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3  
4 **TITLE PAGE**

5  
6 **Title:**

7 Gay Men's Chemsex Survival Stories

8  
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24  
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26 **ABSTRACT**

27

28 **Background:**

29 Chemsex (the combined use of drugs and sexual experiences) by MSM is associated with the  
30 transmission of STIs and BBVs, but psychosocial factors associated with chemsex  
31 engagement and remission remain unidentified. We considered: how do gay men self-identify  
32 a chemsex problem and remain chemsex free?

33

34 **Methods:**

35 Using a life course perspective this qualitative interview study examined participants'  
36 reflections to discern pathways in and out of chemsex engagement. Six participants (aged 18  
37 years and over) were drawn from a cohort of men who had completed the tailored therapeutic  
38 Structured Weekend Antidote Programme (SWAP), run by London based LGBT non-  
39 governmental organization London Friend. Transcripts were analysed using a Labovian  
40 narrative analysis framework.

41

42 **Results:**

43 Each man identified a multiplicity of incidents and feelings that contributed to their  
44 engagement in chemsex, and engagement in chemsex was connected to participants' identity  
45 development and desire to belong to a gay community. Underlying individual accounts a  
46 common narrative suggested a process through which chemsex journeys were perceived as  
47 spiralling from exciting and self-exploratory incidents into an out of control high-risk activity  
48 that was isolating and prompted engagement with therapy. Despite seeking therapeutic  
49 engagement, participants' expressed uncertainty about maintaining a gay future without  
50 chemsex.

51

52 **Conclusions:**

53 Findings indicated that chemsex was associated with a positive gay identity gain, which  
54 explained the ambivalence participants' expressed in maintaining a gay future without  
55 chemsex despite their awareness of negative consequences. This is significant both for  
56 understanding why chemsex pathways may prove attractive, but also why they may be so  
57 difficult to leave.

58

59 **Funding:**

60 None

61

62 **KEY MESSAGES:**

63

- 64 • Participants' identified multiple incidents and feelings as contributing to chemsex  
65 engagement
- 66 • Chemsex engagement was connected to participants' gay identity development
- 67 • Chemsex journeys were perceived to spiral from exciting and exploratory into high-  
68 risk activity
- 69 • Association of chemsex with a gay identity gain explained ambivalence to remaining  
70 chemsex free

71 **INTRODUCTION**

72 Illicit drug use amongst men who have sex with men (MSM) in the UK is more prevalent  
73 than in the general population, with significant health implications.<sup>1-3</sup> Research suggests that  
74 drug-use trends amongst some MSM are changing. Whereas ecstasy, amphetamine, cocaine  
75 and cannabis predominated pre-2007, more recently a new cohort of drugs has emerged,  
76 namely mephedrone, methamphetamine and gamma-hydroxybutyrate and its agonist gamma-  
77 butyrolactone (GHB/GBL).<sup>4-5</sup> Changing use patterns are also evidenced including increased  
78 intravenous use (referred to as “slamming”), polydrug use and the intentional combining of  
79 drugs and sex to enhance sexual experiences (“chemsex”). In chemsex, methamphetamine,  
80 mephedrone and GHB/GBL are used predominantly, henceforth referred to as chemsex  
81 drugs.<sup>6-7</sup>

82

83 Existing studies have focused almost exclusively on the association between chemsex and  
84 sexual risk taking behaviour, specifically unprotected anal intercourse (UAI) and an increase  
85 in the spread of blood borne viruses (BBVs), particularly HIV which is high amongst UK  
86 MSM.<sup>8-12</sup> Findings indicate that HIV-diagnosed MSM are more likely to engage in polydrug  
87 use compared to HIV-negative/undiagnosed MSM, and that this is associated with UAI and  
88 multiple new sexual partners.<sup>13-14</sup> Associations between methamphetamine and erectile  
89 dysfunction drugs and condomless sex, including with HIV-serodiscordant status partners,  
90 are also evidenced.<sup>15-17</sup> However, the percentage of UK MSM using chemsex drugs as a  
91 proportion of the gay and bisexual male population remains low, and the British Crime  
92 Survey 2013/14 reported that only 1% of gay and bisexual men had used methamphetamine  
93 in the last 12 months (although ten times higher than rates for other men).<sup>18</sup> Additionally,  
94 MSM drug use has been found to be geographically varied, with gay community surveying in  
95 London indicating that 2.9% of gay and bisexual men had used methamphetamine within the

96 previous four weeks compared to 0.7% elsewhere in England, with use generally episodic not  
97 daily.<sup>19–20</sup>

98

99 Recent studies indicate that a complex array of factors shape lesbian, gay and bisexual (LGB)  
100 substance use pathways including the influence of social networks, living with HIV, the  
101 extent to which individuals live openly as LGB and the impact of MSM social spaces.<sup>21, 4</sup>  
102 There is however significantly less evidence on factors shaping chemsex pathways. The use  
103 of social media and online dating applications are thought to play a role in facilitating  
104 chemsex hook-ups.<sup>19, 22</sup> Evidence suggests that methamphetamine is preferred because it  
105 enhances sexual experiences, lowers inhibitions and extends the length of sexual  
106 encounters.<sup>16, 23</sup> Intravenous chemsex drug use is thought to be favoured due to the  
107 immediacy and intensity of the high produced.<sup>13, 24</sup> Whatever the setting, men report that  
108 drugs and alcohol facilitate relaxation, raise self-confidence, alleviate social unease and fears  
109 about body image, age and HIV status.<sup>25</sup> However, these studies have a fragmentary rather  
110 than pathway approach to understanding chemsex engagement, maintenance and  
111 disengagement.

112

### 113 **Research Aim**

114 Research exploring chemsex has predominantly focused on detailing prevalence and risk  
115 rather than understanding the dynamic, multiple factors across an individual's life course  
116 shaping the development of chemsex pathways. These approaches miss the possibility that  
117 drug use amongst some MSM may form what Dingle, Cruwys and Frings refer to as an  
118 “identity gain pathway” through addiction – enabling the development of new, highly valued  
119 social identities, particularly by socially isolated individuals.<sup>26</sup> A more detailed analysis of

120 chemsex pathways could therefore provide insight for the development of tailored treatment  
121 for MSM engaging in chemsex.

122

123 The aim of this explorative qualitative study was to ask gay men who had attended a chemsex  
124 recovery programme to tell their chemsex stories within the context of their life story as a gay  
125 man. Thus enabling a consideration of how these narrative stories were constructed within  
126 changing social and cultural contexts to examine how gay men themselves viewed their  
127 journey into and out of chemsex.

128

## 129 **METHOD**

### 130 **Participants**

131 As this was an exploratory study, recruitment criteria were kept to a minimum: participants  
132 had to be over 18, self-define as a gay man and be living in London. Six participants were  
133 drawn from a cohort who had completed the tailored therapeutic Structured Weekend  
134 Antidote Programme (SWAP) run by London based LGBT non-governmental organization  
135 London Friend. A pool of 33 men had graduated from the programme and consented to  
136 further contact. The study was given ethical clearance by the review board of the Department  
137 of Psychological Sciences, Birkbeck University of London. Participants' ages ranged from 30  
138 to 60 years. Four participants identified as white British, and two as white European. Four  
139 identified their social class as middle class, and two as working class. Table 1 details  
140 participants' substance use based on their last use episode. Three substances predominated:  
141 methamphetamine, GHB/GBL and mephedrone. Four participants reported injecting drugs  
142 (67%), and all reported polydrug use and use in a sexual context, five with multiple partners  
143 (83%).

144 **Procedure and Interviews**

145 Semi-structured interviews lasting approximately 2 hours each were conducted at London  
146 Friend in 2015. The interviewer had relevant prior work experience at London Friend and in  
147 an NHS substance use setting. Interviews began with an invitation to the participant to tell  
148 their story of how they came to develop a problem with chemsex, and what factors across  
149 their life they thought may have contributed to this. The interviewer's approach was to  
150 sympathetically receive participants' narratives and keep the research focus in mind with  
151 prompts to encourage expansion upon the episodes they narrated (for example, 'Can you tell  
152 me a little more about that?').

153

154 Participants were fully debriefed following the interview and able to reflect on any issues  
155 discussed before self-completing a brief demographic and substance use information  
156 questionnaire. Interviews were audio recorded with participants' consent and transcribed  
157 verbatim. Any identifying details, including names, locations and occupations were changed  
158 to ensure anonymity. Participant names as cited in the text here are pseudonyms chosen by  
159 the interviewee to avoid revealing identifying information

160

161 The verbatim interview transcript extracts presented in this paper use the following notation:  
162 a short pause in narration..., text removed (...), and text added for clarity or changed for  
163 confidentiality [clarification].

164

165 **Narrative Analysis**

166 A lifecourse perspective was adopted to enable to consideration of participants' chemsex  
167 stories within the context of their life to date. The life course perspective emphasises the  
168 multiple temporal contexts of individual development, acknowledging how timing, culture,

169 historical and local context, and relationship networks influence individual development  
170 across the lifespan.<sup>27-29</sup> Understanding how individuals process transitions and critical life  
171 events within these multiple contexts, is vital to comprehending the multiplicity of pathways  
172 developed across their lifespan, and can equip treatment providers with the necessary  
173 information to support individuals in developing less harmful pathways across their life  
174 course.<sup>36</sup> Narrative analysis enables the structuring the lived experiences a participant states  
175 into as a series of events or episodes (micro-narratives) within an overarching life story  
176 (macro-narrative). Thus, the resultant framework of findings is particularly useful for  
177 understanding how individuals make sense of and attempt to integrate traumatic life events  
178 within the context of their life story.<sup>30</sup>

179

180 The narrative analysis of interview transcripts proceeded as follows. Initially a summary was  
181 written detailing the macro-narrative (the overarching life story) apparent in each  
182 participant's account, as suggested by Murray.<sup>30</sup> Subsequently, each stated event or episode  
183 was re-structured as a micro-narrative and then situated chronologically within each  
184 participant's account of their life. Macro and micro-narratives were analysed using a  
185 Labovian analysis framework focusing on analysing the sequence and structural parts of each  
186 narrative within and across stories. A Labovian analysis (depicted in Table 2) breaks down  
187 each micro or macro narrative identified into different segments: abstract (what the narrative  
188 is about); orientation (context detail provided); complicating action (what happened);  
189 evaluation (what was thought about what happened); resolution (how this was resolved); coda  
190 (the point of the story for current identity). Labovian analysis therefore allows for an  
191 exploration of how participants storied their lives to account for their chemsex story.<sup>31-33</sup>  
192 Combining a life course perspective and Labovian narrative analysis (termed "narrative  
193 engagement") is useful for understanding the development of lived sexual identity through



194 the analysis of key incidents (i.e. complicating actions) within historical and social contexts,  
195 family and the intimate relationships in which they occur.<sup>34</sup>

196

197 The first author, who was also the interviewer, conducted the initial analysis, which was then  
198 elaborated and agreed upon with the second author. A draft of the findings and interpretations  
199 were then discussed separately with staff at London Friend.

200

## 201 **RESULTS**

202 From the macro-narrative accounts of the six men a commonly told chemsex story emerged,  
203 highlighting a previously unexplored aspect of chemsex – “spiralling” – the process by which  
204 chemsex journeys evolved. Spiralling was seen in various micro-episodes that men told about  
205 specific chemsex incidents. Figure 1 illustrates one participant’s spiral and Table 3  
206 summarises the key episodes represented across the spiral with excerpts from different men’s  
207 transcripts. The shared chemsex journey became discernible when comparing different  
208 participants’ spirals: Participants’ were offered and tried chemsex drugs in what they denoted  
209 to be a setting for gay men; chemsex engagement was evaluated as positive and increased;  
210 participants’ began to re-evaluate their chemsex experiences in light of increasingly negative  
211 episodes; participants’ sought support for addressing their chemsex behaviour. Participants’  
212 spirals all indicated three central themes: acceptance and belonging, life on the verge of  
213 collapse, and the uncertainty of a future without chemsex. These three themes are detailed  
214 below with evidence from the interview transcripts.

215

### 216 **Acceptance and belonging**

217 Finding a space for their sexuality to be accepted and endorsed as a gay man was emphasised  
218 by each participants as a positive and enduring aspect of their chemsex journey. Thus, all

219 participants described physical relocation as a significant life-event in this process,  
220 facilitating identity exploration, the establishment of new social networks and sexual  
221 exploration (aided by chemsex drugs). John for example described moving to a larger city:  
222 *“It was... like my birth because it was the first time in my life I’d been popular, it was the*  
223 *first time in my life I wasn’t bullied, wasn’t picked on... I realised I was funny, I was*  
224 *attractive”*.

225

226 All participants’ described chemsex drugs as enabling sexual exploration which in turn  
227 deepened their sense of belonging as a gay man and prompted further exploration. These  
228 micro-episodes were often framed in terms of rebellion and pushing back boundaries, as Paul  
229 described when reflecting on attempting fisting: *“There’s a reality of your body’s limit. It*  
230 *[crystal methamphetamine] does relax you sufficiently and give you the desire to want to do*  
231 *that”*. Five participants also noted how chemsex drugs had helped them overcome a lack of  
232 confidence, particularly in relation to sex and socialising, as Iggy commented: *“I felt so*  
233 *sexually confident (...) and I sort of felt like I had gone through my second burst (...) So*  
234 *basically mephedrone made me into a sexual animal and it was great”*.

235

### 236 **Life on the verge of collapse**

237 Despite the positive aspects of chemsex articulated in their initial experiences, towards the  
238 middle of each spiral participants described numerous micro-episodes which they evaluated  
239 negatively. These were compiled and indicated a growing sense of crisis, as Peter  
240 summarised: *“I didn’t seem to be able to have a stop button (...) multiple tracks of my life*  
241 *were on the verge of collapse (...) I was going to work not able to concentrate (...) my*  
242 *finances were suffering (...) I wasn’t seeing my friends (...) I was concerned that I would get*  
243 *evicted”*.

244

245 Chemsex was increasingly evaluated as negative as participants became concerned that they  
246 may not be able to return to enjoying sober sex. As Robert articulated: *“It [chemsex] has*  
247 *totally destroyed my sexual life... I don’t have sober sex (...) I can’t have normal sex*  
248 *anymore”*. Three men additionally found themselves taking sexual risks as a consequence of  
249 intoxication, as Frederick described: *“Crystal meth [methamphetamine] makes me not care*  
250 *about anything in a much more intense way than the other drugs (...) it makes anything*  
251 *dangerous or risky, more sexy”*. Three participants attributed their HIV diagnosis to lowered  
252 inhibitions following drug use, and described an escalation in chemsex following diagnoses  
253 which they attributed to associated feelings of guilt and shame, as John stated: *“Things got*  
254 *darker for me when I was diagnosed HIV (...) I felt like a broken toilet and I had put myself*  
255 *in the BB [UAI] chemsex role (...) the guilt defined me and led me into a black hole”*.

256

257 Three participants touched on the sexualisation of addiction within their chemsex circles,  
258 which prompted a shift to intravenous drug-use. Paul believed that he was deliberately  
259 infected with hepatitis C by a sexual partner who seemed to experience sexual excitement  
260 when sharing blood through injecting. Yet, despite this, Paul continued to attend chemsex  
261 parties and allow other men to inject him: *“Several times I would say ‘Right this is stupid I*  
262 *have to stop’ (...) there were really bad experiences (...) So you have a period of abstinence,*  
263 *and then you think you can handle it, and anyway the urge to have sex doesn’t go away”*.

264

### 265 **Uncertainty of a future without chemsex**

266 Deciding to address their chemsex behaviour signalled a shift towards the ending of each  
267 man’s chemsex story. This turning point was followed in each narrative by participants’  
268 evaluating their entire chemsex journey within the context of their life course, reflecting on

269 the difficulty they had stopping chemsex and how this was an ongoing process wrought with  
270 uncertainty about the future. Four participants' reflected on feelings of emptiness and loss  
271 when having sober sex, commenting on the difficulty in creating intimacy without drugs. As  
272 Iggy said: *Sober sex makes me sad that I don't have a boyfriend and I'm not making love and*  
273 *I think with mephedrone it fills that void, it fills that emptiness".* Three participants said that  
274 they welcomed the sexual exploration chemsex enabled, despite their concerns about their  
275 chemsex behaviour. As Frederik summarised: *"If it wasn't for my early drug use I would be a*  
276 *completely different person. It is quite important to admit that I think that it has had positive*  
277 *effects (...) I am a much more confident person".* Finally, three participants described a fear  
278 of losing the self-confidence they felt they had gained from chemsex. Peter for example noted  
279 how tenuous his sobriety was in the face of potential future life challenges stating: *"I'm very*  
280 *aware if something breaks down I have to be very careful (...) I'm a bit apprehensive about*  
281 *it".* Only one man described engaging in a satisfying sober sex experience since deciding to  
282 stop chemsex. Consequently, five participants reflected that they might choose to have  
283 chemsex experiences in the future, although stating that this would be under more controlled  
284 circumstances.

285

## 286 **DISCUSSION**

287 The current study explored the factors that gay men who sought therapy believed to have  
288 contributed to their developing a problem with chemsex and their decision to seek help.  
289 Participants' narratives revealed how chemsex engagement marked turning points within  
290 their life trajectories by initially positively challenging and expanding their existing  
291 biographies, but then having a far reaching, painful impact across their lives. A hitherto  
292 unidentified aspect of chemsex experiences was the process by which chemsex journeys  
293 spiralled from exciting and self-exploratory into feeling out of control, isolating and high-

294 risk. This emerged from the Labovian structural narrative analysis of men's macro and micro-  
295 narratives, and illuminated how each participant, following their decision to engage in  
296 chemsex, recounted a series of episodes in which they faced complicating actions related to  
297 their chemsex experiences that they began to evaluate as negative. This sequence of episodes  
298 contributed towards each man resolving to address their chemsex behaviour, leading to  
299 engagement with London Friend and participation in SWAP.

300

301 Previous studies have indicated different motivational factors associated with chemsex use.  
302 Reflecting existing findings, all participants described their initial chemsex experience as  
303 pleasurable, enabling sexual exploration, deepening their intensity and intimacy.<sup>17, 24</sup> For  
304 three men the element of rebellion and risk taking, including injecting drugs, heightened the  
305 pleasure of the experience, although also creating feelings of guilt and shame. All participants  
306 identified drug use as fulfilling a range of complex functions beyond improving their sex  
307 lives, including overcoming low self-confidence and social and sexual anxiety, as indicated in  
308 previous studies.<sup>3, 25, 26</sup> Previous research has suggested that some HIV diagnosed men use  
309 drugs to escape negative feelings associated with their diagnosis. Similarly three participants'  
310 in this study reported use escalation following BBV diagnosis in response to such feelings.<sup>18,</sup>

311 <sup>24</sup>

312

313 As suggested by previous studies exploring the sex lives MSM want, the fear of not being  
314 able to have the type and variety of sex desired or the depth of intimacy of sexual experience,  
315 coupled with sexual performance and body anxiety and low self-confidence, continued to  
316 exert a powerful influence on decisions about a future without chemsex.<sup>20, 25</sup> The current  
317 study captured the contradictory nature of participants' chemsex experience: participants  
318 enjoyed the intensity and intimacy chemsex enabled and feared being unable to replicate this

319 when having sober sex, yet they battled with what they saw as the increasingly negative  
320 consequences of chemsex.

321

322 A life course perspective proved vital in illuminating how chemsex experiences were nested  
323 within the context of personal biography (including “coming-out” experiences), social and  
324 historical contexts, timing, and social networks. For all of the men, chemsex was intimately  
325 connected to their identity development and their experiences of living as a gay man, finding  
326 spaces to belong in within gay communities and relationships. Our results uniquely indicate  
327 that rather than chemsex simply being associated with the loss of an established identity,  
328 chemsex was associated with a positive gay identity gain. Thus, the process of gay identity  
329 gain experienced through chemsex use, which has been more generally suggested by Dingle  
330 et al. in relation to addiction<sup>26</sup>, could explain the ambivalence and uncertainty expressed by all  
331 the men in maintaining a gay future without chemsex, despite the realization of negative  
332 consequences.

333

### 334 **Limitations**

335 The current exploratory study provided a qualitative insight into the experiences of only six  
336 gay men living in London who had completed a therapeutic programme aimed at chemsex  
337 recovery. Engagement in a service to address their chemsex behaviour meant that the men  
338 had already been considering the factors in their lives shaping their chemsex patterns, and this  
339 alone could have enabled a common story to emerge. In addition, fully briefing participants  
340 by sharing the interview schedule in advance may have actively encouraged prior framing of  
341 personal stories. Future studies should therefore access a more representative sample of  
342 MSM, including men who have not yet begun to address their chemsex behaviour.

343

344 **CONCLUSIONS**

345 The current study adopted a holistic approach to explore factors gay men believe contributed  
346 to their chemsex journey, beyond simply considering contributory factors and consequences  
347 in isolation. The process of narrative engagement as outlined by Hammack and Cohler<sup>34</sup>  
348 illuminated the intersection of historical factors, sociocultural contexts, social networks and  
349 relationships and timing in shaping gay men's chemsex pathways. Our findings support  
350 previous evidence indicating that a life course approach to gay men's health is vital to  
351 understanding and supporting gay men both in preventative programs prior to engagement in  
352 potentially harmful practices and in intervention programs.<sup>35-36</sup> In locating their chemsex  
353 stories within their existing biographical narrative, participants were able to identify the  
354 multiplicity of factors across their lifespan which contributed to their chemsex engagement.  
355 As such, for these men, chemsex was not just about sex, but emerged as part of their ongoing  
356 journey to define themselves as gay men. This is significant both for understanding why  
357 chemsex pathways may prove attractive, but also why they may be so difficult to leave  
358 despite therapeutic intervention and continued negative consequences. A more detailed  
359 analysis of chemsex pathways could provide useful insight for the development of tailored  
360 treatment for MSM engaging in chemsex.

361

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**Table 1**  
Participant Substance Use Information at Last Use Episode

Participant Pseudonym	Substance	Method	Frequency	Concurrent Use	Amount	Context
Robert	GBL	Oral	Monthly	Yes	10ml	Chemsex (one-to-one)
	Crystal methamphetamine	Smoke	Monthly		¼ g	
	Mephedrone	Snort	Monthly		10g	
Iggy	Mephedrone	Snort	Monthly	Yes	3g	Chemsex (one-to-one, sex parties*) On own
	Cannabis	Smoke	Daily		-	
Paul	Crystal methamphetamine	IV, smoke, booty bump, piss-fuck	Monthly	Yes	2g	Chemsex (one-to-one and sex parties*)
	GBL	Oral	Monthly		3ml	
	Mephedrone	Snort	Every 3 weeks		3g	
Peter	GBL	Oral	Every 2 months	Yes	3ml	Chemsex (one-to-one and sex parties)
	Mephedrone	Snort	Every 3 weeks		3g	
John	Crystal methamphetamine	IV, smoke, piss-fuck	Every 6-8 weeks	Yes	3g	Chemsex (one-to-one and sex parties)
	GBL	Oral	Every 6-8 weeks		120ml	
	Mephedrone	IV, booty bump	Every 6-8 weeks		6g	
	MDMA	Bomb, booty bump	Every 6-8 weeks		1g	
					Every 6-8 weeks	
Frederik	Crystal methamphetamine	IV	Monthly	Yes	1g	Chemsex (one-to-one and sex parties)
	GBL	Oral	Monthly		7ml	

*Note:* - Indicates where participant was unable to specify the amount used. \* Sex with multiple partners.

**Table 2**

The Main Stages of the Macro-Narratives of Participant's Chemsex Stories in Labovian Narrative Form

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Abstract Orientation	Participants' reflect on their chemsex journey as part of seeking a way out of their problems with chemsex. The men are introduced to chemsex drugs in a sexual context, having previously observed the use of these drugs amongst their social circle, but without trying them.
Complicating Action	Disruptions to participant's life due to chemsex engagement.
Evaluation	Participant evaluates their chemsex experience as increasingly negative.
Resolution	Each man reaches the conclusion that the costs of chemsex have become too high and needed to be addressed, leading them to seek support from a drug and alcohol service.
Coda	The process of addressing chemsex behaviour leads to a re-evaluation of their chemsex experiences with each man weighing up both the negative and positive outcomes of chemsex episodes. Participants' reflect on the loss they felt at giving up chemsex and removing themselves from chemsex circles – leaving a dilemma of how to reconstruct their gay identity without chemsex.

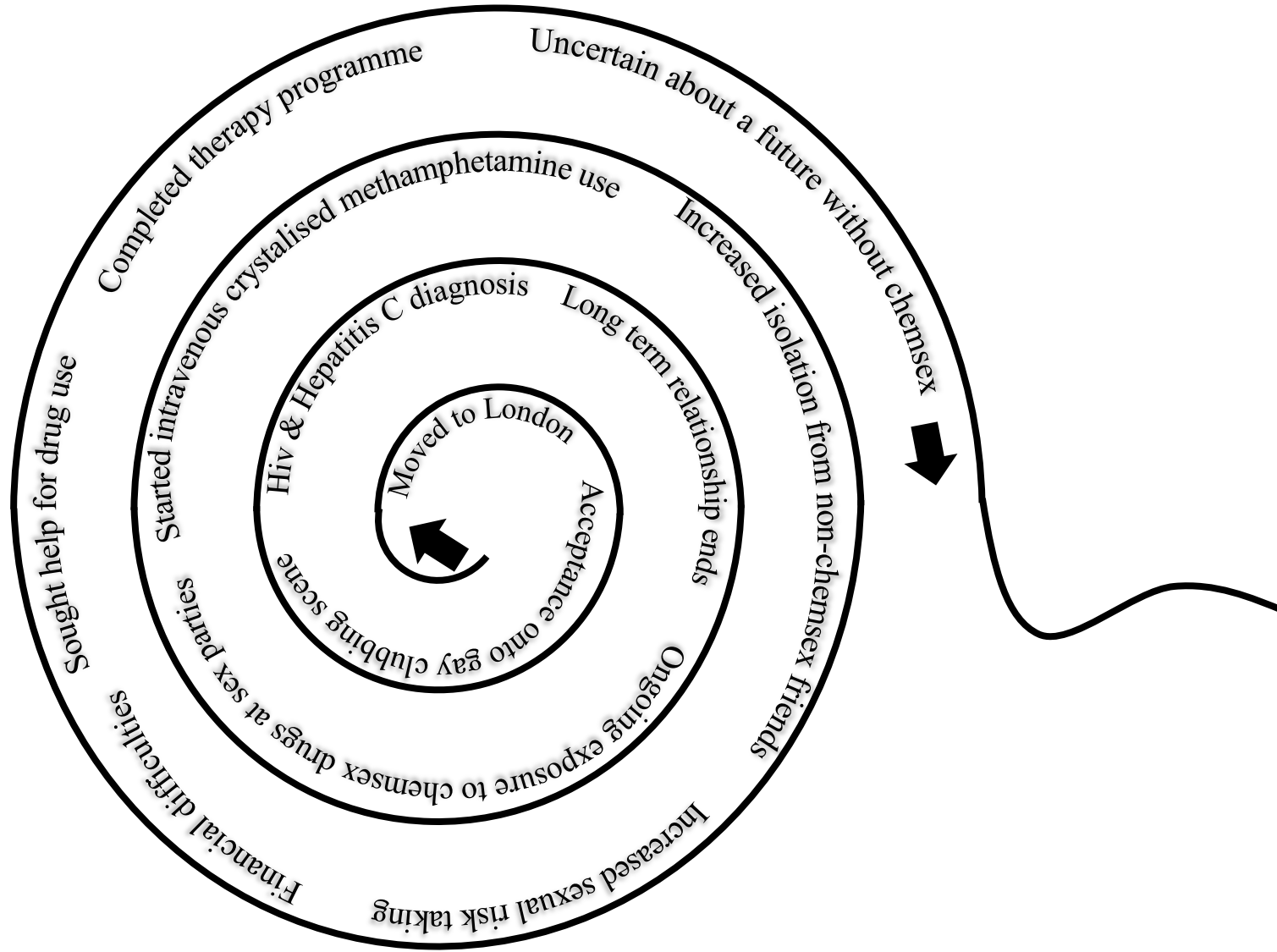
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**Table 3**

The Episodes (Micro-Narratives) of Fredrick's Chemsex Story with Brief Transcript Excerpts

Episode	Brief Transcript Excerpt	Transcript Reference
Moved to London	"To be thrown into a foreign city, it was quite traumatic"	P.8, L.399
Acceptance onto gay clubbing scene	"It was the first time that I felt like I really belonged somewhere in the gay community"	
Feelings of shame and unworthiness following HIV and Hepatitis C diagnosis	"I think my drug problem came out of a subconscious desire to kill that part of me that I perceived as having become undesirable"	P.6, L.258
Long term relationship ends	"Several events happened HIV, Hepatitis, break up of my relationship that meant I was in a place where it's 'well the worst things have happened now so what, what does anything matter now'"	P.5, L234
Introduced to chemsex drugs at a sex party	"It [methamphetamine] was introduced to me in an environment where I was already high and with people I trusted... it was a progress thing"	P.14, L.679
Starts intravenous methamphetamine use	"I smoked for quite a few years before injecting because I thought it was sick... and the thing is that I was exposed to it often enough... after I while I could see what it was doing to them [sexually] and I wanted that"	P.18, L.857
Increasingly isolated from non-chemsex friends	"I supposed I gravitated to people who fetishized injecting... I only have one friend who knows that I've injected... I rarely have friends that I talked about my sex life with"	P17., L.807
Increased sexual-risk taking	"Crystal meth... makes me not care about anything... it makes anything that is dangerous or risky more sexy... having sex where I don't care, I don't care what I catch and I'm not proud to say I don't care what anyone else catches"	P.5, L.207
Financial difficulties	"I'm spending money I don't have, and I'm missing work"	P.19, L.913
Seeks help for drug use	"What first brought me to Antidote [drug service] was when I first started taking those club drugs in connection with sex because I felt such shame and guilt"	P.10, L.480
Uncertain about future without chemsex	"The thought of leaving it behind brings up a primal subconscious fear... a lot of my sexual confidence is entirely wrapped up in that [chemsex]"	P.9, L417

**Figure 1**  
Fredrick's Chemsex Spiral





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