

UNIVERSITÉ DU QUÉBEC À MONTRÉAL

EXPLORATION DES BESOINS ET DES DÉFIS RELATIONNELS DES GBHARSAH QUI  
PRATIQUENT LE CHEMSEX : UNE ÉTUDE QUALITATIVE

MÉMOIRE

PRÉSENTÉ

COMME EXIGENCE PARTIELLE  
DE LA MAÎTRISE EN SEXOLOGIE

PAR

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AVRIL 2024

UNIVERSITÉ DU QUÉBEC À MONTRÉAL

EXPLORATION OF THE RELATIONAL NEEDS AND CHALLENGES OF GBMSM WHO  
PRACTICE CHEMSEX: A QUALITATIVE STUDY

THESIS

SUBMITTED

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE  
MASTER'S OF SEXOLOGY

BY

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APRIL 2024

UNIVERSITÉ DU QUÉBEC À MONTRÉAL  
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## ACKNOWLEDGEMENTS

First and foremost, I would like to express my profound gratitude to the Canada Research Chair in Sexually and Gender-Diverse Individuals and their Substance-Use Trajectories. My deepest thanks go to Dr. Ida Giugnatico, whose intelligence, patience, and humour have been among the highlights of this experience.

To my research co-directors: Dr. Flores-Aranda, your kindness, your unconditional human regard, your unwavering support and advocacy for those who you supervise, have been — and still are — inspiring. Dr. Lafortune, your unfailing optimism, your gentle, yet firm nudges, your reassuring presence have greatly contributed to the realization of this study. What luck to stumble upon this dream duo!

To my partner and rudder in life, Dimitrije Radosavljević, whose skepticism about me doing another master's degree in sexology has been consistent (why would I learn advanced functions in Excel when I could read Foucault and Butler?) — thank you for allowing me to be me, and loving me despite my many quirks. *Falati, ljubavi moja.*

Perhaps most of all, to my daughter, Claire, who has been on my mind from the beginning to the end of this project — I am so proud of the young woman you have become. My commitment to feminism is thanks to you.

To my parents, (the late) Uriele De Piano and Eileen C. De Piano — how can I resume, at least in several lines, all that you have instilled in me. In good times and in bad, you have always been there – thank you.

More broadly, I would like to recognize the Department of Sexology at the Université du Québec à Montréal for providing such a stimulating and welcoming environment for me to pursue graduate studies in sexology. Last but certainly not least, I would like to thank my friend and colleague, Edith Paré-Roy, for moving through this master's program with me and our weekly *séances de co-travail* which made this thesis possible.

## **DEDICATION**

To the participants of the *PnP dans la Diversité* research project.

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## LIST OF ABBREVIATIONS AND ACRONYMS

gbMSM	Gay, bisexual, and other men who have sex with men
GHB	Gamma-hydroxybutyrate
MUS	Methamphetamine use during sex
LGBTQ+	Lesbian, gay, bisexual, trans, queer/questioning, etc.
PnP	Party and play

## RÉSUMÉ

Ce projet de recherche qualitative explore les besoins et les défis relationnels des gais, bisexuels et autres hommes ayant des relations sexuelles avec des hommes (gbHARSAH) qui consomment de la méthamphétamine en contexte sexuel, une pratique connue sous le nom de *chemsex*. La littérature sur le chemsex tend à adopter une vision biomédicale de ce phénomène, mettant l'accent sur les risques associés à cette pratique, et peu d'études considèrent la dimension interpersonnelle du chemsex. Ce projet de mémoire vise à pallier cette lacune en conceptualisant la dimension interpersonnelle du chemsex selon les travaux de Møller et Hakim (2023), d'Erkine (1998, 2011) et de Rubin (2007). Quinze entretiens semi-dirigés ont été réalisés auprès de gbHARSAH qui consomment de la méthamphétamine et d'autres substances associées en contexte sexuel. Le verbatim des entretiens a été analysé en ayant recours à l'analyse thématique. Quatre thèmes liés aux besoins et défis relationnels ont émergé: 1) la recherche de l'acceptation et de la validation ; 2) la quête d'un sentiment d'appartenance et de connexion ; 3) l'expérience de stigmas et de tensions interpersonnelles ; et 4) la négociation délicate des limites face au risque de déplaire. Les résultats soulignent le rôle ambigu que joue le chemsex dans la satisfaction des besoins relationnels des participants, tout en contribuant, pour certains, à l'émergence de difficultés relationnelles. Ces résultats proposent un portrait plus nuancé du chemsex au-delà d'une vision uniquement centrée sur les risques.

Mots clés : consommation sexualisée, chemsex, besoins relationnels, gbHARSAH, stigma.

## ABSTRACT

This qualitative research project explores the relational needs and challenges of gay, bisexual, and other men who have sex with men (gbMSM) engaging in sexualized methamphetamine use, commonly referred to as chemsex. Existing literature on chemsex tends to adopt a biomedical perspective, emphasizing the risks associated with this practice, with limited consideration given to the interpersonal dimension of chemsex. This master's thesis aims to address this gap in knowledge by conceptualizing the interpersonal dimension of chemsex based on the works of Møller and Hakim (2023), Erkin (1998, 2011), and Rubin (2007). Fifteen semi-structured interviews were conducted with gbMSM who use methamphetamine and other associated substances in a sexual context. The interview transcripts were analyzed using thematic analysis. Four themes related to relational needs and challenges emerged: 1) Seeking acceptance and validation; 2) Longing for a sense of belonging and connection; 3) Facing stigma, keeping secrets, and interpersonal strain; and 4) Negotiating boundaries while aiming to please. The results highlight the ambiguous role that chemsex plays in satisfying participants' relational needs, while contributing, for some, to the emergence of relational difficulties. These findings present a more nuanced portrait of chemsex beyond a solely risk-focused perspective.

Keywords: sexualized substance use, chemsex, relational needs, gbMSM, stigma.

## CHAPTER 1

### INTRODUCTION

The use of psychoactive substances in a sexual context is believed to be a widespread practice among gay, bisexual, and other men who have sex with men (gbMSM) living in Montréal, and more broadly in Western countries (Blais et al., 2018; Bourne et al., 2015), as well as other regions like South Asia (Khan et al., 2019), Russia (Skryabin et al., 2020), and the post-Yugoslav space (Milosavljević, 2023). While not intrinsically problematic, it has the potential to cause various problems, notably related to the sexual health of those who engage in this practice (Léobon et al., 2018). Numerous studies suggest that gay and bisexual men engage in higher rates of psychoactive substance use in sexual contexts compared to men who identify as heterosexual (Bourne et al., 2015; Lawn et al., 2019; Lépine, 2011). This phenomenon, known as chemsex or Party and play (PnP), refers to intentionally combining sexual activity with specific psychoactive substances, like crystal methamphetamine, gamma hydroxybutyrate (GHB), and ketamine, to enhance sexual experience and performance (Weatherburn et al., 2017). Chemsex has been associated with high-risk sexual practices, such as unprotected anal intercourse (Léobon et al., 2018; Tomkins et al., 2019), although the risk of contracting HIV may decrease with the use of pre-exposure prophylaxis (O'Halloran et al., 2019). To date, studies have primarily focused on the nature of sexual practices commonly associated with chemsex and their implications on the health of those who engage in this practice, such as sexually transmitted infections and the development of addictions.

Other studies have documented the link between the practice of chemsex and markers of psychological distress, such as depression (Pufall et al., 2018) and loneliness (Amaro, 2016). Some studies have aimed to document the motivations behind engaging in chemsex, including the desire to alleviate certain painful emotions or enhance sexual function and satisfaction (Pollard et al., 2018; Weatherburn et al., 2017). Thus, the existing literature points to bidirectional links between the practice of chemsex and signs of psychological distress. Certain studies report that the practice of chemsex can exacerbate psychological distress, while others indicate that engaging in chemsex can be motivated by a desire to manage emotions associated with psychological distress. While certain studies have documented interpersonal dimensions of chemsex (e.g., using substances during sex to cope with romantic breakups or mitigate social inhibitions), these studies have not

focused specifically on this aspect. Some theoretical essays directly address the interpersonal dimension of chemsex, but empirical data remain scarce. As such, there is a significant gap in the scientific literature providing a comprehensive understanding of the interpersonal and relational aspects of chemsex. Further, few studies have addressed this phenomenon from a sociocultural perspective, integrating, for example, an understanding of subcultures within LGBTQ+ communities and the impact of the HIV/AIDS epidemic on queer sexuality.

The objective of this study is to explore and describe the relational needs and challenges of gbMSM who engage in chemsex. Specifically, this thesis focuses on the interpersonal dimension of chemsex (e.g., the search for feelings of safety, belonging, inclusion, or emotional connection) to develop an understanding of chemsex that encompasses the socio-affective dimensions and needs of gbMSM who engage in this practice.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 What is chemsex?

According to Bourne and colleagues (2015), the use of psychoactive substances among gbMSM has changed over the past decade, leading to the emergence of a new phenomenon in the scientific literature known as chemsex. Chemsex refers to the use of specific psychoactive substances, including methamphetamine, GHB, ketamine, and mephedrone, before or during planned sexual activity (Edmundson et al., 2018; Tomkins et al., 2019). The practice of chemsex is often driven by the desire for sexual encounters to last for extended periods, even spanning days, and involve multiple sexual partners (McCall et al., 2015). However, there is no consensus on the definition of chemsex, particularly regarding the specific psychoactive substances and behaviours associated with the phenomenon, thereby contributing to a limited understanding of the phenomenon and variability of conclusions across studies. Additionally, the existing literature tends to approach chemsex as a phenomenon occurring exclusively among gbMSM and few studies consider the practice of chemsex among trans and non-binary people (Gaudette et al., 2022).

#### 2.2 How prevalent is chemsex?

Several studies have documented a change in the use of psychoactive substances among gbMSM in recent years, reporting that gbMSM are less frequently using club drugs, such as MDMA, and more frequently using drugs associated with chemsex in a sexual context (Blais et al., 2018; Bourne et al., 2015; Edmundson et al., 2018). Although it is challenging to determine the prevalence of chemsex among gbMSM, recent data suggest that up to 45% of gay and bisexual men have engaged in chemsex at least once in their lifetime (Lawn et al., 2019). However, the proportion of gbMSM engaging in recent chemsex activities (i.e., within the past year) appears to be much lower at 6.1% (Frankis et al., 2018).

A systematic review estimated that 17% of gbMSM attending sexual health clinics and 31% of HIV-positive gbMSM admitted to a London clinic were practicing chemsex (Edmundson et al., 2018). A study conducted in France among gbMSM ( $n = 11,841$ ) reported that 18.7% of respondents had consumed at least one substance associated with chemsex (such as cocaine,

MDMA, GHB, ecstasy, amphetamines, ketamine, crystal meth, and cathinones) in the past 12 months (Léobon et al., 2018). It should be noted that this study also included substances not commonly associated with chemsex (e.g., MDMA). Furthermore, a study involving gbMSM in Montréal ( $n = 2,149$ ) reported the prevalence of substance use during at least one sexual encounter over a three-month period between 2009 and 2016, with 5.1% of participants reporting using GHB, 2.0% reporting using ketamine, and 1.2% reporting using crystal methamphetamine (Blais et al., 2018). Despite these figures, estimating the prevalence of this phenomenon remains challenging. This difficulty could be attributed to the stigma and discrimination associated with drug use, which may result in underreporting of the behaviour among gbMSM (Melendez-Torres and Bourne, 2016). In addition, variations in the prevalence of chemsex reported in various studies may be attributed to differences in the psychoactive substances considered in chemsex definitions, as well as sample composition, and heterogeneity among chemsex cultures around the world (Edmundson et al., 2018; Tomkins et al., 2019). Further, the lack of consensus regarding the definition of chemsex makes it difficult to operationalise and accurately measure this practice.

### 2.3 Chemsex and the public health perspective

Research on chemsex among gbMSM primarily focuses on sexual practices and the associated health risks (Blais et al., 2018; Léobon et al., 2018; Maxwell et al., 2019; Tomkins et al., 2019; Weatherburn et al., 2017). The main risk commonly cited in the scientific literature is an increased likelihood of acquiring STIs (e.g., syphilis and gonorrhoea) (Pufall et al., 2018; Tomkins et al., 2019). This risk can be attributed, among other factors, to the connection between chemsex and unprotected anal intercourse (Maxwell et al., 2019; Tomkins et al., 2019), group sexual activity involving multiple partners (Van Hout et al., 2019), and engaging in sex in exchange for money or psychoactive substances (Tomkins et al., 2019).

Platteau et al. (2023) examined drug related behaviour, prevention measures, and sexual consent during 63 chemsex sessions and found that polydrug use was reported during 95% of chemsex sessions, 64% of participants ( $n = 7$ ) did not consistently take measures to prevention STI transmission, 82% of participants ( $n = 9$ ) reported sex without consent and not respecting both their own – and people’s – boundaries.

Yet another study by Freestone et al. (2022) ( $n = 28$ ) found that participants reported strategies to ensure communication prior to and throughout chemsex and were careful to respect other people's boundaries, even though several participants described experiences of chemsex as being "distressing" and, in some cases, "sexually violent." In this study, just two participants used the words "non-consent" and "sex assault" as part of their experience with chemsex. However, an emphasis on the risks associated with chemsex from a public health perspective imposes limitations on comprehending the intricacies of this multifaceted social phenomenon, particularly regarding its socio-affective dimension.

Furthermore, chemsex has been associated with indicators of psychological distress, like depression and anxiety (Pufall et al., 2018), loneliness (Amaro, 2016), and various life stressors (e.g., receiving an HIV diagnosis, romantic breakups) (Ahmed et al., 2016; Amaro, 2016; Pollard et al., 2018; Weatherburn et al., 2017). Yet other studies did not establish a link between indicators of psychological distress and chemsex. For example, Boone (2014) found no significant relationship between psychological distress and chemsex at most recent sexual encounter, while Hibbert et al. (2019) observed no significant difference regarding psychological distress between those who practice chemsex and those who do not. As such, there does not appear to be a clear consensus on the link between markers of psychological distress and the practice of chemsex.

#### 2.4 Psychological and interpersonal factors associated with chemsex

In a mixed systematic review, Lafortune et al. (2020) documented several psychological and interpersonal factors associated with chemsex, as reported in qualitative and quantitative studies conducted between 2008 and 2019. The reviewed qualitative studies identified six categories of motivations and mechanisms that facilitate chemsex, including the management of painful emotions or stressful events, the normalization and minimization of risk associated with drug use in a sexual context, interpersonal pressure or the desire to belong to a community, improvement of intimacy or the sense of emotional connection, enhancement of sexual performance and functioning, and reduction of interpersonal and sexual inhibitions (Lafortune et al., 2020). The authors also identified six categories of variables explored in quantitative studies on chemsex, including sexual self-efficacy, sexual functioning, mental health difficulties, attitudes towards substance use, personal stress factors, experience of interpersonal trauma, and identification with



sexual communities or the sexual milieu (Lafortune et al., 2020). With respect to the relational or interpersonal dimension of chemsex, Noor and colleagues (2018) found that gbMSM who identified with the BDSM-Bear-Leather scene were more likely to report engaging in chemsex. In addition, one study (Ahmed et al., 2016) reported that participants described chemsex use as generalized and trendy among gbMSM, while participants in another study (Pollard et al., 2018) suggested that chemsex provides a sense of belonging and acceptance.

Some studies have sought to understand the relationship between factors like attachment, emotional regulation, and childhood adversity to chemsex. For example, Gonzalez-Baeza et al. (2023) found that participants who practiced chemsex ( $n = 41$ ) reported significantly higher frequencies of avoidant-insecure attachment style and adverse childhood experiences than the control group who did not practice chemsex ( $n = 39$ ). Further, the authors reported that poorer emotional regulation and self-care behaviours and a higher frequency of childhood sexual abuse were also found in participants who practice chemsex, compared to the control group.

Other studies have focused specifically on methamphetamine use during sex among gbMSM. Research by Khan et al. (2019) found that participants ( $n = 30$ ) reported using methamphetamine during sex to relieve the stigma associated with their status as sexual and gender minorities, to ameliorate sexual performance, restore a sense of self-worth lost due to social marginalisation, and to increase pleasure and sexual satisfaction.

Drysdale et al. (2020) sought to broaden the definition of chemsex by moving beyond the “risky” contexts and behaviours associated with this practice and focusing on the diversity of settings, relations, and practices that inform methamphetamine use during sex. Their findings challenge the assumptions that methamphetamine use during sex may be attributed to a broader hook-up culture facilitated by online platforms (Hakim 2019), gbMSM use methamphetamine primarily to facilitate, prolong, or enhance sex (Bourne et al., 2015), and that methamphetamine use during sex is necessarily risky (Weatherburn et al., 2017).

These studies support the relevance of considering the emotional component in the practice of chemsex and highlight that relational factors are under documented. Further research is needed to better understand and document the nature of the relationship between relational or interpersonal factors and chemsex.

## 2.5 Conceptual framework on interpersonal dimensions of chemsex

Existing data on the interpersonal dimension of chemsex suggest that this practice can anchor relationships as it is associated with various social events, such as parties and hook-ups (Van Hout et al., 2019). The authors discuss the “inner group connectivity” (p. 1083) they see as germane to chemsex, describing it as a communal activity of people who engage in uninhibited group activities together. Further, their results described chemsex as a means for some participants to compensate for the lack of intimacy and emotional connection with sexual partners, highlighting the interpersonal or relational dimension of this practice.

The perception that chemsex is somewhat of a rite of passage, embedded within gay culture and identity, has been expressed by some gbMSM (Tan et al., 2018). This study also identified interpersonal factors related to interactions with other gbMSM, including peer pressure by their sexual partners to use drugs during sex or to fit in with the wider gay male community. In addition, Tan and colleagues noted social factors associated with chemsex, such as coping with societal rejection and stigma due to homophobia and drug use.

In addition, some research has suggested that chemsex allows its practitioners to experience emotional intimacy and engage in less inhibited sexual relations (Weatherburn et al., 2017). The authors found that chemsex allowed some participants to enhance self-confidence and experience less self-consciousness and doubt, thereby enhancing emotional intimacy and sexual connection. Some participants in this study described experiencing intense feelings of sexual intimacy with their sexual partners while practising chemsex. At the same time, other participants of this study reported the opposite experience – that emotionally intimate sex was not possible while practicing chemsex.

In his study, Di Feliciano (2022) examined the role of chemsex among HIV-positive gay men aged 45 years and older and found that participants reported their involvement with chemsex

was driven by a desire for sociability coupled with rediscovering sexual pleasure and being more accepting of their (aging) bodies, in the age of “U = U” (undetectable equals untransmissible – the medical consensus that people living with HIV with an undetectable viral load cannot transmit the virus through sex). Prior to this medical consensus, some HIV-positive gay men struggled “to play without worrying” (p. 74), even seeing their bodies as off-limits or vectors of disease. The author found that chemsex, coupled with the freedom afforded by “U = U,” allowed participants to counter ageism within the gay community, related to the importance of youth and the sculpted body in this culture. The author frames chemsex as generating both positive feelings, like pleasure and sociality, while also leading to uncomfortable feelings and situations by reproducing unequal social relations (around performances of masculinity, body shape and size, race, etc.). As such, chemsex can be seen as facilitating both sexual encounters across social differences (e.g., intergenerational sex), while also replicating social inequalities and discrimination (Di Feliciano, 2022).

In comparison to the numerous studies that adopt a biomedical perspective on chemsex, only a few articles approach this phenomenon from a sociocultural perspective. Hakim (2019) proposes the idea that chemsex represents an attempt by gbMSM to reclaim collective intimacy amidst the rise of individualism and competition. The author sees chemsex as “a way for some, largely migrant, gay and bisexual men to experience a sense of collectivity.” (p. 253). By framing chemsex in this way, Hakim questions the medical representations and media discourses that tend to pathologize chemsex and views this phenomenon as a queer<sup>1</sup> and collective response to the effects of neoliberalism.

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<sup>1</sup> A note about the use of the term “queer” in this master’s thesis and in some recent literature, more broadly. The author would like to acknowledge that this term comes from feminism and can be attributed to feminist scholars like De Lauretis and Butler. De Lauretis (2023) notes that “queer” was initially meant to be critical of the term “gay and lesbian” with the goal of “transgressing and transcending, or, at least, problematizing” (free translation) (p. 94) normative definitions of gender and sexuality. Similarly, Butler (1991) argues that “identity categories tend to be the instruments of regulatory regimes” (p. 13). In this way, “queer” was originally intended to challenge fixed notions of identity, by critiquing the structures of power that create these very identities (for example, “gay and lesbian”). Whereas the term “queer” was initially coined by feminist scholars who wished to critique regimes of power, it seems to have taken on a new meaning, as evidenced by the use of this term in some works cited in this chapter. Here, “queer” appears to signify an opposition to/rejection of homonormativity. Müller (2023) defines homonormativity as “the dominance of a certain group with the LGBTQIAN+ community as well as reluctance of this group to challenge the subordination of queers by heteronormativity” (p. 60) which “stratifies members of the LGBTQIAN+ communities and thereby creates hierarchies of respectability” (p. 63).

Building upon Hakim's work, Mowlabocus (2023) criticizes what he describes as a binary conceptualization of chemsex, which categorizes "good gays" as those who adhere to homonormativity and its institutions (i.e., gay marriage and stereotypical leisure activities) and "bad gays" as those who engage in chemsex, framed as perverse and dangerous. Highlighting that chemsex is becoming more prevalent as homosexuality becomes increasingly accepted in the global North, Mowlabocus (2023) suggests that chemsex can be seen as an act of resistance against homonormativity. Interviewees in Mowlabocus' project reported a sense of rebellion associated with practicing chemsex, seeing it as a countering "the normative representations of LGBT lives promoted in contemporary culture." (p. 594). The author argues that there is no room for chemsex within the tamed image of homosexuality, which has been promoted by homonormativity. As such, chemsex is seen as something to overcome or eradicate.

Some essays even assert that this practice ensures the survival of queer subcultures. For instance, Florêncio (2023) argues that chemsex serves as a cultural reproductive practice that connects contemporary gay and bisexual men across generations, thereby ensuring the continuity of these cultures and subjectivities. The author asserts that "drugs, in some form or another, have been a part of queer culture for a very long time" (p. 563) and that sexualized drug use amongst gay men is "part of the history of a subculture" (p. 565) with its own semantic universe and social codes. This theoretical article frames chemsex "not simply as a life-hindering practice but also as a life-affirming culture" (p. 569).

## 2.6 Synthesis of the existing research

The state of knowledge on chemsex among gbMSM primarily focuses on health-related risks associated with this practice. This perspective aligns with a public health approach that aims to mitigate the negative effects of chemsex. However, the interpersonal and sociocultural dimensions of this practice remain largely unexplored empirically, with recent literature mainly consisting of theoretical articles (e.g., Mowlabocus, 2023). While there is a growing body of data on sexual practices and health risks, there is a dearth of research on the interpersonal needs of gbMSM engaging in chemsex (Lafortune et al., 2020). To the best of our knowledge, few studies have thus far documented the relational needs of gbMSM who practice chemsex, while situating this phenomenon within its larger sociocultural context. In addition, few studies appear to bridge the

gap between what can be described as the public health perspective, with its focus on harm reduction and preventions, and the more theoretical and critical studies that focus on the sociocultural dimensions of chemsex. With this in mind, this project considers both the potential risks associated with this practice, while also considering the broader sociocultural contexts in which it takes place, as the existing research tends to align with one paradigm over the other.

## 2.8. Research aims

The primary objective of this study is to document the relational needs and challenges of gbMSM who engage in chemsex. Specifically, relational needs explored included themes such as intimacy (Bourne et al., 2015), connection (Weatherburn et al., 2017), and the desire for belonging (Pollard et al., 2018), while relational challenges included issues like peer pressure (Bourne et al., 2015; Pollard et al., 2018), marginalization (Pollard et al., 2018), fears of rejection (Hunter et al., 2012), and interpersonal inhibitions (Hunter et al., 2012; Weatherburn et al., 2017). In line with the inductive and qualitative approach used in this research project, this study remained open to the emergence of other themes not previously documented in the existing literature on the interpersonal dimensions of chemsex.

This study contributes to enriching the literature on chemsex by moving beyond the risk paradigm and negative consequences associated with this practice and developing a conceptualization of intimacy-related needs that considers the lived experience of this population. Additionally, this project may also lead to the development of psychosocial intervention tools that are better tailored to need of gbMSM who engage in chemsex. This approach can be seen as innovative, as it compliments the predominant approach which tends to focus on health-related risks.

## CHAPTER 3

### THEORETICAL FRAMEWORK

#### 3.1 Critical chemsex studies

This project conceptualizes chemsex as a means for gbMSM to cultivate collective intimacy and create supportive communities in a society that tends to marginalize sexual and gender minorities. Viewed from this light, chemsex can be seen as a cultural production that should be studied as such. Since previous studies have primarily focused on sexual practices and health risks, this study seeks to move away from the risk paradigm by situating this phenomenon within its socio-cultural context and exploring the merits of this emerging practice. While the risk paradigm provides an important public health perspective in understanding chemsex, focusing solely or primarily on risk may obscure other dimensions of this practice, notably its interpersonal aspects. To center the interpersonal dimension of chemsex, this project draws on critical chemsex studies, an approach developed by Møller and Hakim (2023), which identifies three axes that can advance our understanding of this phenomenon. These include: (1) collaborating with public health institutions to go beyond the risks associated with this practice, (2) reflecting on the cultural dimension to better understand the discursive, socio-political, technological, and economic landscapes in which chemsex materializes, and (3) examining the role of pleasure in shaping gay identity, intimacy, and sociability.

Critical chemsex studies argues that, perhaps because of the ongoing HIV/AIDS epidemic, LGBTQ+ health organizations became skilled at responding to “crises” when it comes to queer sexuality, seeing “chemsex as risk” (p. 549), thereby problematizing chemsex. The authors argue that this framing tends to overlook other ways to see chemsex and has become the dominant paradigm in chemsex research. To look beyond the risks associated with chemsex, critical chemsex studies also sees this practice as a “cultural formation that not only has its own logics but that also has emerged in response to different cultural contexts” (p. 550). Finally, chemsex is seen as a pleasurable space with transformative potential, echoing feminist and queer theories of sexuality. This perspective challenges fixed categories of sexuality and the assumption that chemsex is inherently linked to trauma (either resulting from trauma or causing it).

### 3.2 A sex-positive vision of sexuality

To examine the role of play and pleasure in shaping intimacy and sociability among gbMSM, the third axis in the model conceptualized by Møller and Hakim, this project takes a *sex-positive approach* to understanding human sexuality. Williams et al. (2013) define this approach as encompassing both the risks and the pleasurable or rewarding aspects of sexuality, with an emphasis on recognizing the diversity of sexual preferences and a wide range of sexual expressions (e.g., non-monogamous relationships, kink and BDSM practices, exploration of sexual fantasies). The risk paradigm that characterizes much of the existing literature on chemsex can be seen as reflective of the sex negativity (i.e., seeing sex as a “taboo” or “special” topic which “restricts the range of human diversity generally and contributes to marginalization and othering.” (William et al., 2013, p. 273).) that often permeates discourses on sexuality. Gayle Rubin (2007) argues that sex is taken too seriously in modern Western societies. She contends that there is a system of sexual values, represented by the “charmed circle,” whereby certain forms of sexuality are considered “good” and “normal,” while others are deemed “bad” and “unnatural.” Similarly, Joloy (2023) argues that “good gays” who embrace homonormativity by rejecting chemsex are rewarded with social recognition and legal protection. In this way, according to Joloy, chemsex has become the most recent means by which individuals who do not conform to the norms of marriage and traditional sexual practices are marginalized, leading to feelings of exclusion and rejection from both society at large and within LGBTQ+ spaces. This results in the “isolation of those who engage in chemsex who are ostracised simply for the way in which they have decided to express their sexualities.” (Joloy, 2023, p. 1).

This project approaches chemsex through the lens of Rubin’s “charmed circle” by recognizing the ways in which this practice has been vilified in much of the existing research (by focusing largely on risk) and emphasizing the positive aspects of this practice, such as the development of support networks and community, enabling gbMSM who practice chemsex to fulfill certain relational needs. A sex-positive approach on chemsex offers a nuanced understanding of this phenomenon by acknowledging the potential for it to represent benign sexual variation rather than being seen as inherently problematic or dangerous.

### 3.3 Model of Relational Needs

This project also draws upon the model of *relational needs* developed by Richard Erskine (1998, 2011). According to this model, relational needs are the essential elements that allow us to fulfill the universal human desire for intimate connection and secure attachment. Erskine (1998, 2011) identifies eight relational needs: 1) security, 2) validation, affirmation, and significance within a relationship, 3) acceptance by a stable, dependable, and protective person, 4) confirmation of personal experience, 5) self-definition, 6) having an impact on the other person, 7) having the other initiate, and 8) expressing love.

This model conceptualizes relational needs from an attachment perspective, drawing on the work of Bowlby (1988) who described secure attachment as resulting from both the child's and the attachment figure's positive experience of their physical and emotional connection. Erskine asserts that four relational needs – 1) the need for validation, 2) the need for companionship, 3) the need to have someone who is stable, dependable, and protective to lean on, 4) and the need to influence what is occurring in the relationship – are necessary for children to develop secure attachment with their caretakers.

More broadly, the eight relational needs identified by this model are seen as “unique to interpersonal contact” (p. 14) and “essential psychological elements that enhance quality of life and the development of a positive sense of self-in-relationship” (p. 14). In this model, Erskine (1998) explains that *security* refers to one's physical and emotional vulnerabilities being safeguarded, involving interpersonal exchanges that are respectful and non-shaming. *Validation, affirmation, and significance within a relationship* implies acknowledgement from the other person that affirms the legitimacy of relational needs, the importance of emotions, and the functionality of internal psychological processes, like fantasy and the construction of meaning. *Acceptance by a stable, dependable, and protective person* speaks to the need for protection and guidance, looking up to and relying on someone else. *Confirmation of personal experience* is seen as the need to be in the presence of someone that is able to relate and understand to one's personal experience. *Self-definition* describes the need to convey one's individuality and identity and receive acknowledgement and acceptance from others related to their uniqueness. *Having an impact on the other person* refers to the need to affect the other individual, demonstrating agency and efficacy,



by capturing the other person's attention or influencing them. *Having the other initiate* involves reaching out to the other person, seeking connection, thereby affirming their significance in the relationship. Finally, *expressing love* helps maintain a meaningful relationship by expressing appreciation, gratitude, or doing things for the other person.

Erskine's model was used primarily to conceptualize relational needs in this study. This model guided the data analysis process, particularly in identifying and defining emerging themes from the data (see Analysis Strategy).

### 3.4 Impact of theoretical framework on this study

The theoretical framework employed in this study serves as a comprehensive foundation for addressing the primary research question: What are the relational needs and challenges experienced by gbMSM who engage in chemsex? By incorporating Rubin's conceptualization of the "charmed circle" and embracing a sex-positive perspective, integrating Erskine's model of relational needs, and adopting Møller and Hakim's critical approach to chemsex studies, this study's theoretical framework allows for an analysis that encompasses both micro-level factors, such as the intrapsychic and interpersonal elements outlined in Erskine's model, and macro-level considerations, such as the influence of societal norms governing sexuality as elaborated by Rubin's theory. Moreover, this theoretical framework facilitates a comprehensive understanding of the participants within their social context, exploring the impact of societal codes surrounding sexuality on their intrapsychic and interpersonal experiences and how these experiences, in turn, shape their experience with chemsex. Sex-positivity guided the analysis of this project's data by adopting a non-judgemental perspective, embracing diversity in sexual experiences and practices, and exploring the positive dimensions of sexual experiences, to better understand the complexities of human sexuality. This perspective informed each step of the thematic analysis, explained in detail in the next chapter, from generating initial codes to defining emerging themes.

These three theoretical lenses can be seen as complementary, as they foster an understanding of sexual health and relational well-being by focusing on the importance of relational needs, promoting the importance of sex positivity (which also lies at the core of critical chemsex studies), and interrogating the various landscapes that shape sexual behaviours.

## CHAPTER 4

### METHODOLOGY

#### 4.1 Research paradigm

This qualitative study uses *deconstruction* to explore and understand the relational components and dynamics associated with chemsex among gbMSM. Deconstruction is a philosophical approach and method of analysis, formalized by Jacques Derrida in three texts published in 1967: “Speech and Phenomena,” “Of Grammatology,” and “Writing and Difference.” While this approach has been notoriously difficult to define, Duffy (2016) writes that deconstructionism, at its core, seeks to expose the contradictions, hierarchies, and binary oppositions inherent to language, texts, and concepts. Further, the author notes that “the task of the deconstructionist is to study and decipher both what is said and how it is said.” (p. 111).

In “Of Grammatology,” Derrida (1967) writes “*il n’y a rien hors-texte.*” While, at first glance, this sentence may seem quite simple, it carries with it the force of deconstructionism – yes, everything is textual, but also, our understanding of the world around us depends on these same textual constructions. In other words, the ways in which we understand texts – including chemsex – are constantly changing and open to various interpretations. As such, this project examines the data by identifying binary oppositions, considering hierarchical structures, looking for hidden assumptions and contradictions in the interviews, placing the participants’ discourse within its sociocultural context, paying close attention to the choice of language and how it constructs meaning, and challenging the notion of fixed identities. This approach has been chosen because it allows for a critical understanding of chemsex that might lead to a more comprehensive and nuanced understanding of this social phenomenon, by challenging oppressive systems and promoting social justice.

Derrida (1991) argues that “all sentences of the type, ‘Deconstruction is X’ or ‘Deconstruction is not X’ *a priori* miss the point, which is to say that they are at least false.” (p. 275). For Derrida (1991), deconstruction is more a philosophy, a critical posture, rather than a methodology, even contending that “deconstruction is not a method and cannot be transformed into one.” (p. 273). Despite this, deconstruction has become synonymous with “critical analysis” yet

also differs from it. Biesta (2009) notes that associating deconstruction with critical analysis disregards one of the main points of Derrida's work, which is to question "the traditional philosophical gesture in which the philosopher positions himself on some safe ground outside of the scene of analysis" (p. 392). Biesta (2009) uses the analogy of the "sender-receiver model" (whereby this study's participants are the "senders" and the author of this thesis is the "receiver" – by extension, the reader of this thesis is also a "receiver") to illustrate the distinctive feature of deconstruction among other approaches to critical analysis. In the "sender-receiver model," the "sender" encodes information which the "receiver" decodes. Yet, according to Biesta, this model fails to recognize that communication is also about the exchange of meaning and omits "the processes of interpretation and sense-making rather than simple unpacking and retrieving" (p. 397) by the receiver. In deconstruction, the processes of receiving information are explicitly considered, including the assumptions and interpretations held by the receiver.

Despite Derrida's reluctance to see deconstruction as a methodology, research in the social sciences tends to privilege clearly defined methodology to attest to the scientificity of a study, or at least to understand how the researcher arrived at their conclusions. As such, to operationalize *deconstruction* for the methodological purposes of this project, based on our understanding of this approach, the following steps were taken to apply this phenomenological lens to this project's data: 1) identify dominant discourses (e.g., chemsex facilitated the exploration of certain sexual practices and experiences for some participants), 2) question underlying reasons or assumptions related to these dominant discourses (e.g., why is chemsex presented as a tool that allows for the exploration of certain sexual practices and experiences that would otherwise be inaccessible without chemsex?), 3) analyze the language used in describing experiences with chemsex, focusing on binary oppositions and hierarchies (e.g., "It's *extraordinary*, the kind of *communion* with the other person...when I do crystal [methamphetamine] with my partner, it's like *communion*." – here, this participant seems to create a hierarchy and binary opposition of sex on methamphetamine versus sex without it, using *communion*, a powerful symbol in historically Roman Catholic Québec, to describe his experience with chemsex.), 4) consider dualisms in constructing meaning related to experiences with chemsex (e.g., for this participant, sex on methamphetamine is "extraordinary" while sex without methamphetamine is not – that is, methamphetamine creates a profound experience that is otherwise inaccessible), 5) trace the historical context in which the discourse

emerged (e.g., sex negativity, impact of HIV/AIDS on gbMSM, societal homophobia, “bottom shaming”, etc.), 6) identify multiple perspectives (e.g., possible framing as “risky sex” or the desire to have a fulfilling sexuality, etc.), 7) explore power dynamics and social hierarchies (e.g., how might participants’ experience as sexual minorities, whose sexuality has been historically vilified, shape the discourse on chemsex?), and lastly, 8) reflect critically on the primary researcher’s posture (e.g., recognizing that this project proposes one possible interpretation of the data, among many other possibilities, given its theoretical framework, etc.).

This project is based on a secondary analysis of data from a larger study: “*PnP dans la diversité*” (Principal investigator: Dr. Flores-Aranda). This large-scale study employed a community-based research approach, with five main objectives: 1) characterize individuals belonging to sexual and gender minority groups who use methamphetamine; 2) identify treatment needs among sexual and gender minorities (SGM) who use methamphetamine; 3) document the current service provision for methamphetamine users in the greater Montréal area and two other administrative regions of Québec; 4) assess the alignment of identified services with the needs and realities of SGM; and 5) propose guidelines for the care of SGM within existing services and provide directions for the development of services that are sensitive to the realities of this population. This project analyzed data collected to address all five objectives.

## 4.2 Study sample

Recruitment for the “*PnP dans la diversité*” study began in September 2021 and continued until June 2022. Interviews were conducted by the Canada Research Chair in Sexually and Gender Diverse Individuals and their Psychoactive Substance Use Trajectories from 13 October 2021 until 28 June 2022 and included a total of 64 participants from three administrative regions of Québec. The inclusion criteria were as follows: 1) self-identifying as a cisgender or transgender man or non-binary person; 2) being at least 18 years old; 3) engaging in sexual relations with men; 4) consuming or having consumed methamphetamine in the past year; and 5) being able to express oneself in French or English. Intentional and network-based sampling strategies (i.e., snowball sampling) were favoured. Recruitment was conducted in collaboration with organizations serving the target population (e.g., RÉZO, Ça prend un village, Bras Outaouais), where recruitment posters summarizing the study objectives and inclusion criteria were distributed. Posters were also

disseminated on the Chair's website and various social media platforms. Following the interview, each participant was invited to share the research announcement with others in their network who they believed would be interested or affected by substance use in a sexual context.

Of note, while this project uses the term "chemsex" to refer to the phenomenon of using certain psychoactive substances during sexual activity, inclusion criteria for the larger research project specifically mentioned the use of methamphetamine for participation in the study. Thus, the results of this project explore and document methamphetamine use during sex, rather than "chemsex" more broadly. At the same time, some participants described polysubstance use during sex – that is, their substance use during sex was not limited exclusively to methamphetamine.

This thesis is based on a subsample of 15 participants drawn from the "*PnP dans la diversité*" study. The decision to choose 15 interviews was related to trying to identify a reasonable amount of data among the larger sample. The first five participants (interviews 1 – 5) were selected using intentional sampling, allowing us to create an initial coding table. These interviews were chosen for their richness in answering the research question and were selected by reviewing the logbooks from the research assistants who coded the interviews for the larger research project, looking closely for notes indicating which interviews covered themes related to the interpersonal and social dimensions of chemsex. In addition, we reviewed material coded in nodes for the larger research project addressing issues like social changes resulting from methamphetamine use, reasons for keeping methamphetamine use hidden, reasons for sharing about methamphetamine use, and other people's reaction to participant's methamphetamine use.

The next five interviews (interviews 6 – 10) were chosen randomly from the total sample ( $n = 66$ ) to validate the initial coding table developed when analysing the first five interviews. We used an online random number generator, providing the range of numbers (1 to 66), excluding the interviews previously selected for their richness and two interviews that were ultimately excluded from the larger study due to the participants not meeting inclusion criteria. Next, the final five interviews (interviews 11 – 15) were intentionally selected for both their richness in answering the research question and to elaborate upon themes initially identified during the preliminary analysis of the data. Specifically, we selected interviews that mentioned themes like acceptance, belonging to a community, and experiencing stigma and discrimination related to the practice of chemsex.

Once again, we used the same strategies implemented for selecting the initial five interviews while also considering preliminary themes emerging from initial data analysis.

The interviews were analyzed in their entirety, from beginning to end. It should be noted that participants were not explicitly asked to describe their relational needs and challenges. Participants were however asked about changes experienced in their relationships as the result of practicing chemsex and questions about sharing about their substance use with loved ones.

### 4.3 Interview guide

The interviews, lasting between 60 to 90 minutes, followed a semi-structured format and took place either on the premises of the School of Social Work at the *Université du Québec à Montréal* or via video conference using the Zoom application. They were recorded in audio format only for analysis purposes. The semi-structured interview approach was chosen as it allows for flexible exploration of the participant's unique experience, resembling a conversation, while ensuring coverage of general themes relevant to scientific investigation (Savoie-Zajc, 2021). Due to its dynamic nature, this type of interview pragmatically addresses research objectives while remaining open to the emergence of unforeseen themes and facilitating a rich and co-constructed understanding of the phenomenon.

The interview guide (see Appendix D) covered two main themes divided into two sets of questions. The first theme focused on participants' experiences of methamphetamine and associated substance use, while the second theme aimed to better understand their experiences with addiction services. Each main theme was accompanied by three clarification questions, intended to obtain details, stimulate reflection, and facilitate smooth exchanges. The research team made some minor modifications to the original interview guide to account for our research question. We analysed the entirety of each interview, as participants spoke about the interpersonal dimension of chemsex in both parts of the interview, the initial segment on their experience with methamphetamine use, and the later segment that focused on their experience with addiction services.

#### 4.4 Data analysis and analytical strategy

Firstly, the complete verbatim transcriptions of each interview were completed by the “*PnP dans la diversité*” research team. Subsequently, we subjected the interviews to thematic analysis inspired by Braun and Clarke’s (2006) approach that consists of six sequential steps. This involves familiarizing oneself with the data, generating initial codes, searching for themes through the codes, revising emerging themes, labeling and defining them, and ultimately producing the report.

The thematic analysis was performed using NVivo (Version 12) to classify the data and organize the key themes that addressed the primary research question. Through this process, we were able to shed light on the participants’ relational needs. While there does not appear to be any existing literature documenting the alignment of thematic analysis with deconstruction, the principles of these approaches were thoughtfully integrated in this project to unveil a profound comprehension of the data. For instance, whereas deconstruction primarily targets the identification of binary oppositions and underlying assumptions, and thematic analysis offers a systematic method for identifying themes, the combination of these methodologies facilitated a critical examination of themes by considering binary oppositions, power dynamics, and the fluidity and multiplicity of themes.

To ensure the scientific rigor of this study’s conclusions, the student completed an initial coding of the first five interviews and then discussed emerging codes with one of his research co-directors (DL). Next, the student coded five more interviews using the emerging thematic map and identified preliminary themes based on these ten interviews. The student and co-director then met again to review coding and refine preliminary themes. After coding the last five interviews, the student and co-director met to further refine the themes (their titles and definitions) by discussion and consensus.

#### 4.5 Ethical considerations

The larger study of which this project provides a secondary analysis, “*PnP dans la diversité*”, was approved by the Institutional Research Ethics Committee for Human Research (CIEREH) at the *Université du Québec à Montréal* (certificate number: 4341\_E\_2021). The TCPS-2 tutorial was successfully completed (see Appendix A). The certificate and consent form are also included in the

appendix. The recruited participants were all adults aged 18 and above. Furthermore, the interview transcripts were anonymized to protect the identity of the participants. In addition, pseudonyms were created, and the excerpts published in this study were carefully chosen to safeguard the anonymity of the participants. Of note, in the context of this project, the student accessed the verbatim transcriptions that were previously anonymized as part of the larger research project.

Conducting interviews with individuals about substance use and sexuality may elicit discomfort among participants due to the sensitive nature of the topics discussed. Similarly, delving into the repercussions of substance use, the associated changes, and the resulting losses could potentially lead to psychological distress in participants. To mitigate the inherent risks linked to participation in this study, the research team systematically provided participants with a comprehensive list of resources to assist them in coping with various issues, related to substance use and sexual health. In more pressing situations, a peer researcher, an integral part of the research team, was available to extend support and guidance to participants in need.



## CHAPTER 5

### RESULTS

This fifth chapter presents the results from the thematic analysis of the 15 interviews. The demographic characteristics of the sample are presented in Table 1. Four broad themes emerged from the thematic analysis, offering a comprehensive picture of the relational needs and challenges of gbMSM who practice chemsex, namely: (1) seeking acceptance and validation; (2) longing for a sense of belonging and connection; 3) facing stigma, keeping secrets, and interpersonal strain; and 4) negotiating boundaries while aiming to please.

#### 5.1 Participant Demographics

Table 5.1 Participants' characteristics ( $n = 15$ )

Variables	<i>n</i> (%)
Age (years)	<i>SD</i> = 6.35
18 to 34	5 (33.3%)
35 to 49	7 (43.7%)
50 and +	3 (20.0%)
Gender	
Cis men	13 (86.7%)
Other (trans, questioning)	2 (13.3%)
Sexual orientation	
Gay	13 (93.3%)
Pansexual	1 (6.7%)
Place of birth	
Canada	12 (80.0%)
Africa	2 (13.3%)
Europe	1 (6.7%)
Employment status	
Employed or self-employed	10 (66.7%)
Student	2 (13.3%)
Unemployed or leave of absence	2 (13.3%)
Retired	1 (6.7%)
Relationship status	
Single	12 (80.0%)
In a relationship	3 (20.0%)
Education level	
High school	4 (26.7%)
Vocational school or college	3 (20.0%)
Undergraduate	6 (40.0%)
Graduate	2 (13.3%)

## 5.2 Seeking acceptance and validation

This theme emerged from passages where some participants ( $n = 7$ ) described their need to be accepted and validated by others and the ways in which chemsex allowed them to meet this need. For instance, chemsex allowed some participants to better accept their physical appearance by receiving validation that they were sexually desirable from other gbMSM while practicing chemsex. Chemsex also provided a context in which the exploration of a variety of sexual practices was normalized, such as fisting (the practice of placing one's own or one's sexual partner's or partners' hand(s) into the vagina/front hole and/or rectum), group sex, filming sexual encounters, and various other “kinky” sex acts (for example, bondage and discipline, domination and submission, sadism and masochism, also know as “BDSM”), and that participants would be reluctant or ashamed to explore otherwise. In sum, participants described their quest for acceptance and validation to better accept themselves, and chemsex as one way to meet this need. Yet the acceptance that some participants described experiencing when practicing chemsex did not typically translate into their everyday lives when not practicing chemsex. To the contrary, some participants reported experiencing greater estrangement and marginalization from other gbMSM and their loved ones due to their involvement with chemsex. Three distinct experiences are related to this theme: 1) the need to be accepted by others; 2) the need to be validated by others; and 3) the need to accept one's sexual desires, fantasies, and certain sexual practices. Participants described how chemsex allowed them to feel accepted by other gbMSM despite unrealistic standards of beauty prevalent in the gay community, receive validation that promoted interpersonal connection, and feeling free to explore and accept “taboo” sexual practices.

This excerpt from our interview with 23-year-old Mateo provides a thorough summary of this overarching theme. He described a difficulty in making connections with other gay men, frequently judging them as he judged himself, and the acceptance and validation he experienced when practicing chemsex. Mateo also spoke to the release from shame that characterized his experience of chemsex. In his experience, chemsex can be seen as facilitating connection with other gay men, as well as providing the opportunity to accept his sexuality more fully, by being temporarily liberated from shame.

It was hard for me to make friendships with gay men – or I think I had a lot of judgement for gay men because I judged myself...I really wanted validation that came

from the endless sex. And also, shame, just like shame and dealing with that shame or maybe being able to have sex completely unabated by shame and what it felt like in that moment, because I could just put that aside. – Mateo, 23 years old

### 5.2.1 The need to be accepted by others in light of body image concerns

Several participants ( $n = 7$ ) spoke about their desire to be accepted by other people, particularly as it relates to their physical appearance. When describing this need, some participants described acceptance in broad terms – acceptance of their bodies, their sexual desires, their gender expression, and their personalities. More specifically, acceptance, in the eyes of these participants, can be defined as feeling equal to other people, no longing feeling separate from them due to the belief that they are different or inadequate. Some participants shared that being accepted by others allowed them to better accept themselves. Chemsex appeared to allow participants to gain other's people acceptance, which, in turn, allowed the participants to better accept themselves, even if this feeling of self-acceptance was fleeting.

For instance, Adam shared that he feels better able to engage in interpersonal relationships while taking methamphetamine with his sexual partners, as it allows him to forget hangups he has about his aging body and conforming to an ideal – idealized – physical appearance that is young and muscular. Since he started practicing chemsex, he described having more self-esteem and feeling equal to other people, allowing him to relate to others more easily.

It increases my self-esteem and I feel better able to relate to others. There's the whole fact that, especially in the gay community, the visual aspect is very important. Everyone has to have a nice body, all cut and muscular and stuff. I don't have that, so I go about it in a different way, and when I take crystal, I forget about my looks and feel really equal to everyone else. – Adam, 59 years old

Another participant, Arnaud, perceived his own self-concept as based on the way other people see and evaluate him. In this way, if other people accept him as he is, Arnaud is more inclined to accept himself.

On the judgement of other people. Because my vision of myself is based on the opinion of others. – Arnaud, 39 years old

### 5.2.2 Need to be validated by others

Some participants ( $n = 4$ ) reported desiring validation from other gbMSM and receiving it while engaging in methamphetamine use during sex (MUS). More specifically, these participants reported a sense of being understood by others while engaging in MUS, attributing this understanding to the validation they received through the intimate connections forged during sexual encounters, which, in turn, contributed to an increase in their self-esteem. The need to be validated by others appears to be linked to a desire for some participants to validate themselves. It seems that receiving external validation allowed these participants to cultivate an internal sense of validation.

Jackson summarizes this theme in one simple sentence:

That's what crystal meth is all about – the feeling you get of being understood, it's magnificent. – Jackson, 35 years old

During the interview, Jackson expanded upon this quote, offering additional contextual details. He discussed his experience of being in the closet within his family, compounded by the challenges of being an immigrant and feeling socially isolated. Furthermore, he mentioned recently going through a breakup, adding to his emotional vulnerability. Jackson shared that engaging in chemsex provided him with a liberating escape from the embarrassment he felt about his “imperfect” body, allowing him to shed inhibitions and enjoy a sexual environment free from taboos. As a result, this newfound freedom to express himself authentically facilitated a profound sense of being understood by his peers, which he describes as a “magnificent” experience. These insights underscore the importance of the need for validation in interpersonal relationships and the ways in which chemsex may meet this need.

Lucas described how the weight loss associated with using methamphetamine led to receiving attention and validation from other men thanks to his newfound physical appearance. He stated that this validation from others increased his self-confidence, while also increasing his substance use. Idealizing a youthful, sculpted body emerged as transversal across several interviews and chemsex appears to serve two functions: to forget the pressure of conforming to this standard, while also moving closer to it.

But now I have this new body, I don't have my belly, I'm high as a kite, I'm horny as hell, now I am on top of the world. I've always wanted this body...people are looking at me now. I'd get messages after messages after messages from guys, "Oh my God you're hot!". It fed my confidence a lot, it fed my drug use a lot... – Lucas, 44 years old

### 5.2.3 An opportunity to explore sexual fantasies and practices

Some participants ( $n = 9$ ) described the need to accept certain sexual fantasies and desires that they would have not explored without using methamphetamine. Thus, chemsex allowed them to experience their sexuality free from societal expectations and taboos. These participants noted a striking difference between the sexual norms associated with the "outside" world and those experienced within the chemsex community, the later being less inhibited.

Mateo spoke about his desire to explore sexually practices that he considered to be "kinky" (such as group sex). Chemsex allowed him to explore these desires, that he had not previously dared to experience with other partners, limiting himself to explore "kinky" fantasies while watching pornography, ostensibly alone. Mateo was reluctant to share too many details about his "kinky" sexual experience with others because he was afraid that they would reject him, highlighting the need, here again, for acceptance and validation. At the same time, he expressed that the secrecy surrounding these practices made them more exciting, explaining that there were no "repercussions" since his loved ones did not know he was engaging in them. He described a dichotomous life where chemsex was his "dark secret" that gave him access to a boundless, yet secretive, sexuality.

And a huge part of it is kinks. I'd been interested in kinks before but I never really liked it in the moment even though I liked watching it in porn...a huge part of it, I think, was like I was able to express a sexual side of myself that I'd always wanted to express but never been able to. And there was that aspect of the secret I think that was amazing, even though I would tell people certain things like I had been having kinky sex to my really, really close friends but not really the details or anything like that. Yeah, it definitely felt like a secret, a secret world that I was like mysteriously disappearing into.  
– Mateo, 23 years old

Hudson shared about experiencing anal sex as a "revelation" while practicing chemsex, a sexual practice that he does not typically engage in when sober. Two elements of this citation highlight the interpersonal dimension of the need to accept certain sexual practices: Hudson stated

that, in contrast to what people think is a common sexual practice among gbMSM – anal sex – he does not typically enjoy this act, yet chemsex allowed him to take great pleasure in it, since he was able to let go of control in an interpersonal context, something that does not come easy to him. In this way, chemsex appears to provide Hudson with the opportunity to have more fulfilling and less stressful sexual experiences. In particular, this participant described the way that injecting methamphetamine, more so than any other psychoactive substance, allowed him to “let go” and finally enjoy anal sex.

Sexual practices that are bit more ‘hardcore’ [...] I didn’t like anal sex, but with methamphetamine it was like a revelation, something that, when sober, I don’t think about or don’t want. Also, I was a teacher, so control, [...], I think that’s why alcohol or other drugs don’t do it for me, because I always need to control myself. But with injecting, you don’t have control, it happens so quick, so there’s an insouciance that I don’t have elsewhere. – Hudson, 63 years old

### 5.3 Longing for a sense of belonging and connection

Several participants ( $n = 7$ ) shared about their need for a sense of belonging and connection to others which was partly met while engaging in chemsex. This theme is composed of two subthemes: 1) the need to feel part of a community, and 2) the need to feel connected to others. The need for a sense of belonging can be understood as a macro-level need, whereas the corresponding need at the micro level can be described as the need for interpersonal connection. In terms of fostering a sense of belonging and connection, here again, chemsex appears to assume an ambivalent role among study participants. For some individuals, this practice provided an avenue to feel included within the broader gay community by conforming to stereotypes associated with having an active sexual life and a physically fit physique. Conversely, other participants felt that their involvement in chemsex was a factor leading to their exclusion from the gay community, given the stigma attached to this behaviour.

One participant, Arnaud, spoke about the intense connection he felt with his lover during MUS. Many participants spoke about the need for connection to counter their experience of loneliness.

We did a lot more drugs than before. It was extraordinary, the sort of communion with the other person. I’m talking mostly about the time when I was in a monogamous

relationship. When I did crystal with my ex, I had the impression that we were in communion with each other. – Arnaud, 39 years old

### 5.3.1 Being part of a community

Some participants ( $n = 4$ ) experienced the practice of chemsex as a way to be part of a community. For these participants, this practice seemed to fulfill the need to be part of a community, to share common behaviors (including “kinky” sexual acts), practices (such as group video chats to practice MUS), and social codes (such as reassuring each other that their substance use and sexual practices are not out of control), across various social contexts, like saunas and online platforms. For them, chemsex appeared to facilitate interpersonal connection, particularly since some participants named feeling excluded from the larger gay community due to their involvement with MUS. The chemsex community can therefore be seen as a closed microcommunity separate from the larger gay community, that is nonetheless influenced by dominant gay culture. As one participant describes this phenomenon, chemsex “creates a sort of collective isolation, not just an individual isolation.” While chemsex allowed some participants to feel part of a community, for others this practice led to feelings of exclusion from the larger gay community, again illustrating the ambiguous role that chemsex appears to play in the relational needs identified by this study’s participants.

Another participant, Hudson, shared about the importance of sex in the gay community. From his perspective, the practice of chemsex allowed him to belong to this “select club” of gay men for whom sex is highly regarded and provides an opportunity to connect to one another by having abundant sexual experiences as a common thread. As such, the chemsex community allowed him to come closer to the standards and social codes of the larger gay community. In this particular case, the sub-community of gbMSM who practice chemsex can be understood as a space where individuals experience a restoration of self-esteem, as they strive to meet the standards set by the larger gay community, as exemplified by the following citation.

It’s like belonging to a select club, it’s weird, but in the community, it’s like belonging to a select club because the gay community, at least the one I’ve known, sex is important. Especially for men, it’s important and on crystal, you’re more, you think you’re more successful and there’s kind of sexual obsession that exists. It’s as if people value each other by saying: ‘I’ve fucked for 24, 48 hours, 3 days, doing some pretty hardcore stuff.’ It’s really valued, sex with several people, sex that never ends. It’s as

if you've become a champion of sex, and people value each other for that. – Hudson, 63 years old

In the next citation, Ryan shared about his experience being excluded by the larger gay community due to practicing chemsex. This excerpt highlights the stigma faced by some participants, documented in further detail later in this chapter.

Guys who are into crystal meth aren't part of the gay community. When you're on crystal, you're a meth head. You're at home and you fuck. You don't go out. – Ryan, 37 years old

Despite this exclusion from the larger gay community, or perhaps because of it, the desire to be part of a community appears to remain, and some participants who practice chemsex seem to create their own communities, microsocieties, as explained by Jackson in the following excerpt.

People who use crystal meth really just want to stick together. In the sense that, there's even a website where you go and people turn on their camera and you see people using in front of you and fucking in front of you or using and fucking in front of you. Everyone films themselves. It's like a giant Zoom. – Jackson, 35 years old

### 5.3.2 Need for a greater sense of connection to others

This sub-theme speaks to participants need to feel connected to other people, to combat feelings of loneliness and isolation, and the ways in which chemsex helped them meet this need, while also, at the same time, exacerbating feelings of isolation. Loneliness and isolation emerged as a common theme across the interviews ( $n = 11$ ). The role of chemsex in addressing these feelings of loneliness and isolation appears to be complex and multifaceted for these participants. On the one hand, chemsex offered a means to alleviate these feelings by facilitating intense connections with other gbMSM. However, on the other hand, engaging in chemsex also contributed to a sense of exclusion and separation from family, friends, and the broader gay community, thereby fueling the very loneliness and isolation they sought to mitigate.

Here, Ryan described the isolation he experienced while practicing chemsex and connecting – “artificially” – to other people practicing chemsex who are just as isolated as he was. He explained that the connection is just an illusion leading him to feel ultimately even more isolated from his loved ones. For Ryan, the practice of chemsex failed to fulfill his longing for authentic



connections. He explained that he isolates his inner world from others, highlighting the absence of intimacy within the connections experienced during chemsex sessions.

When you're in this lifestyle, you're isolated, you say nothing about your inner world. And the only people you connect with – so to speak – are people that are just as isolated as you, who are also prisoners of their own evil...who connect for a moment artificially...through an illusion facilitated by drugs. And, unsurprisingly, that isolates you even more. – Ryan, 37 years old

Similarly, Austin evoked the notion of solitude and loneliness in the following excerpt. He described the blurring of lines between his social life and his sex life, stating that, essentially, they became one in the same. It appears that the practice of chemsex replaced other forms of socializing for this participant, thereby creating the loneliness that he describes fighting against everyday.

My social life turned into [sexual] encounters, let's say, that's what changed. It's like, even nowadays, I still struggle with that. It's as if I had transferred my social life into my sexuality. Every day, it's like a constant combat against loneliness. – Austin, 26 years old

#### 5.4 Facing stigma, keeping secrets, and interpersonal strain

This theme refers to a common dilemma faced by many participants ( $n = 13$ ) who expressed facing stigma and experiencing interpersonal strain related to practicing chemsex. One participant declined to answer interview questions related to the impact of methamphetamine use on his interpersonal relationships. Some participants named feeling judged by other queer men and felt ostracized by them. The stigma around chemsex, created distance, even estrangement in their interpersonal relationships. It seems that the relationship difficulties evoked by these participants were bidirectional: 1) some distanced themselves from their loved ones, wanting to conceal – even protect – their use of methamphetamine, while 2) their loved ones also distanced themselves from the participants, seeing their use of methamphetamine as dangerous. As such, interpersonal difficulties can be seen as both a cause and consequence of the methamphetamine use germane to chemsex. Three experiences stand out in connection to the broader theme of facing stigma, keeping secrets, and interpersonal strain, namely: 1) experiencing disapproval and judgement from others; 2) being reluctant to share openly with others; and 3) experiencing distance in interpersonal relationships.

There's a lot of guilt, shame, and embarrassment... If you haven't experienced it, you can't understand, but I find that we don't talk about it enough...people don't understand...some people distanced themselves from me because they didn't understand. They didn't understand why I was using. – Hudson, 63 years old

#### 5.4.1 Experiencing disapproval and judgement from others

This sub-theme refers to passages where participants ( $n = 10$ ) described experiencing disapproval and judgement from others, including their friends and family. These participants also expressed feeling ostracized by other gbMSM on dating applications and in other social contexts because of their use of methamphetamine. This sub-theme speaks to the negative perception of methamphetamine, which is often seen as “dirty” by those who do not use this substance. As Jackson explained:

There's also a lot of shame. I think it starts right at the beginning because you know that crystal is so dirty. And it's so frowned upon, it's such a closed milieu [...] that you can't talk about it. – Jackson, 35 years old

Similarly, Ryan described feeling judged by other gbMSM on dating applications and frank disdain and stigma towards those who practice chemsex:

I felt judged by the guys in the gay community, you know, on the apps. Guys are like 'eww, guys on Tina are gross.' That's not how you solve your problems. – Ryan, 37 years old

In this excerpt, Austin shared about the painful experience of having his father tell him that he has essentially written him off – that there is no more hope for him – due to his use of methamphetamine. He seems to be protecting his father by interpreting this statement as way to protect himself. It appears that Austin would have needed his father to be more overtly supportive and understanding of his dilemma, rather than telling him that he has already grieved his loss.

My father has said to me, 'You know, I've already mourned you.' I was raised in a healthy family...they raised me well, you know, I don't have any family problems, my father used to say that to me, it wasn't to be mean, but at the same time, it gives you a big blow when your father says that to you...but, you know, I think it was to protect himself. – Austin, 26 years old

#### 5.4.2 Being reluctant to share openly with others

Some participants ( $n = 5$ ) expressed their reluctance to share about their involvement with MUS, preferring to keep it secret from their loved ones. This reluctance to share about their substance use may be related to a desire to continue using without being judged by others, but also a fear of loved ones' reaction to their use. More specifically, some participants expressed having a sense of shame and embarrassment about being involved in chemsex, which translated into fearing other people's reaction to it, thereby keeping it a secret. August illustrated this subtheme in the following citation:

I haven't told anyone about this [MUS] because it's super shameful. It don't feel up to talking about it with people and friends that don't do it [MUS] and have to explain it, because it's too much, I can't see myself explaining it because I find it embarrassing to see that at my age, I'm involved in something like this. I'm not sure that there would be any real understanding of what it's really like, and I don't feel like going into it too much. I try to keep my distance, that's all. – Auguste, 56 years old

Here 25-year-old Henry described having less contact with his family, since he did not feel he was able to share openly about what he was doing in his spare time (practicing chemsex).

As for my family, of course, I called them less, because I had less to tell them about my life, because...my weekends, what I did with my weekends, I couldn't tell them about that. – Henry, 25 years old

#### 5.4.3 Experiencing distance in interpersonal relationships

This sub-theme documents a common dilemma faced by many participants. Some participants shared that chemsex led to a self-imposed relational exile, where they became distant from their loved ones. At the same time, as illustrated in the previous sub-theme, their loved ones also became distant, perhaps due to the stigma associated with substance use.

In this excerpt, 44-year-old Lucas talked about pushing others away and becoming irritated at them when they try to reach out to him.

It's not like I'm going to write to you, 'Ok, I don't have time to answer you, but you're bothering me. So, it's no one's fault really, but now I'm irritated towards you. So that the more that you reach out to me, the more irritated I will get and the more that I'm going to push you away. – Lucas, 44 years old

## 5.5 Negotiating boundaries while aiming to please

This theme refers to some participants' ( $n = 7$ ) experience of setting boundaries both for themselves and with other people. Participants described transgressing their boundaries when practicing chemsex to experience connection with others or to receive their validation, to please them. In some cases, the need or desire for connection took precedence over sexual boundaries. It seems that the relationship between chemsex and boundaries is fraught: on the one hand, chemsex allowed participants to break free from sexual taboos and experience a fulfilling sexuality, while also leaving them feeling that they may have gone too far. Two connected experiences are noted as part of this broad theme: 1) a complex relationship with interpersonal boundaries and 2) the desire to please others despite these boundaries. Mateo illustrated this theme in the following excerpt, where he described being so focused on drugs and sex, that he forgot to consider his own safety and wellbeing regarding sexual behaviours during MUS.

I think that there was this sense of like, afterwards was usually where I was like afraid of my life but in the moment, often I was just so distracted by the drug and seeking sensations and sex and this fantasy that I wasn't even focused on danger I think. – Mateo 23 years old

With respect to having a complex relationship with interpersonal boundaries, some participants described having a sense of their boundaries, yet also struggling to make sure they are respected. It seems that some study participants may feel compelled to test their limits and push their boundaries. This idea is illustrated in the following citation from our interview with Arnaud who described feeling compelled to push his boundaries in order to connect with his sexual partners.

I've done thing sexually, nothing illegal...but I've done things that I'm not sure I wanted to do, but you feel compelled to push your limits...you want to connect with someone, you want to be with them. You want to connect with someone, but it's the drug that you connect with. – Arnaud, 39 years old

Navigating the thin line between self-respect and pleasing sexual partners was also evoked by some study participants. Here, Mateo shares that he “destroyed” his body by having endless sex, in order to fulfill other people's fantasies or his own desires.

I destroyed my body having sex for hours and hours on end, and I got zero sleep. I was horrible to myself because in the moment, I was so focused on either fulfilling someone's fantasy or my own desires. – Mateo, 23 years old.

Similarly, Ryan illustrated the fine line between pleasure and pain, pleasing the self and others while also causing long-term physical health sequelae as the direct result of practicing chemsex.

In the last few heavy binges that I've had, I hurt myself. I sat on my leg for eight hours. So, I pulled my sciatic nerve. And, to this day, it still hurts. It beat up my whole body. It wouldn't have happened if I hadn't been in that sexual position for eight hours. It affected my body forever. – Ryan, 37 years old

Thus, it seems that while the practice of chemsex can procure a sense of great pleasure, some participants also identified negative consequences as the result of this practice, such as transgressed personal boundaries and injuring their bodies.

## CHAPTER 6

### DISCUSSION

#### 6.1 Project summary

Seeking to fill the gap in the existing literature on chemsex related to the interpersonal and relational dimensions of this phenomenon, this study's principal objective was to explore the relational needs and challenges of gbMSM who practice chemsex. While much of the existing literature approaches chemsex from a medical or public health perspective, typically focusing on the risks and health-related outcomes associated with using substances in a sexual context, this study sought to move beyond this risk paradigm by centering the experiences of participants and considering the positive aspects of this practice, in hopes of developing a more nuanced understanding of chemsex.

Using thematic analysis, this project analyzed 15 in-depth semi-structured interviews. The analysis of these interviews led to the creation of 10 overarching codes detailing the relational needs and challenges described by participants. These codes resulted in the conceptualization of four main themes across the interviews. Two themes documented relational needs, namely *seeking acceptance and validation* and *longing for a sense of belonging and connection*, while two themes revealed relational challenges, including *facing stigma, keeping secrets and interpersonal strain* and *negotiating boundaries while aiming to please*. Sub-themes provided nuance and further detail to these overarching themes.

This study centered pleasure by adopting a sex-positive vision of sexuality, drawing upon Rubin's (2007) seminal essay to consider the ways the sex hierarchy may shape the discourse on chemsex and seeing this practice as a benign variation of human sexuality. To conceptualize possible relational needs, this study also used Erskine's (1998, 2011) Model of Relational Needs to guide the process of data analysis. This model posits that relational needs are the essential elements that fulfill the universal human desire for intimate connection and secure attachment. The eight relational needs identified by Erskine served as a guide in the process of analysing the data and was used to identify and define emerging themes. The following sections illustrate how these theoretical models facilitated a comprehensive understanding of the results of this project.

## 6.2 Emerging themes and existing chemsex literature

### 6.2.1 Chemsex and the need for acceptance and validation

The results of this study identified relational needs such as the need for acceptance and validation by others, particularly in light of body image concerns. This result is coherent with previous research linking chemsex with issues related to self-esteem, body image, and fear of rejection (Weatherburn et al., 2017). Chemsex appears to have allowed some participants to experience this sense of acceptance and validation from others, even though this sense of acceptance and validation was complex. On the one hand, some participants reported experiencing acceptance and validation during chemsex sessions, mostly related to their physical appearance, while also experiencing estrangement and distance from people outside of the chemsex community, perhaps exacerbating the need for acceptance and validation. This estrangement and distance that some participants reported experiencing may be related to chemsex's position in the sex hierarchy, lying outside Rubin's "charmed circle." That is, people without lived experience with chemsex may see this practice as "bad" or "abnormal" and seek to distance themselves from participants. This might also explain the duality described by some participants related to experiencing acceptance and validation by those who practice chemsex, for whom this practice may be more normalized.

Critical chemsex studies, with its focus on understanding the various landscapes in which this practice materializes, might consider the pressure, expressed by many participants, to conform to an idealized standard of beauty, particularly a young, muscular body seen as desirable by some gbMSM. It seems that chemsex allowed these participants to temporarily accept their physical appearance, or at least forget about the expectation that their bodies should appear youthful and sculpted. In addition to the role of pleasure previously documented in chemsex research (Flores-Aranda et al., 2019; Milhet et al., 2019), the desire to receive acceptance and validation from sexual partners regarding physical appearance emerged as a key finding of this study.

The fear of rejection and the desire to be accepted in light of body image concerns has been documented in previous studies (Chartier et al., 2009; Hunter et al., 2012; Weatherburn et al., 2017). More specifically, research by Di Felicianantonio (2022) centered the experience of HIV-positive gay men over the age of 45 and his findings echo this study's results, particularly as it relates to

preoccupations with one's aging body and being seen as desirable by others. In both cases, chemsex appeared to allow participants to better accept their bodies and receive validation from their peers during chemsex sessions. As the average age of this study's participants was 39 years ( $SD = 6.35$ ), with four participants being over 45 years old, and at least four participants shared that they were living with HIV (participants were not asked about their HIV status during the interviews), this may potentially explain the similarities between the results of these two studies.

By receiving this positive feedback from their sexual partners, perhaps facilitating self-acceptance in the process, some study participants seemed to have gained a key element allowing them to further explore and accept certain aspects of their sexuality, which emerged as another dimension of the need for acceptance and validation. Indeed, beyond acceptance and validation of their physical appearance, some participants also reported that chemsex allowed them to better accept their sexual desires, fantasies, and certain sexual practices, like fisting and group sex, that might be otherwise considered too "kinky" and unacceptable. As such, chemsex provided some participants with a release from sex negativity by allowing them to fully explore – and accept – their sexuality. In this manner, chemsex can be understood as affording participants the opportunity to liberate themselves from an internalized sex hierarchy. It seems that various discourses on sexuality in general, and gay sex, in particular, with its focus on reducing various risks associated with gay sex, characteristic of the "risk paradigm" described by Møller and Hakim (2023), may have shaped participants' sexuality. Seen from this light, chemsex appears to have allowed these participants the opportunity to discover parts of their sexuality that were previously "off limits" – or at least ran contrary to public health injunctions that codify gay sex.

The relational need for acceptance and validation identified by this study appears to be closely linked to the need for self-acceptance, itself shaped by social discourse of standards of beauty and acceptable sexual practices. Chemsex provided a context in which study participants could receive acceptance and validation from their peers, thereby helping participants to feel more comfortable in their own skin and explore desires they previously considered unacceptable.



## 6.2.2 The importance of sexual and relational pleasure in chemsex

The need to better accept sexual desires, fantasies, and certain sexual practices and the ways in which chemsex allows those who engage in this practice to meet this need is also well documented in the existing literature (Ahmed et al., 2016; Bourne et al., 2015; Deimel et al., 2016; Di Felicianantonio, 2022; Hunter et al., 2012; Lyons et al., 2010; Weatherburn et al., 2017). This result, and the growing body of existing literature that supports this finding, underscores the role that chemsex plays in allowing gbMSM to break free from discourses that govern their sexuality and experience sexual pleasure, in a society that tends to see queer sexuality as a risk that needs to be mitigated. Additionally, this result supports the way that critical chemsex studies frame the role of pleasure in this practice, seeing the transformative potential of the pleasure associated with chemsex.

Whereas numerous qualitative studies have documented the role of chemsex in coping with difficult emotions or stressful events (Amaro, 2016; Pollard et al., 2018; Weatherburn et al., 2017), many participants in this study described the role of sexual pleasure and the desire to explore their sexuality as part and parcel to their experience with chemsex. And while sexual pleasure may be seen as an antidote to coping with difficult emotions or stressful events (Lew-Starowicz et al., 2020), this did not emerge as a salient theme among this study's participants, even though some participants identified struggling with feelings of boredom and loneliness.

## 6.2.3 Chemsex and the search for belonging and connection

Other relational needs identified by this study include the need for belonging and connection which was partially met while engaging in chemsex. More specifically, some participants described the need to feel part of a community and the need to feel connected to others. Here again, chemsex appeared to play an ambivalent role in meeting this need, as some participants shared facing exclusion from the larger gay community, due to the belief that chemsex is “dirty” – to use one participant's description of this practice is perceived by gbMSM who do not engage in chemsex.

The need for belonging and connection among those who practice chemsex that emerged from this study's data is also consistent with existing studies on the topic (Amaro, 2016; Deimel et al., 2016; Pollard et al., 2018). Similarly, the related need to be part of a community that emerged

from this study also seems to substantiate Hakim's (2019) claim that chemsex can be seen as the desire to cultivate intimacy and collectivity at a time when competitive individualism is privileged over collectivity.

Coping with loneliness and isolation proved to be another key finding of this project. While feelings of loneliness and isolation are certainly not unique to gbMSM who practice chemsex, the results of this project illustrated the link between chemsex and these feelings. Even though this project did not seek to determine the directionality of this phenomenon, it appears plausible that this it is bidirectional. For example, feeling disconnected from the gay community, perhaps due to not conforming to idealized social norms like having a youthful and sculpted body or an abundant sex life, some participants saw chemsex as a means to belong to a community and reduce feelings of loneliness and isolation. Yet, as previously mentioned, many participants also described the stigma and marginalization they experienced as the result of practicing chemsex. Beyond the inclination to focus on directionality or rely on cause/effect logic, feelings of loneliness and isolation can be seen as part and parcel to the relational and interpersonal experience of this project's participants.

#### 6.2.4 Chemsex and interpersonal strain

In terms of relational challenges, many participants expressed facing stigma and experiencing interpersonal strain as the direct result of practicing chemsex. The stigma around chemsex led to distance and estrangement in many participants' interpersonal relationships. The source of these relationship difficulties appeared to be bidirectional: some participants distanced themselves from their loved ones and some loved ones also distanced themselves from participants.

This study's results highlight the complex interplay between chemsex and interpersonal difficulties, perhaps due to the combination of three frequently stigmatized phenomena – drugs, sexuality, and homosexuality – exacerbating the stigma faced by those who combine these practices. The stigma surrounding chemsex created distance in most participants' interpersonal relationships and appears to be bidirectional. Some participants, wanting to conceal their involvement with chemsex, reported distancing themselves from their loved ones. At the same time, some participants explained that their loved ones also become distant from them. The results of this study

seem to underscore the impact that stigma around drugs and sex can have on interpersonal relationships. Previous research has explored the negative impact of homonormative discourses on those whose intimate and sexual lives are seen as alternative, thereby exacerbating the stigma associated with casual sex and recreational drug use (Race et al., 2017).

Perhaps the most surprising result of this study is the ambivalent role that chemsex appears to play in participants' relational needs and challenges, in addition to the link between the relational needs and challenges identified in this study. In other words, chemsex appears to allow some participants to meet their relational needs, while, at the same time, creating relational challenges. This tension between the negative and positive aspects of chemsex can be seen as transversal across the relational needs and challenges that emerged from this study.

It should be noted that other factors beyond stigma and marginalization may have contributed to the relationship challenges experienced by participants. For example, by spending so much time to using methamphetamine, participants may not have had as much time to cultivate non-sexual relationships. In addition, their use of methamphetamine may have affected factors like their mood, anxiety, and sleep, rendering the interpersonal relationship of their non-sexual life more challenging and the fulfillment of relational needs less likely.

#### 6.2.5 Chemsex and navigating boundaries

Lastly, another relationship challenge, negotiating boundaries while aiming to please, became apparent during the analysis of this study's data. Two distinct experiences emerged from this broader theme, specifically having a complex relationship with interpersonal boundaries and the desire to please despite these boundaries. The boundaries in question were mostly sexual in nature and related to the repercussions of certain sexual acts that some participants expressed regretting. Here again, the results revealed another contradiction related to participants' relational needs and challenges and the practice of chemsex. On the one hand, chemsex allowed some participants to better accept their sexual desires and discover their sexuality, while also having the impression that they, at times, transgressed their own boundaries. While one cross-sectional study found that the practice of chemsex was associated with non-consensual sex (Drückler et al., 2021), this project's findings more closely align with the results of Bourne and colleagues (2015) who

found that some gbMSM who practice chemsex may experience sexual consent as complicated and vague, even describing it as a “blurry line” (p. 1173). The “blurry line” evoked by participants of Bourne’s study seems to echo the ambivalence of some of this project’s participants.

As previously mentioned, some participants spoke about the need to explore sexual fantasies and practices and the ways in which chemsex allowed them to break free from societal expectations and taboos governing sexuality. This need should also be considered in tandem with difficulties in setting sexual boundaries, as described by several participants. Indeed, for these participants, the freedom of exploring their sexuality also came with the impression that they had somehow transgressed their boundaries, perhaps going too far. Research by Flores-Aranda et al. (2019) has previously documented the complex relationship with pleasure in chemsex, specifically related to an “absence of humanity” (p. 16) during some chemsex sessions, where participants described a lack of respect and even sexual assaults.

### 6.3 Applying conceptual models to chemsex

Erskine’s (1998, 2011) Model of Relational Needs is partially confirmed by this study’s results. In this model, Erskine described relational needs as elements necessary to fulfill the universal desire for intimate connection and secure attachment. While many participants spoke about their desire for intimate connection, no participants described what could be seen as a desire for secure attachment. Erskine (2011) wrote that insecure attachment results from repeated disruptions in significant relationships and can be characterized by fears of loss of relationship, vulnerability, violation, and invasion. Of the eight relational needs identified by Erskine, the results of this study indicate that participants described needing validation, acceptance, and confirmation of personal experience. Yet Erskine framed these needs in the context of “a relationship” – undoubtedly referring to the heteronormative conception of a long-term, stable, monogamous relationship (for example: “validation, affirmation, significance within a relationship” and “acceptance by a stable, dependable, and protective other person”).

For the participants of this study, many of whom reported being single ( $n = 12$ ), the notion of being with or finding *one* person who would be able to meet their relational needs was not suggested. Similarly, participants did not explicitly describe the need for security, as evoked by

Erskine. Still, the need for security can be seen as requisite for acceptance, validation, belonging to a community, and experiencing greater connection to others. That is, without feeling safe and secure, the relational needs identified by this study would not be possible. On the other hand, self-definition, having an impact on the other person, having the other initiate, and expressing love, the remaining relational needs identified by Erskine's model, did not emerge from the analysis of this study's data.

While Erskine's model was helpful in conceptualizing possible relational needs, this model did not prove to be particularly useful in analyzing this project's data, mostly because the relational needs expressed by this study's participants differed significantly from Erskine's conceptualization of relational needs. In addition, the larger research project did not utilize Erskine's model, which may also explain why this theory was only partially confirmed by this project's results.

Rubin's (2007) theory of the "charmed circle" was most useful in understanding the stigma, secrets and interpersonal strain expressed by participants, as well as the need to explore sexual fantasies and practices. As previously mentioned, many participants reported feeling judged by other gbMSM on dating applications and in other social contexts. Some participants interpreted this as the result of chemsex being seen as "dirty" by some members of the gbMSM community. When understood through the lens of Rubin's theory, this stigma faced by many participants can be seen as resulting from chemsex's position at the outer limits of the "charmed circle." Since it defies normative sexual practices, thereby being relegated to the bottom of the sex hierarchy, perhaps some gbMSM see this practice as unacceptable, leading to the stigma and marginalization experienced by many study participants. This result appears to echo Mowlabocus' (2023) claim about the often-binary framing of chemsex, whereby "good gays" embody normative practices, while those who engage in this practice are deemed perverse and dangerous.

While these models proved to be partially relevant in understanding chemsex, it seems important to adapt them so they can more fully be applied to this phenomenon. Based on the results of this project, these models should account for the stigma and marginalization faced by many participants due to their involvement with chemsex and see relationships in a more complex light, beyond the traditional notion of monogamy. While Erskine's model details to need to be accepted and validated by another person and Rubin's model considers the marginalized status granted to

people whose sexual practices are seen as bad or abnormal, neither model captures the lived experience of gbMSM who practice chemsex, as identified by this project.

#### 6.4 Strengths and limitations of this project

This project has certain limitations. Participants were primarily recruited in collaboration with healthcare and social service organizations, as well as support groups. Although recruitment was not exclusively limited to these community organizations, many of this study's participants have recognized the need to seek help for their substance use and/or their psychosocial situation. Those who attend support groups have likely admitted to having a problem related to their substance use. This may have impacted the sample and the data collected, as participants appear to have a homogeneous profile – individuals whose use of psychoactive substances drove them to seek professional help or peer support. The homogeneity of the sample could pose challenges regarding the transferability and generalisability of this project's conclusions to the broader population of gbMSM who practice MUS.

Despite the research team's aim to recruit participants from three administrative regions in Québec, participants from urban centres were overrepresented in the sample, as very few participants lived in more rural areas of Québec. Thus, the experiences of these individuals remain largely undocumented. Additionally, the fact that interviews were conducted only in French and English may have excluded newcomers to Québec who do not speak either of these languages. As such, the relational needs and challenges identified by this study do not account for the experience of newcomers to Québec and those living outside urban centres.

Since this project consists of a secondary analysis of data collected primarily to tailor psychosocial services provided to gbMSM that practice chemsex, participants were not explicitly asked to describe their relational needs and challenges. On the other hand, participants were asked about changes experienced in their relationships as the result of their involvement with chemsex and questions related to sharing about their substance use with their loved ones. Consequently, while some participants spoke spontaneously about the interpersonal dimension of chemsex, some participants only alluded to their relational needs and challenges in the semi-directed interviews, lacking the breadth and depth necessary to provide rich results. Fortunately, given the sample size

of the larger research project ( $n = 66$ ), it was possible to select 10 interviews that provided sufficiently rich answers to the research question. However, the five interviews that were randomly selected did not add much substance to the thematic tree but did provide a way to validate the emerging codes.

Despite these limitations, this project also includes several strengths. By looking beyond the risks associated with MUS, this study situated this practice in its broader social context, exploring the ways in which social structures, like stigma, sex negativity, and body worship, may shape participants' relational reality. In addition, by placing sex positivity at the centre of this study and conceptualizing chemsex as existing on the outer limits of the "charmed circle" while also incorporating the taboo-practice of taking drugs, this study was able to analyze cultural norms, stigmatization, and hierarchies that shape society's attitudes – and research – on sexuality. This framework enabled an analysis that explicitly considered the impact of the social dynamic of exclusion and marginalization, while also centering the dimensions of pleasure and desire.

Moreover, this study provides a contextual understanding of this social phenomena, by considering the social and cultural factors that shape the practice of chemsex from the perspective of the participants. Further, the sample includes participants from diverse demographic backgrounds, including three participants born outside of Canada, at least four participants living with HIV, four participants over age 45, four participants in their 20's, with a range of educational backgrounds, from high school to graduate degree holders.

## 6.5 Direction for future research

Future research on chemsex should be more inclusive of sexually and gender-diverse people, beyond cisgender gay men, which has been the focus of much of the existing research on this phenomenon. While this study included one participant who self-identified as trans and one participant who reported questioning their gender, the overall composition of the sample was overwhelmingly cisgender gay men. The disproportionate focus on gbMSM who practice chemsex and the lack of data on the experiences of trans women has been documented in the existing literature (Goldsmith & Hillyard, 2019). Recruiting more diverse participants in future studies might help to broaden the understanding of this complex social phenomenon. It would also be

important to validate a more complex model of relational needs tailored to be use of methamphetamine in gbMSM.

Given this study's finding on the complex interplay of stigma and relationship difficulties, future research could further explore these difficulties and their impact on the substance use trajectory of gbMSM who practice chemsex. Existing research has identified the importance of destigmatizing chemsex among health and social service professionals (Gaudette et al., 2022), yet there is a lack of knowledge of the ways that stigma and the ensuing relationship difficulties may impact the substance use trajectories of these individuals. In addition, as the role of attachment has been explored in previous chemsex research (González-Baeza et al., 2023), future research should examine the link between chemsex and attachment styles, particularly in relation to the substance(s) used (e.g., methamphetamine, GHB, ketamine, etc..) and the desired effect(s) (e.g., decreased inhibitions, improved sexual performance, etc.).

## 6.6 Suggestions for psychosocial-sexual interventions

Based on the results of this study and existing research (Flores-Aranda et al., 2019; Milhet et al., 2019), professionals working with people who practice chemsex (sexologists, social workers, psychologists, general practitioners) should understand the role of pleasure in this practice. In addition to providing psychosocial-sexual interventions that take into account the stigma and marginalization faced by people who practice chemsex, clinicians should be aware that “the pleasures tied to chemsex are simultaneously plural, dynamic, and ambiguous.” (Milhet et al., 2019, p. 17). This notion, echoed by the findings of this study, point to the multifaceted dimensions of pleasure in chemsex. Beyond the bodily pleasure associated with chemsex, chemsex allowed participants of this study to connect to their intimate partner(s), gain a sense of belonging to a community, receive acceptance and validation by others, which, in turn, allowed some participants to better accept themselves. At the same time, these various pleasures were also ambiguous, as some participants described, for example, injuring themselves as the result of certain sexual practices, while others reported further marginalization due to their involvement with chemsex. Clinicians working with this population are encouraged to understand the complexity of this phenomenon, by considering the positive and negative aspects associated with chemsex, as well as the space in between these two extremes. In Montréal, a recent initiative at RÉZO provides a



mindfulness-based support group and individual counseling sessions based on motivational interviewing for gbMSM who practice chemsex. These services are tailored to meet each client's goals, including those individuals seeking complete abstinence or a harms reduction approach. In addition, one of the public regional health authorities on the island of Montréal offers a support group for gbMSM who practice chemsex. Beyond these services, there are few existing professional resources tailored specifically to meet the needs of gbMSM who practice chemsex.

Given the preponderance of concern expressed by this study's participants around accepting their bodies and the struggle to conform to certain notions of an idealized body type, clinicians may also consider evaluating clients' relationships with their bodies and tailoring their interventions to address this concern, if indicated. Previous research has suggested that gay men are more likely than heterosexual men to experience social pressure related to aspects of their physical appearance, like muscularity, which may lead to body image concerns and eating disorders (Shepherd et al., 2023). In addition, recent research has identified the positive association between body image to mindfulness-based concepts among gay and bisexual men, notably the role of body acceptance in explaining the link between mindfulness, self-compassion, and mindful eating to body image (Regan et al., 2023). As such, clinicians might consider using mindfulness-based techniques when working with gbMSM who practice chemsex and present concerns related to body image.

In addition, in light of the considerable interpersonal difficulties experienced by participants, psychosocial-sexual interventions that help clients explore themes related to the interpersonal realm, like communication and coping with marginalization and discrimination, should be considered. The effectiveness of group counseling and psychotherapy has been documented in previous research, particularly as it related to assisting clients in addressing interpersonal concerns (Chernin & Johnson, 2003). More specifically, chemsex affirmative interventions have been identified as including professionals that adopt a posture of openness and understanding to help facilitate the therapeutic alliance and groups interventions intended specifically to address chemsex, as the stigma associated with this practice may be a barrier to group members sharing openly about chemsex in mainstream group therapy (Gaudette et al., 2023).

Finally, for clients that wish to stop practicing chemsex entirely, sexologists, whose specialized training allows them to access an individual's sexual behaviour and development and

provide interventions to promote sexual health, are particularly well situated to help these individuals reclaim and explore their sexuality without the use of psychoactive substances. While, to date, no psychotherapy has been shown to be effective in the treatment of problematic chemsex, the role of sexology for those who practice chemsex and report sexual dysfunctions and/or whose sexual behaviour always involves psychoactive substances has been documented in the existing literature (Malandain & Thibaut, 2023).

## CONCLUSION

Seeking to add to the abundance of literature that approaches chemsex from a public health and medical perspective, the objective of this study was to explore and describe the relational need and challenges of gbMSM who engage in chemsex. Specifically, this thesis focused on the interpersonal dimensions of chemsex (e.g., the search for feelings of safety, belonging, inclusion, or emotional connection) in order to develop an understanding of chemsex that considers the socio-affective dimensions and needs of gbMSM affected by this phenomenon.

Primary results identifying relational needs included the need for acceptance and validation, as well as the need for belonging and connection, while primary results documenting relational challenges included facing stigma and interpersonal strain, as well as difficulties related to setting and respecting boundaries with self and others.

Further research should be more inclusive of sexually and gender-diverse people beyond gbMSM, notably trans and non-binary people, as well as people who identify as heterosexual. In addition, since most existing research focuses on people living in cities, future research might consider the realities of individuals practicing chemsex that live in more rural areas. Clinicians are encouraged to consider the multifaceted dimensions of pleasure in the practice of chemsex and the ways in which pleasure shapes the experience of individuals using psychoactive substances in a sexual context. In addition, psychosocial interventions should address the impact of stigma and discrimination faced by those who practice chemsex and the ensuing interpersonal difficulties, in addition to the pressure to conform to an idealized body type.

With this greater understanding of the relational dimension of chemsex, this study unveiled the complexity of human connection and hoped to contribute to a more inclusive and informed approach to public health and psychosocial-sexual interventions that considers the interconnection of various dimensions (e.g., health, marginalization, psychological, interpersonal) of this phenomenon.

APPENDIX A  
TCPS 2 Certificate

Groupe en éthique  
de la recherche  
Piloter l'éthique de la recherche humaine

EPTC 2: FER



## *Certificat d'accomplissement*

*Ce document certifie que*

**Joseph De Piano**

*a complété le cours : l'Énoncé de politique des trois Conseils :  
Éthique de la recherche avec des êtres humains :  
Formation en éthique de la recherche (EPTC 2 : FER)*

**13 septembre, 2020**

## APPENDIX B

### Institutional Ethics Certificate



No du certificat : 4341\_e\_2021

#### CERTIFICAT D'ÉTHIQUE

Le Comité institutionnel d'éthique de la recherche avec des êtres humains de l'UQAM, a examiné le protocole de recherche suivant et jugé qu'il est conforme aux pratiques habituelles et répond aux normes établies par la Politique no 54 sur l'éthique de la recherche avec des êtres humains (décembre 2015).

#### Protocole de recherche

**Chercheur principal :** Jorge Flores-Aranda

**Unité de rattachement :** École de travail social

**Équipe de recherche :**

**ProfesseurEs :** Mathieu Goyette (UQAM); Olivier Ferlatte (Université de Montréal); David Lafortune-Sgambato (UQAM); Maxime Blanchette (UQAT); Denise Medico (UQAM); Amélie Couvrette (UQO)

**Titre du protocole de recherche :** *Vers des services adaptés pour les personnes de la diversité sexuelle et de genre ayant une consommation problématique de méthamphétamine et d'autres substances associées : une approche visant leur épanouissement en lien avec leur orientation sexuelle et leur identité de genre.*

**Sources de financement (le cas échéant) :** Santé Canada

**Durée du projet :** 3 ans

#### Modalités d'application

Le présent certificat est valide pour le projet tel qu'approuvé par le CIEREH. Les modifications importantes pouvant être apportées au protocole de recherche en cours de réalisation doivent être communiquées au comité<sup>i</sup>.

Tout événement ou renseignement pouvant affecter l'intégrité ou l'éthicité de la recherche doit être communiqué au comité. Toute suspension ou cessation du protocole (temporaire ou définitive) doit être communiquée au comité dans les meilleurs délais.

Le présent certificat d'éthique est valide jusqu'au **1 février 2022**. Selon les normes de l'Université en vigueur, un suivi annuel est minimalement exigé pour maintenir la validité de la présente approbation éthique. Le rapport d'avancement de projet (renouvellement annuel ou fin de projet) est requis dans les trois mois qui précèdent la date d'échéance du certificat<sup>ii</sup>.

Yanick Farmer, Ph.D.  
Professeur  
Président

1 février 2021

Date d'émission initiale du certificat

<sup>i</sup> <http://recherche.uqam.ca/ethique/humains/modifications-apportees-a-un-projet-en-cours.html>

<sup>ii</sup> <http://recherche.uqam.ca/ethique/humains/rapport-annuel-ou-final-de-suivi.html>

## APPENDIX C

### Consent Form



#### FORMULAIRE D'INFORMATION ET DE CONSENTEMENT POUR LES HOMMES DE LA DIVERSITÉ SEXUELLE ET DE GENRE

**Titre du projet de recherche :** Méthamphétamine et diversité sexuelle et de genre<sup>1</sup>

**Chercheur responsable :** Jorge Flores-Aranda, Université du Québec à Montréal

**Co-chercheur responsable :** Mathieu Goyette, Université du Québec à Montréal

**Membres de l'équipe :**

Olivier Ferlatte, Université de Montréal;  
David Lafortune, Université du Québec à Montréal;  
Denise Medico, Université du Québec à Montréal;  
Amélie Couvrette, Université du Québec en Outaouais;  
Maxime Blanchette, Université du Québec en Abitibi-Témiscamingue.

**Coordonnatrice :** Ida Giugnatco, Université du Québec à Montréal

**Organisme de financement :** Programme sur l'usage et les dépendances aux substances de Santé Canada et géré au Québec par le Ministère de la santé et des services sociaux

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#### Préambule

Nous vous invitons à participer à un projet de recherche qui vise à décrire les caractéristiques des hommes de la diversité sexuelle et de genre (DSG) faisant usage de méthamphétamine ainsi qu'à répertorier l'offre de services actuelle entourant cette consommation. Le présent projet s'adresse particulièrement aux personnes de la diversité sexuelle et de genre qui s'identifient comme hommes, quel que soit le sexe qui leur a été assigné à la naissance. Ce choix s'appuie sur la littérature scientifique actuelle qui documente une consommation de méthamphétamine plus importante parmi les hommes de la diversité sexuelle et de genre et sur les observations des organismes communautaires partenaires.

Les résultats de ce projet mèneraient au développement d'interventions novatrices et à l'intégration et l'évaluation des services mis en place.

Avant d'accepter de participer à ce projet et de signer ce formulaire, veuillez prendre le temps de lire et de bien comprendre les renseignements ci-dessous. S'il y a des mots ou des sections que vous ne comprenez pas ou qui ne semblent pas clairs, n'hésitez pas à nous poser des questions ou à communiquer avec le responsable du projet ou la coordonnatrice de recherche.

#### Objectifs du projet

En raison de la discrimination et de la stigmatisation qu'ils subissent, les hommes de la DSG sont confrontés à des problématiques sociales diverses, dont la consommation de substances psychoactives. Ils tardent à demander de l'aide dans les services en lien avec leur consommation de substances et lorsqu'ils le font, leur profil de santé est plus grave

que celui des autres personnes qui fréquentent les mêmes services. De plus, ceux qui consomment de la méthamphétamine trouvent peu de ressources adaptées à leurs besoins.

À partir de ces constats, ce projet cherche à répondre aux cinq objectifs suivants :

1. Caractériser les hommes de la diversité sexuelle et de genre consommant de la méthamphétamine;
2. Identifier les besoins en matière de prise en charge parmi les hommes de la DSG qui consomment de la méthamphétamine;
3. Répertoire l'offre de services actuelle pour les hommes de la DSG qui consomment de la méthamphétamine à Montréal, à Québec et en Outaouais;
4. Évaluer l'adéquation des services aux besoins et réalités des hommes de la DSG ;
5. Proposer des lignes directrices entourant la prise en charge des hommes de la DSG au sein des services actuels et des orientations pour le développement de services sensibles à leur réalité.

### **Nature de la participation**

Votre participation consiste à accorder une entrevue individuelle qui portera sur les thèmes suivants : les besoins en termes de services pour les hommes de la DSG qui consomment de la méthamphétamine et les pistes d'amélioration des services actuels ou la création de services. L'entrevue prendra environ entre 60 et 90 minutes de votre temps. Le lieu et l'heure de l'entrevue sont à convenir avec l'interviewer. En raison de la pandémie de COVID-19, l'entrevue pourrait se réaliser à distance via la plateforme Zoom. Cependant, nous favoriserons les entrevues en personne si les mesures sanitaires en vigueur le permettent. L'entrevue sera enregistrée audionumériquement. La transcription que l'on fera de votre entrevue sera dénominalisée (tous les noms et références à des lieux ou des institutions seront remplacés par des codes) et ne permettra pas de vous identifier.

### **Avantages**

Votre participation à ce projet pourra avoir différentes répercussions sur les hommes de la DSG qui consomment de la méthamphétamine ainsi que les services qui leur sont adressés. En effet, mettre en lumière la réalité et les besoins réels de cette population grâce aux entrevues, permettra d'identifier les forces et limites des services qui leurs sont offerts ainsi que soutenir ces organisations dans leur offre de services. Des services plus adaptés et sensibles aux réalités spécifiques de ces personnes permettront de contribuer à leur épanouissement et leur bien-être.

### **Risques et inconvénients**

Certaines questions d'entrevue pourraient raviver des émotions désagréables liées à votre expérience de vie. Vous n'êtes pas obligé de répondre aux questions qui vous rendent inconfortable. Vous pouvez demander de suspendre l'entrevue momentanément ou d'y mettre fin sans que cela ne vous cause aucun préjudice que ce soit. Une liste de ressources sera mise à votre disposition si vous souhaitez discuter de votre situation avec un professionnel.

### **Compensation**

Une carte prépayée de la valeur de 40 \$ vous sera offerte à titre de dédommagement pour votre temps ou votre déplacement.

### **Confidentialité**

Il est entendu que tous les renseignements recueillis sont confidentiels. Seul les membres de l'équipe de recherche y auront accès. L'enregistrement de votre entrevue, votre questionnaire sociodémographique ainsi que votre formulaire de consentement seront conservés séparément au bureau du chercheur principal à l'UQAM. Les documents informatisés seront conservés dans une banque informatique protégée par un code d'accès réservé au chercheur et à son équipe de recherche. En outre, les documents seront conservés cinq ans après la fin du projet et seront par la suite détruits. Tous les noms propres (du participant, des lieux, des services, etc.) seront remplacés par des noms fictifs et des codes afin d'éviter qu'on puisse identifier les participants. L'enregistrement des entrevues sera effacé au terme du

projet. Si vous participez à une entrevue de groupe, vous n'êtes pas autorisé.e à divulguer des propos recueillis lors de ces discussions.

### **Participation volontaire et droit de retrait**

Votre participation à ce projet est volontaire. Cela signifie que vous acceptez de participer au projet sans aucune contrainte ou pression extérieure. Cela signifie également que vous êtes libre de mettre fin à votre participation en tout temps au cours de cette recherche, sans préjudice de quelque nature que ce soit, et sans avoir à vous justifier. Dans ce cas, et à moins d'une directive verbale ou écrite contraire de votre part, les documents, renseignements et données vous concernant seront détruits.

Le responsable du projet peut mettre fin à votre participation, sans votre consentement, s'il estime que votre bien-être est compromis ou bien si vous ne respectez pas les consignes du projet.

### **Recherches ultérieures**

Vos données de recherche seront rendues anonymes et conservées pendant 5 ans au terme du projet.

Acceptez-vous que le responsable du projet ou son.s.a délégué.e vous sollicite ultérieurement dans le cadre d'autres projets de recherche?

**Oui**  **Non**

### **Responsabilité**

En acceptant de participer à ce projet, vous ne renoncez à aucun de vos droits ni ne libérez les chercheurs, le(s) commanditaire(s) ou l'institution impliquée (ou les institutions impliquées) de leurs obligations civiles et professionnelles.

### **Personnes-ressources :**

Vous pouvez contacter le responsable du projet au numéro (514) 987-3000 poste 4991 pour des questions additionnelles sur le projet. Vous pouvez discuter avec lui des conditions dans lesquelles se déroule votre participation.

Le Comité institutionnel d'éthique de la recherche avec des êtres humains (CIEREH) a approuvé ce projet et en assure le suivi. Pour toute information vous pouvez communiquer avec le coordonnateur du Comité au numéro (514) 987-3000 poste 7753 ou par courriel à l'adresse : [cierreh@uqam.ca](mailto:cierreh@uqam.ca).

Pour toute question concernant vos droits en tant que participant à ce projet de recherche ou si vous avez des plaintes à formuler, vous pouvez communiquer avec le bureau de la protectrice universitaire de l'UQAM, Courriel: [ombudsman@uqam.ca](mailto:ombudsman@uqam.ca); Téléphone: (514) 987-3151.

**Remerciements :** Votre collaboration est importante à la réalisation de notre projet et l'équipe de recherche tient à vous en remercier. Si vous souhaitez obtenir un résumé écrit des principaux résultats de cette recherche, veuillez ajouter votre courriel ci-dessous.

**Consentement du participant :** Par la présente, je reconnais avoir lu le présent formulaire d'information et de consentement. Je comprends les objectifs du projet et ce que ma participation implique. Je confirme avoir disposé du temps nécessaire pour réfléchir à ma décision de participer. Je reconnais avoir eu la possibilité de contacter le responsable du projet (ou son.s.a délégué.e) afin de poser toutes les questions concernant ma participation et que l'on m'a répondu de manière satisfaisante. Je comprends que je peux me retirer du projet en tout temps, sans pénalité d'aucune forme, ni justification à donner. Je consens volontairement à participer à ce projet de recherche.

Je désire recevoir un résumé des résultats du projet :  Oui  Non

Signature : \_\_\_\_\_ Date : \_\_\_\_\_



Nom (lettres moulées) : \_\_\_\_\_

Courriel : \_\_\_\_\_

**Déclaration du chercheur principal :**

Je, soussigné, déclare avoir expliqué les objectifs, la nature, les avantages, les risques du projet et autres dispositions du formulaire d'information et de consentement et avoir répondu au meilleur de ma connaissance aux questions posées.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Jorge Flores-Aranda  
Professeur  
École de travail social  
[flores-aranda.jorge@uqam.ca](mailto:flores-aranda.jorge@uqam.ca)  
514-987-3000, poste 4991

**Un exemplaire de ce document signé doit être remis au participant**

**APPENDIX D**  
**Interview Guide**

<b>Consommation de méthamphétamine parmi les personnes de la DSG</b>		
<b>Questions principales</b>	<b>Questions complémentaires</b>	<b>Questions de clarification</b>
<ul style="list-style-type: none"> <li>• Merci de nous rencontrer, xxx (ajouter le prénom de la personne interviewée)<sup>1</sup>.</li> </ul> <p>Comme on t'expliquait, on est là pour parler de quelques sujets qui pourraient te concerner dont celui de la consommation de méthamphétamine<sup>2</sup>...</p> <ul style="list-style-type: none"> <li>• Est-ce que tu pourrais me faire un portrait de ta consommation de méthamphétamine depuis le début jusqu'à tu en es maintenant ?</li> </ul> <p>OU</p> <ul style="list-style-type: none"> <li>• Pourrais-tu me décrire ta trajectoire de consommation de méthamphétamine et son évolution?</li> </ul>	<ul style="list-style-type: none"> <li>• Qu'est-ce que tu cherchais à travers la consommation de méthamphétamine? <sup>3</sup></li> <li>• Comment ta relation avec la méthamphétamine a évolué au fil du temps?</li> </ul> <p>OU</p> <ul style="list-style-type: none"> <li>• Comment les effets ont changé au fil du temps?</li> <li>• Comment tu vis ces changements ?</li> <li>• Quel sont les éléments plaisantes/déplaisantes de ta consommation?</li> </ul>	<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-tu m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• On sait qu'il y a des limites qu'on peut parfois dépasser quand on consomme de la</li> </ul>	<ul style="list-style-type: none"> <li>• Te sens tu en sécurité dans ta consommation ?</li> </ul>	<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-tu m'en dire davantage ?</li> </ul>

méthamphétamine ou d'autres substances et dans une approche de réduction des méfaits, les objectifs du projet incluent, entre autres, le développement de stratégies pour consommer de façon plus sécuritaire. Compte tenu de ceci, pourrais-tu me raconter des choses que tu as fait qui t'ont surpris de toi-même ou que tu ne t'attendais pas à faire dans ta consommation?

- OU (partir toujours de la même prémisse avant de poser la question)
- Dans le contexte de ta consommation, as-tu des choses qui te surprennent, des limites que tu as dépassées?

- Peux-tu me donner des exemples ?

<ul style="list-style-type: none"> <li>• Est-ce que tu as observé des changements dans ta vie quand tu consommais de la méthamphétamine?</li> </ul>	<ul style="list-style-type: none"> <li>• Est-ce que tu as remarqué des changements physiques ?</li> <li>•</li> <li>•</li> <li>• Est-ce que tu as remarqué des changements psychologiques?</li> <li>•</li> <li>•</li> <li>•</li> <li>• Est-ce que tu as remarqué des changements dans tes relations sociales<sup>4</sup> ou avec les autres en général ?</li> </ul>	<ul style="list-style-type: none"> <li>• Comment composes-tu avec ces changements?</li> <li>•</li> <li>• Comment ça se passe dans d'autres aspects de la vie comme le niveau économique?</li> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-tu m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• Te sens-tu jugé par les autres? <sup>5</sup></li> <li>• OU</li> <li>• Est-ce que tu as peur des réactions des gens face à ta consommation ? <sup>6</sup></li> </ul>		<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• As-tu déjà essayé de changer tes habitudes de consommation ?</li> </ul>		<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• As-tu mis en place des stratégies pour gérer ta</li> </ul>	<ul style="list-style-type: none"> <li>• Depuis que t'as mis en place des stratégies, comment ces</li> </ul>	<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> </ul>

consommation? Si oui, lesquelles?	stratégies ont changées depuis le début de ta consommation?	<ul style="list-style-type: none"> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<b>Expérience avec les services</b>		
<b>Questions principales</b>	<b>Questions complémentaires</b>	<b>Questions de clarification</b>
<ul style="list-style-type: none"> <li>• As-tu déjà parlé de ta consommation à quelqu'un ou est-ce que tu l'as gardée complètement secrète ?</li> </ul>	<ul style="list-style-type: none"> <li>• Qu'est-ce que t'a poussé à en parler?</li> <li>• OU</li> <li>• <i>(si la personne n'a pas encore parlé de sa consommation)</i> : Qu'est-ce qu'explique que tu ne l'as pas encore fait..?</li> <li>• Quelles ont été les réactions des personnes à qui tu en as parlé ?</li> </ul>	<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• Est-ce que tu as déjà pensé d'aller parler à un professionnel ?</li> <li>• OU</li> <li>• Est-ce que tu considères aller chercher de l'aide?</li> <li>• OU</li> <li>• Est-ce que ça t'a déjà paru nécessaire ou pertinent de demander de l'aide?</li> </ul>	<ul style="list-style-type: none"> <li>• Sinon est-ce que tu saurais où en trouver ?</li> <li>• <i>(si la personne ne veut pas demander de l'aide)</i> : Sinon, quelles sont les raisons pour lesquelles tu ne souhaites pas parler à un professionnel / demander de l'aide?</li> </ul>	<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• Où l'as tu fait? Qu'est ce qui t'a mené à choisir cette ressource plus qu'une autre?</li> </ul>	<ul style="list-style-type: none"> <li>• Raconte-moi comment ça s'est passé....</li> </ul>	<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• Parle-moi de tes attentes et tes besoins lorsque tu t'es adressé aux services dans le domaine de la</li> </ul>	<ul style="list-style-type: none"> <li>• Parle-moi des services que tu as reçu qui ont répondu le plus à tes</li> </ul>	<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> </ul>

consommation de substances...	besoins et à tes attentes.... <ul style="list-style-type: none"> <li>•</li> <li>• Veux-tu me parler des besoins qui ont été comblés et de ceux qui sont restés non comblés?</li> </ul>	<ul style="list-style-type: none"> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• Plus tôt, tu as nommé avoir eu des conséquences psychologiques suite à la consommation. Dans ce contexte, est-ce que tu as eu accès à des services en santé mentale? Est-ce que tu souhaiterais me partager ton expérience auprès de ces services?</li> </ul>	<ul style="list-style-type: none"> <li>• Qu'est-ce qui aurait pu être fait afin de mieux répondre à tes besoins?</li> <li>•</li> <li>• Est-ce que tu as rencontré des obstacles dans l'accès aux services en santé mentale? Comment est-ce qu'il serait possible de faciliter l'accès aux services?</li> </ul>	<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• Raconte-moi les principaux obstacles que t'as vécus et les principaux aspects que tu as apprécié des services que tu as reçu...</li> </ul>		<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• Raconte-moi comment ton entourage a perçu les services que tu as reçu, si tu en as parlé...</li> </ul>		<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<ul style="list-style-type: none"> <li>• Raconte-moi qu'est-ce qui aurait pu être fait pour améliorer ton expérience et qu'est-ce que manquait à ces services...</li> </ul>		<ul style="list-style-type: none"> <li>• Peux-tu m'en dire un peu plus ?</li> <li>• Peux-vous m'en dire davantage ?</li> <li>• Peux-tu me donner des exemples ?</li> </ul>
<b>Clôture</b>		

<p>Nous sommes arrivés à la fin de l'entretien. Merci encore pour ton précieux partage. Avant de nous laisser, compte tenu de notre objectif qui est d'entendre ta voix et de comprendre tes besoins, qu'est-ce qui devrait être fait pour améliorer les services auprès des hommes qui consomment la méthamphétamine?</p> <p>Voudrais-tu ajouter quelque chose?</p>		
<p>Comment tu te sens ? Est-ce qu'il y a quelque chose que je peux faire pour toi ?<sup>7</sup></p>		

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