

CHEMSEX

Safer Use & Harm Reduction

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How it works:

1 Where you're at

Circle every field that currently applies to your substance use in sexual contexts.

→ How do you feel about your individual balance of positive effects and risks?

2 Your red line

Draw a line from left to right that you do not want to cross in the future.

(Above = acceptable, below = plan to avoid. The line does not have to be straight.)

→ Do you have strategies to help you stick to your line? Any particular problem areas to address?

→ Do you have partners who share your boundaries?

What is chemsex?

Chemsex refers to the usage of psychoactive substances to enhance sex in queer scenes. Most commonly, these include:

- "G" (GHB/CBL) • Mephedrone
- "Tina" (Crystal Meth)

See reverse for advice on harm reduction and (if so desired) making changes!

Chemsex Check

free from shame and inhibition	enough able to fully let go	important life experience	raising my self-esteem	experiencing community	found new friends/partners	am more relaxed now about sex	stopped using
having fun	physical and emotional intimacy	in good, earning company	sticking to plans and boundaries	leaves me feeling satisfied	fulfilling sex life	enjoying sober life as well	steady, stable use
spends lots of time looking	frequent bacterial STIs	have abandoned some former hobbies	missing old friends less	situations I later regret	sex acts I wouldn't want sober	sometimes keep using 2-3 days	it's worth it
GBL/GHB more than weekly	Mephedrone or Cocaine more than monthly	forget PrEP/HIV meds now and then	worried about others (e.g. overdose)	meeting people b/c they share drugs	affecting my looks	afterwards lethargic/depressed for days	ashamed of my chemsex
is without measuring out, timing	sharing snorting straws	Crystal Meth (Tina) regularly	straining relationship with my partner	need higher dose than before	never have sober sex	all (or some) friends use	want to make a change
not protecting myself from HIV	missing PrEP/condoms multiple times	planning (injecting)	(just about) every weekend	problems with sleep/irritability/anxiety	using alone	redosing until I run out	failed attempts to change
combining G & alcohol	consent/boundaries not always clear	sharing needles	missing days at work/school	becoming more about the high than sex	can't stop thinking about it	episodes of paranoia/hallucinations	using GBL/GHB 24/7
combining Poppers & Viagra	have gone under on G (overdosed)	consent violated	A&E visit/ambulance	repeatedly going under on G	(new) HIV infection	lost job/dropped out	suicidal thoughts

Additional positive effects:

Additional negative effects:

What next?

My future goal is:

e.g. more empowered / less frequent / no more chemsex

Today/from now on, I will:

e.g. make other plans for this weekend, arrange a counseling session, get rid of my stash, delete certain apps/contacts, go home at dawn...

Want to talk about it?

At Checkpoint BLN we're happy to discuss any thoughts and feelings you have about your sex life and substance use. We're here for you.

Just bring it up at your appointment, or book a dedicated video call in the "Just Talk" category.

→ checkpoint-bln.de

→ Hermannstr. 256-258, Mo-Fr 14:00-20:00

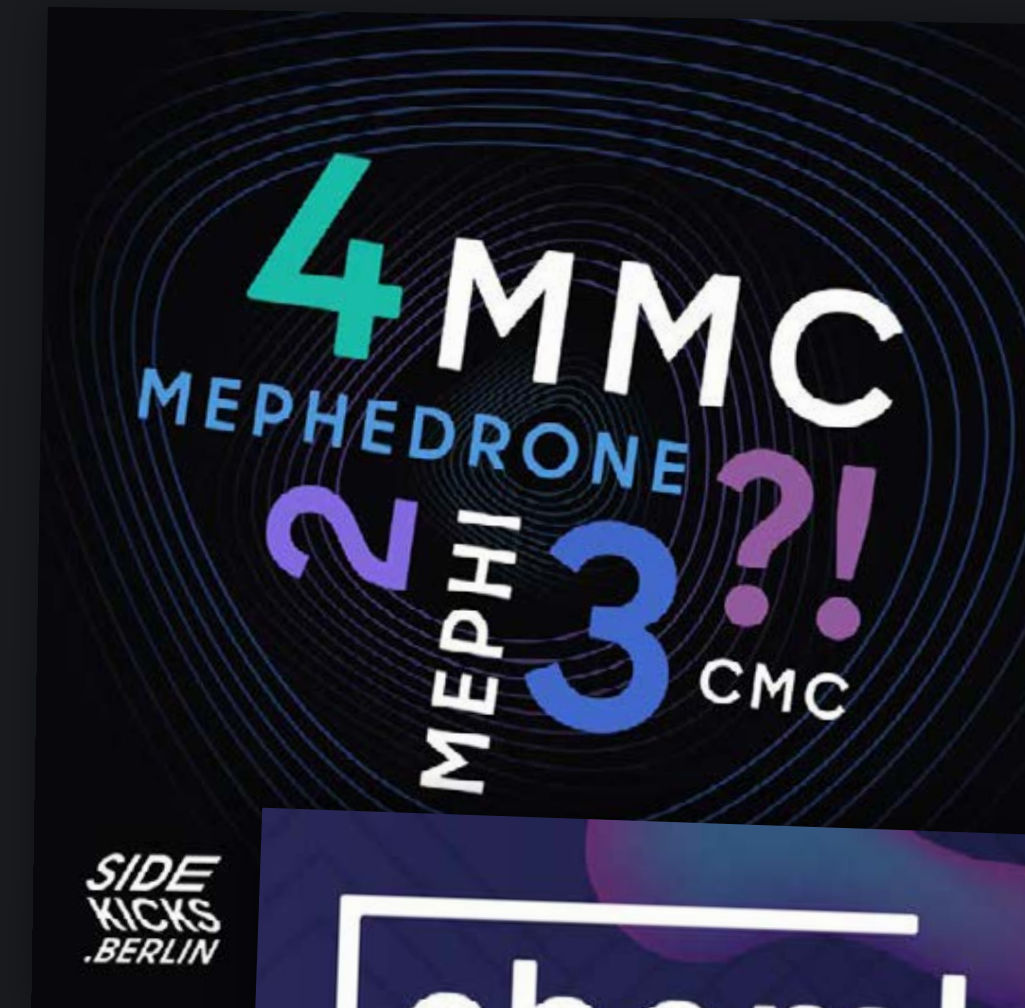
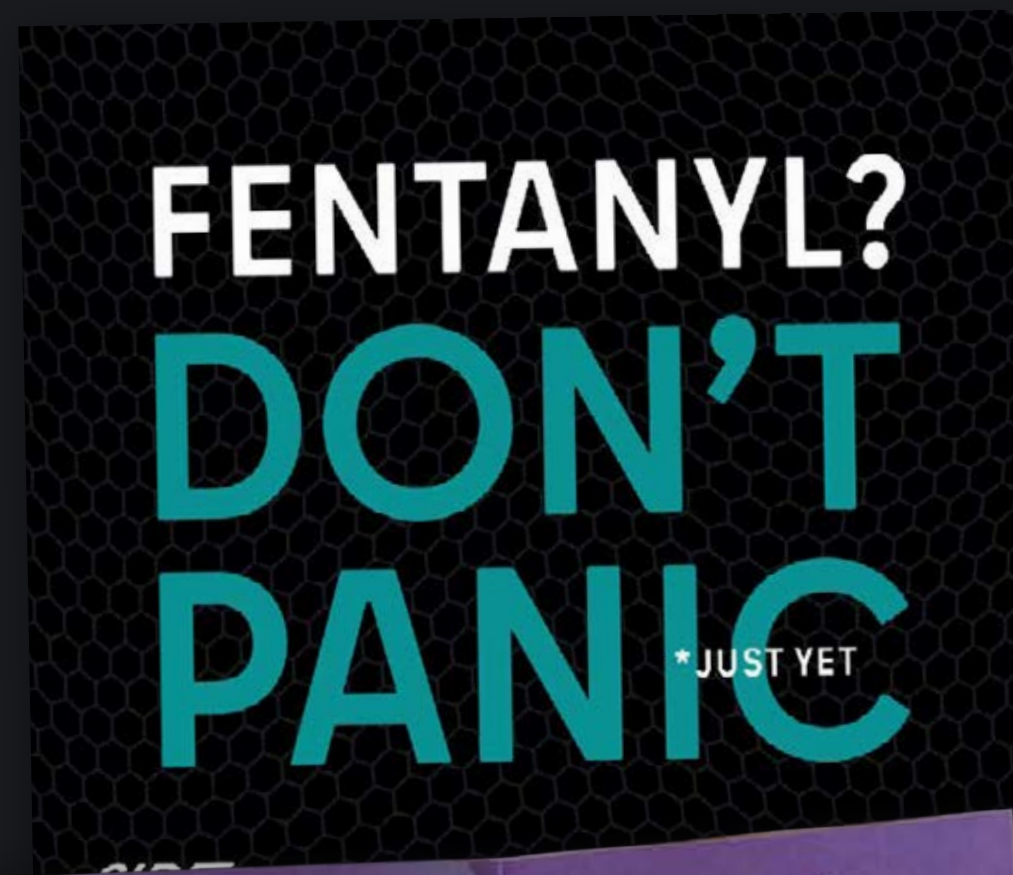
Open queer addiction meetup (Detlin)

Mondays 18:30, no sign-up required

→ Schwulenberatung, Niebuhrstraße 59/60

How was it for you?

Give us your feedback on the Chemsex Check – briefly and anonymously!



GBL CHECKLIST

AM I FIT FOR G?

- ✓ I am ready and able to reliably track my dosage & timing tonight
- ✓ I'll abstain from alcohol, ketamine and other downers due to the highly increased risk of overdose

e.g. 0.6 ml ~ 0.8-1.2 ml

Trial dose Typical GBL dose

⚠ Overdose (even minor) may cause sleep or coma and can be fatal

drug GHB may also be out is dosed differently stomach, effects kick in el weaker

your own dose exactly marked pipette or syringe

>100ml of a soft drink risking chemical burns

at the current time and wait a minimum of 1 hour

H LESS

in 2 hrs. of each other you no longer feel the er you top up, the lower!

BE SAFE ♥

imits, and call it a night Take breaks of at least avoid dependence.

More info & advice: [DEKICKS.BERLIN](https://www.dekicks.berlin/) / g



CHEMSEX

Definition

Sex + drugs intentionally combined

Reinforcing and shaping each other

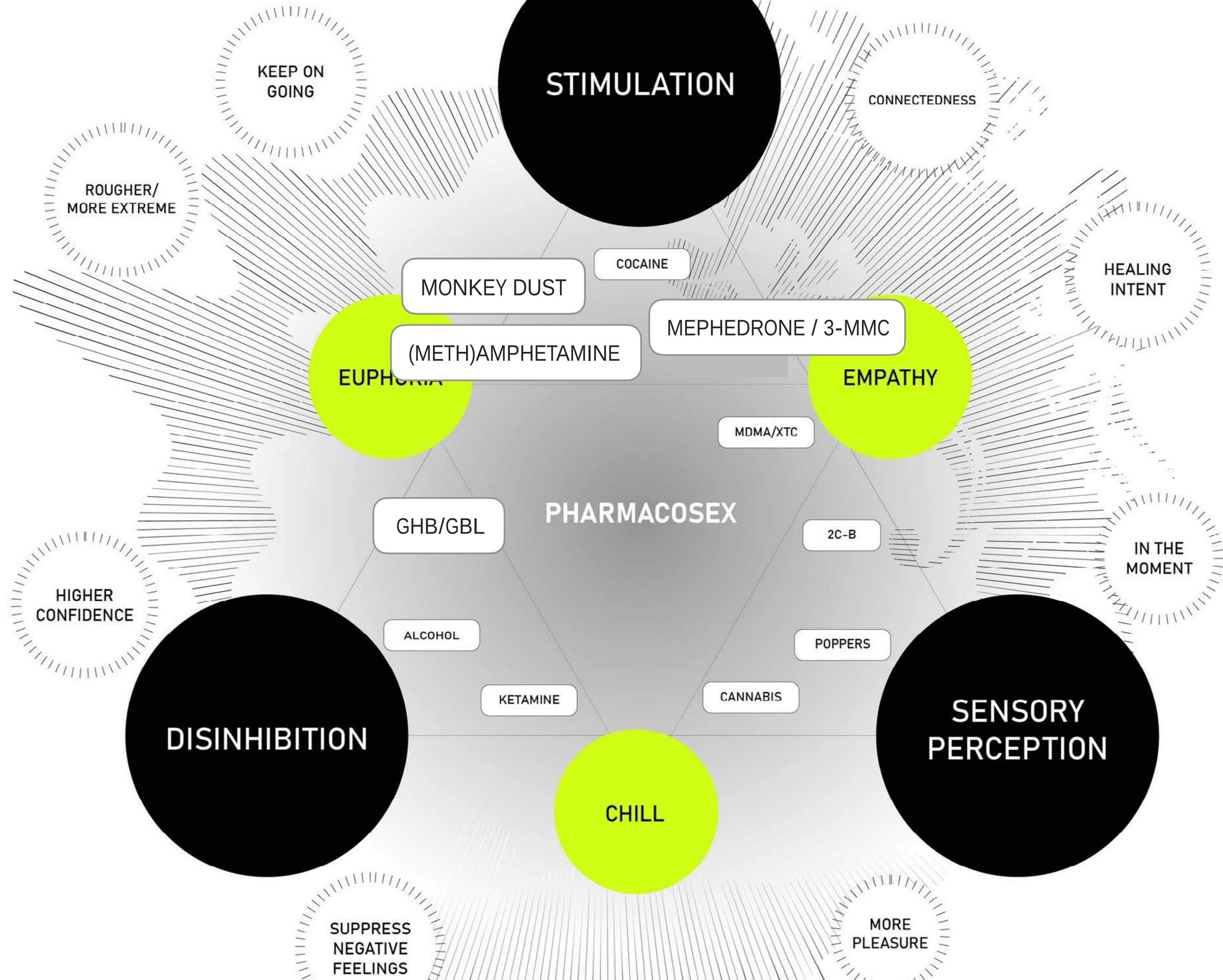
Sex without built-in breaks

Settings

- Chills, afterhours
- Sex venues (e.g. clubs, saunas)
- Webcam
- Solo with porn

Networks

- MSM, queer, mixed
- Open (strangers via apps/venues)
 - Closed



RELATIVE RISKS

	G	Mephedrone	Tina	Monkey
Typical route	swallowed	snorted	smoked / IV	smoked
Acute problems				
Binging				
After effects				
Loss of control				
Beware	coma addiction	binging	sleep depriv. IV risks	binging psychosis

G

GHB & GBL

GBL CHECKLIST

AM I FIT FOR G?

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e.g. 0.6 ml ~ 0.8 – 1.2 ml

Trial dose Typical GBL dose

- ⚠ Overdose (even minor) may cause sleep or coma and can be fatal
- ⚠ The related drug GHB may also be called "G", but is dosed differently
- ⚠ On a full stomach, effects kick in later and feel weaker

- 🧪 Measure your own dose every time using a marked pipette or syringe
- 🥛 Dilute it in >100ml of a soft drink to avoid risking chemical burns
- 🕒 Document the current time and always wait a minimum of 1 hour

TOP UP WITH LESS

Doses taken within 2 hrs. of each other overlap, even if you no longer feel the effects

G OVERDOSE AID

CALL FOR SUPPORT

First aid takes priority: Don't try to hide an emergency (e.g. fearing a house ban)

ARE THEY WAKEABLE?

Try to wake them and keep them awake gently. Don't administer more drugs!

UNWAKEABLE = AT RISK

Put them in recovery position (on side, mouth downwards). Monitor breathing!

📞 112 AT THE LATEST WHEN:

Breathing is hard to perceive or slower than 8x/min? Vomiting? Gasping for air or wheezing ("snoring")? Known co-use of alcohol or ketamine? Nobody is ready to take responsibility for ongoing close monitoring?

**SIDE
KICKS
.BERLIN**

„G“

GHB – active substance

Natural neurotransmitter

Clear liquid / white powder

Salty/soapy taste

Medication (*Somsanit, Xyrem*)

Illegalized

← **GBL** – pro drug + (**BDO** – pro drug)

Rapidly converted in the body

More fat-soluble → faster absorption,
higher bioavailability

Clear, odorless liquid – caustic!

“Chemical” taste

Industrial use:

Solvent and cleaning agent

SET & SETTING

Avoiding overdose requires meticulous care and planning

- Cautious dosing
- Precise measurement
- Reliable timing
- Avoiding alcohol

→ Does that fit my mentality?

Overdose causes helplessness and requires close monitoring

→ Does that fit the setting?

STORAGE

Never store in drink bottles / glasses (avoid dangerous confusions)

Glass, metal or special plastic containers

- GBL breaks down standard plastic bottles!
- HDPE / PE-HD / ♻️ 2
- PP ♻️ 5



MEASUREMENT

Instruments accurate to 0.1 ml:

- Needle-less syringe (ideally max. 2 ml)
- Glass pipette

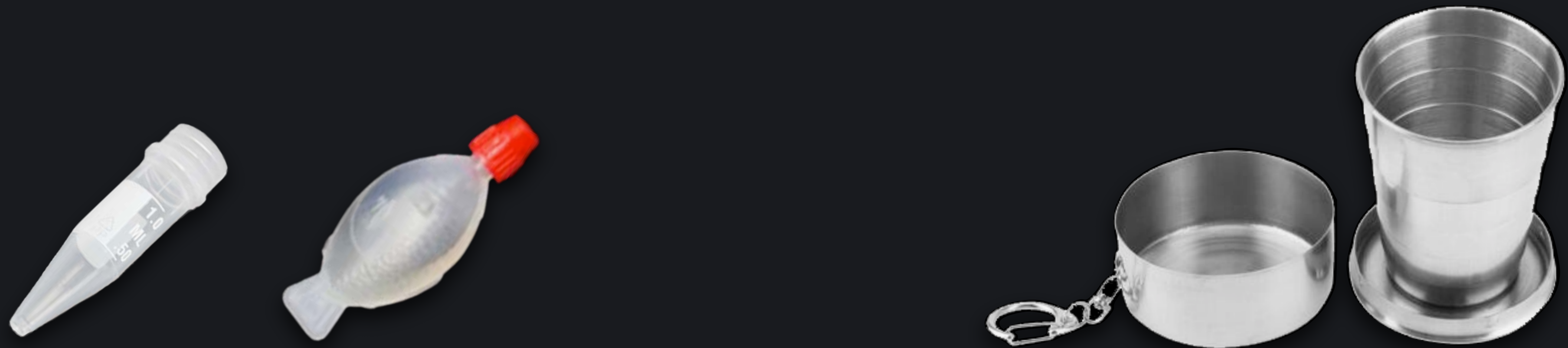


ORAL USE

Dilute in soft drink – ideally 1:100+

Taken at once (as a shot) enables precise timing

Diluting it straight in the mouth is risky



GBL: DOSAGE

▲ GHB is dosed higher

Trial dose i.e.

0,6 ml

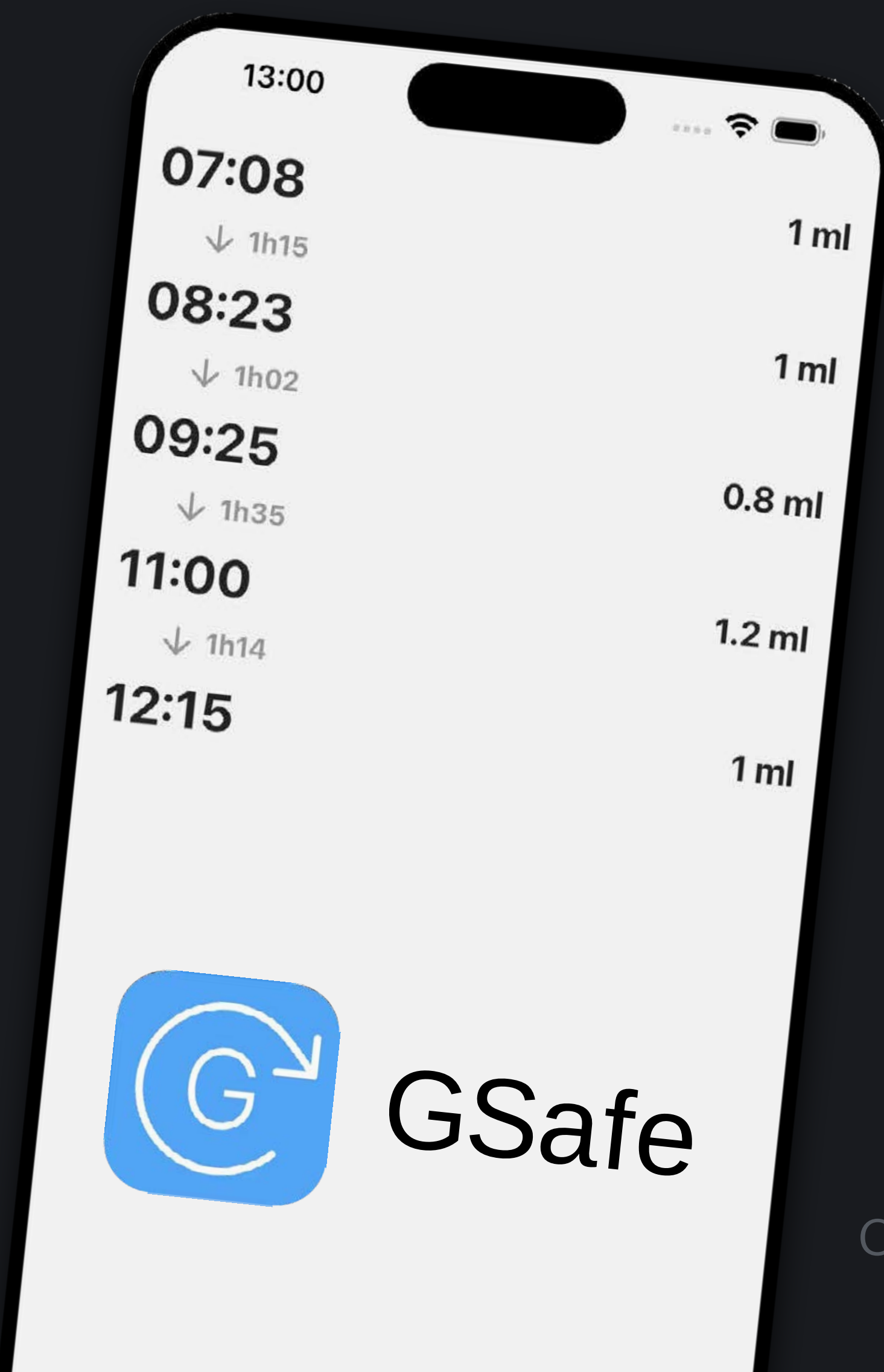
Typical starter dose

0,8 – 1,2 ml

Influencing factors:

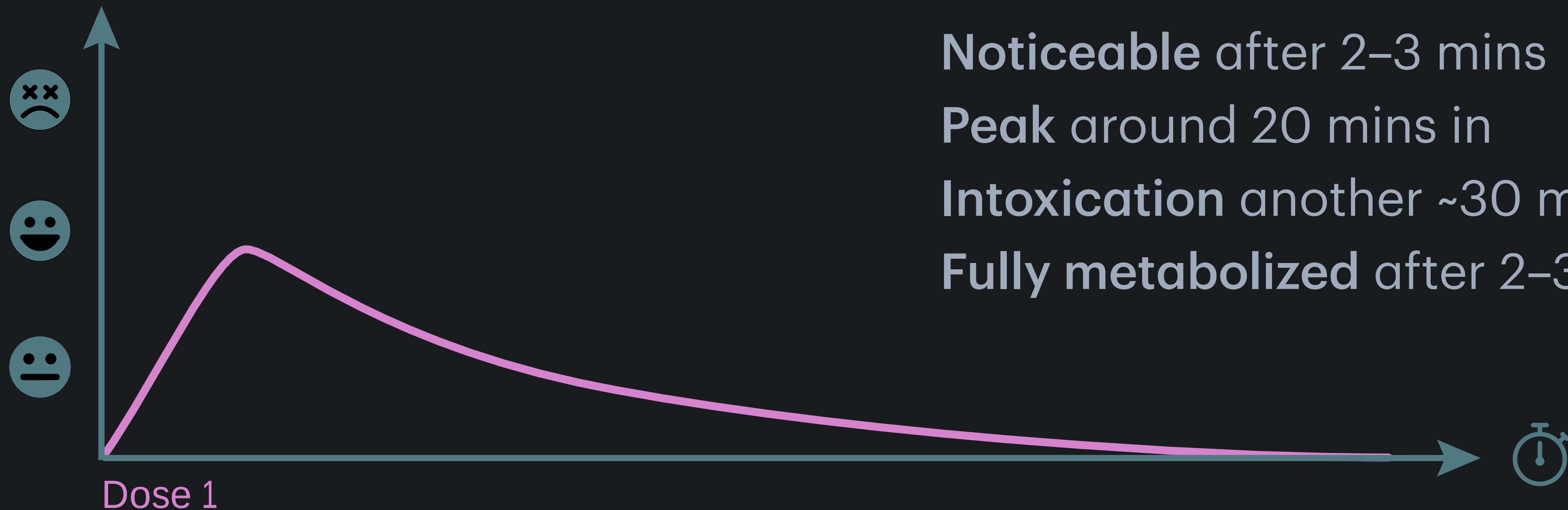
- Individual metabolism
- Stomach contents
- Tolerance

TIMING



GBL: TIME COURSE

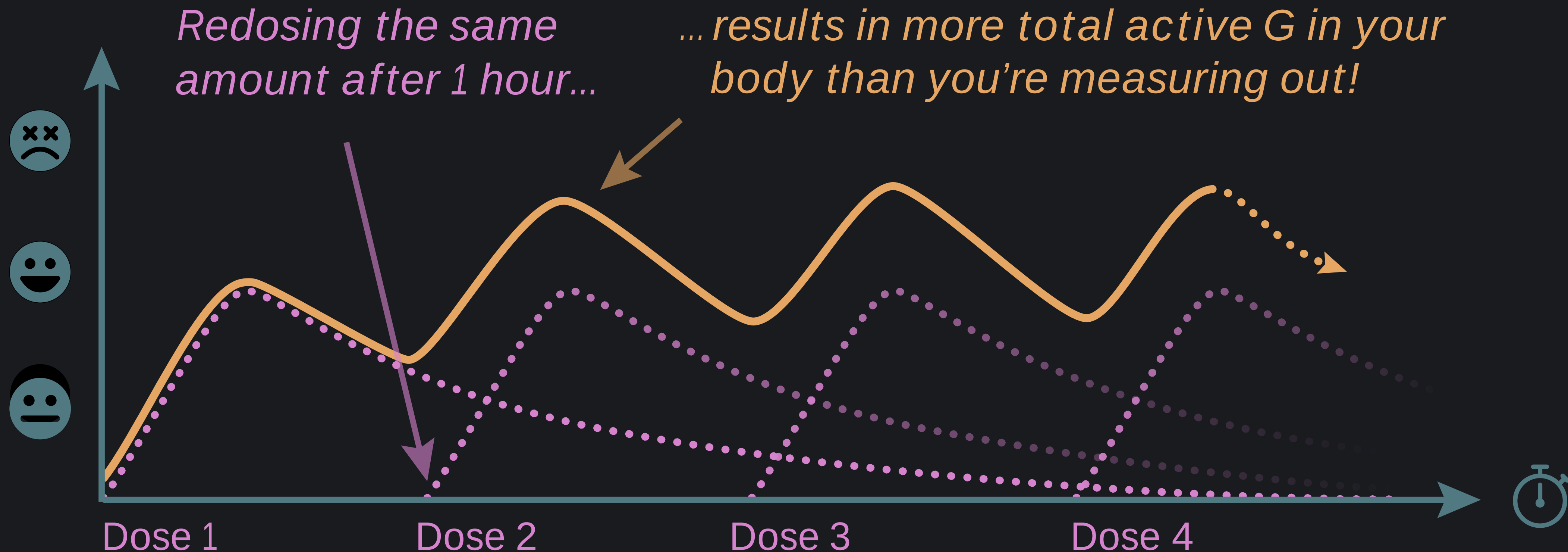
▲ GHB hits later and lasts longer



Higher doses wear off more slowly!

GBL: REDOSING

▲ GHB hits later and lasts longer



The shorter the interval → the higher the risk / lower the top-up dose!

COMBO RISKS

🛑 Alcohol

Saturates metabolism

→ adds up unpredictably

Respiratory depression

→ higher chance of coma,
vomiting, emergency... [Galicia 2019](#)

🛑 Benzos, gabapentinoids

(Pregabalin/Lyrica, Baclofen, Phenibut)

Similar receptors (GABA)

▲ Other downers:

Ketamine, opiates

→ respiratory depression,
chance of nausea

◆ Uppers/stimulants: Speed, 3-MMC, Mephi, Tina, Coke,...

Partially mask the effects →
timing can get problematic

OVERDOSE

“G-out”, “going under”

- Medical emergency requiring close monitoring
- Grave mistake that demands serious reflection

Experienced by 50% of frequent users & 25% of occasional users

Bendau et al. 2025

May have long term effects

- “Multiple GHB-induced comas have potentially severe adverse effects on the brain and cognition, even if no immediate side effects are experienced”

Pereira et al. 2018

OVERDOSE: CAUSES

Haphazard dosing

Alcohol co-use

Accidental double dose

Interval too short

Mistaken measuring

Mixing up containers

Pursuing more intense effects

Tolerance => pursuing euphoria

Stimulants wearing off

Fatigue / exhaustion

Spiking

. . .

OVERDOSE: SYMPTOMS

Comatose state

- Looks like falling asleep
- Unwakeable
- Duration up to 2 hrs or more

Sometimes preceded by:

- Involuntary movements and expressions
- Seizure, convulsions

Risk of death by...

- Respiratory arrest
- Choking on vomit

After waking up...

- still high
 - limited awareness, possibly amnesia
- Reflection & improvement?

OVERDOSE: HELP

Wake and keep awake

Unwakeable?

- Get assistance, do not hide
- Recovery position
- Monitor breathing
- Do not administer further substances

 112 is a must if...

- Nobody able to responsibly and competently monitor
 - Known alcohol co-use
 - Shallow/slow breathing
 - Gurgling/“snoring” noises
- “unconscious person”
“hardly breathing”

OVERDOSE: NO FURTHER SUBSTANCES!

Why not administer speed?

- No consent possible
- Usually insufficient knowledge about use, med. conditions,...
- Assumes legal responsibility
- Often doesn't work
- Isn't an antidote: Doesn't reverse the receptor activity
- Could make things worse, e.g. increases risk of seizure, heart rate, blood pressure...
- In case it restores consciousness, G effects are merely masked → risk of continued problematic use

DEPENDENCE

Physical dependence

After continuous periodic use
for multiple days & weeks

Psychological dependence

Loss of control, cravings
Over-reliance for coping
Association with e.g. sex

- Avoid all-weekend use
- Multi-day breaks
- Prevent gradual escalation:
Avoid increasing dose, stick to
clear rules (e.g. not to fall
asleep or mask a comedown,
in daily life, alone, during the
week,...)

MMC

4 MMC
MEPHEDRONE
2
MEPHI
3
?!
CMC



KHAT

Stimulants

Phenethylamines

Amphetamines

Cathinones (bk-Amphetamines)

Releasers

4-MMC

4-CMC

3-MMC

3-CMC

2-MMC

etc.

Reuptake Inhibitors

NEP

Dipentylone

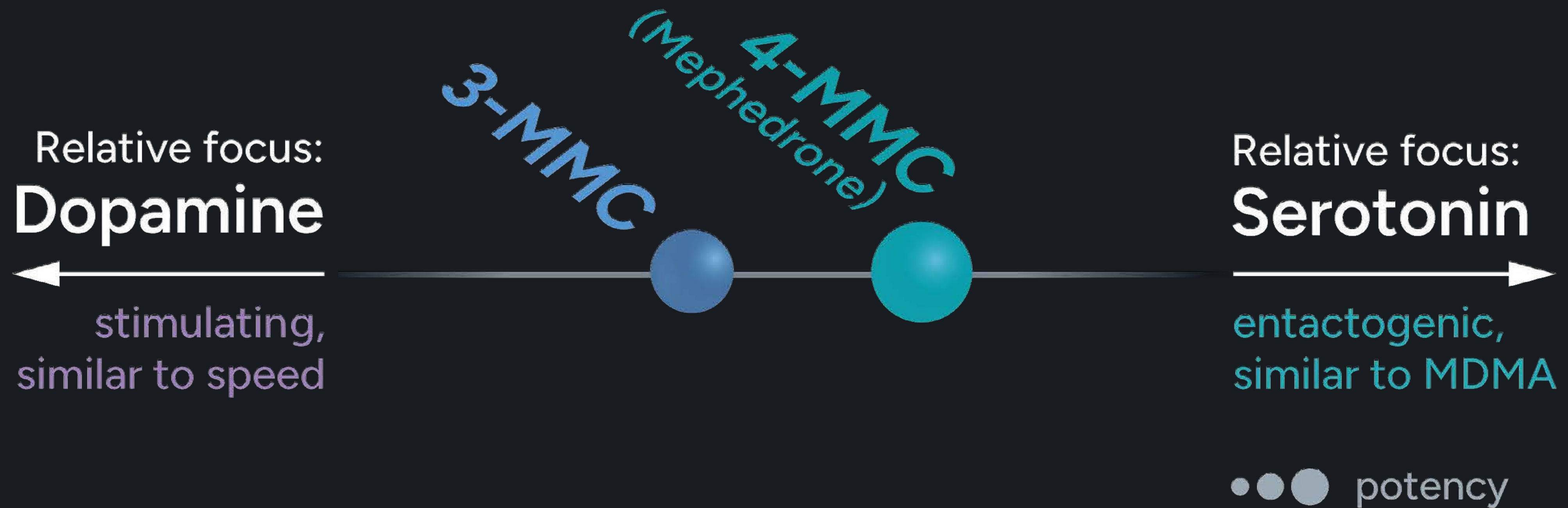
etc.

Monkey Dust

MDPHP

α -PHiP

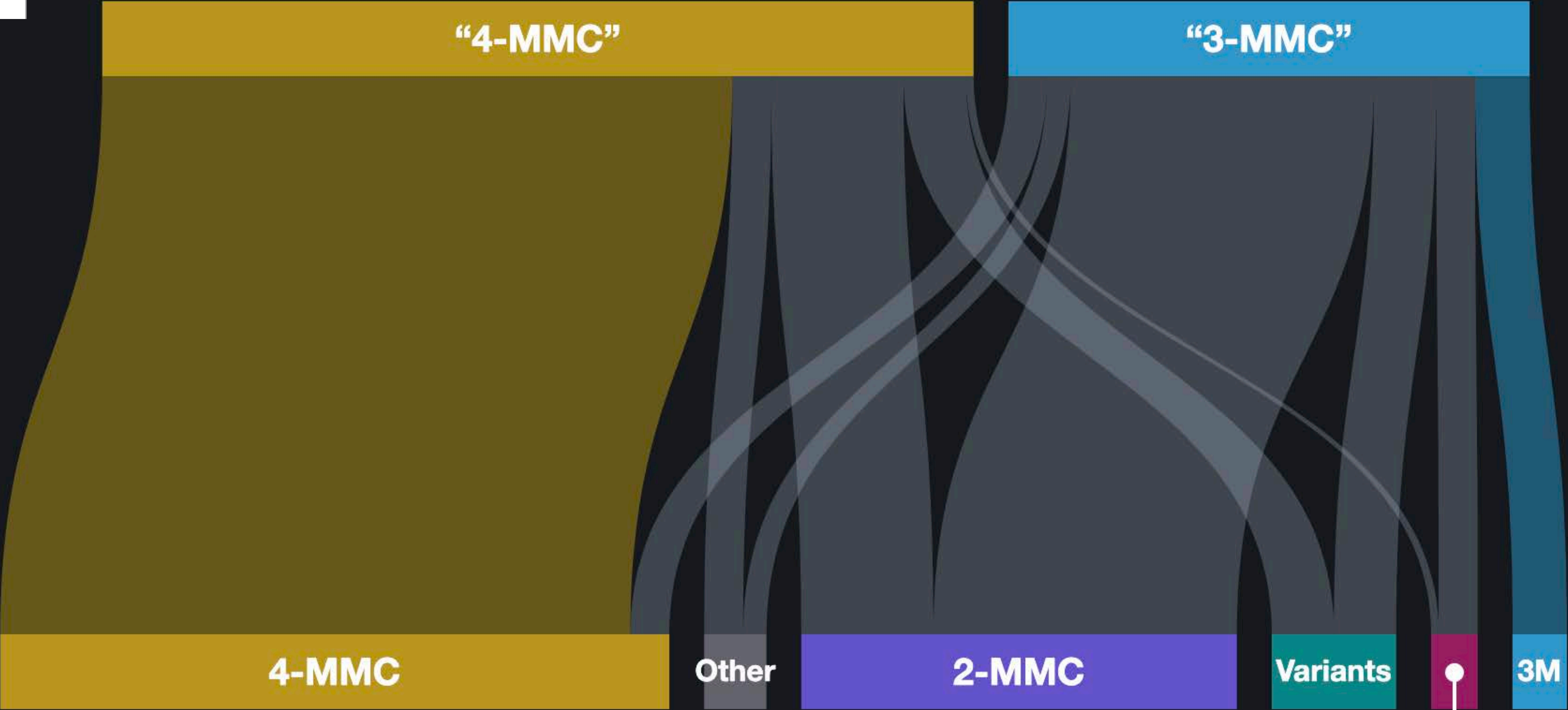
VARIANTS





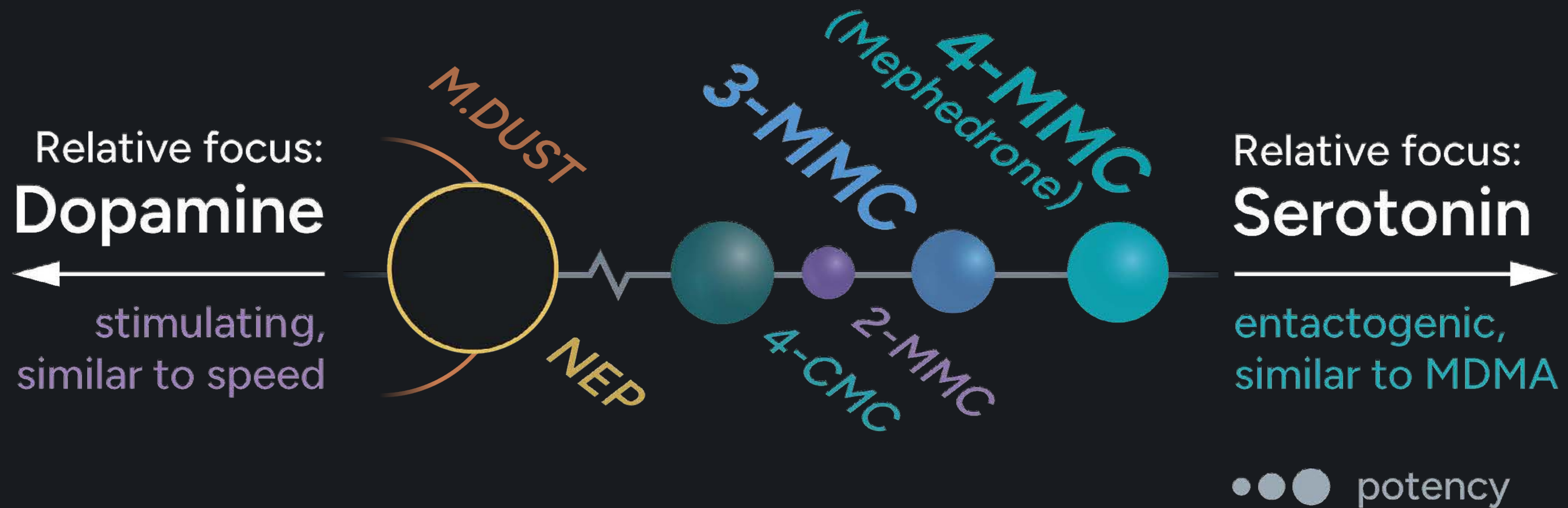
2025

↓ Submitted as...



Test results ↑

VARIANTS



SAFER USE



Avoid binging

Oral use is least compulsive

- Empty capsule
- 2–3× dose, hits later, lasts longer, fades gently

(When guaranteed to not be NEP)



Minimize toxicity

Avoid overheating

Don't mix with stimulants



Take breaks

Multiple weeks

MONKEY DUST





“I’ve tried lots of substances in my life, but none came as close to **destroying my life** as this one.” Marek, 34

„It tasted like sewage, it made me gag and yet I **started craving the taste**. It just makes you so incredibly horny.” Lee, 33

„No other drug turned me on so much. But afterwards it always took me 3–4 days to come back to my senses.” Georg, 36

„I came home after 2–3 days of partying. I couldn't sleep and felt completely destroyed. Then I had panic attacks. **I really thought I wouldn't make it.**“ José, 34

“It was scary to see **how quickly people developed addiction.**“ Lee, 33

“It made people **paranoid**. They lost their apartment, their job and some became homeless.” Robert, 36

“It makes many users **suicidal**”
Marek, 34

→ [instagram.com](https://www.instagram.com)



A.K.A. PYROVALERONES

Substance(s)

“Smokable cathinones”

Originally: MDPV

Currently: MDPHP

Variants: α -PHiP, MDPHiP,
3,4-EtPV,...

*alpha/alfa, PV/peevee, flex,
flakka, bloom, pyros, bath salts*

Also seen in...

Chemsex scenes in IT, ES,...?

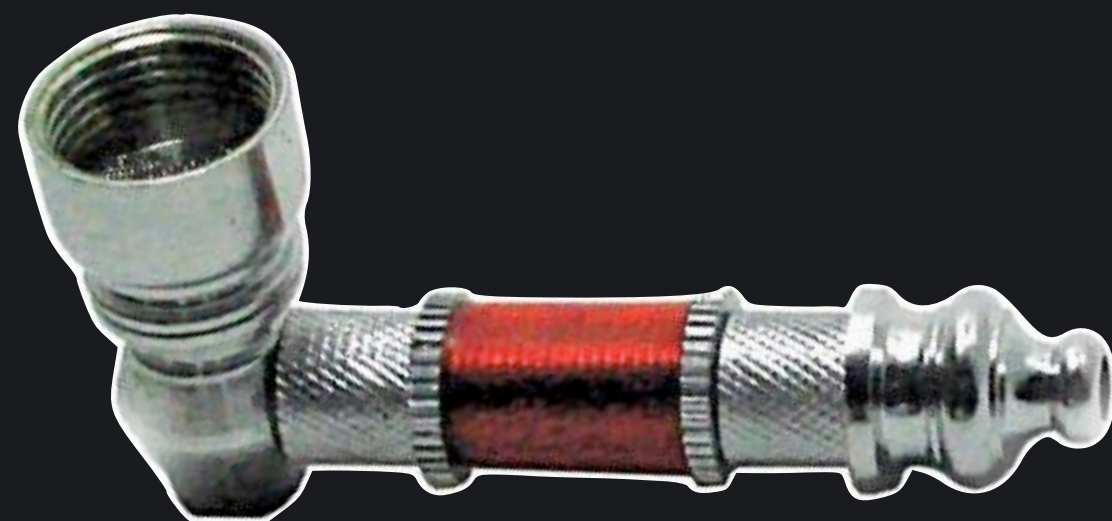
Non-chemsex use among
marginalized populations:

Stoke-on-Trent, Mannheim,
Madeira, Ukraine, etc.

USE

Smoked/Vaped

- In a bong (“dab rig”)
- In a metal pipe on ash
- Inhaled from a balloon?
- Distinct smell:
“semen”, “bleach”, “sewage”



Effects

- Short euphoric rush
Extremely disinhibiting
- Multi-hour stimulation
Racing heart, insomnia
- After the peak:
Anxiety, urge to redose
- Harsh comedown

RISKS

- ▲ **Common:** Binge use with neglect of safer use tactics
- ▲ **Regularly:** Binging leads to anxious/psychotic symptoms
- ◆ **Possible:** Motivation to use persists despite bad consequences

Unproblematic use exists

- Rarer / more difficult than with other chemsex substances
- Characteristics and strategies unclear

SAFER USE

▲ Consider your risk factors:

Experience with loss of control? At risk for psychosis?

Hard limits

- Soberly decide amount
Have no more available
- Start well-rested
- Take multi-week breaks

Contain sessions?

- Take with close friends
- Do not open apps
- Stop when side effects arise



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