heard about chemsex. [...] I only ask for the necessary information for treatment including in the guideline' (female, 38ys, SP, TG).

The chemsex understanding pole indicated that OPC healthcare providers were likely to pass over and to be dismissive about sexualized drug use, because these pieces of information were irrelevant to their assigned responsibilities, so they were stood on an unknown pole. Contrarily, through work experience and trainings on chemsex, most of COB members were on the known pole. Thus, their deeper knowledge provided a landscape of this phenomenon.

Theme 1.2_A landscape of sexualized drug use

Sociodemographic. CBO informants described that majority chemsex participants as MSM. Free-labor and low educational background were found the most among chemsex participants, some of them were high-school or undergraduate students. The age range was from 15 to 30 years. One respondent noted *'some chemsex users are 13 or 14 years old'* (gay man, 35ys, CBO, HCMC). The characteristics of chemsex participants of this study are similar to the findings of previous studies. Nevertheless, the age is notably younger than reported age ranges in Asia region particularly in Vietnam (16–25), Taiwan (20–34), and in China (22–36) (Hua et al., 2025; Ly Anh Huy, 2022; Song & He, 2026). And it is far different from western countries such as in the UK (23–66), Australia (25–34), and global samples (32–42) (Hibbert et al., 2021; Moreno-Gamez et al., 2022; Vaccher et al., 2020). Some chemsex participants were secretly gay men who had married to meets family expectations.

Substance use and sexual behaviors. The common drugs were similar to Asia studies, crystal methamphetamine (ice), popper, and ketamine were reported in sexualized drug use (Wang et al., 2023). The study confirmed with Wang et al findings that crystal ice was the most use in Asia, whereas, cocaine was the most popular use in the US and Europe (Coronado-Munoz et al., 2024; Hua et al., 2025; Wang et al., 2023). Consistence with other reviews across-nation, polysubstance use was emphasized by respondents, a couple of popper and crystal meth, or one of them with other substances in a chemsex event. A CBO staff described: *'seven or eight years ago, they had mainly used ice, but recently they use popper and combine with a variety of substances such as crystal meth, ketamine, GHG, and others'* (gay man, 40ys, CBO, HCMC). Additionally, sexual patterns were condomless, vigorous sexual behaviors, multiple concurrent partners, group sessions, and organized via online applications. These characters were consistent in reports of Maxwell, Coronado-Munoz, and Wang (Amundsen et al., 2024; Coronado-Munoz et al., 2024; Incera-Fernandez et al., 2021; Maxwell et al., 2019; Maxwell S., 2019; Wang et al., 2023). A CBO member described:

'As an observer, there were nine of us in total. [...] I saw them used ice, combined with marijuana and ketamine. Then they had sex together as a proper sex party for one day and a half. [...] They continued to rotate like that; those who were tired rested, then returned to play again' (gay man, 30ys, CBO, HN).

The chemsex organizers and/or participants and/or drug suppliers used Zalo, Blued and Tinder applications to hunt potential “partners” by posting key words “2Fun”, selling poppers and other

substances, or providing “fake counseling” on sexual health for MSM. One CBO respondent reported that: *“we access gay applications to reach potential clients, those accounts with the words ‘2Fun’ or ‘HF’ used as an implication chemsex practice* (gay man, 27ys, CBO, TN).

Chemsex and its relations. Coupling with the characters of substance abuse and sexual behaviors found, a series of problems were reported including HIV, STIs, mental health disorders, drug dependence, overdose, disrupted employment, and strained relationships. One CBO informant pointed: *‘Usually they will be diagnosed HIV, syphilis, gonorrhea, and genital warts’* (gay man, 32ys, CBO, HCMC). These problematic types were consistent with global literature (Amundsen et al., 2024; Coronado-Munoz et al., 2024; Incera-Fernandez et al., 2021; Maxwell et al., 2019; Moreno-Gamez et al., 2022; Song & He, 2026; Wang et al., 2023). The severe degree of problems associated with frequency, amount of drugs, the patterns of sexual behaviors, as: *‘If you use it a lot, it greatly affects your mental and physical health such as depression, anxiety and even psychosis’* (gay man, 23ys, CBO, HCMC).

Concerned, a distinct was PrEP-related risk compensation among chemsex participants. They thought that PrEP would prevent all kinds of infections. One CBO respondent with six-year work experience with MSM criticized: *[...] PrEP is to prevent HIV transmission only, it doesn’t work on STIs at all, but majority of sexualized drug users have a misconception that if they take PrEP, they would all be safe’* (gay man, 35ys, CBO, HCMC). This misunderstanding was analogous to *“PrEP contribute to the false sense of confidence”* in Coronado-Muñozs’ review in Europe (Coronado-Munoz et al., 2024).

In short, Vietnam chemsex patterns were confirmed the previous findings including types of drugs, sexual behaviors, and its relations. However, the age of beginning chemsex was youngest among our literature; and the tendency to PrEP risk-compensation was reported.

Theme 1.2_A landscape of sexualized drug use

Sociodemographic. CBO informants described that majority chemsex participants as MSM. Free-labor and low educational background were found the most among chemsex participants, some of them were high-school or undergraduate students. The age range was from 15 to 30 years. One respondent noted *‘some chemsex users are 13 or 14 years old’* (gay man, 35ys, CBO, HCMC). The characteristics of chemsex participants of this study are similar to the findings of previous studies. Nevertheless, the age is notably younger than reported age ranges in Asia region particularly in Vietnam (16–25), Taiwan (20–34), and in China (22–36) (Hua et al., 2025; Ly Anh Huy, 2022; Song & He, 2026). And it is far different from western countries such as in the UK (23–66), Australia (25–34), and global samples (32–42) (Hibbert et al., 2021; Moreno-Gamez et al., 2022; Vaccher et al., 2020). Some chemsex participants were secretly gay men who had married to meet family expectations.

Substance use and sexual behaviors. The common drugs were similar to Asia studies, crystal methamphetamine (ice), popper, and ketamine were reported in sexualized drug use (Wang et al., 2023). The study confirmed with Wang et al findings that crystal ice was the most use in Asia, whereas, cocaine

was the most popular use in the US and Europe (Coronado-Munoz et al., 2024; Hua et al., 2025; Wang et al., 2023). Consistence with other reiviews across-nation, polysubstance use was emphasized by respondents, a couple of popper and crystal meth, or one of them with other substances in a chemsex event. A CBO staff described: *‘seven or eight years ago, they had mainly used ice, but recently they use popper and combine with a variety of substances such as crystal meth, ketamine, GHG, and others’* (gay man, 40ys, CBO, HCMC). Additionally, sexual patterns were condomless, vigorous sexual behaviors, multiple concurrent partners, group sessions, and organized vis online applications. These characters were consistent in reports of Maxwell, Coronado-Munoz, and Wang (Amundsen et al., 2024; Coronado-Munoz et al., 2024; Incera-Fernandez et al., 2021; Maxwell et al., 2019; Maxwell S., 2019; Wang et al., 2023). A CBO member described:

‘As an observer, there were nine of us in total. [...] I saw them used ice, combined with marijuana and ketamine. Then they had sex together as a proper sex party for one day and a half. [...] They continued to rotate like that; those who were tired rested, then returned to play again’ (gay man, 30ys, CBO, HN).

The chemsex organizors and/or participants and/or drug suppliers used Zalo, Blued and Tinder applications to hunt potential “partners” by posting key words “2Fun”, selling poppers and other substances, or providing “fake counseling” on sexual health for MSM. One CBO respondent reported that: *“we access gay applications to reach potential clients, those accounts with the words ‘2Fun’ or ‘HF’ used as an implication chemsex practice* (gay man, 27ys, CBO, TN).

Chemsex and its relations. Coupling with the characters of substance abuse and sexual behaviors found, a series of problems were reported including HIV, STIs, mental health disorders, drug dependence, overdose, disrupted employment, and strained relationships. One CBO infomant pointed: *‘Usually they will be dignosised HIV, syphilis, gonorrhea, and genital warts’* (gay man, 32ys, CBO, HCMC). These problematic types were consisted with global literature (Amundsen et al., 2024; Coronado-Munoz et al., 2024; Incera-Fernandez et al., 2021; Maxwell et al., 2019; Moreno-Gamez et al., 2022; Song & He, 2026; Wang et al., 2023). The severe degree of problems associated with frequency, amount of drugs, the patterns of sexual behaviors, as: *‘If you use it a lot, it greatly affects your mental and physical health such as depression, anxiety and even psychosis’* (gay man, 23ys, CBO, HCMC).

Connerndedly, a distinct was PrEP-related risk compensation among chemsex participants. They thought that PrEP would prevent all kinds of infections. One CBO respondent with six-year work experience with MSM criticized: *‘[...] PrEP is to prevent HIV transmission only, it doesn’t work on STIs at all, but majority of sexualized drug users have a misconception that if they take PrEP, they would all be safe’* (gay man, 35ys, CBO, HCMC). This misunderstanding was analogous to *“PrEP contribute to the false sense of confidence”* in Coronado-Muñozs’ review in Europe (Coronado-Munoz et al., 2024).

In short, Vietnam chemsex patterns were confirmed the previous findings including types of drugs, sexual behaviors, and its relations. However, the age of begnining chemsex was youngest among our literature; and the tendency to PrEP risk-compensation was reported.

Theme 2. The causes and effects relationship is intertwined social process and individual's desires

The study found three main motives for engaging in chemsex. First, pharmacological effects were to enhance, facilitate, and prolong sex experience. It was *'to create arousal, to enhance sexual ability, and to relieve pain during sex'* (gay male, 24ys, CBO, CT). Taking advantages of substance effects to satisfy sexual desires were strongly confirmed with findings worldwide (Esteban L, 2024; Hibbert et al., 2019; Incera-Fernandez et al., 2021). Second, engaging chemsex was to avoid social pressure. Taking his own case for giving a proof, one CBO described *'chemsex participants want to get away from social reality that a man must get married and have children [...]. As for myself, [...] I can't overcome my family's wish [for me to have] a "normal" life, even though they knew I am gay'* (gay man, 30ys, CBO, HN). Those who maintained a double life – marrying to satisfy family expectations while engaging in chemsex privately – exemplified this driver. This motive was entirely consistent with Song et al work, it was a manner of escape from the domination of heterosexual hierarchy that raised a dilemma between gay man and his family and social expectations (Esteban L, 2024; Song & He, 2026). Third, a self-reinforcing vicious cycle: declining tolerance reduces pleasure, requiring increased substance use, while unresolved social conflicts deepen isolation and the urge to escape, CBO informants reported: *'Gradually their libido is reduced, thus they have to use more substances to ensure that their pleasure is long-lasting'* (gay male, 23ys, CBO, HCMC); *'The more they have troubles with their families, the more they want to leave. They access gay-applications, connect with similar-people, then engage in chemsex again'* (gay man, 24ys, CBO, CT). This motive is also indicated by Card et al shown high association between HIV-risk engaging in chemsex (Card et al., 2020; Esteban L, 2024).

Briefly, motives for engaging in chemsex were intertwined both outside and inside factors. On the one hand, sexualized drug users earn sexual satisfaction and feel belong to a group. On other hand, they escape from social norms. The third motive came from the consequence of two above ones. The more frequency of chemsex practice to escape the failure of social standards, the more problems they faced; consequently, they were likely to engage in chemsex again to resolve its own problems. In doing it, this vicious circle of causes and effects was established and it also rose a series of demands that need responses of healthcare system.

Theme 3. Healthcare services overwhelmed towards by HIV interventions and lacking of other necessary services

Consistent with both this study and global literature, a substantial gap exists between chemsex needs and available healthcare services. Particularly, mental health and substance use services were inadequate, and sexual health settings were lack of substance abuse knowledge, conversely, substance use facilities were lack of sexual health, or both things (Ghobrial et al., 2025; Hibbert et al., 2021; Tangerli et al., 2022; Wang et al., 2023). In Vietnam, however, the imbalance was more extreme: services were

almost entirely oriented toward HIV prevention. The scarcity of available support fell in the following order: HIV prevention, STI treatment, mental health, substance use (MMT only, overdose management, and specialized services for chemsex. Participants from both OPC and CBO settings described this HIV-centrism:

'[...] expanding HIV interventions is a large scale-up. The services are mainly the provision of condoms, lubricants, needle sharing, PrEP and PEP prevention, diagnosis and treatment for both HII and STIs, HIV self-testing, and referral to other services' (Focus-group discussion, Healthcare providers, CT).

The gap in mental health and substance abuse support was scarce: *'The barriers relate to addiction treatment or overdose and mental health are pretty limited [...] The chemsex participants have problems they go to general hospitals where medical staff don't have this professional knowledge, so they refuse be treated in there'* (Focus-group discussion, CBO, HCMC).

A notable exception emerged in Ho Chi Minh City and Ha Noi, where some CBOs that transitioned to social enterprises were proactively applying evidence-based practice tools: *'We provide harm reduction services related to HIV programs like other CBOs. In addition, we implement ASSIST toolkit both online or offline. [...] Recently, we have piloted the Chemsex Recovery Group in which participants share their own experiences to reduce anxiety and to find psychological solutions'* (gay man, 34ys, CBO, HN). These pilots deployed the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Brief Interventions, and Patient Health Questionnaires – but remained unofficial, unsupported by national guidance, and confined to a handful of organizations.

Theme 4. A lack of legal framework on chemsex

The study found that three structural mechanisms produced the healthcare system's passivity toward chemsex. First, all health staff mandates were defined by HIV cascade targets; chemsex fell outside their assigned responsibilities. Second, the criminal framing of drug use deterred both disclosure by chemsex participants and engagement by providers: *'drug use is still a violation of the laws, chemsex participants do not dare to disclose their drug use, then they face to difficulty in accessing and receiving services'* (male expert, 38ys, VAAC). Third, gay men engaging in chemsex faced dual stigma – as illicit drug users and as individuals outside heteronormative legal frameworks – compounding their exclusion from both substance and sexual health services.

A senior CDC physician with 25 years in HIV field shared the intractability of policy change: *'It is very difficult to advocate for policies related to chemsex or stimulants. [...] it took 15 years to advocate for heroin addiction treatment by methadone [...] after 15 years of MMT implementation, patients are still forced into compulsory detoxification centers if they have 2 positive tests with illegal drugs'* (female manager, 56ys, CDC, HN).

OPC service providers understood policy guidance as a prerequisite for action: *'In term of policy, there must be clear regulations from the MoH, then my OPC will deploy it'* (female doctor, 36ys, OPC, HCMC). One VAAC expert anticipated that forthcoming regulatory changes might open a pathway: *'The upcoming decree will create a legal framework for implementing chemsex interventions'* (male expert, 38ys, VAAC).

The complex interplay between heteronormative legal structures and a HIV-prioritized healthcare system has effectively marginalized individuals engaging in sexualized drug use from the broader social welfare system.

Discussion

The Chemsex phenomenon

This study found that sexualized drug use is growing strongly among MSM in Vietnam, consistent with prior cross-sectional evidence, but this growth is largely invisible to the healthcare system. The patterns and associations – substance types, sexual behaviors, and health consequences – align with global and Asian literature. Two distinctive features, however, warrant particular attention.

First, the young age chemsex participants – reportedly as low as 13–14 years – is younger than any comparator population in the reviewed literature. Adolescents engaging in chemsex face compounded developmental, legal, and health risks for which current services offer no pathway. Though these reports comes from secondary informants, the finding demands primary research with young MSM and a reconsideration of school- and community-based prevention strategies.

Second, PrEP-related risk compensation represents a direct, underappreciated threat to Vietnam's 95-95-95 goals. Chemsex participants who perceive PrEP as comprehensive protection may reduce condom use, increasing STI acquisition without triggering HIV-positive status – outcomes invisible to current monitoring. As Coronado-Munoz et al. similarly observed in the European context, this 'false sense of confidence' should prompt integration of SDU-specific counseling into all PrEP delivery programmes (Coronado-Munoz et al., 2024).

The dual stigma arising from non-normative gender identity and criminal drug use – as Foucault and Meyer's frameworks predict – leads chemsex participants to form a 'secondary bond' within chemsex communities, further isolating them from mainstream social and health services. Re-conceptualizing both substance misuse and gender diversity in Vietnamese policy and cultural discourse is therefore a prerequisite for effective intervention.

Healthcare system

The scarcity of both quantity and quality of socio-healthcare services confirms that chemsex participants are effectively outside the social welfare system. Service providers lack of knowledge and engagement reflects that SDU is absent from national clinical guidance – a structural, not attitudinal, problem. Drawing on Houston's realist approach to social intervention, effective responses must account for

context (Vietnam's legal and cultural environment), mechanisms (specific service modifications), time (the pace of policy reform), and human agency (provider willingness to act beyond mandated tasks) (Houston, 2010). This argues for a redesign of practice guidance that explicitly incorporates evidence-based interventions for mental health, sexual health, and substance use, leveraging the existing CBO infrastructure that has already begun to fill gap in HCMC and Ha Noi.

Legal framework

The passive healthcare responses ultimately reflect a lack of political prioritization of chemsex as a public health issue. The experience of MMT – 15 years from advocacy to scale-up, and still imperfect – illustrates how slowly legal and policy frameworks adapt in Vietnam. Learning from Taiwan's community-centred, rights-sensitive approach, and from Fromm's argument that a good society enables individuals to fulfil both social obligations and personal needs, this study advocates for a policy process that investigates SDU comprehensively and develops strategies that include minority groups as contributors to national development. The forthcoming national regulatory instruments represent a policy room that should not be missed.

Limitations

This study has several limitations. Data were collected from secondary informants rather than chemsex participants directly, which may underestimate the diversity of individual experiences. The six-province purposive sample, though geographically diverse, does not represent rural or mountainous settings. The cross-sectional design captures a snapshot prior to full implementation of new regulatory instruments. Future primary research with chemsex participants is needed to deepen and validate these findings.

Conclusion

Chemsex is growing silently among MSM in Vietnam. This silence is sustained by social and psychological mechanisms through which chemsex participants, unable to fulfil heterosexual social roles, seek belonging and pleasure through sexualized drug use – a vicious circle of cause and effect. The healthcare system's passivity, rooted in an HIV-centric mandate, criminal drug law, and the absence of clinical guidance, reinforces this silence and threatens Vietnam's national goal of ending HIV by 2030.

Stakeholders must therefore: (1) re-examine the chemsex phenomenon through primary research; (2) redesign clinical practice guidelines to include SDU screening and referral pathways; (3) integrate chemsex-specific counseling into PrEP and ART programmes; and (4) initiate legal reform to move personal drug use from a criminal to a public health framework. Without these steps, chemsex will continue to grow invisibly, undermining both individual health and national epidemic-control targets.

Declarations

Author Contribution

The first author wrote a whole manuscript. The second and third authors involved in coding process and reviewed the paper. The fourth and fifth authors involved in administration, collecting data, and reviewing valid concepts and language.

Acknowledgement

Family Health International 360 – EpiC Project funded for the South Vietnam HIV Addiction Technology Transfer Center to carry out this study.

References

1. Aman Bedi, C. S. a. C. F. (2020). Peer-led education may be an effective harm reduction strategy for men who have sex with men engaging in 'chemsex'. *International Journal of STD & AIDS*, 3. <https://doi.org/10.1177/0956462419898614> (Original work published SAGE)
2. Amundsen, E., Muller, A. E., Reiherth, E., Skogen, V., & Berg, R. C. (2024). Chemsex Among Men Who Have Sex With Men: A Systematic Scoping Review of Research Methods. *J Homosex*, 71(6), 1392–1418. <https://doi.org/10.1080/00918369.2023.2170757>
3. Bao Vu Ngoc, K. G., Huong Phan Thi Thu, Son Vo Hai, Nga Ngo Thi Thuy, Tham Tran Thi, Anh Doan Hong, Trang Minh Ngo, An Tran Khanh, Long Tran Khanh, Phuong Tran Van Anh, Bieu Nguyen Van, Vuong Ngo Minh, and Zoe Humeau. (2023). HIV SELF-TESTING IN VIETNAM: FROM PILOT TO SCALE UP. *International Journal of Infectious Diseases*, 130, S38–S39. <https://doi.org/10.1016/j.ijid.2023.04.090>
4. Berg, H. L. a. B. L. (2017). *Qualitative research methods for the social sciences* (9 ed.). Pearson.
5. Capoccia, V. (2022). *Review Substance Abuse Treatment in Vietnam (2005-2020)*.
6. Card, K. G., Armstrong, H. L., Wang, L., Bacani, N., Moore, D. M., Roth, E. A., Hogg, R. S., & Lachowsky, N. J. (2020). Escape expectancies and sexualized substance use among gay, bisexual, and other men who have sex with men. *AIDS Care*, 32(12), 1489–1497. <https://doi.org/10.1080/09540121.2019.1705961>
7. Carol Strong, P. H., Chia-Wen Li, Stephance Wen-Wei Ku, Huei-Jiuan Wu, and Adam Bourne. (2022). HIV, chemsex, and the need for harm-reduction interventions to support gay, bisexual, and other men who have sex with men. *The Lancet. HIV*, 9(10), e717–e725.
8. Chang, F.-F. (2010). The Five Steps of Qualitative Data Analysis: Climbing up a Ladder of Abstraction (○○○_○○○○○○5○○). *Journal of Elementary Education*, 35, 7–120.
9. Coronado-Munoz, M., Garcia-Cabrera, E., Quintero-Florez, A., Roman, E., & Vilches-Arenas, A. (2024). Sexualized Drug Use and Chemsex among Men Who Have Sex with Men in Europe: A Systematic Review and Meta-Analysis. *J Clin Med*, 13(6). <https://doi.org/10.3390/jcm13061812>
10. Promulgating the Training Program Framework on Drug Addiction Treatment Counselling (2016). <https://thuvienphapluat.vn/van-ban/Lao-dong-Tien-luong/Thong-tu-04-2016-TT-BLDTBXH-chuong->

11. Dam, V. D. (2021). *Modifying of the law of illegal drug abuse*. Ha Noi, Vietnam
12. Denzin, N. K. (2016). Critical Qualitative Inquiry. *Qualitative Inquiry*, 23(1), 8–16.
<https://doi.org/10.1177/1077800416681864>
13. Drysdale, K., Bryant, J., Hopwood, M., Dowsett, G. W., Holt, M., Lea, T., Aggleton, P., & Treloar, C. (2020). Destabilising the 'problem' of chemsex: Diversity in settings, relations and practices revealed in Australian gay and bisexual men's crystal methamphetamine use. *Int J Drug Policy*, 78, 102697.
<https://doi.org/10.1016/j.drugpo.2020.102697>
14. Esteban L, B. I., Arcos-Romero AI. (2024). The "Chemsex" Phenomenon and Its Relationship with Psychological Variables in Men Who Have Sex with Men. *Arch Sex Behav*, 53(9), 3515–3525.
<https://doi.org/10.1007/s10508-024-02920-7>
15. Evers, Y. J., Levels, L. T. J., Dukers-Muijrers, N., Van Liere, G., & Hoebe, C. (2020). The Availability and Feasibility of Chemsex Services Within Sexually Transmitted Disease Clinics in the Netherlands: A Cross-Sectional Survey Among Sexually Transmitted Disease Nurses. *Sex Transm Dis*, 47(9), 639–644. <https://doi.org/10.1097/OLQ.0000000000001209>
16. Foucault, M. (1990a). *The History of Sexuality: An Introduction _ Voume 1*. Vintage Books.
17. Foucault, M. (1990b). *The Use of Pleasure: The History of Sexuality _ Volume 2*. Vintage Books.
18. Fromm, E. (1941). *Escape From Freedom*. Avon Books.
19. Ghobrial, A., Samba, P., Burns, F. M., Nicholls, E. J., Weatherburn, P., Lampe, F. C., Chu, I. Y., Rodger, A. J., & Witzel, T. C. (2025). Barriers and facilitators to addressing mental health needs among Asian, Black and Latin American men who have sex with men (MSM) in England and Wales: A qualitative study. *PLOS Ment Health*, 2(3), e0000231. <https://doi.org/10.1371/journal.pmen.0000231>
20. Giang, L. M., Li, M. J., Trang, N. T., Diep, N. B., Dieu Thuy, D. T., Thuy, D. T., Hoe, H. D., Hai Van, H. T., Truc, T. T., Nguyen, H. H., Lai, N. L., Dan Linh, P. T., Tuong Vi, V. T., Reback, C. J., Leibowitz, A., Li, L., Lin, C., Van Dung, D., & Shoptaw, S. J. (2026). Interventions for methamphetamine use among people on methadone maintenance treatment in Vietnam: a sequential multiple assignment randomized trial (STAR-OM). *The Lancet Regional Health - Southeast Asia*, 48.
<https://doi.org/10.1016/j.lansea.2026.100773>
21. Hibbert, M. P., Brett, C. E., Porcellato, L. A., & Hope, V. D. (2019). Psychosocial and sexual characteristics associated with sexualised drug use and chemsex among men who have sex with men (MSM) in the UK. *Sex Transm Infect*, 95(5), 342–350. <https://doi.org/10.1136/sextrans-2018-053933>
22. Hibbert, M. P., Germain, J. S., Brett, C. E., Van Hout, M. C., Hope, V. D., & Porcellato, L. A. (2021). Service provision and barriers to care for men who have sex with men engaging in chemsex and sexualised drug use in England. *Int J Drug Policy*, 92, 103090.
<https://doi.org/10.1016/j.drugpo.2020.103090>
23. Hoang, T. V., Ha, T. T., Hoang, T. M., Nhu, N. T., Quoc, N. C., Tam, N., & Mills, S. (2015). Impact of a methadone maintenance therapy pilot in Vietnam and its role in a scaled-up response. *Harm Reduct*

- J, 12, 39. <https://doi.org/10.1186/s12954-015-0075-9>
24. Hothersall, S. J. (2018). Epistemology and social work: enhancing the integration of theory, practice and research through philosophical pragmatism. *European Journal of Social Work*, 22(5), 860–870. <https://doi.org/10.1080/13691457.2018.1499613>
25. Houston, S. (2010). Prising Open the Black Box. *Qualitative Social Work*, 9(1), 73–91. <https://doi.org/10.1177/1473325009355622>
26. Hua, S. C., Ku, S. W., Huang, P., Ko, N. Y., Li, C. W., Bourne, A., & Strong, C. (2025). A Longitudinal Investigation of Chemsex and Its Relationship with Depressive Symptoms Among Gay, Bisexual Men and Other Men Who Have Sex with Men in Taiwan. *J Int Assoc Provid AIDS Care*, 24, 23259582251339906. <https://doi.org/10.1177/23259582251339906>
27. Huong, N. H. L. a. P. T. T. (2018). *PREPPED FOR PREP: Accelerating HIV elimination in Vietnam with oral pre-exposure prophylaxis (PrEP)*.
28. Incera-Fernandez, D., Gamez-Guadix, M., & Moreno-Guillen, S. (2021). Mental Health Symptoms Associated with Sexualized Drug Use (Chemsex) among Men Who Have Sex with Men: A Systematic Review. *Int J Environ Res Public Health*, 18(24). <https://doi.org/10.3390/ijerph182413299>
29. Le, T. M., Lee, P. C., Stewart, D. E., Long, T. N., & Quoc, C. N. (2016). What are the risk factors for HIV in men who have sex with men in Ho Chi Minh City, Vietnam?- A cross-sectional study. *BMC Public Health*, 16, 406. <https://doi.org/10.1186/s12889-016-3088-8>
30. Ly Anh Huy, D. M. D., Tran Ngoc Que, Dap Thanh Giang, Bui Ngoc Phuong Oanh, Pham Le Huyen Trang, Le Minh Thai, Lưu Huynh Bao Chau. (2022). RISKY SEXUAL BEHAVIOR AND SOME RELATED FACTORS AMONG MEN WHO HAVE SEX WITH MEN IN CAN THO CITY IN 2021. *TẠP CHÍ Y DƯỢC HỌC CẦN THƠ*(50).
31. Maxwell, S., Shahmanesh, M., & Gafos, M. (2019). Chemsex behaviours among men who have sex with men: A systematic review of the literature. *Int J Drug Policy*, 63, 74–89. <https://doi.org/10.1016/j.drugpo.2018.11.014>
32. Maxwell S., S., and Mitzy Gafos. (2019). Chemsex behaviours among men who have sex with men: A systematic review of the literature. *International Journal of Drug Policy*, 63, 74–89.
33. Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/https://psycnet.apa.org/doi/10.1037/0033-2909.129.5.674>
34. Moreno-Gamez, L., Hernandez-Huerta, D., & Lahera, G. (2022). Chemsex and Psychosis: A Systematic Review. *Behav Sci (Basel)*, 12(12). <https://doi.org/10.3390/bs12120516>
35. Nagington, M., & King, S. (2022). Support, care and peer support for gay and bi men engaging in chemsex. *Health Soc Care Community*, 30(6), e6396–e6403. <https://doi.org/10.1111/hsc.14081>
36. Nelson, L. K., Burk, D., Knudsen, M., & McCall, L. (2018). The Future of Coding: A Comparison of Hand-Coding and Three Types of Computer-Assisted Text Analysis Methods. *Sociological Methods & Research*, 50(1), 202–237. <https://doi.org/10.1177/0049124118769114>

37. Nguyen Thanh Long, e. a. (2012). *Effectiveness Evaluation of The Pilot Program for Treatment of Opioid Dependence with Methadone in Hai Phong and Ho Chi Minh Cities, Vietnam*.
38. Peng, X.-Y., Du, W., Miao, J., Shi, L., Li, W., Ge, M.-W., Shen, L., Feng, R., Zhong, K., Gao, S.-Q., & Chen, H.-L. (2026). Health-Care Access and Unmet Needs Among Sexual and Gender Minorities Engaging in Chemsex: A Scoping Review. *International Journal of Sexual Health*, 1–19.
<https://doi.org/10.1080/19317611.2026.2640418>
39. Poth, J. W. C. C. N. (2018). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches* (4 ed.). SAGE.
40. Shinichi Oka, J. T., Shoko Matsumoto, Moeko Nagai, Junichi Imai, Pham Ngoc Thach, Tran Van Giang, and Le Minh Giang. (2024). *Policy recommendations for ending the HIV epidemic by 2030*.
41. Song, A., & He, J. (2026). Framing 'Chemsexism': Chinese Gay Men Navigating Stigma and Labelling. *J Homosex*, 73(5), 1016–1038. <https://doi.org/10.1080/00918369.2025.2496201>
42. Strong, C., Hsu, J. H., Chung, A. C., Wu, M. T., Wu, Y. H., Lo, K. W., Hsu, S. T., & Ko, N. Y. (2023). Transition of a community- and person-centred design for providing healthcare services to gay and bisexual men and other men who have sex with men who engage in chemsex from a facility-based setting to a community-led setting in Taiwan. *J Int AIDS Soc*, 26(11), e26188.
<https://doi.org/10.1002/jia2.26188>
43. Tangerli, M. M., Godynyuk, E. A., Gatica-Bahamonde, G., Neicun, J., Van Kessel, R., & Roman-Urrestarazu, A. (2022). Healthcare experiences and barriers for Men Who Have Sex with Men - MSM - who engage in chemsex. *Emerging Trends in Drugs, Addictions, and Health*, 2.
<https://doi.org/10.1016/j.etdah.2022.100043>
44. Thuong Nong, V. C., & Kevin P. Mulvey. (2022). Facing the future of substance use disorders treatment in Vietnam – A case study for international development and cooperation. *Journal of Substance Use and Addiction Treatment*, 134.
<https://doi.org/https://doi.org/10.1016/j.jsat.2021.108401>
45. Trí, H. M., Linh, D. A., Nường, L. Q., Nguyên, Đ. X., Hương, P. T. D., Nga, N. V., Hà, L. T. T., & Minh, N. H. (2022). Hành vi sử dụng chất kích thích khi quan hệ tình dục (chemsex) và một số yếu tố liên quan ở nam quan hệ tình dục đồng giới tại tỉnh An Giang năm 2022. *Tạp chí Y học Dự phòng*.
46. Vaccher, S. J., Hammoud, M. A., Bourne, A., Lea, T., Haire, B. G., Holt, M., Saxton, P., Mackie, B., Badge, J., Jin, F., Maher, L., & Prestage, G. (2020). Prevalence, frequency, and motivations for alkyl nitrite use among gay, bisexual and other men who have sex with men in Australia. *Int J Drug Policy*, 76, 102659. <https://doi.org/10.1016/j.drugpo.2019.102659>
47. Vi, V. T. T., Long, K. Q., Hong, L., Anh, H. T. N., Ngoc, N. V., Tam, V. V., Lai, N. L., Hanh, H. H., Phuong, T. V. A., Trang, N. N. N., & Dung, D. V. (2020). HIV Prevalence and Factors Related to HIV Infection Among Transgender Women in Vietnam: A Respondent Driven Sampling Approach. *AIDS Behav*, 24(11), 3132–3141. <https://doi.org/10.1007/s10461-020-02867-5>
48. Vu, N. T., Maher, L., & Zablotska, I. (2015). Amphetamine-type stimulants and HIV infection among men who have sex with men: implications on HIV research and prevention from a systematic review

- and meta-analysis. *J Int AIDS Soc*, 18(1), 19273. <https://doi.org/10.7448/IAS.18.1.19273>
49. Vuong, T., Ali, R., Baldwin, S., & Mills, S. (2012). Drug policy in Vietnam: a decade of change? *Int J Drug Policy*, 23(4), 319–326. <https://doi.org/10.1016/j.drugpo.2011.11.005>
50. Wang, H., Jonas, K. J., & Guadamuz, T. E. (2023). Chemsex and chemsex associated substance use among men who have sex with men in Asia: A systematic review and meta-analysis. *Drug Alcohol Depend*, 243, 109741. <https://doi.org/10.1016/j.drugalcdep.2022.109741>
51. Xi-Yuan Peng, W. D., Juan Miao, Wei Li, Meng-Wei Ge, Lu-Ting Shen, Fui Feng, Kang Zhong, Si-Qi Gao and Hong-Lin Chen. (2026). Health-Care Access and Unmet Needs Among Sexual and Gender Minorities Engaging in Chemsex: A Scoping Review. *International Journal of Sexual Health*. <https://doi.org/https://doi.org/10.10.1080/19317611.2026.2640418>