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**EXPLORING EXPERIENCES OF DRUG USE AND CHEMSEX  
AMONG MEN WHO HAVE SEX WITH MEN**

**Section A: Drug Use Among Men Who Have Sex with Men in the UK: A  
Review of Qualitative Literature**

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with Men: An Interpretative Phenomenological Analysis**

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## Summary of Major Research Project

**Section A:** Given the health implications of illicit drug use in men who have sex with men (MSM), it is important to understand these men's experiences. There has not been a recent review of qualitative literature regarding experiences of MSM taking drugs. This review aimed to summarise and bring together qualitative research exploring the experiences of MSM who take illicit drugs. The findings mostly related to sexualised drug use. Eight themes were identified - Risk, Distress, Self-Confidence, Pleasure, Inhibition, Identity, Specific Contexts and Belonging - and the implications of this for research and clinical work were discussed.

**Section B:** Sexualised drug use, or chemsex, has emerged in recent years as an important phenomenon within the context of drug-taking among MSM in the United Kingdom. A qualitative study was undertaken to investigate the experiences of chemsex among MSM using Interpretative Phenomenological Analysis. Four superordinate themes were identified: Navigating Dark Sides - Chemsex Has Negative Aspects, Expanding Possibilities - Chemsex Offers An Escape and Different Experiences, Closeness - People Use Chemsex to Feel Closer to Others, and Sense of Self - Chemsex Enables People to Feel Differently About Themselves. These are discussed in relation to psychological theory, research and clinical implications.

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**Section A**

**Drug Use Among Men Who Have Sex with Men in the UK: A Review of Qualitative  
Literature**

**Word count: 6627**

## Abstract

**Background:** Illicit drug use is a prevalent public health concern in the United Kingdom (UK). Men who have sex with men (MSM) are known to have higher rates of illicit drug use and to use drugs in different ways, compared to other populations. Qualitative research has addressed how MSM understand and think about their drug use. This narrative review aimed to summarise and synthesise qualitative research exploring the experiences of MSM who take drugs.

**Method:** Three databases (PsychInfo, Web of Science, and Medline) were searched and eleven studies met the criteria for inclusion in the review. Narrative synthesis was used to identify key themes across the studies.

**Findings:** Most of the findings related to sexualised drug use. Eight themes were identified: Risk, Distress, Self-Confidence, Pleasure, Inhibition, Identity, Specific Contexts and Belonging.

**Discussion:** Drug use in MSM is a complex area and the experiences of MSM are varied, including factors relating to sexuality, identity and community. Conclusions were limited by the mixed quality of research. Future research would benefit from more robust procedures and could explore identity formation, community dynamics, and sexualised drug use contexts within MSM.

**Keywords** (Drug use, men who have sex with men, sexualised drug use, gay and bisexual men)

## **Introduction**

### **Illicit Drug Use in the UK**

The prevalence of illicit (non-prescribed) drug use in the United Kingdom (UK) has been estimated to be 9.2% for people aged 16 to 59 years old and 18.6% for 16 to 24-year-olds (Office for National Statistics, 2022). Drug use has been perceived and interpreted in varied ways both historically and across different cultures (Coomber and South, 2004). Its legal status has shifted over the decades but the UK has “favoured enforcement rather than treatment approaches” for people who take illicit drugs (Stothard, 2021).

Illicit drug use is varied and official statistics include both infrequent and frequent users, i.e. anyone “having taken any drug more than once a month in the last year” (Office for National Statistics, 2022). Illicit drug use co-varies with measures of life satisfaction and personal well-being, with individuals with lower satisfaction in life being more likely to have taken drugs (Office for National Statistics, 2022). Around 275,896 adults interacted with drug and alcohol services between April 2020 and March 2021, and “nearly two-thirds (63%, or 82,613) of adults starting treatment said they had a mental health treatment need” (Office for Health Improvement & Disparities, 2021).

### **Drug Use Among Men Who Have Sex With Men**

Drug use has been found to be more prevalent among Men who have Sex with Men (MSM)<sup>1</sup> than in other populations, both across Europe and in the UK (Rosińska et al., 2018; Hickson et al.,

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<sup>1</sup> It is acknowledged that MSM may identify their own sexualities in a variety of ways. Therefore, the term “MSM” has been used to respect this diversity, in line with other research in this area.

2009). Additionally, research addressing illicit drug use in MSM has found that motivations, usage patterns, and access to support services can differ considerably from other sub-populations (Bourne & Weatherburn, 2017). This includes higher rates of use, higher rates of polydrug use (using more than one drug at the same time), and sexualised drug use (Ahmed et al., 2016; Bourne et al., 2015; Hickson et al., 2009).

Illicit drug use among MSM has changed significantly over the last ten years in the UK, due to the emergence and popularity of drugs such as mephedrone, GHB/GBL (gamma hydroxybutyrate/gamma-butyrolactone) and methamphetamine (Bourne et al., 2015). These drugs are particularly but not exclusively associated with sexualised drug use (“chemsex”) among MSM (Edmundson, 2018). Illicit drug use in MSM has been linked with increased sexual risk behaviour, higher rates of sexually transmitted infections, and higher levels of psychological distress (Bourne & Weatherburn, 2017; Yi et al., 2016).

Several psychological theories have been proposed to help understand drug-taking in MSM. The Minority Stress Model emphasises the unique stresses faced by minority groups, leading to various coping mechanisms, which can include drug use (Dentato et al., 2013). In the UK’s context, MSM have experienced stigmatisation and discrimination, and experience health and societal inequalities (Gessner, 2020).

Similarly, Cognitive Escape Theory suggests that drug use might be a mechanism to distance oneself from distressing realities or internalised negative perceptions (McKirnan et al., 1996; Card et al., 2020). Identity Process Theory offers a way of understanding drug-taking through the idea that if “identity is threatened... the individual will engage in strategies for coping with the

threat” (Jaspal, 2014, p. 5). Drug-taking can therefore be understood as potentially being part of a coping strategy for dealing with threats to identity such as societal homophobia (Jaspal, 2022).

### **Previous Literature Reviews**

Previous literature reviews have mostly focused on prevalence rates and health outcomes for MSM who take drugs, utilising quantitative data. For example, Stall et al. found that drug use was highly prevalent among urban gay men in four cities in the United States of America (USA), and that polydrug use and frequent drug use “were not uncommon” (Stall et al., 2001). MSM who are known to be HIV positive have typically been found to have a higher rate of drug use (Bourne & Weatherburn, 2017; Wei et al., 2012; Solomon et al., 2011).

Drug use has been linked with higher sexual risk behaviour, such as sexual intercourse without using safer sex practices (Melendez-Torres & Bourne, 2016). Some literature has looked at some of the psychological and psychosocial aspects of drug-taking among MSM, finding “associations with mental ill health” such as anxiety, psychosis and drug dependency, and “poorer well-being” (Bourne & Weatherburn, 2017; Lea & Reynolds, 2014).

A recent strand of literature has emerged around sexualised drug use and chemsex in MSM. For example, one study in the Netherlands found that 35% of MSM presenting at sexual health clinics and on an internet survey reported engaging in chemsex (Evers et al., 2019). Chemsex has been associated with “sexuality-related stressors” such as “social pressures of conformity to particular body types, physical appearance and masculinity norms” (Jaspal, 2022, p. 9). A number of qualitative studies have asked MSM about their experience of, and motivations for drug use, including aspects such as risk, safety and pleasure (Weatherburn et al., 2017;

Dennermalm, 2021). However, no review has yet brought these qualitative studies together. A review of qualitative literature could provide an important contribution to the literature as a result of the ability of qualitative data to “go beyond statistical associations by investigating the localised and complex mechanisms of both events and processes” (Booth et al., 2012).

## **Current Review**

By reviewing qualitative research with MSM who have taken recreational drugs, their experiences and the contexts surrounding these experiences can be explored in more detail. This will involve summarising the empirical research in this area, reviewing the methodology of these studies, and critically appraising and synthesising their findings in order to help guide future research and improve clinical care. The review will therefore aim to answer the question: How do men who have sex with men describe their experiences of taking recreational drugs?

## **Methodology**

### **Search Strategy**

The databases PsychInfo, Web of Science and Medline were searched on 10/11/2022. The review included papers from 2013 onwards since “patterns of drug use among MSM have changed over the past decade” (Edmundson, 2018; Ahmed et al., 2016; Bourne et al., 2015).

The search terms used were: (“Gay” OR “Bi” OR “Queer” OR “MSM” OR “Men who have sex with men” OR “Homosexual” OR “Bisexual” OR “Same sex”) AND (“men” OR “male”) AND

("drug\*" OR "PNP" OR "party and play" OR "slamming" OR "chillout" OR "chem\*" OR "chemsex" OR "Substance") AND (Qualitative).

Only articles written in English were included.

### **Inclusion and Exclusion Criteria**

Table 1 outlines the inclusion and exclusion criteria used for this review. Studies only pertaining to alcohol and/or nicotine were not included due to the different health implications and cultural contexts associated with legal substances compared to illicit drugs (Ahmed et al., 2016).

Qualitative research was reviewed due to the exploratory nature of the topic and its richer, detailed data, which provided a depth of understanding that was appropriate for the research question.

Table 1: Inclusion and Exclusion Criteria for the Review

<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
Men who have had sex with men as participants	Experimental or quantitative research
Research containing a qualitative component (only the qualitative component was included in the review)	Research that focussed primarily on the assessment of developing an intervention



The research investigates participants' use of  
illicit drugs

Peer-reviewed original research

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The preliminary search produced a total of 141 research articles, broken down as follows: PsychInfo n=42, Web of Science n=56, and Medline n=43. After filtering out 36 duplicates, 105 articles remained for consideration. Two additional articles were added following a manual search of references. Upon reviewing the titles, 57 were excluded, leaving 50 abstracts to be assessed. Following the abstract review, 24 more were excluded, and following a full text review 15 were excluded, resulting in a total of 11 articles selected for the review. This selection process is visualised in the subsequent PRISMA diagram (Figure 1).

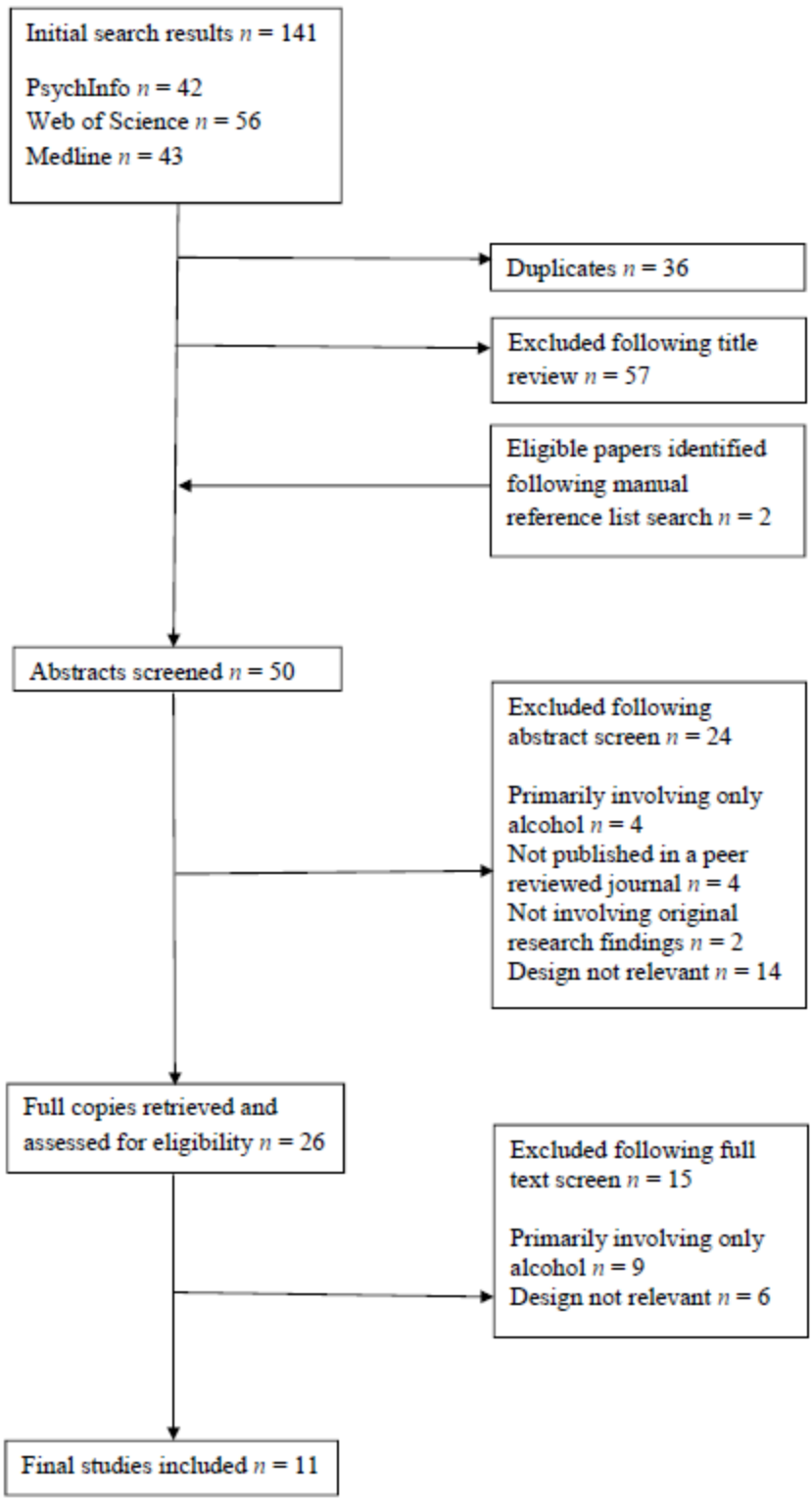


Figure 1: PRISMA diagram showing the process of the literature search.

### **Assessment of Research Quality**

The checklist from the Critical Appraisal Skills Programme (CASP, 2018) was used to evaluate the studies (see Appendix B). This tool is well-regarded for its utility in assessing the quality of qualitative studies. The results of this appraisal informed the interpretation and consideration of the research findings in the context of the synthesis, with higher quality studies being given more weight in the final synthesis meaning their findings were prioritised when developing themes.

### **Data Extraction and Analysis**

A narrative synthesis was conducted, based on the method outlined by Popay et al. (2006). Papers of a higher quality were given greater weight in the synthesis. Data was extracted from the selected studies and summarised under the headings contained in Table 2. The findings of the papers were synthesised through the grouping together of similar patterns and ideas to develop an understanding of themes shared across the papers. The synthesis was checked with supervisors for clarity and cohesiveness.

### **Structure of the Review**

This review presents a synthesis of themes relating to the key findings of the selected articles as is standard practice in narrative synthesis reviews (Thomas & Harden, 2008). Following an initial summarisation of these themes, the research methodology of the studies was critiqued, and conclusions were drawn in light of these considerations. Subsequently, clinical and research implications of the review findings were explored.

## Review

### Description of Studies

Eleven papers were included in this review and are summarised in Table 2. Ten papers used a qualitative research design (Bourne et al., 2015; Cohen et al., 2022; Deimel et al., 2016; Dennermalm et al., 2021; Jaspal, 2021; Milhet et al., 2019; O'Byrne, 2013; Santoro et al., 2020; Smith & Tasker, 2017; Weatherburn et al., 2017), and one of which used a mixed methods design (Kecojevic et al., 2015). Data collection was conducted primarily by interviews for all papers, with one paper additionally utilising gouache painting (Cohen et al., 2022). Studies utilised various methods of analysis: thematic analysis (Bourne et al., 2015; Cohen et al., 2022; Jaspal, 2021; Kecojevic et al., 2015; O'Byrne, 2013; Weatherburn et al., 2017), phenomenological observation (Cohen et al., 2022), structured analysis of content (Deimel et al., 2016), content analysis (Dennermalm et al., 2021; Milhet et al., 2019), sociological discourse analysis (Santoro et al., 2020), and Labovian narrative analysis framework (Smith & Tasker, 2017). Samples involved diverse participant demographics, primarily MSM with varying ages, ethnicities, socioeconomic statuses, and locations (e.g., England, Israel, Germany, Sweden, United States, France, Canada, Spain). All consisted of Westernised contexts.

*Table 2: Summary of the Studies*

<b>Study</b>	<b>Location</b>	<b>Participants</b>	<b>Data Collection</b>	<b>Method of Analysis</b>	<b>Key Findings</b>
Bourne et al., 2015	England (South London)	N = 30; Men, aged 21-53, who used drugs during sex with another man	Interviews	Thematic analysis	Themes emerged relating to: <ul style="list-style-type: none"> <li>- Facilitating sexual experiences</li> <li>- Serosorting (selecting sexual partners with the same HIV status)</li> <li>- Unintentional sexual risk behaviour</li> <li>- Maintaining safer sex practices</li> </ul>
Cohen et al., 2022	Israel	N = 14; Secular Jewish gay men, aged 25-45, who had used crystal	Interviews and gouache painting	Thematic analysis and phenomenological	Themes emerged relating to: <ul style="list-style-type: none"> <li>- Belonging</li> </ul>

methamphetamine and GHB  
while having sex

observation (of the  
artwork)

- Excitement
- Elicitation of feelings and sensations
- Peer groups and behaviour patterns
- Shame

Deimal et al., 2016	Germany (Cologne, Berlin and Frankfurt)	N = 14; Gay and bisexual men with drug use experience	Interviews	Structured analysis of content	Themes emerged relating to: <ul style="list-style-type: none"> <li>- Sex and drug use settings</li> <li>- Differing sexual behaviour</li> <li>- Personal safer use and safer sex strategies</li> <li>- Social and sexual motivations for drug use</li> <li>- The role of community</li> </ul>
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Dennermal m et al., 2021	Sweden and Germany (Berlin)	N = 15; MSM, aged 23-44, with recreational or sexual drug use during the past 3 years.	Semi-structur ed interviews	Content analysis	Themes emerged relating to:  - Positive and negative aspects of drug use  - Intentional and personalised choice of drugs  - Contextual aspects of drug use  - Risk perception when using drugs  - Harm reduction
Jaspal, 2021	England (London and East	N = 16; Gay/bisexual men, aged 22-47	Semi-structur ed interviews	Qualitative thematic analysis	Themes emerged relating to:  - Identity threat

Midlands)

- Stressors

- Denial and self-concealment as types of deflection

- Depersonalisation, compartmentalisation and fantasy

Kecojevic et al., 2015	United States of America (Philadelphia)	N = 25; Young MSM	Semi-structured interviews	Thematic analysis	Themes emerged relating to: <ul style="list-style-type: none"> <li>- Social and recreational motives</li> <li>- Facilitating sex</li> <li>- Coping with stress and depression</li> <li>- Polysubstance use</li> </ul>
Milhet et al., 2019	France	N = 33; Gay/MSM, aged 22-61, who engaged in	In-depth Interviews	Content analysis	Themes emerged relating to:



chemsex

- Pleasure
- Ambiguity
- Suffering and distress

O'Byrne, 2013	Canada (Montréal )	N = 17; gay and bisexual men	Semi-structu red interviews	Thematic analysis (although this was not explicitly stated)	Themes emerged relating to:  - Behaviour and internal/external forces  - Purposive drug use  - The importance of place and context
Santoro et al., 2020	Spain (Madrid)	N = 18; aged 25-35	Semi-structu red	Thematic analysis and	Themes emerged relating to:  - Types of chemsex

			interviews with individuals and triangular groups	sociological discourse analysis	- Drug use contexts
Smith & Tasker, 2017	England (London)	N = 6; aged 30-60, with polydrug use and use in a sexual context	Semi-structu red interviews	Labovian narrative analysis framework	Themes emerged relating to: - Acceptance and belonging - Negative experiences - Difficulties of sober sex
Weatherbu rn et al., 2017	England (South London)	N = 30; gay men, aged 21-53, who had used crystal methamphetamine,	In-depth interviews	Thematic analysis	Themes emerged relating to: - Increasing sexual capability

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mephedrone and/or  
GHB/GBL during sex

- Enhancing qualities valued in sex
  - Emotional intimacy and sexual connection
-

The synthesis resulted in the emergence of several themes and subthemes which are summarised in Table 3.

*Table 3: Summary of Themes and Subthemes*

Theme	Subtheme	Papers Contributing to Theme	Example Quotation
Risk	<i>Risk</i>	Bourne et al., 2015	<p>“And then that damn sense of happiness occurs [when doing drugs]... And then it is where I think it becomes risky, just because I am so happy. It’s like underwear off! Flower power! Off with your clothes and you dance at home, and you’re naked and oh-la-la [ ...] but that is where there is also an increased risk taking”</p> <p>(Dennermalm et al., 2021)</p>
	<i>Perception</i>	Deimal et al., 2016	
		Dennermalm et al., 2021	
		Kecojevic et al., 2015	
		Smith & Tasker, 2018	

<i>Harm</i>	Bourne et al., 2015	“He said, ‘Listen, you can’t fuck me with that dick because it’s got a condom on it.’ [...] And I said, ‘I’m always going to wear this condom, no matter what.’” (Bourne et al., 2015)
<i>Reduction</i>	Deimal et al., 2016	
<i>Strategies</i>	Dennermalm et al., 2021	
	Kecojevic et al., 2015	
	Santoro et al., 2020	

Managing

Cohen et al., 2022

“The reason why I take a lot of pills now is because of the pain, I

Distress

Deimal et al., 2016

want to forget that pain. If that pain keeps in my head, I try to take

Dennermalm et al., 2021

as many pills as I can to forget the pain.” (Kecojevic et al., 2015)

Jaspal, 2021

Kecojevic et al., 2015

Milhet et al., 2019

Smith & Tasker, 2018

Pleasure

<i>Enhancement of Sexual Sensation</i>	Cohen et al., 2022 Deimal et al., 2016 Dennermalm et al., 2021 Jaspal, 2021 Kecojevic et al., 2015 Milhet et al., 2019 O’Byrne, 2013 Santoro et al., 2020 Smith & Tasker, 2018 Weatherburn et al., 2017	“I don’t take drugs to escape something. I take drugs in order to elevate an experience. Like when you are out clubbing. It feels like you are levitating [...] you get intoxicated [...] then the music, the lights, the people.” (Dennermalm et al., 2021)
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*Exploration* Cohen et al., 2022  
Milhet et al., 2019  
Weatherburn et al., 2017  
Smith & Tasker, 2018

“It’s my sense of curiosity that made me want to experience sexuality more intensely. Until then it was boring” (Cohen et al., 2022)

## Inhibition

Bourne et al., 2015

Cohen et al., 2022

Deimal et al., 2016

Jaspal, 2021

Kecojevic et al., 2015

Milhet et al., 2019

O'Byrne, 2013

Santoro et al., 2020

Smith &amp; Tasker, 2018

Weatherburn et al., 2017

“Doing chems, for me, it’s been like an amazing experience, the ultimate high. You just lose all your barriers, all the things that hold you back and just let yourself go” (Jaspal, 2021)

Confidence

Cohen et al., 2022

Smith & Tasker, 2018

Weatherburn et al., 2017

“It is quite important to admit that I think that it has had positive effects ( . . . ) I am a much more confident person.” (Smith & Tasker, 2018)

Belonging to  
a Wider  
Community

Cohen et al., 2022

Deimal et al., 2016

Jaspal, 2021

Kecojevic et al., 2015

Milhet et al., 2019

O'Byrne, 2013

Santoro et al., 2020

Smith & Tasker, 2018

“Anyone that says ‘gay community’ needs a reality check. There is no gay community.. Who needs community when you’ve got chems?” (Jaspal, 2021)

Physical	Bourne et al., 2015	“In Montreal, there’s passion. I dress differently if I go to Montreal because there’s more acceptance, more sexual appeal. It’s fashion; it’s touching, and there’s a certain kind of language in these environments... It’s the combination of the music, the atmosphere, and the drugs.” (O’Byrne, 2013)
Contexts	Cohen et al., 2022	
	Deimal et al., 2016	
	Dennermalm et al., 2021	
	O’Byrne, 2013	
	Santoro et al., 2020	
	Smith & Tasker, 2018	

Forming	Cohen et al., 2022	“Sober sex makes me sad that I don’t have a boyfriend and I’m not making love and I think with mephedrone it fills that void, it fills that emptiness.” (Smith & Tasker, 2018)
Individual	Deimal et al., 2016	
Social	Dennermalm et al., 2021	
Bonds	Kecojevic et al., 2015	
	Milhet et al., 2019	
	O’Byrne, 2013	
	Santoro et al., 2020	
	Smith & Tasker, 2018	

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## **Sexualised Drug Use**

This review found that most studies focused on sexualised drug use or chemsex as part of their recruitment criteria, and therefore many of the findings relate to this specifically. The studies reported that drug use is linked to sex in several ways: through increasing desire for sex, sexual experiences being associated with taking drugs, and MSM being in environments where both sexual experiences and drug taking take place such as in clubs, parties or homes. As most of the papers focused on sexualised drug use it was hard to ascertain information about drug use in MSM outside of sexualised contexts in this review.

## **Risk**

### ***Risk Perception***

The studies reported that many individuals who engaged in drug-taking displayed some understanding of the risks involved, including the increased risk of sexually transmitted infection (STI) transmission when engaging in sexualised drug use, the potential for addiction, and negative physical health outcomes associated with drug use (Bourne et al., 2015; Dennermalm et al., 2021). However, this awareness did not consistently translate into protective or harm-reducing behaviours. Some studies suggested that drugs like crystal methamphetamine can trigger intense sexual arousal, overriding the ability to attend to broader health or safety concerns (Bourne et al., 2015, ref). A participant in Bourne's study expressed this by saying, "For me it [crystal methamphetamine] was very overpowering and it increased my sex drive. It made me



actually want to explore myself and have sex, and with no regard or responsibility in terms of using condoms, and who I was having sex with, and how rough it was or how long it went on for”. Others identified that the influence of drugs can lead to poorer assessment of risk after the drug has been used, increased disinhibition, and an inclination towards risky sexual situations (Deimal et al., 2016).

While concerns over acquiring HIV or other STIs were present, there was a tension between safer drug and sexual health practices on the one hand, and desired experiences on the other (Dennermalm et al., 2021). Dennermalm’s study highlights this with a quote from a participant, “And then that damn sense of happiness occurs [when taking drugs]. It’s like six, seven, eight, nine, ten, eleven, lunchtime when the party is kind of fading. But you are still happy... And then you go home and you have sex. And then it is where I think it becomes risky”. For some, concerns around risks relating to drugs extended beyond immediate health concerns to broader concerns around becoming reliant on drugs for sexual gratification and widespread addiction within gay communities. As one participant reflected, “Often there are shy guys who tried chemsex, and then they cannot stop with it because it is the only way they think they can have sex. They never developed some self-esteem to just flirt or talk with guys and stuff normally” (Dennermalm et al., 2021).

### ***Harm Reduction Strategies***

Participants were described as using multiple different strategies to attempt to reduce the risk of potential harm to both themselves, and others. Among these strategies, Bourne et al. (2015) highlighted serosorting, a practice where sexual partners are chosen based on known or assumed

similar HIV status, leading to decisions about condom usage. Some participants emphasised their commitment to protection, with one stating, “I’m always going to wear this condom, no matter what”.

Deimal et al. (2016) outlined several harm-minimising strategies used by participants relating to safer drug use and safer sexualised drug use practices. These strategies encompass practices such as not sharing syringes or needles, engaging in sexual practices only in safe places, consistent condom use, and sexual health screening. Dennermalm et al. (2021) described techniques such as evaluating the safety of the environment and of one’s state of mind before taking drugs as: “[It’s important] that you feel overall fine before taking anything... It’s like when you take something, everything amplifies”.

There was also an emphasis on controlled intake of drugs in terms of quantity and type, relating to concerns about overdosing. This was linked with the perceived importance of sharing community knowledge as a harm reduction strategy: “He taught me how to do drugs. What to think about, what to be careful about and how to mix... Even if you’ve read something on a drug website, you need someone to explain it to you” (Dennermalm et al., 2021).

Kecojevic et al. (2015) describe the use of prescription drugs in combination with, or as a replacement for alcohol and other drugs. The cost-effectiveness of different drug combinations was also a factor of importance. For instance, one participant said, “Instead of going out and drinking, I’ll just take a Percocet, and then I don’t have to buy drinks”. Another described using amphetamines to try to counteract the effects of too much alcohol, “I’ll take Adderall

[amphetamine and dextroamphetamine] mainly when I go to the clubs. At nighttime when I'm too drunk, I'll take the Adderall to straighten me up a little bit" (Kecojevic et al., 2015). Another individual used quetiapine (an anti-psychotic medication) to manage the after-effects of other drugs such as cocaine and methamphetamine, stating, "I usually take Seroquel (quetiapine) to go to sleep... When I party, I can't go to sleep, so Seroquel helps me" (Kecojevic et al., 2015).

### **Managing Distress**

The studies described the use of drugs to manage psychological distress: many participants described using drugs as a way of trying to manage difficulties and stressors in their lives. In Cohen's study, for example, seven participants described using drugs to "feel comfortable with their body" and overcome issues of body image (Cohen et al., 2022). This echoed Deimel's findings, where interviewees reported using drugs to try to build self-confidence and manage anxieties and insecurities (Deimal et al., 2016). Jaspal's study linked these stressors with early life experiences, that experiences of stigma, rejection, and victimisation associated with being gay begin in early childhood (Jaspal, 2021). Kecojevic et al. (2015) found that for some, especially those who were involved in sex work or struggled with their sexuality, drugs helped facilitate sex.

The use of drugs could be seen as an attempt to escape painful realities. One of Cohen's participants articulated this succinctly: "Use of drugs in the community comes from loneliness [...] If I hadn't been on drugs I wouldn't have functioned sexually, so they protected me. You can ignore things you don't feel like [feeling]" (Cohen et al., 2022). One of Deimel's interviewees mentioned that drugs or alcohol could make them "do anything, no problem" in social settings

where they'd otherwise have panic attacks (Deimal et al., 2016). Milhet's study described a participant, who was made homeless because of his sexuality, and who found a form of "sexual liberation" through chemsex, describing how using drugs helped him "release a pressure valve that was waiting to explode" (Milhet et al., 2019). Finally, some participants in the study by Smith & Tasker (2018) linked guilt and shame around their HIV diagnoses to an increase in sexualised drug taking, with one participant describing this experience as falling into a "black hole".

## **Pleasure**

### ***Enhancement of Sexual Sensation***

Many of the studies described participants as reporting increased pleasure when taking drugs, mostly but not exclusively in sexual contexts. One participant in Cohen's study described this: "It brought sex to new heights, to a merging. We were in a haze for an entire night" (Cohen et al., 2022).

Many men interviewed by Weatherburn found drugs to be instrumental in increasing libido, arousal, and sexual stamina. They reported that drugs could significantly enhance the physical sensation of sex, describing intensified arousal and orgasms compared to sober sex (Weatherburn et al., 2017). As one participant described, "[On mephedrone] it was the best sex I ever had. Really the best orgasm I'd had. I used to say it was like the heavens opened and it was like the light came down when I had an orgasm. Because it was that intense on drugs, it really was. I've never experienced that sober" (Weatherburn et al., 2017).

For those engaging in specific sexual acts, drugs also played a practical role. For example, in Kecojevic et al.'s (2015) study, some participants took opioids or muscle relaxants to manage pain associated with receptive anal intercourse, allowing them to be penetrated more easily. Others used opioids to prolong their sexual experience and maintain an erection for an extended period of time (Kecojevic et al., 2015).

### ***Exploration***

Drugs were often associated with exploration. Many participants described a sense of liberation and a chance to escape societal pressures. In Jaspal's study, one participant expressed, "it was like entering a new world, a much better world than the one I was living in" (Jaspal, 2021).

Chemsex was often described as more intense and adventurous than sex without drugs.

Respondents reported engaging in a greater variety of sexual acts and enacting sexual fantasies.

For some, drug taking itself added excitement, while others found pleasure in the extended duration and intensity that drugs enabled: "Sex on drugs, with him and with me, as it were, normally lasts for eight to ten hours" (Deimal et al., 2016).

### **Inhibition**

A recurrent and salient theme that pervaded the majority of the studies was the concept of inhibition. One participant spoke of the liberating experience of engaging in new sexual practices: "I'm a Top, but I always wanted to experience the other side. And while using [drugs],

I managed to be a Bottom for the first time. There was something liberating about it" (Cohen et al., 2022). Another participant described how drug use lowered his inhibitions: "So you fairly quickly lose all of your inhibitions and you are really just blindly fixed on more, more of everything. More of the drug, more sex, more full-on sex, somehow you just want more of everything" (Deimal et al., 2016). Kecojevic et al. (2015) describe the confidence-boosting aspects of drugs, enabling individuals to overcome social inhibitions, particularly within gay nightlife venues.

The sense of liberation and the elimination of barriers are recurring themes in the participants' narratives, with one participant describing "a liberation of the senses" and a feeling that "you can do anything" (Jaspal, 2021). Milhet's study emphasised the distinct effects of various drugs, such as GHB for losing inhibitions or ecstasy (methylenedioxymethamphetamine) for enhancing tactile sensations (Milhet et al., 2019). The notion of lowering inhibitions to explore new sexual experiences or to overcome physical discomfort was also evident in O'Byrne's findings: a participant noted, "I don't bottom unless I'm high. It hurts if I don't, and if I'm high then it doesn't. If, as well, I want to try something new, then your inhibitions are gone; you just put down your walls and you go when you're under the influence" (O'Byrne, 2013). Some caution is also expressed among the participants with the initial appeal of arousal and excess leading to "too much loss of control," causing some to "prefer to narrow it down" (Santoro et al., 2020).

## Confidence

The theme of confidence and self-perception emerged as a significant factor in the use of drugs for sexual experiences across various studies. In Cohen's study participants reported using drugs to try to overcome body image difficulties (Cohen et al., 2022). One participant stated, "I was aroused by knowing that he had been looking, while in the past I would have felt uncomfortable at knowing that someone had seen me naked. The drugs helped me feel comfortable with my body."

Weatherburn's study linked drug taking to increased sexual confidence, inhibiting self-consciousness and doubt. The participants' sexual insecurities were linked to concerns about internalised homophobia, positive HIV status, negative body image, and feelings of unattractiveness. Drugs were found to enhance self-confidence, moderate the fear of rejection, and mitigate its effects, especially for those who lacked self-confidence or self-esteem. One participant explained: "I think when I was using drugs I did not have body issues. I did not think, I am feeling a bit too fat or feeling that I do not really feel that attractive so it reduces inhibitions physically and psychologically in terms of having sex and with people you would not feel comfortable, like, having sex with normally"(Weatherburn et al., 2017).

Smith & Tasker (2018) also found that chemsex drugs helped overcome a lack of confidence in sex and socialising. One participant in Smith's study remarked how drug use transformed them, "I felt so sexually confident (. . .) and I sort of felt like I had gone through my second burst (. . .) So basically mephedrone made me into a sexual animal and it was great". Another participant

credited their drug use with personal growth, asserting, "If it wasn't for my early drug use I would be a completely different person. It is quite important to admit that I think that it has had positive effects (. . .) I am a much more confident person" (Smith & Tasker, 2017).

### **Community, Identity and Belonging**

Deimel et al. highlighted the integral role of drugs within MSM communities, finding it linked with going out, partying, dancing, and sexual expression (Deimal et al., 2016). Santoro's study suggested sexualised drug use as having inclusive and communal potential: "So now, sometimes, when we are together and it's a special day, we say: let's throw a party" (Santoro et al., 2020).

Difficulties navigating community settings and a subsequent link with sexualised drug taking was described by Jaspal's study. Participants described expressing feelings of judgement and exclusion in some community settings: "The gay scene is bad, wherever you go. In London, it's very judgmental because on the apps if you haven't got a six-pack, you're fat. If you're not the alpha male, you're camp. It's hard to see how anyone has any ounce of self-value on the scene. It actually makes you actively feel really unattractive and undesirable... Who needs community when you've got chems?" (Jaspal, 2021). Another participant stated, "I don't do clubs. It ain't worth the hassle with the twats that go. I only do chill-outs, put it that way. Why would you put yourself through that shit?" (Jaspal, 2021).



## Physical Contexts

Bourne found that most individuals engaged in sexualised drug use within private homes with casual partners they met via geosocial networking apps or in sex-on-premises venues (Bourne et al., 2015). Cohen et al. found that gay male community settings were frequently associated with the presence of drugs (Cohen et al., 2022). Deimel's research further emphasises this connection. One participant reflected on the strong relationship of particular urban cities with drug use: "Berlin, really massive community. [...] even in a normal café, where I had started chatting to someone, I had somehow got onto speed, ecstasy and other drugs after three, four or five sentences" (Deimal et al., 2016).

This was also echoed by Dennermalm et al., whose participants contrasted higher drug-taking when they were in Berlin compared with their home country of Sweden (Dennermalm et al., 2021). O'Byrne's findings also highlighted urban cities and club settings as being an important context for increased drug-taking: "It's a combination of the music, the atmosphere, and the drugs. You're surrounded by hot guys; they're buffed up; you're on drugs; everybody looks good; the sex is there; it's reachable; you could have it" (O'Byrne, 2013). These findings indicate the importance of physical setting as a context for drug-taking in MSM.

## Forming Social Bonds

The desire for social connection, belonging, and acceptance emerged as a strong theme throughout the studies. Cohen et al. described the feeling of belonging as a significant motive for drug use. As one participant expressed, “I didn’t feel connected to the people, so I took drugs because I wanted to belong”. This highlighted the role of drugs in lessening social anxieties and to fit with group norms, where drug-taking might be part of the group culture (Cohen et al., 2022).

Several participants articulated a desire for a connection that forms quickly and yet feels strong: “The thing is, it’s immediate. It’s ‘ahhhh.’ You just want to be pressed up against someone. It heightens all your senses, and it makes you want to be cuddled” (Milhet et al., 2019). Santoro et al., described a change in the importance of social connection within sexualised drug-taking contexts over time: “When you start with chemsex, you spend 90% of the time fucking and 10%, talking, but after a couple of years you talk 90% of the time and fuck 10%” (Santoro et al., 2020).

Deimel et al., described bonding through the shared experience of drug-taking. Dennermalm et al., described the role of community and friends in looking after and being looked after: “And it’s like you have friends and they take care of you. It is a lot of that in the club culture and especially at [popular techno club in Berlin] on Sundays. You take care of each other” (Dennermalm et al., 2021).

Social bonding through shared experiences of sexualised drug-taking with diverse individuals who might not otherwise spend time together was described as something that was desired: “Honestly, you felt like there was a businessman with a young university student and also a waiter, and it was such a mix. Black guys, Arab guys, white guys like me, and honestly all I could think was ‘Wow, this is just so beautiful’” (Dennermalm et al., 2021).

### **Methodological Critique**

The CASP (2018) checklist was used to guide the evaluation of the studies (see Appendix A). All studies used semi-structured interviews as part of their design, with one study also using gouache painting (Cohen et al., 2022). Participant ages ranged from 21-61 years. Most of the research met the majority of the CASP (2018) checklist criteria. Most studies had a clearly stated aim (with the exceptions of O’Byrne, 2013; Deimel et al., 2016; Jaspal, 2021 and Cohen et al., 2022). All studies used an appropriate methodology and most included analyses of sufficient rigour. Most studies stated some limitations (with the exceptions of Jaspal, 2021; O’Byrne, 2013 and Weatherburn et al., 2017). A critique of each study along with a summary of how each study met the CASP 2018 qualitative checklist is presented in Table 4.

#### **Table 4:**

*Summary of CASP checklist assessment and general critique for the studies*

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<b>Study</b>	<b>Design</b>	<b>Inclusion/Exclusion Criteria</b>	<b>Results</b>	<b>Limitations</b>	<b>CASP Qualitative Criteria</b>
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Bourne et al., 2015	Qualitative	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> <li>- Participants must be male</li> <li>- Over 18 years of age</li> <li>- Living in the London boroughs of Lambeth, Southwark or Lewisham (LSL)</li> <li>- Have taken crystal methamphetamine, mephedrone or GHB/GBL before or</li> </ul>	<p>Limited analysis with only one supporting quotation for each main theme.</p>	<p>Researchers considered the following limitations:</p> <ul style="list-style-type: none"> <li>- The study was geographically limited, focusing on participants from only three South London boroughs. This potentially limits the generalisability of the findings to other regions or populations.</li> <li>- The high density of the MSM population in South London might present different opportunities and</li> </ul>	<ol style="list-style-type: none"> <li>1. Aims stated? Yes</li> <li>2. Methodology appropriate? Yes</li> <li>3. Research design appropriate? Yes</li> <li>4. Recruitment strategy appropriate? Yes</li> <li>5. Data collection addresses issue? Yes</li> <li>6. Reflexivity re relationship? Not discussed</li> <li>7. Ethical issues discussed? No</li> <li>8. Analysis rigorous? No</li> </ol>
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during sex during the  
previous 12 months

Exclusion Criteria:

- Not resident in LSL

- Those who did not  
respond to follow-up  
emails to arrange a  
time for an interview

challenges compared to more  
diffusely populated networks.

- The study primarily focuses  
on HIV/STI transmission risk,  
potentially overlooking other  
health or social impacts  
associated with chemsex.

9. Findings clearly stated? Yes

10. Impact/value? Yes

Cohen et al., 2022	Qualitative	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> <li>- age 25-45</li> <li>- have engaged in chemsex (defined as gay men using drugs during sex) in the past</li> <li>- no longer using drugs</li> </ul>	<p>Thorough analysis section with main themes, subthemes illustrated through supportive quotations and art extracts.</p>	<ul style="list-style-type: none"> <li>- The study was primarily focused on central Israel, particularly Tel Aviv, limiting the geographic representation of the participants.</li> <li>- The sample was not probabilistic, meaning not all individuals in the population had an equal likelihood of participating.</li> <li>- The first author's identification as a gay man and his sense of solidarity with the Israeli gay community may have</li> </ul>	<ol style="list-style-type: none"> <li>1. Aims stated? Not clearly</li> <li>2. Methodology appropriate? Yes</li> <li>3. Research design appropriate? Yes</li> <li>4. Recruitment strategy appropriate? Yes</li> <li>5. Data collection addresses issue? Unclear</li> <li>6. Reflexivity re relationship? Yes</li> <li>7. Ethical issues discussed? Yes</li> <li>8. Analysis rigorous? Yes</li> </ol>
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influenced his objectivity towards the participants.

9. Findings clearly stated? Yes

- Participants were not using drugs at the time of the study, potentially biasing their views on chemsex towards a more negative light.

10. Impact/value? Yes

- Data collection was from a very specific setting (gay Israeli men who mostly live in Tel-Aviv), indicating a lack of diverse perspectives on the phenomenon of chemsex.



Deimal et al., 2016	Qualitative	Inclusion Criteria:  Homosexual and bisexual men who had experience using a variety of drugs who were receiving counselling because of their drug use.	Analysis section with main themes illustrated through supportive quotations, however the categorisation of themes was unclear.	- Limited representativeness of the interviewees, focusing only on men who have sex with men (MSM) who perceive their drug consumption as problematic.  - Small number of participants, further validation in a larger population needed.	<p>1. Aims stated? No</p> <p>2. Methodology appropriate? Yes</p> <p>3. Research design appropriate? Yes</p> <p>4. Recruitment strategy appropriate? Yes</p> <p>5. Data collection addresses issue? Yes</p> <p>6. Reflexivity re relationship? No</p> <p>7. Ethical issues discussed? Yes but limitedly.</p> <p>8. Analysis rigorous? Yes</p>
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9. Findings clearly stated? No

10. Impact/value? No

Dennermalm et al., 2021	Qualitative	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> <li>- Swedish citizen</li> <li>- Cisgender men who have sex with men</li> <li>- Aged 18–46</li> <li>- Currently or formerly a resident of Berlin or travels to Berlin at least twice per year</li> <li>- Recreational drug use or sexual drug</li> </ul>	<p>Analysis section with main themes illustrated through supportive quotations.</p>	<ul style="list-style-type: none"> <li>- Part of a wider study so limited interview space was given to recreational and sexual drug use</li> <li>- Sex and drug use was explored broadly, rather than the narrower term and behaviour of “chemsex”</li> <li>- Small sample size</li> <li>- Limited age span</li> <li>- Lack of data based on socio-economic factors</li> </ul>	<ol style="list-style-type: none"> <li>1. Aims stated? Yes</li> <li>2. Methodology appropriate? Yes</li> <li>3. Research design appropriate? Yes</li> <li>4. Recruitment strategy appropriate? Yes</li> <li>5. Data collection addresses issue? Yes</li> <li>6. Reflexivity re relationship? Yes</li> <li>7. Ethical issues discussed? Yes</li> <li>8. Analysis rigorous? Yes</li> </ol>
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use during the past 3  
years

- Limited number of men with  
experience of injecting drugs

9. Findings clearly stated? Yes

10. Impact/value? Yes

Jaspal, 2021	Qualitative	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> <li>- Gay or bisexual men</li> <li>- Currently engaging in chemsex</li> </ul>	<p>Thorough analysis section with main themes, subthemes illustrated through supportive quotations.</p>	<p>The study itself does not state any limitations however several limitations can be identified:</p> <ul style="list-style-type: none"> <li>- Small sample size</li> <li>- The study was geographically limited, limiting the generalisability of the findings to other regions or populations.</li> </ul>	<ol style="list-style-type: none"> <li>1. Aims stated? Not clearly</li> <li>2. Methodology appropriate? Yes</li> <li>3. Research design appropriate? Yes</li> <li>4. Recruitment strategy appropriate? Yes</li> <li>5. Data collection addresses issue? Yes</li> <li>6. Reflexivity re relationship? No</li> <li>7. Ethical issues discussed? No</li> <li>8. Analysis rigorous? Yes</li> <li>9. Findings clearly stated? Yes</li> </ol>
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10. Impact/value? Yes

Kecojevic et al., 2015	Mixed methods	<p>Inclusion Criteria: - YMSM (ages 18–29 years) who had misused prescription drugs in the past 6 months.</p> <p>- Recruited in Philadelphia to complete a larger structured, quantitative interview.</p> <p>- Prescription drug misuse was assessed as, “In the last 6</p>	<p>Thorough analysis section with main themes, subthemes illustrated through supportive quotations.</p>	<p>- The study relies on self-reported data, which could be subject to recall bias, especially as events reported often happened several months prior to the interview.</p> <p>- Participants may have felt pressured to offer socially desirable responses, although efforts were made to establish rapport and conduct interviews privately.</p> <p>- The enrolment criteria, targeting young men who have sex with men (YMSM)</p>	<p>1. Aims stated? Yes</p> <p>2. Methodology appropriate? Yes</p> <p>3. Research design appropriate? Yes</p> <p>4. Recruitment strategy appropriate? Yes</p> <p>5. Data collection addresses issue? Yes</p> <p>6. Reflexivity re relationship? No</p> <p>7. Ethical issues discussed? No</p> <p>8. Analysis rigorous? Yes</p> <p>9. Findings clearly stated? Yes</p>
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months, have you, even once, used any of the following (opioids, tranquillisers, stimulants) when they were not prescribed for you or that you took only for the experience or feeling it caused?"

From a larger study, 25 interview participants were

currently misusing prescription drugs, limit the generalizability of findings to larger populations of high-risk youth or YMSM in general.

- The study utilised a small, non-random sample of YMSM, thus future studies are needed to confirm the external validity of these findings.

- Data collection was completed prior to analysis, limiting the ability to explore

10. Impact/value? Yes



purposively selected  
based on their age,  
race/ethnicity, HIV  
status, and their  
responses on  
prescription drug  
misuse questions  
(i.e. quantity, access,  
alternative methods  
of use,  
etc.).

emergent themes as they arose  
in real time.

Milhet et al., 2019	Qualitative	None clearly stated.  Involved:  - gay men and other MSM engaging in chemsex	Thorough analysis section with main themes, subthemes illustrated through supportive quotations.	<p>- The results from this qualitative study do not aim to explain the experiences of all gay men and other men who have sex with men (MSM) using drugs in a sexual context.</p> <p>- Despite diverse user profiles and life trajectories, the observed pleasurable experiences are not representative of all chemsex participants.</p> <p>- Further research is needed to explore how individuals</p>	<p>1. Aims stated? Yes</p> <p>2. Methodology appropriate? Yes</p> <p>3. Research design appropriate? Yes</p> <p>4. Recruitment strategy appropriate? Yes</p> <p>5. Data collection addresses issue? Yes</p> <p>6. Reflexivity re relationship? No</p> <p>7. Ethical issues discussed? No</p> <p>8. Analysis rigorous? Yes</p> <p>9. Findings clearly stated? Yes</p>
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involved in chemsex handle  
the ambivalence of  
experiences of pleasure, and  
to what extent their choices  
during and surrounding  
chemsex influence their  
trajectory of sexualized drug  
use.

- To improve dialogue  
between gay men, other  
MSM, and professionals,  
further research should also  
consider how professionals  
understand and/or perceive  
themselves in relation to  
chemsex pleasures.

10. Impact/value? Yes

O'Byrne, 2013	Qualitative	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> <li>- self-identify as gay</li> <li>- attend circuit parties (a party spanning several days or events with large numbers of attendees)</li> <li>- consume drugs</li> <li>- engage in unprotected sex.</li> </ul> <p>Sexual contacts could have been on-site at circuit</p>	<p>Thorough analysis section with main themes, subthemes illustrated through supportive quotations.</p>	<p>The study itself does not state any limitations however several limitations can be identified:</p> <ul style="list-style-type: none"> <li>- Small sample size</li> <li>- The study was geographically limited, limiting the generalisability of the findings to other regions or populations.</li> </ul>	<ol style="list-style-type: none"> <li>1. Aims stated? No</li> <li>2. Methodology appropriate? Yes</li> <li>3. Research design appropriate? Yes</li> <li>4. Recruitment strategy appropriate? Yes</li> <li>5. Data collection addresses issue? Yes</li> <li>6. Reflexivity re relationship? No</li> <li>7. Ethical issues discussed? No</li> <li>8. Analysis rigorous? Yes</li> <li>9. Findings clearly stated? Yes</li> </ol>
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parties, off-site with  
people met at the  
parties, or off-site as  
part of other events  
which are held in  
conjunction with the  
main party event  
(e.g. after parties  
and/or porn  
auditions).

10. Impact/value? Yes

Santoro et al., 2020	Qualitative	<p>Inclusion Criteria: included being over 18 years old, residing in Madrid, self-identifying as “gay and other men who have sex with men” (GMSM), and having practised chemsex (in whichever way this term was understood by potential interviewees) at least</p>	<p>Thorough analysis section with main themes, subthemes illustrated through supportive quotations.</p>	<p>- The study may be affected by social acceptability bias among participants and interviewer bias, although precautions were taken to mitigate these risks.</p> <p>- The typology provided is an analytic reconstruction based on the data available, so a larger sample size or different analytical strategy might have resulted in variations in the forms or number of chemsex sessions identified.</p>	<p>1. Aims stated? Yes</p> <p>2. Methodology appropriate? Yes</p> <p>3. Research design appropriate? Yes</p> <p>4. Recruitment strategy appropriate? Yes</p> <p>5. Data collection addresses issue? Yes</p> <p>6. Reflexivity re relationship? Yes</p> <p>7. Ethical issues discussed? No</p> <p>8. Analysis rigorous? Yes</p>
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once during the last  
24 months.

- The sample was geographically limited to men residing in Madrid, omitting visiting GSM. Considering Madrid's prominence as a destination for gay tourism, this demographic could be significant and should be considered in future research.

9. Findings clearly stated? Yes

10. Impact/value? Yes

Smith & Tasker, 2017	Qualitative	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> <li>- over 18 years of age</li> <li>- self-define as a gay man</li> <li>- living in London</li> <li>- completed the tailored therapeutic Structured Weekend Antidote Program</li> </ul>	<p>Analysis section with main themes illustrated through supportive quotations.</p>	<p>The study provided qualitative insights from a small sample size of only six gay men living in London who had completed a therapeutic program for chemsex recovery, limiting the generalisability of the findings.</p> <p>The study participants had already engaged with a service to address their chemsex behaviour, which may have influenced a common narrative to emerge.</p>	<ol style="list-style-type: none"> <li>1. Aims stated? Yes</li> <li>2. Methodology appropriate? Yes</li> <li>3. Research design appropriate? Yes</li> <li>4. Recruitment strategy appropriate? Yes</li> <li>5. Data collection addresses issue? Yes</li> <li>6. Reflexivity re relationship? Yes</li> <li>7. Ethical issues discussed? No</li> <li>8. Analysis rigorous? Yes</li> </ol>
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This factor could potentially affect the diversity of experiences collected.

9. Findings clearly stated? Yes

10. Impact/value? Limited

Providing participants with the interview schedule in advance may have prompted them to frame their personal stories beforehand, which could potentially bias the results.

Future studies should aim to include a more representative sample of MSM, particularly those who have not yet begun to address their chemsex

behaviour, to capture a  
broader range of experiences.

Weatherburn et al., 2017	Qualitative	<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> <li>- male</li> <li>- over 18 years of age</li> <li>- living in South London</li> <li>- having used crystal meth, mephedrone or GHB/GBL during sex with another man at least once during the previous 12 months</li> </ul>	<p>Thorough analysis section with main themes, subthemes illustrated through supportive quotations</p>	<p>The study itself does not state any limitations however several limitations can be identified:</p> <ul style="list-style-type: none"> <li>- Small sample size</li> <li>- The study was geographically limited, limiting the generalisability of the findings to other regions or populations.</li> </ul>	<ol style="list-style-type: none"> <li>1. Aims stated? Yes</li> <li>2. Methodology appropriate? Yes</li> <li>3. Research design appropriate? Yes</li> <li>4. Recruitment strategy appropriate? Yes</li> <li>5. Data collection addresses issue? Yes</li> <li>6. Reflexivity re relationship? No</li> <li>7. Ethical issues discussed? No</li> <li>8. Analysis rigorous? Yes</li> <li>9. Findings clearly stated? Yes</li> </ol>
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10. Impact/value? Yes

## General Critique

The overall quality of the studies was fair. None of the studies met the full CASP qualitative criteria, although most criteria were met by most studies. Several studies (Bourne et al., 2015; Deimal et al., 2016; Kecojevic et al., 2015; O’Byrne, 2013) failed to meet criteria for rigour of analysis, either because they lacked quotations to illustrate themes, or as a result of limited development or categorisation of themes. Five studies (Bourne et al., 2015; Kecojevic et al., 2015; Milhet et al., 2019; O’Byrne, 2013; Smith & Tasker, 2017) did not discuss ethical considerations or discussed them in insufficient detail, which was of particular importance given the potential vulnerability of participants. Seven studies did not discuss reflexivity of the researcher, with regards to their relationship to the study (Bourne et al., 2015; Deimal et al., 2016; Jaspal, 2021; Kecojevic et al., 2015; Milhet et al., 2019; O’Byrne, 2013; Weatherburn et al., 2017). All studies used semi-structured interviews, with one study additionally including gouache painting as a method (Cohen et al., 2022).

All of the studies used self-selecting and opportunistic sampling methods. The sample sizes ranged from 6 to 33 participants. The majority of studies used thematic or content analysis, with one study applying the Labovian narrative analysis framework (Smith & Tasker, 2017), and another incorporating phenomenological observation of artwork (Cohen et al., 2022). Further limitations for many of the studies included small sample sizes and specific geographical focus, which limited the generalisability of findings. The inclusion criteria across studies involved MSM who had engaged in chemsex or had used drugs however sometimes this was not clearly

described. Sometimes the type of drugs used was specified: for example, Weatherburn et al. (2017) listed use of crystal methamphetamine, mephedrone, GHB/GBL as a part of their inclusion criteria.

The findings of this review are limited by the methodological limitations of the studies, in that most did not discuss researcher reflexivity, an important part of qualitative analysis. Additionally, some studies did not clearly define their inclusion and exclusion criteria and many did not contain rigorous analysis.

## **Discussion**

This review aimed to explore extant literature examining the experiences of men who have sex with men (MSM) who have taken recreational drugs. Qualitative papers mostly focused on sexualised drug use and various themes emerged which are explored in detail below. The limitations of this review are also discussed.

Drug-taking was closely linked to sex and sexualised contexts. Participants described using drugs to serve several different social and psychological functions, such as increasing pleasure during sex and lowering inhibitions.

Theoretically, the findings are consistent with the Minority Stress Model, which suggests that drug use was one way participants relieved distress often explicitly linked to their sexuality. The model posits that minority stressors create an excess stress burden that places sexual and gender minority people at greater risk for negative health outcomes compared with cisgender straight

people. Against these stressors, individual- and group-level coping mechanisms can reduce the negative impact of minority stress. For instance, participants reported using drugs to manage psychological distress such as body image issues, anxieties, and low self-esteem, often exacerbated by experiences of stigma and rejection (Cohen et al., 2022; Deimal et al., 2016). Jaspal (2021) linked early life experiences of stigma and victimization associated with being gay to later drug use as a coping mechanism.

The theme of Community, Identity, and Belonging relates to both proximal and distal stressors within the minority stress framework. This framework also posits that individual and community-level factors can buffer against threats to mental health (Meyer, 2003, 2007). Examples include self-acceptance, positive LGBTQ (Lesbian, Gay, Bi, Queer) identity, identity integration, family support, peer support, and cohesive and affirmative community. Community could be both a stressor and an ameliorating factor depending on individuals' experiences. The results of this review suggest it is often both.

Cognitive Escape Theory suggests that the association between substance use and sexual risk emerges from the conflict between sexual needs and cognitive restraint (motivated by HIV-related worry and anxiety), a desire to escape from dissonant feelings, and the belief that certain environments or intoxicants facilitate this disengagement (McKirnan et al., 1996, 2001; Nemeroff et al., 2008; Wells et al., 2011). For instance, participants described using drugs to escape painful realities, ignore distressing feelings (Cohen et al., 2022), and enhance pleasure and sexual sensation (Weatherburn et al., 2017; Kecojevic et al., 2015). Drugs lowered

inhibitions, allowing participants to explore new sexual practices they would otherwise avoid due to self-consciousness or fear (Deimal et al., 2016; O'Byrne, 2013).

Identity Process Theory focuses on how individuals cope with threats to their identity, striving to maintain a positive self-concept through strategies like assimilation, accommodation, and evaluation. Drug use among MSM was intertwined with identity management. Participants used drugs for social bonding and belonging within MSM communities, integrating drug use into their identity and community (Deimal et al., 2016; Santoro et al., 2020). Drug use also enhanced self-confidence, helping participants overcome body image issues, internalised homophobia, and sexual insecurities (Weatherburn et al., 2017; Smith & Tasker, 2018). Engaging in chemsex allowed participants to explore and affirm aspects of their sexual identity that they felt unable to express otherwise (Jaspal, 2021).

## **Risk**

The studies suggested a complex approach to risk-taking and safety by MSM. Despite an awareness of potential risks and the employment of numerous strategies to mitigate these risks, a tension emerged between safety on the one hand, and on the other, the ability to have desired experiences. This could support the need for comprehensive interventions considering the dimensions of risk, desired experiences, and community practices in shaping harm-reduction efforts. It is consistent with previous research that suggested “personality, identity, and culture, rather than psychopathology, are important explanatory factors in the adoption and maintenance” of behaviour in MSM (Jaspal, 2019, pp. 117-136). Additionally, as Connors (1992) suggested, it could be helpful to view risk within the social context, particularly the context of subculture.



Some attempted risk-reducing strategies were described such as serosorting (Bourne et al., 2015). Additionally, community knowledge was described as playing a role in MSM's approach to safety, suggesting the importance of peer involvement in support and safety strategies. Future interventions could involve the dissemination of community harm-reduction knowledge.

### **Distress and Self-Confidence**

The studies reviewed suggested a complex relationship between drug use, sexual behaviour, and psychological distress among MSM. Drug use can be seen as serving multiple functions such as potentially enabling greater pleasure in sexual contexts and perhaps serving as a coping strategy for managing distress. The findings fit with other research suggesting “strong relationships between minority stressors and psychological distress in lesbian, gay, and bisexual individuals” (Timmins et al., 2020). MSM appeared to be using drugs partly as a way to try to temporarily alleviate their emotional pain. This fits with the finding that “adults who identified as lesbian/gay have a higher prevalence of common mental disorders when compared to heterosexual adults” (McDermott et al., 2021). Other research has suggested that minority stress partly accounts for this disparity by “elevating rates of general psychological risk factors such as low self-esteem.” (Bridge et al., 2019).

### **Pleasure**

Participants from across the studies described their attraction to the pleasure and altered experience offered by drug taking, particularly in sexual contexts. This finding was echoed by Lafortune et al. (2022), who suggested that “both qualitative and quantitative research provides

evidence that Chemsex is associated with sexual pleasure and satisfaction" and that "in quantitative studies, Chemsex users generally present higher scores of 'sexual satisfaction' and harbour 'higher sexual-enhancing expectancies'" (Hibbert et al., 2019, Kashubeck-West & Szymanski, 2008).

### **Inhibition**

The use of drugs to reduce inhibition was linked particularly with sexual contexts. The desire for disinhibition could be linked with minority stress as it has been suggested that "minority stress can lead to an increase in high-risk sexual behaviour, sexual dysfunction, and mental health disorders in MSM." Cheng (2022). This suggests minority stress may have an impact on sexual wellbeing in MSM.

### **Identity**

The findings suggested a link between individual identity, community acceptance, and the role of drugs for MSM. A similar theme has been found in other research, with one study on masculine identities among gay men emphasising the specificity of their gendered experiences (Ravenhill & de Visser, 2019). Schuler et al. (2018) further highlight that "sexual minorities experience elevated rates of substance use behaviours and disorders relative to heterosexuals; minority stress is theorised to contribute to these disparities." This suggests the importance of the sexual minority context in understanding drug use in MSM.

## **Specific contexts**

Drug use was linked with specific physical environments. Participants' narratives relating to physical spaces suggested that specific settings could impact both behaviour and self-perception, suggesting a complex relationship between environment and drug use. This related to other findings that harms associated with drug use are “contingent upon social context, comprising interactions between individuals and environments.” (Rhodes, 2009).

## **Belonging**

The studies suggested a relationship between drug use, social bonds, and desire for belonging and acceptance. They also suggest a complex relationship between MSM and their sense of community. Flowers et al. (2000) reported differing perceptions of “community” among gay men, suggesting the subjectivity and individuality of gay men’s understandings of and relationships with community. Elmer et al. (2022) found that “marginalisation was positively associated with both social and emotional loneliness,” but that involvement in the Lesbian, Gay, Bisexual, Transgender (LGBT) community could mitigate some of these associations. However, Ünsal et al. (2023) emphasised the ambivalent role of community participation for sexual minority men in high-stigma environments suggesting that community participation, though often beneficial, can sometimes act as a “double-edged sword” for some men, especially in contexts with high structural stigma.

## **Limitations**

This review has several limitations. Firstly, as only papers accessible in the English language were included, research from other languages and cultures were excluded, limiting the generalisability of findings to non-English speaking areas. The review focused on studies relating to illicit drug taking and did not include studies only concerned with alcohol or nicotine which therefore limited the scope. The studies reviewed mostly involved sexualised drug-taking. The search strategy used could have influenced this, however it could also reflect the fact that this is currently the dominant area of research relating to MSM who take drugs.

## **Research Implications**

This review has identified several areas where further research could be helpful. Firstly, the process of identity formation, particularly concerning sexual orientation could be beneficial to further explore. In particular, research could usefully examine how MSM navigate and develop their identities, including challenges to this process and factors associated with navigating it successfully. Secondly, valued sexual practices among MSM, sexual behaviours and preferences may be linked to community beliefs and values. Further research could explore these. Additionally, it could be helpful to investigate further into the relationship MSM have with different MSM communities and drug-taking.

Context appears to be an important factor relating to drug-taking and MSM. While some MSM might engage in drug use primarily in sexualised settings, others use drugs in non-sexual

contexts. Understanding the motivations, impacts, and potential risks associated with different types of drug use, along with the factors or experiences that might lead to the association of drug use with sexual contexts could be helpful.

Given the significance of sexualised contexts for drug use among MSM, it could be helpful to further look into the lived experiences of these individuals to explore the sense they make of their own experiences of engaging in chemsex. The reviewed studies are insufficient in this regard because none utilised interpretative phenomenological analysis (IPA) in their analysis. IPA is a qualitative approach which gives "detailed examinations of personal lived experience, producing an account of lived experience in its own terms rather than one prescribed by pre-existing theoretical preconceptions". It centres the "interpretative nature of human experience" and is specifically useful for "examining topics that are complex, ambiguous, and emotionally laden" (Smith & Osborn, 2005).

Although qualitative studies have been conducted on this topic, the numbers are small, and more work in this area could be helpful for building up deeper and more comprehensive understandings of individuals motivations, feelings, and the personal significance of sexualised drug use. Research using a constructivist stance could reveal aspects of the experience that previous literature has not addressed, relating to the individual's own perspectives. This is important as it could inform more empathetic and effective interventions, support services, and public health strategies tailored to the lived realities of MSM who engage in chemsex.

## **Clinical Implications**

It could be helpful for clinical psychologists to adopt a holistic, person-centred approach that is culturally sensitive, community-oriented, and comprehensive in addressing both mental health needs and substance use support for MSM with problematic drug use, given that the findings indicated that MSM often use drugs in sexual contexts, and that drug use was connected with their sexual and social lives. This is in line with the UK Drug Policy Commission which emphasised the need for a more inclusive approach in addressing drug issues in minority populations (Beddoes, 2010).

Given the study findings on the importance of group belonging and the impact of social loneliness, clinical psychologists could utilise community psychology approaches. Clinical psychologists could provide support for community spaces where MSM can talk openly about drug use, sexual orientation, and other stressors. For instance, the studies reviewed suggested that some participants used drugs in the context of social connection, suggesting that interventions that promote social integration and interpersonal relationships, such as peer mentoring and peer support may be helpful. Peer support has been shown to be beneficial for MSM with experiences of problematic chemsex, although with some limitations such as the stability of supporters (Nagington & King, 2022).

Based on the findings related to the unique stressors and experiences of MSM, clinicians could recognise and promote understanding of the unique experiences, stressors, and values related to MSM. The findings suggested that some MSM may use drugs to cope with minority stress, including issues of self-image, shame, and homophobia. Tailoring interventions to be culturally sensitive can significantly enhance their effectiveness (Nyamath et al., 2017). Targeted

psychological therapy could potentially address these multiple layers of minority stress such as “identity resilience,” the capability to navigate threats to their identity (Jaspal & Breakwell, 2014).

The review found that most studies focused on sexualised drug use or chemsex as part of their recruitment criteria and therefore many of the findings relate to this. Since the findings showed that drug use is often a part of the sexual and social contexts for MSM, clinicians may consider these factors when developing interventions. The findings related to the interconnectedness of drug use, sexual and social contexts also fits with other research that suggest the benefit of integrated healthcare services that offer both substance abuse treatment and sexual health services in one location for MSM which may increase ease of access to support (Rogers et al., 2020).

The findings suggested MSM may experience stigma related to drug use and their sexual orientation. Therefore, it is important for healthcare providers to be aware of preconceived notions and dominant cultural assumptions about MSM and drug use to help reduce stigma, as “cultural stigma is negatively associated with positive self-perceptions” (Frable et al., 1997).

### **Conclusion**

This review involved a narrative synthesis of qualitative research aiming to explore the experiences of MSM who take illicit drugs. This review suggests the complexity of the role of illicit drug use among Men who have Sex with Men (MSM) in the UK, suggesting relationships between psychological distress, experiences of pleasure, risk awareness and management, and the pursuit of belonging and identity. The findings suggested the importance of understanding sexualised drug use contexts for MSM in clinical practice and research, and the specific

challenges and experiences of MSM in relation to drug use. Future research could find out more about the meaning individual MSM make of their own sexualised drug use in order to further develop understandings of the reasons individuals engage in this, and the impact this has on their lives.

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**Section B**

**Exploring Chemsex Experiences Among Men Who Have Sex with Men: An  
Interpretative Phenomenological Analysis**

**Word Count: 7442**

## Abstract

**Background:** This study investigated the experiences of chemsex (sexualised drug use) among men who have sex with men (MSM) in the United Kingdom (UK). **Method:** Interpretative Phenomenological Analysis was used to analyse interviews with seven MSM in the UK who had participated in chemsex. **Analysis:** Four superordinate themes were identified: Navigating Dark Sides (chemsex has negative aspects), Expanding Possibilities (chemsex offers an escape and different experiences), Closeness (people use chemsex to feel closer to others), Sense of Self (chemsex enables people to feel better about themselves). **Discussion:** The findings provide insights into the experiences of MSM in chemsex, highlighting the importance of culturally sensitive healthcare interventions. This study contributes to the broader understanding of chemsex in public health and clinical practice, suggesting the need for specialised support and tailored intervention strategies specific to the needs of MSM.

**Keywords:** Chemsex, Men Who Have Sex with Men (MSM), Substance Use, Harm Reduction, Psychosocial

*For potential submission to the Archives of Sexual Behavior*

## **Confidentiality Statement**

All names and identifying details have been changed throughout. Any names or place names used are pseudonymous.

## **Introduction**

### **Gay, Bisexual and MSM Illicit Drug Use**

Illicit drug use among Men who have Sex with Men (MSM) presents a public health challenge with a variety of associated health and social implications (Bourne et al., 2015). Research has identified higher rates of substance use among MSM compared to heterosexual populations, including the use of alcohol, tobacco, and other illicit drugs (Green & Feinstein, 2012). The motivations underlying drug use within the MSM demographic are complex and may involve factors such as social motivations, coping with stigma and discrimination, and sexual enhancement (Meyer, 2003). Drug use, therefore, may serve as both a facilitator of social and sexual interactions, as well as a potential barrier to health and well-being for MSM.

### **Sexualised Drug Use and Chemsex**

“Chemsex,” a specific form of sexualised drug use among Men who have Sex with Men, has been defined as engaging in sexual activities under the influence of drugs taken immediately

preceding or during the encounters (Bourne et al., 2015). The evolution of “party and play” culture (a subculture within some gay communities where drug use is combined with sexual activities) during the 1980s and 1990s, particularly within urban areas, can be perceived as a precursor to contemporary chemsex practices (Green & Halkitis, 2006). In recent years, chemsex has emerged as a distinct phenomenon with unique demographics, cultural associations, and health outcomes (Edmundson et al., 2018, p. 1).

The substances commonly involved include methamphetamine, mephedrone, GHB (gamma hydroxybutyrate), and GBL (gamma butyrolactone), among others such as ketamine and cocaine (Giorgetti et al., 2017). Initially linked to nightclub culture and sex-on-premises venues like saunas, the practice has transitioned into private settings, increasingly facilitated using geospatial networking applications (Bourne et al., 2015; Glyde, 2015). The rise of mobile phone digital applications has been linked with increased accessibility of chemsex encounters, due to the ease of coordination (Bourne et al., 2015; Hockenfull et al., 2017; Hakim et al., 2019).

Estimates of prevalence of chemsex engagement in MSM have been found to vary widely “from 17% among MSM attending sexual health clinics (SHC) to 31% in HIV-positive MSM inpatients” (Edmonson et al., 2018). Numerous studies corroborate the potential negative health risks of chemsex engagement, highlighting an increased risk of sexually transmitted infections - including human immunodeficiency virus (HIV) - and there have been a number of overdose fatalities, especially linked with GHB/GBL usage (e.g. Pufall et al., 2016; Hegazi et al., 2017; Hockenfull et al., 2017). Previous chemsex research has largely focussed on health measures and outcomes, and has emphasised the importance of considering sexual health and drug use from a



harm reduction perspective (where approaches are situated within an ethical and practical framework that centres on reducing harms associated with activities such as drug use, rather than eliminating them) (Weatherburn et al., 2017; Bourne et al., 2015).

Previous work has suggested that “sexualised drug use provides both motivation and capability to engage in the kinds of sex that some gay men value”, suggesting the importance of situating chemsex within its specific social and cultural context (Weatherburn et al., 2017). Despite initial indications of adverse mental health effects in some MSM who engage in chemsex, such as increased rates of depression, anxiety, and substance dependence, the psychosocial contexts of chemsex remain underexplored (Íncera-Fernández et al., 2021; Maxwell, 2019). Given the public health concerns and potential individual harms associated with chemsex, further investigation into psychosocial aspects of chemsex could be beneficial to help inform public health policies and clinical practice (McCall et al., 2015). Research with a United Kingdom (UK) context could be helpful to inform UK practice, given the cultural specificity of chemsex practices.

Qualitative research has found that chemsex has been associated with “sexuality-related stressors” such as “social pressures of conformity to particular body types, physical appearance and masculinity norms” (Jaspal, 2022, p. 9). Additionally, several qualitative studies have investigated MSM’s motivations for drug use and have highlighted the importance of themes such as risk-taking, managing distress, and pleasure (Weatherburn et al., 2017; Dennermalm, 2021).

Chemsex is often associated with risks, but the reasons why individuals engage in it despite these risks are not fully understood. In order to design effective health interventions, it may be helpful to explore the lived experiences of those who participate in chemsex, understanding the meanings they make of these experiences, and the reasons they engage in it, including the perceived benefits. The previous literature does not include any studies that primarily utilise the meaning participants make of their own experiences, for example through using constructivist approaches including interpretative phenomenological analysis (IPA). IPA centres on subjective personal accounts and uses this as the basis for building an understanding of the meaning individuals make of their experiences. Although qualitative studies have been conducted on this topic, the numbers are small, and more work in this area, particularly utilising constructivist approaches such as IPA, could be helpful for building up deeper and more comprehensive understandings of individuals motivations, feelings, and the personal significance of sexualised drug use.

### **Psychological Understandings**

Initial work to understand chemsex through psychological perspectives has suggested that chemsex could be understood through several different theories. Identity Process Theory suggests that “gay and bisexual men may experience sexuality-related stressors that can undermine feelings of self-esteem, self-efficacy, continuity and positive distinctiveness” (Jaspal, 2021). This threat is responded to by engagement in chemsex as “a coping response that encompasses and facilitates various, largely maladaptive, coping strategies and tactics” (Jaspal, 2021, p.1). Chemsex here is understood to be an understandable yet predominantly unhelpful

response to stressors such as those experienced by sexual minorities. Similarly, Minority Stress Theory proposes that MSM experience “social stress stemming from stigma and marginalisation” relating to the minority position of their sexual orientation in society, and that these stressors increase health risks through complex mechanisms (Pollard et al., 2018, p.3).

Cognitive Escape Theory suggests that chemsex can be used as a way to escape from negative feelings about oneself, for example internalised homophobia, or about one’s situation, such as experiences of prejudice or discrimination (McKirnan et al., 2001). Other research suggests that the need for social connection and the desire to belong to a gay community could be an important aspect of chemsex engagement (Smith & Tasker, 2017). Building on these theoretical perspectives, there is a gap in current research around how individuals themselves describe, interpret, and make meaning of their experiences of chemsex.

### **The Present Study**

This study aimed to offer an in-depth exploration of MSM’s accounts of their experiences of chemsex, encompassing both positive and desired associations, as well as negative aspects. The aim was to contribute to the development of a holistic and psychosocially grounded understanding of chemsex in the UK. The research question was therefore as follows: how do MSM in the UK describe and understand their experiences with chemsex?

## **Method**

### **Design**

A qualitative methodology, Interpretative Phenomenological Analysis (IPA), was used to explore the experiences of MSM and to develop an understanding of the meanings MSM ascribe to their experiences (Tindall et al., 2009). Given the subjective and individual nature of these experiences, a qualitative approach was appropriate as it enabled the exploration of the phenomena through the collection of rich, detailed data from participants. IPA was judged to be an appropriate methodology due to its emphasis on understanding individuals' experiences and the meanings they derive from them. While other qualitative methodologies such as thematic analysis and Grounded Theory were considered, IPA was selected due to its capacity for exploring participants' own sense-making. This methodological approach allowed a detailed examination of how MSM understand their experiences, and the meanings derived from them (Osborne & Smith, 2008).

A homogenous sample of participants was recruited of men in the UK who had used drugs on more than one occasion before or during sexual encounters with other men. Homogenous samples are recommended with IPA to allow for greater depth of analysis (Osborne & Smith, 2008). The analytical process used a “double hermeneutic” procedure, which entailed deciphering the participants' sense-making whilst “bracketing” as far as possible the researcher's own beliefs, values, and experiences (Tindall et al., 2009). The research explored some aspects

of identity, especially pertaining to sexuality. IPA, with its emphasis on personal meaning-making, provides a strong framework for examining identity as well as some of the broader psychosocial elements of chemsex involvement.

### **Expert Consultation**

In the early stages of the research, two subject-matter experts were consulted to define the research scope and clarify its necessity. One expert was a therapist from the Terrence Higgins Trust, an HIV and sexual health charity, and the other was a private therapist with extensive experience with clients engaged in chemsex. The private therapist also assisted in designing the interview schedule. Additionally, an expert by experience (an MSM known to the researcher) was consulted to review the interview schedule's content and question topics as well as language used. This individual participated in a trial interview and provided feedback on the overall experience, which helped refine the method.

### **Recruitment**

The recruitment strategy for this study was designed to yield a small homogeneous sample, aligning with the requirements of IPA (Osborne & Smith, 2008). A combination of self-selecting, opportunity, and snowball sampling techniques were used, with recruitment focused through posters and fliers in Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) community venues such as pubs, and an LGBTQ+ community magazine. Online outreach was conducted via Twitter and a dedicated webpage (see Appendix C).

Interested individuals were prompted to contact the researcher, upon which they were provided with further information about the study (Appendix D). This initial communication also provided an opportunity for prospective participants to ask any questions they had about the study. Those who agreed to participate were subsequently emailed a consent form (Appendix E). Upon receiving the signed consent form, an appointment was arranged for a recorded video interview over Zoom.

Two people who initially expressed interest in the study did not respond to follow-up emails. Despite efforts to re-establish contact, they did not pursue further engagement and so it was not possible to gather any further information about them or their reasons for withdrawal.

### **Inclusion Criteria**

Participants eligible for this study met the following criteria:

- Identified as male
- Residing in the UK
- Have engaged in drug use either immediately before or during sexual encounters with another male on more than one occasion
- Not currently experiencing significant distress

The requirement for participants to reside in the UK was due to the specific interest in chemsex within a UK context, and to maintain a homogeneous sample by ensuring a common socio-cultural context (important for IPA). The definition of chemsex used in this research aligns

with the eligibility criteria for previous similar research, increasing the validity of the study (e.g. Incera-Fernández, 2021; Deimel et al., 2016).

## **Participants**

IPA recommends small, homogeneous sample sizes (Osborne & Smith, 2008). In order to maintain a balance between this recommendation and the possibility of a breadth of participant experiences, an initial recruitment target of six to ten participants was set. This target is typical for the type of study (Smith, 2011).

The COVID-19 pandemic presented challenges, necessitating an adaptation of the initial recruitment strategy to incorporate a more substantial online component (using Twitter), and necessitating that all interviews were conducted remotely. This also impacted recruitment and consequently the recruitment window was extended by several months, resulting in a total of seven participants.

In order to uphold confidentiality, participant data has been presented in an aggregated manner. Given the small population size and the sensitive nature of the research topic, individual participant profiles could potentially be identifying. Tables 1 summarises participants' age, geographical region, ethnicity, and years of chemsex participation. Ages ranged from 28 to 45 years.

*Table 1: Summary of Participant Demographics*

<b>Demographic</b>	<b>Number of Participants</b>
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Age Bracket	20-29 years old	3
	30-39 years old	3
	40-49 years old	1

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Region	Northwest	1
	Southeast	2
	Greater London	2
	Yorkshire and the Humber	2

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Ethnicity	Irish and White British	1
	White Other	1
	White British	5

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Years of Participation	0-5 Years	0
	6-9 Years	4



10-14 Years	2
15+ years	1

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### **Interview Schedule**

Semi-structured interviews allowed exploration of a number of topics including the beginning of participants' experiences of chemsex, the impact of engaging in chemsex, and how they saw their relationship to others within and outside of chemsex.

The interview schedule is provided in Appendix F. As the interviews were semi-structured, the questions were used to guide the topics discussed but with some flexibility as to what was discussed. The questions were devised to assist the participants in exploring their experiences concerning chemsex, its impact on their lives and connection to other people, and the meanings they derived from these experiences.

The interviews began with questions about how participants started engaging in chemsex, and went on to discuss their experiences relating to chemsex generally. The discussion facilitated an exploration of how participants perceived the potential impacts as well as their understanding of the role it played in their lives.

## **Ethical Considerations**

Ethical approval was sought and obtained from the Canterbury Christ Church University, Salomons Institute for Applied Psychology Ethics Panel before the study began (see Appendix G). This process ensured that the research design, recruitment strategy, and data procedures adhered to ethical guidelines and standards.

Ensuring confidentiality was paramount to protect the privacy of the participants, and significant consideration was given to this. All data collected was anonymised, and any potentially identifying information was removed or altered. Data was stored securely in accordance with the data retention policy agreed with the Ethics Panel. Care was given to maintaining confidentiality, given the sensitive nature of the study, and this included participants having the option to sign the consent form anonymously. Additionally, individual demographic profiles were not stored, as these were considered to be potentially identifying.

Given the nature of the topics discussed, there was a potential for participants to experience distress during or after the interview. Participants were informed of their right to withdraw from the study at any point without any adverse consequences. Additionally, a list of support resources was provided to participants, and they were encouraged to seek support if they experienced any distress. During the interviews, a compassionate and non-judgmental approach was adopted to

create a safe and supportive environment for participants to share their experiences. Given the sensitive nature of the topic, a debriefing conversation was conducted following the interview which included a discussion of the signposting options to further support (see Appendix H). Additionally, one of the supervisors had offered to provide support to participants by telephone if they needed further additional support, however no participants accessed this.

## **Procedure**

Upon expressing interest in the study, participants were provided with an information sheet and consent form via email and could ask further questions to the researcher. Upon receipt of the signed consent form, a mutually convenient time was scheduled for the interview.

The interviews were conducted via Zoom and the researcher ensured that participants were in a private and quiet setting. This was to ensure confidentiality and minimise distractions, as well as fostering a comfortable environment for participants to share their experiences openly.

Following the completion of the interview, participants were sent a £10 Amazon voucher via email as a token of appreciation for their contribution to the research.

## **Data Analysis**

The data analysis began with the transcription of interview recordings, capturing both verbal and notable non-verbal responses. Following transcription, each transcript was read several times to

allow familiarisation with the data and to begin the interpretative process. Initial observations relating to descriptive, linguistic, and conceptual observations were coded on the transcripts.

In the theme development phase, significant statements were grouped into preliminary themes for each participant, with each theme reflecting different aspects of participants' experiences. The themes were refined through an iterative process, ensuring they captured the experiences expressed through the data. An iterative process of cross-transcript theme development allowed the integration of the themes across participants. This involved refining and revising themes and developing the emergent superordinate themes. The draft analysis was reviewed by supervisors. The findings were summarised, with themes illustrated by quotations from participants to illustrate their experiences.

### ***Reflexivity***

Given the importance of “reflexivity concerning the ways the researcher and the research process have shaped the collected data,” particularly in IPA, a bracketing interview was conducted with a peer researcher and a research diary was written throughout (see Appendices I and J) (Pope & Mays, 2000, p. 51). This helped to identify aspects of experiences, positions, and biases that the researcher might hold, in order to identify and “bracket” these from the interview and analysis process and to be able to reflect on their potential impact throughout the research. Ongoing conversations regarding reflectivity and reflexivity in relation to the researcher took place with project supervisors throughout the research.

### ***Positioning Statement***

Due to the interpretive element of IPA, it is important for the researcher to address and reflect upon their own position in relation to the research, as their preconceived ideas and previous experiences will impact on their analysis. Particularly relevant was the researcher's position as a Trainee Clinical Psychologist. As reflected on in the bracketing interview, the researcher considered their sense of power in relation to participants and how this might impact the sense of responsibility regarding how participants' stories were told. One early concern the research had was that drawing attention to aspects of chemsex might reinforce harmful stereotypes or stigmatise the community further. This concern may have led the researcher to be pulled towards being drawn to themes of personal agency and resilience over negative consequences in the analysis. Therefore to manage this, the researcher undertook several steps: a bracketing interview conducted early in the process to identify and reflect on their own preconceptions, utilising a research diary to continually examine these, and discussing the research regularly with experienced supervisors.

### ***Epistemological Position***

The epistemological grounding of this study is related to the IPA framework used. At the centre of IPA is an interpretative endeavour to understand the lived experiences of individuals and the meanings they ascribe to their experiences. This involves a dual process, or double hermeneutic, of participants "trying to make sense of their world" and the researcher "trying to make sense of the participants making sense of their world" (Osborne & Smith, 2008, p. 26). IPA holds a critical realist position in that it acknowledges the co-creation of knowledge between the researcher and the participants and the subjective nature of this understanding. This critical

realist position posits that “participant statements do reflect, albeit imperfectly, participants’ actual experiences, views, feelings and actions” (Cooke et al., 2019, p.8).

### *Quality Assurance*

Quality guidelines for qualitative research (Pope & Mays, 2019) and for IPA in particular (Osborne & Smith, 2008) were followed. The bracketing interview and reflective conversations throughout the research aimed to enhance the reflexivity of the research process by acknowledging the potential influence of the researcher's subjective stance on the data collection and analysis. The bracketing interview allowed the researcher to set aside, or bracket, these preconceptions to the greatest extent possible whilst acknowledging that complete bracketing is rarely possible. By participating in the practice of bracketing whilst acknowledging its limitations, the researcher strove for a more transparent and open engagement with the participants' narratives (Cooke et al., 2019; Fischer, 2009).

The development of themes from the data was a critical phase of the IPA analysis. To ensure that this was a rigorous process, themes were reviewed and discussed with the project supervisors. The collaborative process enabled a thorough examination of the emerging themes, helping to make sure that they were emerging from the data and related to the research question. The supervisors provided feedback which aided in the process of refining the thematic structure and enhanced the robustness of the analysis.

## Results

The findings are described below with the superordinate and subthemes summarised in Table 2.

*Table 2: Superordinate Themes and Subthemes*

Superordinate Theme	Subthemes
Navigating Dark Sides - Chemsex Has Negative Aspects	Risk and Vulnerability
	Internal Conflicts About Chemsex
	Losing Control Through Chemsex
Expanding Possibilities - Chemsex Offers An Escape and Different Experiences	Using Chemsex as a Way to Escape
	Exploration of Sexuality Through Chemsex
	Pleasurable Aspects of Chemsex

Closeness - People Use Chemsex to Feel Closer to Others	Using Chemsex For Connection and Intimacy
	Relationships to Community and Identity
Sense of Self - Chemsex Enables People to Feel Differently About Themselves	Chemsex and Expressions of Gender and Sexuality
	Sense of Self-worth and Chemsex Engagement
	Shame and Chemsex: A Bidirectional Relationship

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### **Navigating Dark Sides - Chemsex Has Negative Aspects**

Participants acknowledged a dark side to chemsex and described strategies they used to navigate its potential negative aspects. Interestingly, danger was not always seen as entirely negative, with some participants describing the excitement associated with “being into the dark and dangerous” (Participant 4).



### *Risk and Vulnerability*

Most participants acknowledged that chemsex is risky and that engaging in it could be detrimental to their wellbeing and make them vulnerable to harm.

Participant 4 illustrated the physical and sexual health risks - at times severe - involved: “I got meningitis from chemsex. I almost died back in [redacted] because of it”, thereby underscoring the significant presence of potential harm. Participant 5 reflected on the long-term psychological impact on him of using drugs as part of sustained engagement in chemsex, stating that “for me, it being in and out of drug use for years has ... been detrimental to my mental health, like significantly so.” Although some participants, particularly Participants 4 and 5, described a profound negative impact of chemsex engagement on their physical and mental health, other participants did not share these experiences. This suggests a diversity in experience of physical and mental harms.

Whilst most participants acknowledged the risk of potential harm, there was often an ambivalence about it: “[I am] putting myself in a vulnerable position and... nothing bad has happened, but I guess like it could happen” (Participant 7). Participant 1 articulated this contradiction: “Safety is an element, although not something that I really prioritise for myself.” This acknowledgment of vulnerability, coupled with an awareness of potential harms, points to the complex relationship participants had with prioritising and managing their safety and well-being whilst being “tangled up in” (Participant 5) chemsex.

### ***Internal Conflicts About Chemsex***

Participants often articulated a sense of internal conflict surrounding their engagement in chemsex, particularly around a lack of conscious intentionality in their experiences. This often centred around the tension between their intentions and their actions, as illustrated by Participant 1: “I didn't set out to have quote, unquote, chemsex, but then I ended up doing it”. This indicates that despite their initial reluctance or different intentions, participants sometimes found themselves engaging in behaviours that were not planned. This suggests that there could be important contextual factors impacting chemsex engagement, such as social setting and place. As stated by Participant 6: “sometimes it’s just kind of circumstantial.”

There was also a mixed appraisal by participants towards their participation in chemsex, and a sense of conflicting emotions surrounding it. Participant 5 described his experiences with chemsex as “endless and exciting, and a bit dangerous, and a bit naughty, and a bit disgusting”, whilst Participant 2 explained that “the feelings [*in relation to chemsex*] are quite confusing”.

### ***Losing Control Through Chemsex***

Participants discussed strategies that they used to maintain control, for example setting limits and choosing trusted partners, alongside instances where control was lost to some extent, both in their broader involvement and within specific moments in chemsex encounters. Participant 2 expressed this in saying “you just lose your sense of rationality”, and Participant 4 described it as “you don't care anymore”.

The impact of drugs in lowering inhibition was described by all participants, with Participant 4 articulating that “as soon as you take a puff on a pipe or you have a slam [*an injection of a drug*], as soon as that hits you... it’s uncontrollable.” Participant 3 described the challenges of trying to have boundaries and limits when “once you take crystal meth [*a form of amphetamine*], you keep going, going, going, going...”

Many participants described wanting to lower inhibitions, with Participant 4 explaining that “all those boundaries, all those walls come down... that's an amazing feeling to not have any self-doubts”, finding this experience positive and freeing. However, Participant 3 described finding it problematic that the indiscriminate behaviour he exhibited on drugs did not align with his choices when sober: “you’ll have sex with anyone... you can pretty much have sex with a lamppost when you're on meth.”

### **Expanding Possibilities - Chemsex Offers An Escape and Different Experiences**

The second superordinate theme related to the experience of engaging in chemsex as part of exploration and escape, in pursuit of different experiences and heightened pleasure. It captured the transformative potential of chemsex experiences. Engaging in chemsex was variously seen as an opportunity for reimagining existence, facilitating exploration, experiencing intense pleasure, trying out new identities, and/or experiencing sexual adventurousness. This indicated participants’ desire for liberation from constraint.

### *Using Chemsex as a Way to Escape*

The subtheme of Escape related to participants' use of chemsex as a way of distancing themselves from the challenges and pressures of everyday life, often seeking transformation into a more confident, liberated self.

There was a sense of participants wanting to escape the difficulties and realities of everyday life. As articulated by Participant 3, engaging in these activities served as "a small Band-Aid," a temporary reprieve from the challenges he faced. Participants described a feeling of alienation from life and that life was something that they felt a desire to escape from. As Participant 6 explained: "my life feels extremely small at the moment, and feels very enclosed, and I want to try and like reconnect with the sense of like excitement, and like expansiveness, and like variation and possibility."

The subtheme also encapsulated participants' desire to transcend their own selves, aspiring to embody a more confident and successful version of themselves. Participant 4 described the experience of engaging in chemsex as transformative: "Bam! It gave me social skills, it gave me everything I needed, everything that I wanted to be." Chemsex was understood not simply as an activity to engage in, but as a (temporary) transformational agent. This narrative suggested a sense of inadequacy felt by the participant, a feeling that he needed to escape from his usual self and become someone different.

### *Exploration of Sexuality Through Chemsex*

Many participants saw chemsex as a way of creating new possibilities and engaging in desired sexual experiences. Openness towards both drug-taking and new experiences was described as important: “for me, like having this openness towards drugs is like a, you know, a valuable thing... They can be quite open-ended, and that's part of the fun of it” (Participant 1).

Participant 6 described chemsex as a means of momentarily stepping outside of the everyday and being able to experience a different reality for a short period of time: “suspending everyday life [laughs]. Yeah, I mean like just creating ... I don't know, sometimes it feels like it can just like puncture a hole in reality.” At times the experience seemed so different from anything else he had undergone that it was hard for Participant 6 to express in words, with the difficulty of this reflected in his repeated use of the word “like” along with pauses.

Chemsex was also understood as a way for participants to explore different versions of themselves and to enable them to take on different attributes they valued: “it was really nice because it made me feel invincible. I wasn't a shy teenager anymore, I felt really sexual, I felt attractive” (Participant 4).

### *Pleasurable Aspects of Chemsex*

Participants described intense, heightened physical sensations, and bodily and sexual pleasure as defining aspects of their chemsex experiences. They also described the pleasure derived from the perceived excitement and “fun” of these situations (Participant 1). Participant 6 reflected on the simplicity of the pleasure experienced, in contrast to other times in his life: “I don't know, just

like these very small windows of experiencing kind of just ... uncomplicated happiness and pleasure.”

Participants focused on the in-the-moment, present tense nature of the pleasure they experienced. They valued the immediacy and intensity of these moments, where the focus was intensely centred on the here and now. As Participant 3 described: “it was so ... so ... too much pleasure. It was unnatural. You were just like melting in pleasure.”

The intensity and exhilaration were something participants sought out: “I like the sort of the rush of the sort of intensity of it” (Participant 2). This suggests a drive towards seeking heightened emotional and physical states.

### **Closeness - People Use Chemsex to Feel Closer to Others**

The third superordinate theme relates to the idea of seeking closeness and connection to others in the context of chemsex. Participants described the pursuit of interpersonal connection, and the limits of this in a chemsex context.

#### ***Using Chemsex For Connection and Intimacy***

Participants described their desire for connection, and their experiences of emotional, social, and sexual intimacy with others in a chemsex context.

Participants described chemsex as a context for establishing connections that felt intensely intimate and immediate. One participant articulated this as a form of bonding: “I think it's like a way of feeling like you're doing something kind of intense together, and you feel quite connected because of that” (Participant 7). Another suggested “it's uh, very much a social thing” (Participant 1). Participant 6 described the kinds of connections he had formed: “sometimes I felt less individuated, and I felt more kind of parts of my consciousness have been kind of shared with the person”. Others reflected on the fleeting nature of the connections formed and reflected that this was sometimes a valued aspect of the connection: “it was all quite temporary and I think maybe that's what some of the people like about it” (Participant 3).

Participants described how drugs enabled feelings of closeness, but that these feelings could be superficial: “I remember getting high with guys and then they'd be like ‘we should start dating! Yeah, let's start dating!’” (Participant 4). Participant 7 explained that “you feel connected to people quite quickly, like artificially quickly.” Participant 2 reflected on how his desire for chemsex experiences took him away from his usual social circle, describing how he would “peel away from my friends, go on Grindr [*a dating application*], find some man”. A common theme for some participants was “going on the apps” (Participant 3) to find connections.

### ***Relationships to Community and Identity***

Participants described a range of experiences in relation to their sense of connection to LGBTQ+ communities, and most expressed a feeling of not fitting into mainstream gay spaces. This subtheme reflected a struggle for belonging, and a sense of feeling like an outsider, both within and outside of LGBTQ+ communities.

Some participants related specifically to queer communities, as distinct from gay communities where they described feeling alienated: “I mean my friends are almost exclusively queer” (Participant 6). In this context, “queer” could refer to a broad spectrum of sexual orientations and gender identities, in contrast to “gay” which commonly specifically denotes homosexual orientation, usually among men. Some participants expressed the importance of feeling that those around them were “on the same page with a lot of things” (Participant 2) and shared a similar outlook, particularly with regards to having an “open attitude” and being “open minded” (Participant 1).

Some participants noted a powerful sense of detachment from gay communities, stating, “I’ve not really got any gay friends... I was a closeted homophobe for a while” (Participant 3). The sense of disconnection was often mediated through participants’ perceptions and views of other gay men: “I found [him] a bit gross because he was the kind of singing, dancing kind” (Participant 3). These views impacted this participant’s ability to socialise with gay, particularly effeminate, men. This led to feelings of isolation, and he therefore utilised chemsex as a way to build connections with others.

There was a sense of participants feeling alienated in their lives, and that compartmentalisation was used to help manage this: “I have sort of secret parts of myself or secret parts in my life where I don't really let the different parts of my life mix” (Participant 7). One person felt as if he was “in my own little bubble of different”, unable to fully connect with either straight or gay communities: “I don't think I'm homophobic, but I don't think I'm standard gay either, I don't



know” (Participant 4). Participant 3 expressed: “I thought it’s [an LGBTQ+ group] really cool, but the thing is, I wasn’t one of them... they were a different species”. The participant’s choice of metaphor - “different species” - foregrounded his sense of alienation. For some participants, chemsex offered a way of expressing their sexuality whilst distinguishing themselves from identities they saw as devalued (such as being gay or effeminate).

### **Sense of Self - Chemsex Enables People to Feel Differently About Themselves**

This superordinate theme captured how individuals understood and negotiated their multiple identities, and how these identities intersected with issues of marginalisation, self-esteem, and internalised shame. Chemsex appeared to transiently enable people to feel better about themselves.

### ***Chemsex and Expressions of Gender and Sexuality***

This subtheme concerned how experiences of chemsex influence and are influenced by participants’ perceptions and expressions of gender, masculinity, and sexuality.

Several participants described how masculinity was important to them: “what makes me so attractive to other males is the fact that I’m masculine” (Participant 4). They also spoke of the struggle of aspiring to be more masculine and a sense of shame around feeling feminine: “I thought ‘I’m camp’ and I didn’t want to be camp. I deliberately tried to butch up, as they say” (Participant 3). Another described struggling with disliking other men’s femininity: “gay guys being overtly feminine that’s been an issue” (Participant 4). Chemsex was described as

something “hypermasculine... kind of affirmingly masculine” (Participant 7) and “a real masculine thing to do” (Participant 3), and therefore was used by some participants as a way of distancing themselves from what they saw as devalued attributes and identities. The repetition of the word “masculine” throughout Participant 7’s response, suggested the importance of masculinity to him.

Other participants expressed mixed appraisals of the loosening of gendered perception that could occur during chemsex experiences, with one participant expressing that he appreciated “the way it creates that... blurriness, sometimes I felt either less gendered or gendered in a, in a different way” (Participant 6). But others found this complicated: “it’s so hard to find a masculine guy these days... if I was sober, I would have standards. I’d be like... he’s too gay, oh no... but when chem is involved, you just do anything” (Participant 4).

Others described a link between their sexuality and taking drugs: “I find that men usually, particularly gay men, just go harder and are more keen to buy or take drugs in a bigger amount.” (Participant 5). Another participant described a very strong association between drug-taking and wanting sex with men, which he found difficult: “I wanted to stop doing MDMA so much because the Pavlovian thing I have about seeking out strange men” (Participant 2).

### ***Sense of Self-worth and Chemsex Engagement***

Several participants described feelings of “very low self-esteem” (Participant 3) and low self-worth, which impacted their risk-taking in relation to chemsex. One participant stated that “I

don't really prioritise [safety] for myself" (Participant 1), whilst another added that "a lot of the sex I engaged in was self-deprecating" (Participant 3).

The pursuit of confidence through chemsex was a recurring theme. As multiple participants explained, the confidence "crutch" (Participant 4) gained from engaging in chemsex with "really hot people" (Participant 3) was of significant appeal. This confidence offered temporary escape from feelings of inadequacy and provided a sense of desirability, which enabled another participant to feel "like a supermodel" (Participant 5).

Chemsex appeared to offer a short-term respite from judgement, both self-imposed and perceived from others: "you just don't care at all what anybody thinks. All you care about is you and how you feel in that moment" (Participant 4). However, this respite was often described as temporary, and dependent on drugs: "sometimes I think... this is like the cocaine wants to have sex with me and rather than the other person" (Participant 2).

Engaging in chemsex was described as something that could negatively impact participants' self-esteem. Participants were concerned about others' perceptions of them and felt different because of having engaged in these experiences: "I worry maybe that they [his friends] see me as like sort of...a different person... they think it's quite an intense thing" (Participant 2).

### ***Shame and Chemsex: A Bidirectional Relationship***

Many participants described feelings of shame relating to their sexuality, gender expression or engagement in chemsex: "I think I feel like ashamed to like want that [sexual experiences with

men]” (Participant 7). At times this shame seemed to be reflected in the quantity of silences and pauses throughout Participant 7’s speech. Participants also described early experiences of stigma and bullying: “I got bullied at school after people found out that I kissed a guy... and I like suppressed all of that” (Participant 6). These experiences seemed to have led participants to feel shame regarding their own sexualities, and this sometimes extended to a feeling of disgust about others’ sexualities and self-expression: “I found [him] a bit gross because he was the kind of singing dancing kind” (Participant 3). The impact lasted into later life for some participants; for example Participant 5 described “carrying a lot of stuff around.”

Shame around having engaged in chemsex was frequently expressed: “I don't think it's something that you would... be like proud of, you know?” (Participant 7). The intensity of emotion was expressed by one participant: “there's a lot of shame, there's a lot of remorse. Often picture the person in the foetal position in the shower scrubbing themselves to get clean ... and I certainly had my fair share of those” (Participant 4).

## **Discussion**

The research question addressed was: how do MSM in the UK describe and understand their personal experiences with chemsex? Four superordinate themes emerged: “Navigating Dark Sides - Chemsex Has Negative Aspects”, which concerned participants’ experiences and understanding of risk and vulnerability; “Expanding Possibilities - Chemsex Offers An Escape and Different Experiences”, reflecting the pursuit of escapism and novel experiences through chemsex; “Closeness - People Use Chemsex to Feel Closer to Others”, finding a relationship between interpersonal relationships and community connections and chemsex; and “Sense of

Self - Chemsex Enables People to Feel Differently About Themselves”, finding a relationship between chemsex experiences and identity and self-esteem.

The findings broadly fit existing psychological theories. For example, themes such as Shame and Gender and Sexuality, where participants expressed disgust or low self-esteem about aspects of themselves - including their sexuality - correspond with aspects of the minority stress model. This model describes the link between psychological distress and factors relating to minority sexual identities, where distress leads to attempted coping processes. Chemsex engagement could be understood as one of these coping processes (Meyer, 1995).

The findings also aligned with aspects of identity process theory. For example, the superordinate themes “Sense of Self” and “Expanding Possibilities” correspond with the idea of individuals striving for a positive self-concept, but use coping strategies - such as taking drugs - when this positive self-concept is threatened via external or internal conflicts (such as internalised stigma). Chemsex here can be seen as a behavioural strategy that attempts to try to resolve this conflict and reduce identity threat (Jaspal, 2021).

The findings broadly fit with existing research. The importance of social connectedness has also been found in other chemsex research (Hawkins et al., 2019). When discussing aspects of safety and risk, some participants described attempting to use harm-reducing strategies, while others appeared ambivalent about utilising safer practices themselves. The diversity of responses to safety and risk echoes Bourne et al.’s study that reported that “some men believed that engaging in chemsex had unwittingly led them to take risks, others maintained strict personal rules about

having safer sex.” (Bourne et al., 2015). The finding of the importance of intense pleasure arising from experiences of chemsex is well established in the literature and pleasure has been understood to have both physical and psychological dimensions (e.g. Bourne et al., 2015; O’Byrne, 2023; Dennermalm et al., 2021).

Findings relating to attempts to find a sense of belonging and form connections with others through chemsex fit with the idea that chemsex is consistent with the idea of “identity gain”. This is where individuals attempt to affirm or enhance aspects of their identity through engaging in particular activities, for example by engaging in chemsex as a way of affirming one's identity as masculine, and as someone who belongs with others who are masculine (Smith & Tasker, 2017). The findings around masculinity, particularly that it was seen as a valued and desired aspect of identity by some participants, aligns with research that suggests the importance of “social pressures of conformity to particular body types, physical appearance and masculinity norms” for men (p. 9, Jaspal, 2022).

This study broke new ground in the qualitative literature on chemsex through the construction of meanings through participants’ lived experience. The use of IPA allowed for an in-depth exploration of the subjective experiences of the participants and uniquely utilised the meaning participants themselves gave to their own experiences which has not been done through previous qualitative studies. Addressing participants’ understandings of their involvement in chemsex through a constructivist lens has allowed for new meanings to be identified, such as chemsex as a way to affirm masculinity and feel connected to others.

## Limitations

There are several limitations to the study. The UK focus, and recruitment strategy with information in English only, may have restricted the range of cultural and social contexts represented in the research. The homogenous nature of the sample, while beneficial for depth in IPA, may have restricted the diversity of perspectives. Recruitment involved advertisement in Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) community venues and publications, and the researcher also identified themselves as being from the LGBTQ+ community. This could have limited which individuals engaged in the study, for example MSM who did not identify as LGBTQ+ may have been less likely to participate.

Given the sensitive nature of the topic, the self-selecting recruitment strategy might have attracted participants who were more open or had particular, potentially more positive perspectives on their chemsex experiences, introducing an element of self-selection bias. It is also possible that the sensitivity of the topic restricted what participants felt able to share.

Furthermore, the use of digital technology for recruitment and interviews, partially necessitated by the COVID-19 pandemic, could have led to bias in terms of which individuals felt confident and able to engage via this form of communication. For example, older individuals and those with more social vulnerabilities have been found to have more difficulties with the use of digital technologies (Ragnedda et al., 2022).

Regarding participant demographics, the participants mostly identified as White British. It could be helpful to consider how recruitment methods might engage other demographics of MSM in future research. There were no participants who had fewer than six years of experience with

chemsex engagement, and therefore MSM who were newer in their experiences of chemsex were not represented in the findings. The participants were from various regions within England; however, none were from other countries within the UK.

The inclusion criteria for the study involved drug use generally but did not specify the drugs used, however, the recruitment materials specified that the study concerned “chemsex”, which could have appealed to MSM who related to this term. This is similar to other research where participants who self-identified as being involved in chemsex were recruited (e.g. Jaspal, 2021; Santoro et al., 2020). Given the diversity of definitions around chemsex and sexualised drug use in MSM, as well as the diversity in drug use itself among MSM and the prevalence of polydrug use in chemsex contexts (Ramos et al., 2021), this approach was taken to allow a range of potential experiences among MSM to be captured. However, this limited the study in terms of the specificity of its findings in relation to experiences around chemsex solely involving GBL/GHB, methamphetamine or mephedrone.

These limitations together suggest that the findings of this study should be interpreted with caution, particularly when considering their application to broader populations. The demographic limitations, the specificity of the UK context, and the participants' willingness to engage in the research, may have impacted the findings.

### **Research Implications**

Building on the findings of this study, future research could aim to include a more diverse demographic of MSM, potentially exploring experiences across different countries and cultures



to broaden the understanding of chemsex experiences in areas other than the UK. Considering the subjective nature of IPA, expanding the research to include larger sample sizes or mixed-methods approaches could be useful. Future studies could explore the experiences of MSM engaged in different kinds of chemsex, for example those who frequently engage in chemsex and those who do so infrequently. It could be helpful to specifically aim to recruit MSM who have been engaged in chemsex for a shorter period of time (for example less than 6 years), as these experiences may differ from MSM who have engaged in chemsex for longer periods of time.

Further work on the psychosocial aspects of different types and experiences of chemsex could be helpful. Specifically, it could be helpful to explore in greater detail experiences of problematic chemsex engagement, and attempt to discern what might make an individual more or less vulnerable to this. Further investigation into which kinds of chemsex are found to be problematic could also be useful. Exploring these avenues could lead to a greater understanding of the psychosocial correlates of those whose chemsex engagement becomes problematic for them. Additionally, it could be helpful for future research to follow participants over time to investigate how these experiences may change over time. Research could consider the diversity of recruitment methods used and whether these are able to reach a representative demographic of the population. Future research could also aim to develop and evaluate psychological interventions addressing problematic chemsex “for reduction of both sexual and drug-related harms in MSM” (Melendez-Torres & Bourne, 2016).

## **Clinical Implications**

The findings suggested some participants value some aspects of chemsex, and participants differed in describing their relationship to chemsex as problematic or not. Previous research has suggested that not all chemsex is problematic for the people who engage in it, and that “only the loss of control, the association with addictive, psychiatric and/or infectious comorbidities should require care.” (Blanc et al., 2023). Clinical psychologists could contribute to the development and evaluation of specific potential psychological interventions for individuals engaging in chemsex that is problematic for them.

This study fits with previous research suggesting the importance of the impact of stigma and shame on participants. Stigma could be unintentionally added to by professionals who are not adequately trained and sensitive to the specific issues of this population. Clinical psychologists could be involved in education and training on non-judgemental, non-stigmatising approaches which aim to reduce shame and stigma, including in non-sexual health care settings where people with problematic chemsex may come into contact with services, such as primary and secondary care mental health services.

The findings that some participants engaged in chemsex as a way to try to find connection and community fit with previous work which has highlighted the importance of social support and community psychological interventions. Liberatory psychological work could potentially be helpful in addressing the stigma described by participants regarding their sexualities and gender

expressions. This fits with work that has suggested the importance of “community-led projects that include health promotion through creative outlets (e.g. films, theatre, online education projects) [*which*] have the promise to address the complexities of chemsex on a wider scale” (Stardust et al., 2018; Croston & Rutter, 2020).

The findings suggested that some participants valued the exploration, pleasure, and temporary escape that engaging in chemsex offered. Public health information could be informed by some of the valued aspects of chemsex for some people, which could help improve their effectiveness by providing more relevant and tailored information and approaches.

### **Conclusion**

This study investigated the experiences of chemsex among MSM. The findings include themes related to negative aspects, escapism, connectedness to others, and self-worth in relation to chemsex. The findings broadly fit with previous work particularly concerning negative aspects of chemsex. The research contributes to understandings of the psychosocial contexts of chemsex which is important for informing culturally competent clinical interventions and public health policies. The study indicates some areas for further research, for example into problematic and non-problematic chemsex, emphasising the possible role of community-led initiatives and liberatory psychological work to reduce stigma and support the mental health and well-being of individuals involved in problematic chemsex.

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## Section C: Appendices

### Appendix A: Glossary of Terms

#### **Butching up**

Adopting more traditionally masculine behaviours or appearance.

#### **Chillout**

A term used to refer to a chemsex party or gathering, generally in private settings such as people's homes.

#### **Circuit party**

A party spanning several days or events with large numbers of attendees.

#### **Crystal/Tina**

Informal or slang terms to refer to crystal methamphetamine.

#### **Party and Play (PNP)**

Typically used to refer to drug-taking in a sexualised setting.

#### **Polydrug use**

Using multiple drugs simultaneously, or in close succession.

#### **Queer**

An umbrella term including different sexual orientations and gender identities.

**Serosorting**

Selecting a sexual partner with a presumed similar HIV status.

**Slamming**

Injecting a drug, often crystal methamphetamine or mephedrone.

**Appendix B: Critical appraisal skills programme (CASP) criteria for qualitative research studies.**

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**Appendix C: Recruitment Information*****Recruitment Poster***

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***Website Text***

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**Appendix D: Information Sheet**

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**Appendix E: Consent Form**

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## **Appendix F: Interview Schedule**

### **Demographic questions and background information**

What is your age?

How would you describe your ethnicity?

What region of the UK do you live in?

For how many years have you had experiences of chemsex?

### **Warm up questions**

How did you hear about the research?

What prompted you to get involved?

How familiar are you with the term "chemsex"?

### **Early Experiences**

Can you tell me about how you got into chemsex?

Can you tell me about your experiences and what they've been like for you?

**Interpretation of Experiences**

Can you tell me what, if anything, you value about chemsex?

Can you tell me about any positive aspects of it?

Can you tell me about any challenges or difficult aspects?

**Impact**

How have your experiences with chemsex impacted you?

Can you tell me about how your experiences have affected your life?

How does it fit with other areas of your life?

How has chemsex affected your relationships?

**Relationships**

Do you feel connected to other people who take part in chemsex?

Can you tell me about your sense of connection to other people generally?

How would you describe your sense of connection to LGBT communities?

**The Future**

How do you view your future relationship to chemsex?

Is the present situation with Covid-19 impacting your relationship to chemsex?

Is there anything else you think it would be important for me to know?

**Appendix G: Ethical Approval**

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**Appendix H: Debriefing Information**

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**Appendix I: Abridged Bracketing Interview**

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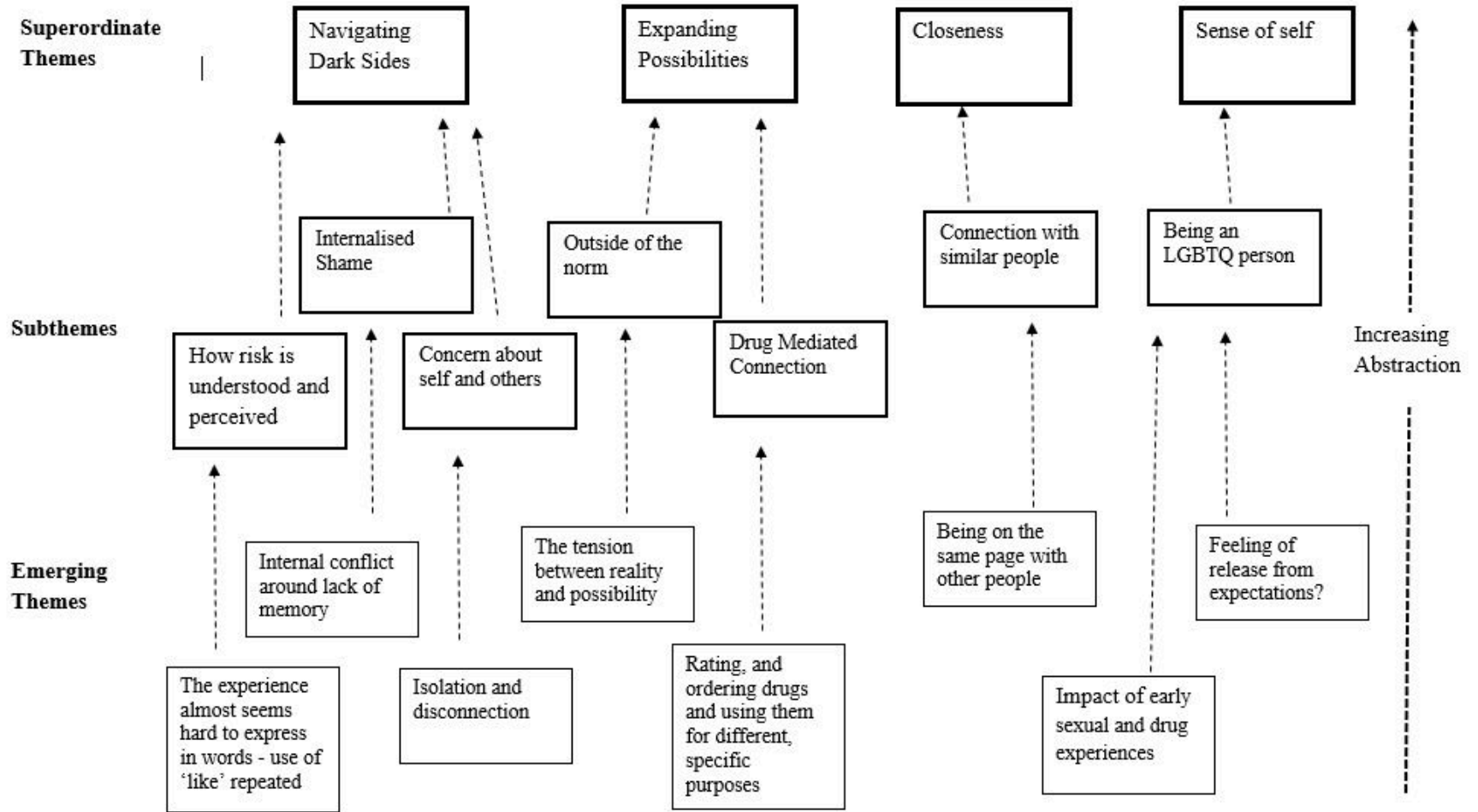
**Appendix J: Abridged Research Diary**

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**Appendix K: Annotated Transcript Excerpt**

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## **Appendix L: Example Theme Development For A Participant**



## Appendix M: Example Cross-Transcript Development of Superordinate Themes

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### Global Superordinate Themes    Individual Subthemes from Across Participants

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Navigating Dark Sides	Negative impact on mental health
	Conflicting emotions and intentions
	Increasing extremity over time
	Ethical dilemmas
	Negative impact on physical health
	Losing control
Expanding Possibilities	Intensified experiences
	Openness
	Adventure
	Escape from reality
Closeness	Connection with like-minded people

Quality of connection

Loneliness

Sharing

Sense of Self

Using drugs as armour

Sense of being different

Valuation of masculinity and femininity

Internalised shame

Self-esteem

Understandings of own sexuality

**Appendix N: End of Study Summary**

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