



HIV Conference 2018

Finding the Options: Taking HIV Out of Hong Kong

26-27 January, 2018

Hotel Stage, Jordan, Hong Kong

Full Conference Report



Acknowledgments

This conference report is based on the **HIV Conference 2018 Finding the Options: Taking HIV Out of Hong Kong**, organized by AIDS Concern on January 26-27, 2018 in Hong Kong. AIDS Concern would like to express our gratitude to our sponsors, all the invited speakers, and the 100 participants who attended the conference, for making our first HIV conference a success.

This conference report was prepared by AIDS Concern. This report documents the key findings from each speaker's presentation, selected conversation from the panel discussions, interactive dialogue among community members, and the recommended actions.

Photos of the conference can be found on AIDS Concern's Facebook page:

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Introduction

1. On average, there are two new HIV infections in Hong Kong each day. Developed cities such as San Francisco, London and Sydney are showing declines in HIV infection rates. In light of their success in controlling the epidemic, AIDS Concern believes that we can do the same in Hong Kong. To gain insight into controlling the epidemic, AIDS Concern held a two-day HIV conference, which centered on recent innovations in HIV prevention and care. The conference brought together international and local HIV/AIDS experts, including speakers from Australia, Thailand, The Philippines, Mainland China, and Taiwan, as well as community members to plan and initiate action. In particular, we discussed the global innovations in HIV prevention, and the current treatment and care for people living with HIV. We also brainstormed effective and innovative means for HIV prevention in Hong Kong.
2. The first recorded HIV infection in Hong Kong can be traced back to 1984. As of end of 2017, the cumulative number of reported cases of HIV was 9,091. The annual number of new infections had almost doubled in the last 10 years, from 373 cases in 2006 to 692 cases in 2016. In the past decade, the epidemic has been increasingly dominated by Men who have sex with men (MSM). More recently, we are seeing more young men between 20 and 29 years old being infected. With the rising epidemic and change in demographic characteristics, new approaches to HIV intervention are the need of the hour.
3. Currently, Hong Kong's HIV prevention strategy relies heavily upon encouraging clinical testing and condom distribution. Pre-exposure Prophylaxis (PrEP) is not available in the public healthcare system, and can only be acquired at private clinics at a high retail price. Non-occupational post-exposure prophylaxis (nPEP) can be obtained at the public hospitals in Accident and Emergency Department, but community members report difficulty accessing it. While self-testing kits are available through local pharmacies, NGOs and the internet, those available in Hong Kong's retail market are not recommended by the World Health Organization (WHO). Furthermore, regulatory control and governmental guidance to monitor the quality and accuracy of such self-testing kits are absent.
4. With the annual number of new HIV infections in Hong Kong hitting a historic high, AIDS Concern urges all parties to consider new means of curbing the HIV epidemic. The overall goal of the conference was to drive progress in lowering HIV infection

rates in Hong Kong. To achieve this goal, we discussed how other places are dealing with HIV/AIDS, and considered the role of new prevention methods. We also looked at new medical findings, and listened to inspiring conversations among stakeholders, decision-makers, community members and scholars.



Overall Recommendations

1. Introduce PrEP to Hong Kong's public healthcare system
2. Raise HIV testing rates for high risk groups
3. Increase the accessibility of good quality HIV self-testing kits
4. Raise public awareness about U=U
5. Increase HIV treatment rates to help more PLHIV become undetectable
6. Strengthen combined prevention intervention
7. Implement comprehensive sexuality education in secondary schools
8. Conduct research to compare the efficacy of both harm reduction and zero tolerance approach
9. Spark discussions in society about why chemfun culture happens
10. Educate frontline workers on chemfun and LGBT culture

Opening Talk: Hong Kong Perspective and Why HIV Rates are Falling in New South Wales, Australia

5. The opening talk was moderated by Mr. Andrew Chidgey, Chief Executive of AIDS Concern. This session included presenters **Dr. WONG Chun Kwan, Bonnie**, Senior Medical and Health Officer (Special Preventive Programme) of the Centre for Health Protection, Department of Health; **Ms. Karen Price**, Deputy CEO of ACON, New South Wales, Australia; and **Dr. Benjamin R. Bavinton**, Research Fellow, The Kirby Institute, The University of New South Wales, Sydney, Australia.
6. Dr. WONG Chun Kwan, Bonnie, began the plenary session with her presentation titled *The HIV Epidemic of Hong Kong*. The presentation centred on the HIV situation in Hong Kong and an overview of the current prevention strategy. In particular, Dr. WONG Chun Kwan, Bonnie reviewed the rising dominance of men who have sex with men (MSM) in new infections, and the challenges faced by the Government in HIV prevention, including the increase in drug use and popularity of mobile apps for seeking sex partners among the MSM population.
7. Ms. Karen Price and Dr. Benjamin R. Bavinton, in their joint presentation *Towards the virtual elimination of HIV*, shared with us how New South Wales (NSW) has successfully achieved the 90-90-90 goal and cut HIV infection rates, by developing new HIV intervention services and introducing a free large-scale PrEP trial, EPIC, with the help of a determined and committed government. To achieve the ambitious goal of reducing HIV transmission by 80% by 2020, the NSW model focuses on innovating to “inform, educate and mobilize gay men to test often, treat early and stay safe”, and to sustain the mobilization through continued engagement with high-risk populations.

Panel Discussion

Moderator: Mr. Andrew Chidgey

Panelists: Ms. Karen Price and Dr. Benjamin R. Bavinton

1. Which MSM subgroup has seen the biggest drop in HIV infections?

Dr. Bavinton: The Australian-born gay men population has the biggest drop in HIV infections. The drop is the most apparent in the metropolitan area, because it is where a high percentage of gay population can be found.

2. Will PrEP lead to drug resistance to HIV, or increased risks of other sexually transmitted infections (STIs)?

Dr. Bavinton: There has been no evidence of drug resistant strains in NSW. In terms of STIs, there has been an increasing trend of STIs in all parts of Australia for the past years. The increasing trend is found in different populations, and is thus not limited to the MSM community. It cannot be said that PrEP is causing the rising trends because the increasing trend is pre-existing and it persists.

3. How much do people (in NSW) pay for PrEP?

Karen: For people on EPIC trial and other PrEP trials in NSW, the cost for them is either free or heavily subsidized, so it is very accessible to people who meet the criteria. The government of NSW is fully subsidizing EPIC in NSW and also funding other smaller trials.

Plenary Session 1 – Undetectable Viral Load is Untransmittable

8. Plenary Session 1 was moderated by Prof. SUEN Yiu Tung, Vice-Chairperson of AIDS Concern. It focused on the revolutionary medical finding Undetectable=Untransmittable (U=U) and what it means to people living with HIV (PLHIV). The session consisted of presentations from **Prof. Johnson Zixin WANG**, Research Assistant Professor, JC School of Public Health and Primary Care, Faculty of Medicine at the Chinese University of Hong Kong; and **Mr. Laurindo Garcia**, a PLHIV activist from the Philippines and founder of the B-Change group.
9. Prof. Johnson Zixin WANG's presentation *On the Way to Achieve Untransmittable* evaluated the impact and potential issues of the New National Guideline on antiretroviral therapy (ART) coverage and adherence among the HIV-positive MSM population in Mainland China.
10. Mr. Laurindo Garcia shared with the audience about his decision to disclose his HIV-positive status on the Internet, and how the message of U=U has empowered many undetectable HIV-positive people in the world of Grindr. He talked about his disappointment over the poor leadership of the Philippine government, as it has prevented new HIV treatment and prevention medication from entering the country.

Panel Discussion

Moderator: Prof. SUEN Yiu Tung

Panelists: Prof. Johnson Zixin WANG and Mr. Laurindo Garcia

1. How to get more PLHIV to become undetectable?

Prof. Wang: We know that now in Hong Kong, the low testing rate is the major barrier for us to achieve the 90-90-90 goal, and the 90-90-90 target is the key to achieving the ideal stage of U=U. My suggestion is that we need innovative means to improve our HIV testing rates, for example, incorporating online real-time counselling with home-based self-testing as compared to facility-based testing currently provided by the Government and NGOs.

2. How can U=U change things? What are the implications when more and more community members know the message?

Laurindo: For me, when I saw the mounting evidence coming from the medical professions and started seeing claims from very credible sources, I could not help but feel relieved and empowered, and feeling that I could resume my place in the community. For U=U to change things, education is required to get more people to understand the concept, because it is a relatively complex statement. We have to deal with the language and technical issues. And the best people to do that are the community organizations. These organizations have to be funded to plan and implement education programmes on a grass-roots level.

Community Discussion

The ideal situation 3 years from now

1. It would be most ideal if the message of U=U can be spread to all parts of Hong Kong in 3 years' time.
2. Increased the HIV testing rate in 3 years would be ideal so that we get more people with HIV onto treatment earlier.

Key stakeholders and beneficiaries

1. The direct beneficiary would be the general public in Hong Kong, while the other beneficiaries would be the Hong Kong Government, the HIV/AIDS NGOs and frontline workers. They could benefit from the increased testing rates among the HIV high-risk groups and the increased treatment rates among PLHIV, if the message of U=U becomes widely known.

Required actions by different parties

1. To spread the message of U=U, we have to focus in two areas, namely promotion and increasing testing rates. In terms of promotion, it should be done on different levels, including the governmental, non-governmental and mass media level.
2. It is necessary to increase testing rates to get more people with HIV onto treatment earlier.
3. Actions and campaigns to pass on the message, and research to obtain more evidence are essential.
4. There has long been a lack of resources for the HIV/AIDS NGOs to provide proper sexuality education in schools in Hong Kong. Without the basic knowledge on sexuality among members of the public, it would be difficult to share the message and concept of U=U. Accordingly, the Government needs to first prioritize public

sexuality and HIV education.

5. Different authorities have to make efforts to increase testing rates. They should also find ways to refer people newly diagnosed with HIV to medical treatment, and help them reach an undetectable viral load as soon as possible. Public education to remove stigma and discrimination against the LGBT+ and MSM community should also be in place, because such stigma and discrimination would discourage the high-risk communities from undergoing HIV tests.

Plenary Session 2 – HIV Self-testing

11. Plenary Session 2 was moderated by Ms. Mandy CHEUNG, programme director at AIDS Concern. It focused on the use of HIV self-testing as a means to increase HIV testing rates. The session consisted of presentations from **Dr. HUANG Shih-Tse**, Medical Officer, Centers for Disease Control (CDC), Taiwan; **Mr. Darien CHEN**, social media expert; and **Dr. CHENG Weibin**, Associate Chief Physician/Project Supervisor, Department of AIDS/STD Control and Prevention, Guangzhou Center for Disease Control and Prevention.
12. Dr. HUANG Shih-Tse shared Taiwan's experience in scaling up HIV testing with HIV self-testing service. Taiwan uses printed education material, and has set up websites with instruction videos in place of traditional facility-based counselling. Based on Taiwan's 2-year experience in launching the program, Dr. Huang concluded that the key to successfully implementing this new prevention strategy is innovative marketing and high accessibility. In terms of marketing, not only did the Taiwan CDC adopt conventional marketing by means of press conferences, newspaper advertisements and posters, they also promoted the message on various dating apps. As for accessibility, the HIV self-testing kits can be easily purchased from vending machines, clinics, LGBT+ service centers, as well as ordering online and picking up from over 5000 convenience stores in Taiwan.
13. Mr. Darien CHEN explained the business model of some renowned gay dating apps that he previously worked with, and the effectiveness of providing sex education in the cyberspace. According to Darien, it can be difficult to effectively deliver sexual health information to the MSM community at physical social venues, such as gay bars or gay saunas. The main reason is that people are too busy socializing and they would not have the mood or time for such information. Whereas in the cyberspace, people tend to have the opportunity to step back and process the information. This accordingly increases the likelihood of the information turning into one's knowledge.
14. Dr. CHENG Weibin talked to the audience about potential issues associated with unsupervised HIV self-testing. First, the lack of quality control in the industry may affect the accuracy of the self-testing device if the user does not access a good quality kit. Second, the incorrect use of self-testing kits due to low literacy level of the users and inadequate instructions provided is common. Third, the lack of handling mechanisms and support services for users who tested positive. These

findings were based on the analysis and results of a community needs assessment. Together with their partnering NGO, the Guangzhou CDC developed a pilot program with a service model that ensures the accuracy of the device, users' privacy and user friendliness.

Panel Discussion

Moderator: Ms. Mandy CHEUNG

Panelists: Dr. HUANG Shih-Tse, Mr. Darien CHEN, and Dr. CHENG Weibin,

1. Who were the target customers of the HIV self-testing program in Taiwan?

Dr. Huang: Without doubt, we wanted to target the MSM community. But that would not be ideal because people would perceive it as a type of stigmatization. So we decided to place our promotion and marketing materials all over Taiwan, regardless of the audience's sexual orientation. As it turned out, the majority of the customers who purchased the self-testing device were MSM, and about 30% were heterosexual.

2. Did the Chinese Government face much opposition for placing the self-testing vending machines in high-schools as some people might view it as encouraging active sexual behaviors among young people?

Dr. Cheng: First of all, not everywhere in China is doing school-based HIV self-testing vending machines, only some provinces have this program. Second, so far, we have not heard any opposition to the school-based program. It is worth mentioning though, that the results of these school-based programs are not that satisfying, as most of the high-school students are not in the high-risk populations. So what we are trying to do now is to conduct a risk assessment for students who wish to obtain the device.

3. How to make the best use of social media to promote sexual health messages?

Darien: Context is very important, and you would want to deliver the right message at one time. For example, if your goal is to promote HIV self-testing, it would not work if you simply place a banner that only states "HIV self-testing", because people do not know anything about self-testing. But if the banner says "Are you positive? Find out at home!", then people would start to wonder what their HIV status are, and go on to find out more about self-testing. The key here is to know what you want to achieve and create engaging context.

Community Discussion

The ideal situation 3 years from now

1. The ideal situation would be, 3 years from now, HIV self-testing kits become easily accessible in Hong Kong, whether in universities or as over-the-counter products in drugstores.
2. In a more practical scenario, a 3-year HIV self-testing program can be implemented. Its effectiveness can then be evaluated each year. The 3 years' worth of data collected from the evaluation can then be used to decide whether to implement a full-scale program in the city.

Key stakeholders and beneficiaries

1. The key stakeholders will be NGOs that engage in HIV/AIDS-related work. NGOs stand a much greater chance than the Government in terms of reaching out to the high-risk populations. For example, NGOs' frontline workers likely have more access to chemfun or chemsex parties, while it is unlikely for the Government or private sector entities to do the same.
2. Both the Government and the NGOs have to take the lead in promoting HIV self-testing.
3. Beneficiaries are not limited to the high-risk population. The general public can also benefit from an increase in testing rates if HIV self-testing kits become popular.

Required actions by different parties

1. Service providers have to make sure that self-testing instructions are well-delivered through various popular media platforms. Instruction videos may be a relatively user-friendly and effective option in delivering the instructions.
2. Pre- and post-test counselling services and support have to be in place to ensure that the service users understand the procedures and know where to get further assistance. The Department of Health will therefore need to allocate more resources in order to successfully implement self-testing programs in Hong Kong.
3. Collaboration among frontline workers, NGOs, and pharmaceutical companies are desirable.
4. Survey and research are necessary in order to understand people's attitudes towards HIV self-testing.
5. Measures to ensure user privacy and anonymity will also determine how people in Hong Kong will respond to self-testing.
6. Clarifications as to accountability is essential before launching the program.

Plenary Session 3 – Pre-Exposure Prophylaxis, PrEP

15. Plenary Session 3 was moderated by Mr. Jim HOE, Programme Manager at AIDS Concern. It focused on the implementation of PrEP as one of the key HIV prevention approaches. The session consisted of presentations from **Ms. Karen Price**, Deputy CEO of ACON, New South Wales (NSW), Australia; **Dr. Frits van Griensven**, Thai Red Cross AIDS Research Center, Bangkok, Thailand and UCSF Department of Epidemiology and Biostatistics, San Francisco, CA, USA; and a PrEP user sharing session with **Mr. King LUK** and **Mr. Billy LEUNG**.
16. In Ms. Karen Price's presentation, she shared the key factors and elements behind New South Wales' successful story of introducing PrEP to the MSM community. According to Karen, NSW has a very strong policy foundation for ACON to carry out their work, and strong leadership of the Government has been a critical factor for their work in the past 5 years, as PrEP was written very strongly into NSW's 5 years AIDS strategy. Karen's presentation explained to the audience the PrEP trial conducted by ACON, titled "PrEP EPIC study". The study centres on the change in HIV new infection rates and the public health benefits brought by the quick implementation of PrEP among the population bearing the highest risks of HIV infection. To reach out to the community, ACON allocated resources to various marketing campaigns, educational materials, promotional materials and personal engagements.
17. Dr. Frits van Griensven's presentation focused on the feasibility and barriers of PrEP implementation in the MSM community in Southeast Asia. Many countries have adopted the strategy of Treatment as Prevention (TaP), where the prevention of HIV transmission will be achieved by treating PLHIV. Although the overall epidemic trend associated with this strategy has been positive, certain populations remain particularly vulnerable to HIV infection, particularly the MSM population. According to Dr. Frits, PrEP, being a biomedical HIV prevention modality that has shown efficacy in MSM, should play an instrumental role in achieving HIV control within this population. However, with an exception of a limited number of developed areas, the implementation of this strategy has been poor, especially among MSM living in lower and middle-income countries.
18. In the PrEP user sharing session, Mr. King LUK and Mr. Billy LEUNG shared with the audience their experience in and motivation for using PrEP. Billy, who acquires

generic drugs from Thailand, talked about the inconvenience of the regular trips to Thailand, given that PrEP is still not available in Hong Kong's public healthcare system regardless of its launch 5 years ago. King, on the other hand, encouraged the use of PrEP to protect ourselves and our loved ones from HIV infection. They both recommended enhancing accessibility and increasing public awareness of PrEP in Hong Kong.

Panel Discussion

Moderator: Mr. Jim HOE

Panelists: Ms. Karen Price, Dr. Benjamin R. Bavinton, Dr. Frits van Griensven, Mr. King LUK, Mr. Billy LEUNG

1. Is PrEP possible in Hong Kong?

Karen: Yes. I think three things have to happen. One is that the community has to speak up about their desire for PrEP. Second, there are many great examples from around the world for the Hong Kong government to know that PrEP does work. So we have to send a believable and actionable message to the government, in order to make PrEP happen in Hong Kong. And third, be persistent and do not give up. Process may not happen overnight but with PrEP, we are in the most exciting moment in the history of the epidemic.

Billy: My answer is yes and it must happen. HIV treatment has been a subsidized basic healthcare treatment provided by the Government for years, and the treatment itself is not cheap. So rather than waiting for people to become HIV-positive, and then deal with the situation, it is more desirable to prevent it from happening in the first place.

Dr. Frits: You either pay for it now or you pay for it later. One thing I would like to add is that, in many places, policy has been driven by practice on the ground. And I think this is a task for AIDS Concern.

2. What are the barriers for implementing PrEP in Hong Kong and how to tackle them?

King: It is the same everywhere. You can see different kinds of stigma and discussions on online forums or chatrooms. Hong Kong is no different. It is the same when we first started talking about condoms. With the public reluctance to engage in discussions about condoms in mind, it is not difficult to imagine the same reluctance in discussions about PrEP. I do not see any difference between the two. PrEP is another prevention strategy which is easily subject to stigmatization in conventional societies.

Billy: I would say time will tell. And the option needs to be there.

Dr. Bavinton: (In Australia) While educational campaign is essential, what has really driven up the process was probably friends-talking-with-friends. In the beginning, there would not be that many people on PrEP, because there would not be many people who know about PrEP, and in turn, there would not be much resistance from the public. But as more people learn and talk about it, and when they travel to other parts of Asia and further their knowledge in this medicine, eventually they would want access to the medicine because people prefer sex without condoms. So I think that would be a strong motivation for people to want PrEP.

Community Discussion

The ideal situation 3 years from now

1. Currently, PrEP (Truvada) is relatively costly as the patent has not yet expired. This is why some people resort to getting generic drugs in Thailand. It is daily still unclear to many people as to how the drugs should be taken, whether it is daily, four times a week or event-driven (two pills before having sex, one pill a day later and one pill two days later). There seems to be a lot of different ways of using or prescribing PrEP. The complexity and flexibility might make PrEP difficult to introduce or implement in Hong Kong. In three years' time, we hope to at least see the drug become available for "off-label" use.
2. Generic drugs becoming available.
3. Active and frequent discussion on PrEP in different levels in society.
4. Promoting PrEP (e.g. by launching marketing campaigns) as part of the combination prevention.
5. PrEP users being de-stigmatized.

Key stakeholders and beneficiaries

Stakeholders will include PrEP users, Hospital Authority, physicians and research units. Beneficiaries will include the general public, pharmaceutical companies and discordant couples (couples in which one partner is HIV-positive and another is HIV-negative).

Required actions by different parties

1. Training for medical professionals and public education are important in the next three years, in order to prepare the medical field and potential users for the use of PrEP. Different sectors in the healthcare system, including private clinics and NGOs,

have to clarify what their roles and responsibilities are in offering PrEP in Hong Kong.

2. Public education and promotion targeting stakeholders have to be in place if PrEP is to be launched in Hong Kong. Also, a long time may be required for people in Hong Kong to accept the use of PrEP, as some may see the use of PrEP as a means for increasing pleasure in sex, rather than for HIV prevention.
3. Implementation trial of a larger scale is undoubtedly necessary.

Plenary Session 4 – Substance use and HIV

19. Plenary Session 4 was moderated by Prof. Krystal CK Lee, Assistant Professor (Honorary), Stanley Ho Centre for Emerging Infectious Diseases, The Jockey Club School of Public Health and Primary Care, CUHK. It focused on the increased substance-use and Chemfun culture within the MSM community, which are affecting the HIV epidemic. The session consisted of presentations from **Dr. Sky LAU hoi-leung**, Department of Sociology, The University of Hong Kong; **Mr. Samson YIP Wing Yue**, Project HERO-MSM Support Service, Hong Kong Christian Service; and **Dr. Nason TAN**, Sexual Health and LGBT Rights Advocate from Malaysia.
20. Dr. Sky LAU's presentation examined the culture of Chemfun from a sociological perspective. According to Dr. Lau, *Chemfun* is a local terminology used in Hong Kong to describe the cultural phenomenon of consuming drugs to facilitate sexual activity. It is very similar to the term *Chemsex*, which is more commonly used in other parts of the world. However, Chemfun is not just about sex. To understand the rationale behind this emerging lifestyle in the gay community, one must use a holistic approach and acknowledge that Chemfun provides a socializing space which satisfies the community's five desires –drinks, dance, drum (music), drug, dick (sex). It goes beyond an erotic setting involving drug use and sex.
21. Mr. Samson YIP, on the other hand, shared with the audience how he, as a frontline social worker, works closely with the MSM community. In particular, he uses narrative therapy to help his clients in dealing with drug issues. By deconstructing Chemfun with his clients, the therapy aimed at helping them discover why they resorted to Chemfun and what function Chemfun served them. Mr. Yip pointed out that, many of his clients came to him for help to deal with the personal crisis which led them to drug use, rather than the drug issue itself. As such, according to Mr. Yip, without first understanding why his clients resorted to drug use, or addressing their innermost issues, it is difficult to help them with their drug problems.
22. Dr. Nason TAN talked about Chemsex and the HIV situation in Malaysia. Malaysia is a multi-cultural conservative Muslim society with harsh substance laws and criminalization of homosexual intercourse. With the government taking such an oppressive position and unsupportive role, HIV intervention and Chemsex support service in Malaysia has always been driven by the community. In the past, the mode of transmission of HIV was dominated by drug injection. Recent data, however, shows

that the trend has changed and that there is a growing number of new infections caused by sexual behavior. Chemsex also gained its footing in the community and flourished with the availability of mobile social media applications. Dr. Tan's presentation examined how community-based organisations, LGBT activists, substance users, and health professionals, can make a joint effort in working towards a sexual health well-being for the community. Learning from overseas' best practices, the community-based organizations operated with foreign AIDS experts and groups to help develop Malaysia's own Chemsex care plan. Dr. Tan also emphasized the importance of understanding and acknowledging the complexity behind the Chemsex culture, and using the appropriate language and sensitive approach when reaching out to the community.

Panel Discussion

Moderator: Ms. Krystal LI

Panelists: Dr. Sky LAU hoi-leung, Mr. Samson YIP Wing Yue, and Dr. Nason TAN

1. This question is for Samson, you said in your presentation that "the opposite of connection is addiction". So if the client found a personal connection during Chemfun, how would you respond to that?

Samson: There is nothing wrong with finding a personal connection in Chemfun. It is the client's subjective perception and he/she is fully entitled to that. In narrative therapy, I will acknowledge the client's need for connection in Chemfun, and help the client find out what that connection meant to him/her. And I will try to help the client develop the same kind of connection from other occasions without the use of drugs.

2. What is the relationship between Chemfun and a negative gay identity?

Dr. Lau: In the mainstream society, gay identity is a stigmatized identity. In such a stigmatized society, homosexuals need to find a way to make the best decision for themselves. As I mentioned, space has always been very important for homosexuals. Examples of space include gay saunas, gay bars, public toilets, Chemfun or online space. Space provides homosexuals with an opportunity to hide from the stigma and discrimination in the heteronormative world. We can understand the space as a protected, closet-like space for homosexuals to deal with their stigmatized identity.

Dr. Tan: As part of the community, what we can do is to create more space for homosexuals. Since not everyone enjoys going to gay saunas or dancing, we, as part of

the community, can help create more substantial and healthy space, like taking part in sports, for ourselves. I believe this is the way forward to creating a healthier society.

Community Discussion

The ideal situation 3 years from now

1. Hopefully Chemfun users and the MSM community will be more able to talk about the issues 3 years from now. And it will be ideal if our society becomes more understanding about why Chemfun culture happens.
2. It is essential for male sex workers to have more knowledge on safe drug use.
3. More discussion and progress on harm reduction in society is called for.

Key stakeholders and beneficiaries

The key stakeholders include drug-use organizations, public health professionals, frontline workers, social workers, and high-risk ethnic minorities. As for beneficiaries, they include the MSM community, sex workers, high-risk ethnic minorities, etc.

Required actions by different parties

1. Research and studies are needed to compare the harm reduction approach and the zero tolerance approach.
2. Research and guidelines on the use of recreational drugs are called for.
3. More training on the LGBT culture should be provided to frontline workers.
4. Private sector entities should work towards increasing the availability of social space for the LGBT+ communities.
5. The Government should hold cross-departmental meetings to discuss the future anti-drug policy. In this regard, reference should be made to the policies implemented by Macau and Mainland China.
6. The introduction of PrEP to Chemfun users is needed.

Conclusion

23. At the 2-day conference, it was agreed that more intervening options are needed in Hong Kong to deal with the rising and ever-changing landscape of the HIV epidemic. Discussions on interventions such as PrEP and HIV self-testing should continue, in order to increase testing rates and drive down infection rates. Such intervention strategies can also help Hong Kong reach the 90-90-90 target. The U=U statement is an important message backed by scientific evidence in the fight against HIV. Efforts are called for in conveying this message to the general public, and to empower the people living with HIV. Not only can this message encourage them to seek treatment, but also end the stigma attached to them. Sensitivity, care and understanding are needed in dealing with Chemfun, a trending culture among the MSM community which plays a role in HIV prevalence.
24. To truly take HIV out of Hong Kong, we need to introduce a combined intervention package. In order to do so, it requires collaborative efforts from all stakeholders at all levels. Strategies including innovative marketing, the use of social media, user-friendly servicing platforms, and education in simple language are also the keys to success in this HIV movement.
25. AIDS Concern will be working with interested parties to be part of this HIV movement. We will engage different stakeholders and policy makers to drive progress in introducing new HIV interventions into the city. We will continue our community education work to empower community members, and to develop momentum at the community level. Please join with us.
26. Together, we will take HIV out of Hong Kong.