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TITLE PAGE

Title:
Gay Men's Chemsex Survival Stories

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ABSTRACT

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

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

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

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

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KEY MESSAGES:

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

INTRODUCTION

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

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

previous four weeks compared to 0.7% elsewhere in England, with use generally episodic not daily.[19–20]

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

Research Aim

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

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

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

METHOD

Participants

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

Procedure and Interviews

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

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

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

Narrative Analysis

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

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

The narrative analysis of interview transcripts proceeded as follows. Initially a summary was written detailing the macro-narrative (the overarching life story) apparent in each participant's account, as suggested by Murray.[30] Subsequently, each stated event or episode was re-structured as a micro-narrative and then situated chronologically within each participant's account of their life. Macro and micro-narratives were analysed using a Labovian analysis framework focusing on analysing the sequence and structural parts of each narrative within and across stories. A Labovian analysis (depicted in Table 2) breaks down each micro or macro narrative identified into different segments: abstract (what the narrative is about); orientation (context detail provided); complicating action (what happened); evaluation (what was thought about what happened); resolution (how this was resolved); coda (the point of the story for current identity).Labovian analysis therefore allows for an exploration of how participants storied their lives to account for their chemsex story.[31-33] Combining a life course perspective and Labovian narrative analysis (termed "narrative 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. [34]
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

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

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

Life on the verge of collapse

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

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

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

Uncertainty of a future without chemsex

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

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

DISCUSSION

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

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

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

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

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

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

Limitations

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

CONCLUSIONS

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

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

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

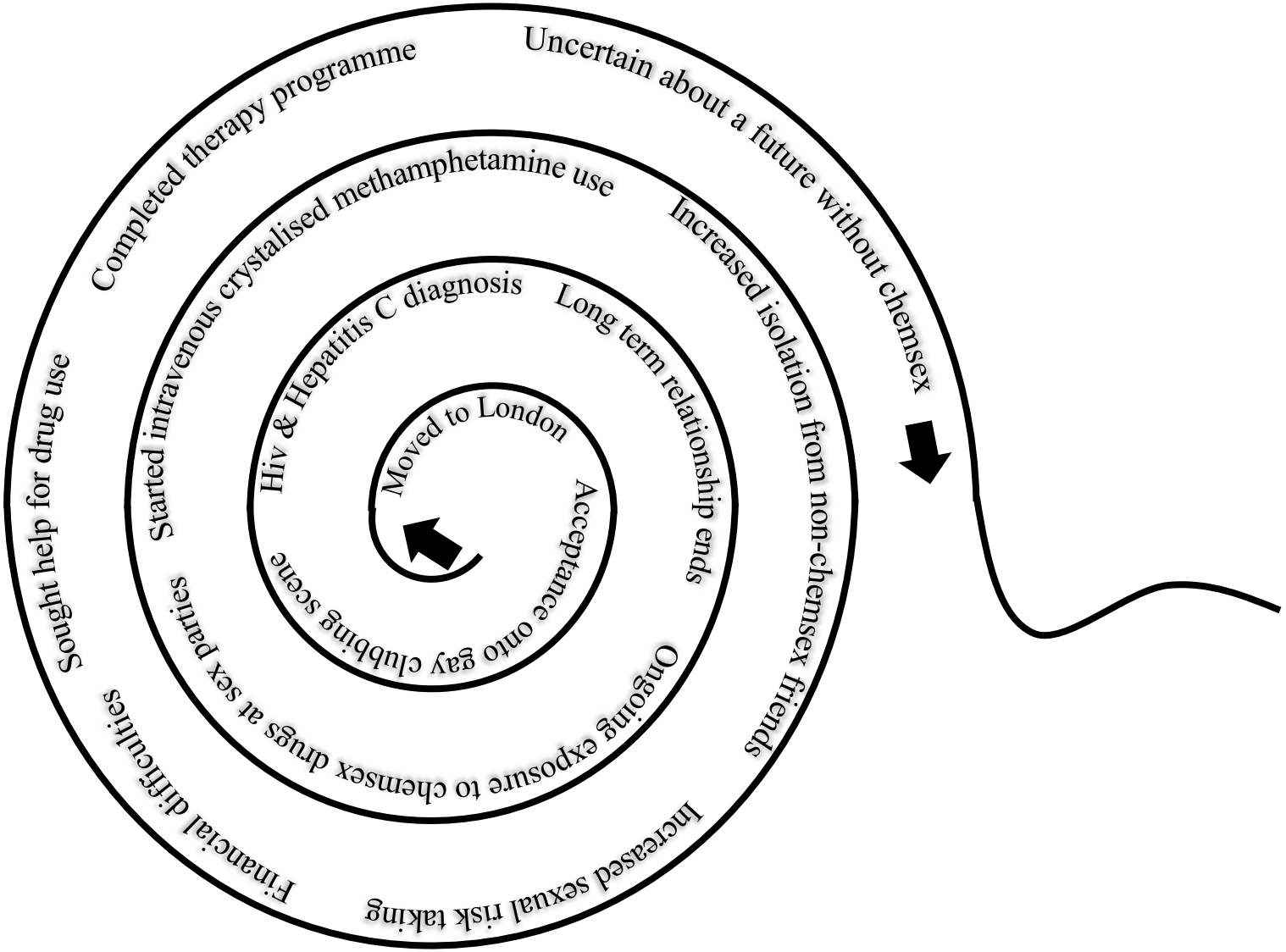
Table 2
The Main Stages of the Macro-Narratives of Participant's Chemsex Stories in Labovian Narrative Form

Abstract	Participants' reflect on their chemsex journey as part of seeking a way out of their problems with chemsex.
Orientation	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.

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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