
SURVIVORS MANCHESTER
break the silence, it stops with us!
GEORGE HOUSE TRUST
HIV POSITIVE LIVING
SEX,CHEMS, HIV & CONSENT

SEX, CHEMS, HIV & CONSENT

EXECUTIVE SUMMARY

"This is Manchester, we do things differently here"

ANTHONY H WILSON

It is with great pride that as the Chief Executive Officers' of Survivors Manchester and George House Trust, we present this report on 'Sex, Chems, HIV & Consent' as part of our joint commitment to adding to the conversation surrounding chems, sex and harm reduction; whilst being clear on our collective stance against sexual assault.

As organisations that continually battle to break down stigmas; fight injustice; and work to create safe spaces; the development of this inquiry and the subsequent report aims to further our strategic and service delivery response.

We give thanks to the individuals who shared their stories, provided insight into a partially hidden world, and enabled us to share their opinions on the change needed to help people be safe.

Dr Michael Atkins has handled the words of individuals contained in this report with care and congruently revealed to us the recommendations that will help us be part of the change and solution.

Both Survivors Manchester and George House Trust further commit to ensuring our work in this area continues beyond the publication of this report and that we share our growing knowledge and stay open to learning.

We will continue to centre the voices of those who have sex whilst using chems to play our part in removing the shame and stigmas so often attached to sex for those that use our respective services; though supporting people to have the sex they want in the way they want, whilst reducing harm and holding their consent with absolute certainty.

We want to be firm in giving appropriate and clear health, wellbeing and safety messages to people engaged in chems and sex, developing messages by the community for the community. We want to help those that want to, safely exit the engagement in spaces they find unsafe; and widen the knowledge of professionals working in specialist and mainstream services of the complex needs of those exiting Chemsex.

Both organisations hold strongly a core belief that 'there is no conversation about us without us' and that belief extends to our work in the area of sex, chems, HIV and consent.

This is the first joint piece of work on this issue and our intention is to strengthen the narrative and ensure that public services are aware of this often hidden issue and break down the stigma that exists around Sex, Chems, HIV and Consent, because not talking about it causes harm.

We are here to share our knowledge, amplify others' voices, and be a part of the sound that breaks the silence.

We ask that you join us to make some noise.

Duncan Craig OBE
Chief Executive Officer
Survivors Manchester

Darren Knight
Chief Executive Officer
George House Trust

STATEMENT FROM THE AUTHOR

Dr. Michael Atkins

Research about sex, drugs and HIV share a common challenge. They are all things that our communities sometimes struggle to discuss in an open and frank way. Whether due to shame, fear of recrimination or lack of articulation, the myriad of issues, contexts and complexities that may be tethered between them are so often unspoken.

My life for the past 15 years has in one way or another been focused on finding ways to reveal things that sometimes slip beyond that which is readily seen and spoken about. From my ethnographic research with men selling sex in the Manchester gay village, through my work as an ambassador for Survivors Manchester & George House trust, to my exploits as alter ego Cheddar Gorgeous' at the artistic end of drag. All have been focused on bringing to light and sometimes to life aspects of our experiences that are difficult to explore and explain.

The bounds and reasoning of what we deem appropriate to talk about and sometimes even think about have always held a fascination for me. As a former sexual health outreach worker and contemporary cultural provocateur it is these territories that I have most often found myself treading.

I have witnessed first hand the power of finding words and ways to understand the parts of our lives just out of our conscious dominion. We should seek to understand simply because understanding allows us greater control over that which through its ambiguity may be a source of future discomfort, conflict or danger.

However it would be remiss of me to not provide further context of my interest in this work. For over a decade I have been part of the nightlife in Manchester and beyond. As a club host and performer, partier, friend and lover. Throughout this time I have witnessed the increased prevalence of 'Chemsex', 'chillouts' and 'sessions', the arrival and gradual normalisation of drugs like GBL, GHB and meth on our scenes. Sometimes with little consequence, but on other occasions I have seen colleagues and people I love slip into a place where the party struggles to cease. I have listened to the softly spoken rumors about those that no longer make it to the club on saturday night. Those who 'went too hard', 'made a mistake' or 'took too much on purpose'. In addition to improving service provision for those that require it, I believe it is imperative for queer communities to strive for greater openess, less stigmatisation and above all a more nuanced understanding of the realities of sex on chems for our communities.

SHARED UNDERSTANDING & TERMINOLOGY

Ensuring a shared understanding of the terminology used within this report is vital to ensuring stakeholders engaging with the document for professional purposes have a clear understanding of the inquiry, findings and recommendations. For the purpose of this report, we have set out our use of the following terms to ensure that readers have the same understanding.

'CHEM SEX'
The activity referred to as 'Chem Sex' is encompassing of all drug facilitated sexual activity, including the more traditional understanding of 'Chemsex' (use of Methamphetamine, Mephadrone and GBL in sexual activity).

CHEMS
Used as an umbrella term for both illicit drugs/ substances and pharmacy issued medication used in 'Chem Sex'.

CONSENT
Consent happens when all people(s) involved in any kind of sexual activity agree to take part by choice, and also have the freedom and capacity to make that choice and withdraw from it at anytime with no maladaptive consequences.

GENDER
Individual(s) engaged in services and 'chem sex' activity referred to as male(s) are inclusive of cis/trans males. However, we wish to acknowledge gender identity can be fluid for some individuals where male as a definition includes cisgender (cis), transgender (trans), non-binary identities, individuals and communities.

GHB/GBL
A sedative drug, known clinically as gammahydroxybutyrate and gammabutyrolactone, but also known as G, Gina, Geebs and Liquid Ecstasy.

HIV
HIV is a virus which weakens the human immune system. HIV stands for human immunodeficiency virus. If left undiagnosed and untreated HIV can cause damage to the immune system which can leave people vulnerable to other infections.

ISVA
An Independent Sexual Violence Advisor is a role that sits outside of the Police, Courts and Criminal Justice System, usually hosted by victims/survivor organisations, and the function is to provide victims with a report to court support service.

METHAMPHETAMINE
A stimulant, also known as crystal meth, crystal, meth, tina and crank.

MEPHEDRONE
is a stimulant, know as meph, drone or meow meow.

RAPE
This is defined in law under the Sexual Offences Act 2003 and is defined as when a person commits an offence if he intentionally penetrates the vagina, anus or mouth of another person with his penis, when the receiving person does not consent to the penetration, and the person committing the act does not reasonably believe that the receiving person consents.

SEXUAL VIOLENCE
A term used to describe any activity of a sexual nature that causes any harm to another without consent.

STI
STI is the collective term for a group of infections generally acquired through sexual contact.

VICTIM/SURVIVOR
An umbrella terms used to objectively describe an individual who has experienced unwanted sexual attention / activity, regardless of legal status.

SURVIVORS MANCHESTER

Since 2009, Survivors Manchester has provided therapeutic and advocacy support services to boys and men affected by sexual abuse, rape and sexual exploitation; and undertook a wealth of campaigning, lobbying and work to change societies attitude to recognising male victims/survivors of sexual violence.

We are proud to stand shoulder to shoulder with the 1,500+ men that access our services every year and ensure we are constantly learning and adapting to meet ever changing needs.

Survivors Manchester commits to ensuring that 'no male survivor is left behind!' **#BreakTheSilence**

GEORGE HOUSE TRUST

George House Trust is a charity providing support to people living with and affected by HIV. Everything that we do at George House Trust is led by our vision of 'a world where HIV holds no one back' and our work is focused on our purpose of 'Inspiring people living with HIV to live healthy and confident lives'.

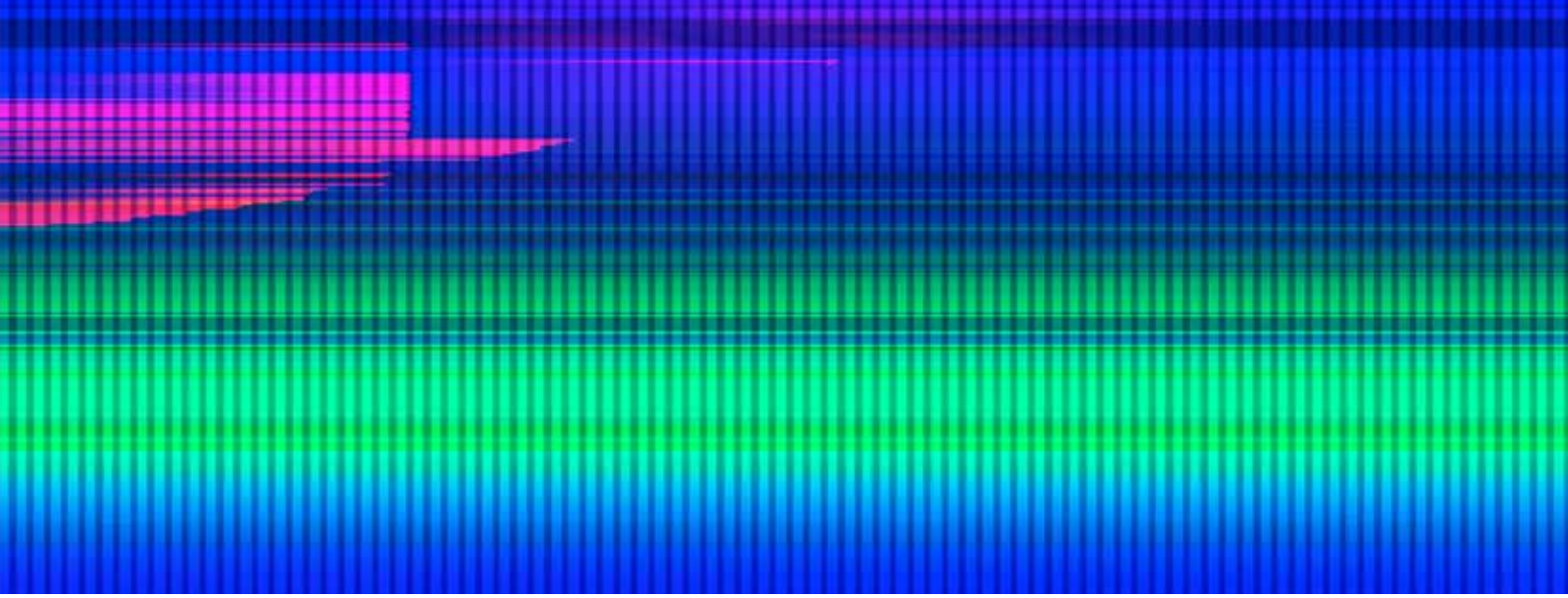
We provide direct support to over 2,300 people living with HIV each year. We offer a range of services that focus on wellbeing, building emotional strength, confidence, knowledge and skills through person-centred support. We also use our organisational and collective community voice in our campaigning and influencing activities, working to enact real changes for some of the most disadvantaged people living with HIV.

HIV continues to be a life-changing diagnosis for many people, even though a positive diagnosis means that people are in better control of their health. Our work continues because of the health inequalities, stigma and discrimination that people living with HIV continue to face at work, in education, in healthcare, in relationships and at home.

JOINT COMMITMENT TO THIS WORK

In 2015-16, Survivors Manchester began to gather evidence of the need for better understanding of 'Chemsex' activity and our support response as individuals began to reach out for support following experiences at 'parties' they had not consented to or were unsure of sexual activity they had been involved in whilst not in a state to consent. Our desire to understand was soon to be amplified as we began to learn more about the murder of Anthony Wallgate, Gabriel Kovari, Daniel Whitworth and Jack Taylor and their killers* use of GHB, associated at the time with Chemsex activity.

We began to work with Government departments and criminal justice authorities to deliver training and disseminate knowledge, all with the intention of creating a better understanding for all professionals who come into contact with victims of drug-assisted sexual violence. It was at this time we met the late David Stuart,



who became a good friend of our service and many times joined in our work, including our discussions with the National Crime Agency.

David helped us better understand the interconnection between chems, sex, mental health and consent; whilst we adapted our practice to ensure that our therapeutic and ISVA services are thinking wider about the issues and meeting the needs of those asking for support.

However, it wasn't until the start of Operation Island that our knowledge of the interplay between chems, sex and consent really came into its own. The automatic assumption that the drug facilitated rape of over 200+ mainly young heterosexual men in Greater Manchester, which is now known to be the biggest rape case in British legal history, was connected to LGBT+ community and 'Chemsex' activity was shocking and deeply troubling to us, leading us to think more about how we separate out sex, drugs and consent. This case and a number of other troubling situations triggered conversations between Survivors Manchester and George House Trust about what we could work on together, considering chems, sex, consent and HIV.

This research is part of our joint effort to provide evidence-based understanding of how chems play a part in many people's sex life now; but also it's about recognising the harms that can be associated with this activity, and how we need to better understand how consent is navigated (or not) in chems faciliated sexual activity.

Sexual activity without consent is NOT sex, it is sexual assault and we are clear about that regardless of what others may think or whether an individual sees themselves as a victim/survivor or not. No means No and silence or inability to consent DOESN'T mean yes. A person's inability to consent should give everyone the understanding this means NO!

Whilst it is not our role to define someone else's sexual experience, particularly as we know how so often people can feel unsure about their experience; it is our role to welcome any male/male identifying or non-binary individual that feels uncomfortable, confused or is questioning a sexual experience and wants to process their feelings.

Survivors Manchester and George House Trust actively welcomes all those individuals and reminds the whole world that no one has the right to engage you or with you in any sexual activity WITHOUT your full and conscious co-operation and consent.

We hope that by engaging in this research together, we can create an understanding and aid our communities to engage in healthy, positive and consenual/ communicative sex.

We hope that you will be equally engaged in this research and our work and be the best ally to us you can be - all to ensure no male survivor is left behind.

**we have chosen not to include the name of the individual here who sexually assaulted and murdered these young men out of respect for them.*

PURPOSE, DESIGN & SCOPE

INTRODUCTION

This report isn't about 'chems', or HIV, or consent alone. As a piece of research about anyone in isolation it would be far from exhaustive or sufficient. Neither is it about only people with experience of all three things together. Rather it is about the relationship between them, their existence in a shared cultural sphere, impact on one another and the unique challenges they may present together for the people involved and those providing them support.

This report was commissioned by Survivors Manchester in association with George House Trust in recognition of the increasing presence of sex whilst using 'chems' as a factor in the provision of support in their respective services, working with HIV positive men and male survivors of rape and childhood sexual abuse respectively. HIV and consent seemed to share a reciprical orbit with chems and sex in many service users lives, particularly those with complex needs. Chems, sex, HIV and consent interacted with each other and impacted on men's physical and mental wellbeing, and their capacity to engage with the support they were being offered.

It was determined by both organisations that an understanding of chems and sex and the kinds of groups and communities that men were involved in, would allow them to shape better services and harm reduction strategies by understanding their service users participation in activities that often placed them at elevated risks of harm.

Whilst not intrinsically harmful, chems and sex together present additional challenges and risks for those manoeuvring HIV diagnosis and stigma, for queer, gay and bisexual men navigating identity and shame and, due to the altered states involved, for establishing and maintaining boundaries of consent for all participants. Some men attend parties infrequently, with little to no perceived consequence in their everyday lives, successfully measuring and moderating activity, others developed more chaotic patterns of use that impact significantly on their lives, and posed a significant risk of injury, mental or physical deterioration, and accidental death.

We could have focused this research on only those for who sex on chems presented the risk of significant harm, drawing a distinction between 'recreational' and problematic activity. However both those who were fine and those that were struggling were often part of the same social circles, periods of stability may form part of longer term more uncertain trajectory. The spaces between recreational and problematic sex on chems seemed important potential realms of intervention, and opportunities to reduce harm.

RESEARCHING CHEMS AND SEX

Understanding the nature and extent of risks for those at these intersections in Greater Manchester is greatly impeded by our lack of knowledge, although thanks to projects/services such as the Reach Clinic and The Northern; networks such as the Greater Manchester Sexual Health network; professionals such as Richard Scarborough, Dr Chris Ward and Dr Andrew Tompkins, and organisations such as LGBT Foundation and Change Grow Live (CGL) we are better able to understand the issue and design innovative support and services.

Being able to identify the number of users of chems in sexual activity is difficult, whilst identifying the number of people to whom chems are problematic in regards to chems/sex activity is near impossible, which elevates the importance of our inquiry into this area.

In a 2019 article in the Manchester Evening News, activity viewed as Chemsex is very much happening in Manchester with examples of the harm associated with the activity being evident. Research undertaken by Dr Andrew Tomkins et al describes the rise in chems and sex activity, and how a large European Internet Survey of men who have sex with men found Manchester respondents had the second highest reported use of crystal meth, GHB/GBL; alongside attendance at private sex parties.

The recent cases of Steven Port and Reynhard Sinaga, which both garnered substantial media attention have further highlighted the risks of the substances at the core of this possible toxic trinity in queer communities and the night time economy.

Lacking from both research and media attention is meaningful data on the culture of sex and chems and its relationship to concerns of mental and sexual health, HIV, and consent.

There is an absence of work that centres the voices of people who participate in sex on chems, both those who are in touch with services and those for whom parties have not had a significant impact on their every day life.

Despite there being a wide anecdotal knowledge of the widespread use of chems in group sex in large cities like London and Manchester, there was little information locally that might indicate how sex on chems, described by service users, fitted into the trends of local populations, or the number of accidental deaths, injuries and sexual asssaults linked to combinations of drugs like GHB, GBL, cocaine, Mkat, methamphetamine, cocaine and alcohol.

This paucity is hardly suprising given the difficulty in speaking openly about drugs and sex, consent and HIV, particularly for queer men. Participation carries the weight of illegality, an awareness of risk, and the fear of judgment from peers and those outside of our community. As the testimonies of the men in this report will attest, all of these orbiting factors are permeated with trysts of silence, stigma and shame that pose unique and complex risks to participants mental and physical wellbeing, for support workers trying to help and to researchers attempting to understand these worlds.

[1] https://www.manchestereveningnews.co.uk/news/greater-manchester-news/its-massive-manchester-1-sex-16110146

[2] https://www.researchgate.net/publication/318349054_How_can_those_engaging_in_chemsex_best_be_supported_An_online_survey_to_gain_intelligence_in_Greater_Manchester

[3] https://www.bbc.co.uk/news/uk-england-london-59080122

[4] https://www.theguardian.com/uk-news/2020/jan/06/reynhard-sinaga-jailed-life-drugging-raping-men-manchester

THE LANGUAGE OF CHEMS AND SEX

Despite 'Chemsex' being defined by Government (Public Health England) as *"a term to describe the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs"*, there is no homogeneous understanding between different groups of participants as to what sex on chems may involve. The substances, frequency of involvement, specific sexual activites, number of participants, their ages, ethnicities, sexual identity and class varied wildy within and between parties. Some people operate largely closed groups, only occasionally inviting new members; others move from open party to open party. Gatherings could last minutes, hours or days. What's more, a person looking for sex on chems may move between these different modes, over the course of a weekend or a longer trajectory.

The changing and often veiled nature of the language used by people who have sex on 'chems' compounds these difficulties. The terminology of parties, the sesh, afters, group fun, sweeties and chill outs, shifts from group to group, impacted by locality, age of participants and other factors. The terminology that people used sometimes varied from group to group, even in the same city and at the same time, demonstrating the shifting nature of the language, even between individual social networks. Whilst digital platforms like Grindr had led to the development of a loose shared terminology, sex on chems and gatherings organised to facilitate it evaded clear articulation.

Whilst the small number of participants in this initial scoping study should not be considered representative of the range of individuals who use drugs to prepare for or enhance sex, nor exhaustive of the issues that may arise through a wider sample. This preliminary research will contribute towards the planning of a collaborative campaign between Survivors Manchester and George House Trust that aims to address the complicated relationship between drug-enhanced sex, consent, mental health and HIV with the aim of reducing harm and educating users of chems and to lay the ground for more extensive research.

This report is part of a complicated and sometimes difficult conversation for our communities here in Greater Manchester. One of our primary objectives from this study was to begin to break the silence and end the stigma that exists around conversations of chems, sex, HIV and consent to gain a sense of its prevalence in the city to better understand how it relates to the work of George House Trust and Survivors Manchester. A key, and no less important aim was to open a dialogue with people participating in Chemsex as experts in how to better engage better with them, their needs, their perception of risks and the strategies they put in place to reduce harm in their lives. We wish to thank Survivors Manchester, George House Trust and most importantly all of the people who shared their experiences. We hope it is the catalyst for a long and fruitful dialogue.

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669676/Substance_misuse_services_for_men_who_have_sex_with_men_involved_in_chemsex.pdf

RESEARCH DESIGN AND ADAPTATION

The initial proposal involved a series of open listening groups for people participating in Chemsex. Two initial online sessions were scheduled, to be followed by a face to face group held at a venue in the Manchester Gay Village. The groups were advertised through both organisations social media and mailing lists. Despite enthusiasm about the session's intent, both the online and face to face sessions were not well attended, and attendees were comprised solely of staff members from organisations working with men who participate in Chemsex or concerned community members.

This lack of participation may have been due to the sensitivity of the topic and a difficulty in activating community interest in speaking openly about the issue. Concerns arising from the ongoing pandemic about meeting and resulting digital fatigue could also have impacted on both digital and face to face sessions. An alternative approach was adopted that took advantage of the researchers existing community networks. The researcher used existing contacts to identify interview and focus group participants. This aimed to mitigate participants' potential concerns of confidentiality and meeting unknown people during a health crisis. As the interviews revealed, the organisation of these groups through existing relationships of trust emulated the organic way that some regular sex on chems groups formed.

Participants were asked to complete a consent declaration and read the research information sheet (See Appendix 1 & 2). Interview questions were semi structured around a set of pre-identified topics; patterns of use, perceived risks, trust and openness, chems and consent, sexual health and HIV, and needs of the community. In addition participants were asked a set of branding questions for the purposes of better shaping a campaign targeting the community. Although key questions were identified prior to the sessions, the interviewer allowed for organic conversation to shape the flow of the sessions. As a result of this approach, 'mental health' was added as an additional specific category in the analysis.

A total of thirteen people were engaged through a combination of seven interviews and four listening groups. The first of these groups was conducted online and attended by a nurse and volunteer counsellor. There were two closed face-to-face listening groups comprised of men who participated in sex on chems and an additional publicly advertised listening group attended by three professionals working with chems users and a concerned community member with some experiences related to sex on chems. A one on one interview was conducted with a man who had used chems with sex in Manchester and London. There were two additional interviews conducted after the initial draft of the report to allow the inclusion of more HIV positive voices. Eight of the thirteen men engaged described having used drugs specifically as part of sexual activity. All of the sessions lasted between 60 and 90 minutes and were recorded for the purposes of transcription and to extract illustrative quotations.
All of those who described using chems in sex were men. Whilst this was a conscious bias based on the prevalence of chems sex amongst the gay male community, we acknowledge the need to further explore chems use by women, trans and non binary communities and the specific interactions of drugs, sex, sexual health and consent for these communities.


HIV and consent seemed to share a reciprocal orbit with chems and sex in many service users' lives.

The following section will focus on responses from Chemsex participants although reflections of other participants may also be included where relevant.

SESSION DISCUSSION

CHEMSEX CULTURE(S)

Four of the people who described using drugs in sex felt that chems were not currently the source of any problems in their lives. One identified instances in which they felt it may be becoming an issue and three no longer used drugs and sex together because of the way it had affected their life.

The listening sessions fielded a variety of responses from participants regarding the drugs they used, frequency of use, and reasons for participating in Chemsex. The very definition of what constituted 'Chemsex' and its interconnectedness with their wider drug use and sex life was different for each group and individual interviewed. Rather than thinking of Chemsex culture as a homogeneous pattern of use it is better to recognise the multiplicity of its manifestations.

All participants that described using chems with sex were keen to draw a separation between their activity and what they saw as the dominant perception of Chemsex as an innately dangerous activity involving groups of total strangers meeting for casual sex. Whilst all recognised the role of apps like Grindr in facilitating Chemsex and meeting new people, they all emphasised the centrality of enduring social relationships in organising groups and the development of enduring communities that facilitated their use of chems during sex. The nature of these groups varied and were subject to change slowly over time, and occasionally involving new participants, there was a preference for a familiar setting provided by established relationships of trust and boundaries of practice. Even when they saw Chemsex as a special event, like R and J, Chemsex was part of other aspects of their life, non sexual drug use, and other party culture they participated in.

"At the party doing drugs...go home for an orgy and drugs continue"

When asked to identify when they started participating in Chemsex most participants traced a trajectory that emerged from non-sexual drugs use with friends. None set out to become involved in Chemsex, it happened slowly over a long period of time as drugs became more formally involved with sexual connections. J describes how he first started smoking weed with guys in his hometown. Slowly over time he expanded his use of drugs to MDMA and ecstasy, each shift establishing a new boundary of what he would and wouldn't participate

in. Similarly drugs like weed and Ecstacy for N were instrumental both in his willingness to try more readily associable Chemsex drugs like ketamine and mephedrone and also continued to play a part in his sex life. W's primary entry drug was cocaine which he feels he has a 'functional problem' with. In all of these men's experiences sex and drugs became entwined over a long period of time and intersected with all manner of different relationships, periods of celebration, mental distress and changes in their lives.

The term Chemsex itself is relatively new and participants recognised the role of apps in the development of both the terminology and the idea of what they did as Chemsex as a distinct category of group sex. The terminology of a Chemsex scene has developed with the potential of new sexual connections presented by the immediacy, anonymity and specificity of location based dating apps and the opportunity they present to articulate specific desires.

PATTERNS OF USE: WHAT, WHEN, WHERE AND HOW

R and J, a gay couple who moved to Manchester from London a few years previously associated Chemsex specifically with sex parties involving G or meth (although both only used G and didn't 'party' with meth users). They had both got into Chemsex in their mid twenties through friends they would party with in London and other cities they had lived around the world. They participated in around 4 to 6 groups like this each year, restricting it to special occasions and holidays because of work commitments. They had a regular group of friends from London that they saw infrequently but would also join other parties that looked interesting. However they were cautious, particularly locally about who they became intimate with in a group setting. Outside of group sex they tended to avoid sex on drugs altogether. They recognised that their ability to maintain rigid boundaries around their Chemsex was unusual amongst their friends and noted that some slipped into reoccuring patterns of weekly or even nightly partying that presented challenges to their daytime routine.

"It's happening every weekend if you know where to look, it's not as prevalent in Manchester as it is in London, where you can find a regular party every day but if you know who you are talking to you can find it anywhere"

M, who also attended the first group, had a more complicated relationship with sex using chems. Sex and drugs had become the norm in a previous relationship, yet they felt the absence of group sex made this something different from 'Chemsex'. Since becoming single they had become more involved in group sex involving drugs. Like R and J, M used a mix of GHB/GBL and mephedrone. M had tried meth twice, once when very young and once more recently at a sex party. They had little interest in trying it again as the comedown had been difficult. Although they had confined Chemsex to weekends, unlike R and J they sometimes felt they found it hard to know

when to 'call it a night' and often regretted staying too long at parties the following day. He also noted that everytime he was on drugs he had sex and was worried that he was moving towards a situation where everytime he had sex he was on drugs.

"We've cultivated a culture in our relationship where we don't have sex one on one when we are high"

The other listening group of Chemsex participants consisted of N and W presented a very different image of Chemsex. For them sex and drugs happened organically as an extension of their existing social groups. Parties started taking place after nights out and had become a regular occurrence (ranging from once a week to once a month). They had a fairly closed group that would participate and they tended to avoid drugs usually associated with Chemsex like G and Meth, they preferred to think of their parties as orgies where drugs were available. They were wary about inviting new people into their group and were protective of each other and the special space they had created. The closed nature of their group distinguished what they did from other kinds of 'Chemsex' which they associated with people at parties inviting multiple new participants. They also tended to avoid drugs like meth and G preferring to use ecstasy, mephedrone, ketamine, cocaine and weed. They also explained that neither sex nor drugs were a necessity of their time together, they also enjoyed going to the cinema, having dinner and hanging out. Both men identified as 'beary' and explained that they felt part of a niche within a niche which had underpinned the closeness of their relationship. Both W and N have done porn and N now earns most his income through sex work.

N in particular found the association of 'Chemsex' as an inevitably bad thing problematic and a product of heteronormative attitudes towards both sex and drugs. Although W shared his friend's sentiment, he recognised that his use of drugs whilst having sex had sometimes been problematic, which will be further explored in the section below on motivation.

D, who was interviewed alone, identified as a former 'Chemsex' participant. He had not done any of the drugs he associated with this scene in the last few years. His use had been periodic, moving between phases of heavy regular use to times of abstinence. His use of drugs for sex predated location based dating apps and he noted how the 'scenes' had shifted and changed over his years of use. He first got into drugs when he was a teenager and was looking for 'a sugar daddy'. He would meet men through online forums like 'fitlads' and 'gaydar' and began using it as it seemed an easy way to hook up with older men. He recalls references to 'sweeties' and in his early years and not really understanding that people he was meeting were expecting him to use drugs. However he was up for trying most things that were made available to him. He had mostly used crystal meth, mephedrone, cocaine and occasionally G, although he had always avoided injectable drugs because of a fear of needles. When he first started going out on the gay scene he stopped using openly as he felt people judged him negatively for using Tina (meth). However he made friends with one or two people who used discreetly which reintroduced a variety of substances into his sex life. As he got older he fell into a pattern of regular weekend use with this group for about 6 months. Their group started out as four friends and ended up being made up of about twenty people who would attend infrequently. They would organise private parties every weekend, sometimes hosted by someone, other times they would rent a cheap hotel room. This pattern of life continued until a trip away

ended in a serious sexual assault after being spiked in a bar. On returning to the UK, D moved to London and lost touch with his regular group who were based around Manchester.

After a brief break from drug enhanced sex he met a group in a bar who introduced him to the London scene, which he found far more open and tolerant of sex using chems. He started going to formally organised parties and again began using meth every weekend. D describes the massively different cultures of London and Manchester and between different local scenes. He feels that the coded languages, boundaries and patterns of use differed dramatically, depending on the core group of people involved, however in general he found that London was far more tolerant and open than Manchester. Although he sometimes questioned how beneficial his participation in Chemsex was he reflects on it as a period of sexual release. However his sex life was quite separate from his social life and he decided to step away from Chemsex parties as it was not compatible with doing work he found meaningful or finding a long term stable and loving partner.

"The love I feel now is security, it's there every single day, I know I am protected in a loving secure relationship where I can just be myself.... The love that I felt back then was like an eclipse, I was the moon and I was only really loved when there was a total eclipse, the chems were the sun... the minute they wore off I was not loved and I would have to wait for the next eclipse. It was clouding me, but it lasted enough to keep me going"

K was also a former user who had stopped using drugs altogether to give them more stability in work and in their relationship. K is HIV positive and started using recreational drugs from an early age. He experimented with LSD as a teenager and enjoyed the escape it offered from life. However for K, rather than being offered as an extra during sex, sex had always been his way of getting access to party drugs. He explains that a part of him had always liked to be 'off his head'.

"I would say 95% was about the drugs and the other 5% was about the sex"

He began using in the early 2000's prior to the advent of contemporary 'Chemsex. terminology which he attributes to apps like grindr that have allowed a digitally discursive layer to activities, that in the past he and his friends simply didn't discuss in clear terms. K struggles to remember the language he and his friends used to discuss meeting for sex and drugs. He describes the groups sharing an understanding that those things would be happening even if it wasn't openly spoken about. K described it as an 'organic social network' that allowed drugs and sex to flow together more naturally. However he says that people attending knew what the events were about, even if they came for different things. For him it was always about getting access to drugs and 'getting out of his head'. The sex was something he felt he had to do to have access to it. At the height of his drugs use he used a mixture of speed, ketamine, GBL, GHB, meth (both injecting and smoking), Mkat, MDMA and Viagra. He used heavily for a period of several years, all weekend, every weekend before withdrawing totally from both the sex party scene and recreational drugs in pursuit of a different life.

The final solo interviewee, S, was also one of our HIV positive respondents and had stopped using drugs due to the instability it had caused in their life. Out of all of our interviewees they described the most difficulties resulting from the combination of drugs and sex in their life. They started using pills and cocaine in their early 20's. Whilst they attended after-parties that would sometimes turn sexual at first they didn't attend 'Chemsex' specific parties which they called 'the sesh'. They describe in detail the transition between these two different party scenes, often attending non sexual parties and then trying to find group sex to keep the party going. At first they didn't use drugs like GHB/GBL and methamphetamine, fearing the risks associated with them. However after trying G once they realised it would help them stay awake the following day and go to work.

However this apparent stability deteriorated as the appeal of these new substances led to use throughout the week. At what they describe as their lowest point they were using every day. Their use was compounded by diagnosis with HIV and the loss of their partner through drug related complications. Towards the end of their use S was self harming and suicidal. They are now sober.

WHY CHEMS? MOTIVATIONS FOR PARTICIPATING IN CHEMSEX

The pursuit of heightened pleasure was identified as a primary motivation for using drugs during sex by participants from all groups and interviews, however when exploring more deeply many related this pursuit to other aspects of their experience. For example J from the first focus group identified how drugs had helped lower inhibitions and overcome social anxiety that had prevented him from embracing certain sexual experiences:

"I am always quite in control, so there was something quite liberating about letting go."

For J, whether involving sex or not, drugs represented a way to escape his need to remain in control. He felt his upbringing was fairly conservative and had come out later than many of his peers. Sex, drugs and letting go were connected early in his sexual history, like many of his peers in small town Australia he felt he needed drugs to let go and enjoy sex. Whilst he doesn't struggle with sex

now in the same way, he still feels that drugs give him a greater level of confidence in group sex situations. He is very turned on by group situations but enjoys the way that drugs like G make him feel. His partner R affirms the way that group sex situations present quite a lot of pressure to perform, which certain drugs can help give you confidence with.

Expanding this idea further, M draws a relationship between the appeal of group sex situations to the seeking of validation. He felt that there was a desire at parties to be seen to possess a certain level of sexual prowess, and embody a particular image of masculine virility.

"I think it's from gay shame, you're seeking validation from these sex parties, especially when there's loads of other hot guys, it's like 'OMG these hot guys want to sleep with me' this leads to you participating in what you know to be risky behavious"

In contrast one of the solo interview participants, D, identified how groups into sex and drugs presented an escape from judgements and expectations he experienced on social gay scenes. He describes how Chemsex parties were less restrictive in terms of looks, or how you acted, he felt that people were more attracted to him at such parties. In addition, after his experience of sexual assault drugs allowed him the chance to 'feel sexy again', they presented an opportunity to "get back to the person I was". However he also recognises that this regaining of confidence was transitory, and he had to continue taking the drugs in order to dull the impact of trauma. The compulsive quality of sex on chems ultimately led to him giving it up. He felt that chems were part of the creation of a character that was strong and independent but ultimately was a manifestation of the lack of love he was really feeling. The points where these two versions of himself collided were a source of anxiety..

"Anything I could snort or smoke ...the chems in London was to take away that internal pain... all that pain I felt just disappeared, my mind just went into sexual overdrive, there was no other thought that I had and for those 24 hours someone was loving me, someone was connecting with me...when I look back now obviously it wasn't, its just that you can't really ejaculate

when you're on drugs... that's why it goes on for hours...I'd not resolved my issues, I'd just escaped into something I knew I could do"

W from the third group session also recognised the relationship between certain drugs, pleasure, compulsion and trauma. He first started using drugs during systematic sexual abuse whilst at a Catholic boarding school. Drugs allowed him to 'zone out' of the situation and convince himself that he was enjoying it. He feels that eventually this became one of the only conduits through which felt ok getting pleasure. Whilst he now feels his drug use is more recreational he also feels that sometimes he still needs drugs to be able to enjoy sex, particularly in a group situation. This has caused him a number of problems connecting with sexual partners in his adult life, both in connecting with new partners and feeling intimacy with regular lovers and and boyfriends

.

"Its only in the last few years that I have realised that I used chemicals as a coping mechanism for abuse...It was a way for me to hold power in a situation that I really had no power at all"

Drugs have been something that protected him and yet also facilitated further harm. They have given him a great deal of validation that he felt he lacked growing up. He enjoys using them and is grateful for what they allow him to experience, however their potential is not without complications.

"Its like wearing a mask... you enter that space, you can be a different person, you get validation from all your peers...you feel like a superhero, because you are being adored, you are being loved, you're being touched... people are striving for that human connection. The chems heighten all of those sensations, the chems and the sex go together, they are both highly addictive"

Even R, who felt he had quite an uncomplicated relationship with sex using drugs recognised that compulsion played a role in motivating participation in Chemsex. He professed his love for sex, yet could see how the combination of drugs with sex was about more than just the pursuit of sexual pleasure he was seeking "that rush" that came with Chemsex and relied a lot on his

partner J to keep him grounded. This sense of adventure made the risks of Chemsex worthwhile.

All groups touched on the idea of belonging when discussing why they continued to be involved in Chemsex. N and W felt that drugs and sex had created strong bonds of shared experience that affirmed other aspects of their identity that they felt rejected for in mainstream gay culture. R, J and M had developed long term friendships with people who they 'partied'. Even men who had since given up using sex with drugs recognised the strength of the bonds involved. Despite the precarity and uncertainty of these situations K felt that there was a sense of safety, familiarity, regularity created by these groups. D described how using meth allowed him access to a community where he felt desired, powerful and able to move beyond trauma.

"It very much is a brotherhood, because you all know you're on it but when you are out in joe public its like you don;t know each other because what we do is viewed as strange"

"Because you're comfortable with it and you have excused and made sense of it...it's become your normal... if you were to look at it externally, it's chaotic, manipulative and coercive"

S, one of our HIV+ participants explained that a feeling of belonging was an important draw for being involved in 'the sesh' and that leaving those connections was one of the hardest things about going sober. They acknowledged that being surrounded by people who understood what they were going through, even when in their darkest moments, provided comfort. However it was impossible to remain with them when they decided to go sober.

"Everyone's a trigger, if you've done drugs with them you're a trigger, a song can be a trigger, walking down a certain street was a trigger"

The centrality of pleasure and belonging in the motivation of people using drugs should be a key consideration of those designing service interventions. There is a tendency for services to fixate on the negative implications of illegal drugs in the lives of service users. However as our groups

and interviews revealed, the pursuit of pleasure can also be part of strategies to overcome issues of confidence, navigating trauma and the perpetuation of, and evasion of unrealistic expectations that many men feel they have to meet. They are also immersed in social relationships that have value to participants and that the mix of sex and drugs can be transformational for those involved, particularly those whom experience shame in relation to their sexuality or HIV status. Although addiction to the drugs involved in Chemsex did present as an issue for some participants, compulsion around the use of chems during sex intersected with many other facets of participant's experience that orbited the pursuit of pleasure. Parties involving drugs were rarely dissociable as distinct activities but were in fact part of other trajectories, experiences, histories and enduring social and sexual networks.

PERCEIVED RISKS

Participants were aware of a nexus of interconnected risks to physical wellbeing, mental health and reputation that they had developed strategies to mediate.

All participants discussed the particular risks of drugs like GHB and GBL. It was common knowledge that G was a particularly dangerous substance that could cause people to collapse or even die. J was particularly aware of the way that G impacted the system in different ways depending on a number of factors, like tolerance, body type, fatigue and when you last ate. He knew that the implications of this presented a number of risks. Using safely meant minimal doses, over a timed period taking into account the way the dose changes as there is more in the system.

Participants that used drugs like G employed a number of strategies to help reduce these risks including always controlling your own doses, knowing your source, setting a limit of what you wanted to do on a given occasion, trying not to mix drugs and avoiding alcohol. Both focus groups emphasised a distinction between what they perceived as 'safe' and unsafe use of sex party drugs. This also extended to adhering to strict boundaries of what they wouldn't do. For both focus groups this meant not taking drugs like meth, crack cocaine or heroin.

J drew a distinction between one-off accidental or intentional 'recklessness' and more problematic long term patterns of use that have been an issue for friends. R, J and M all know people who had become more embroiled in the Chemsex scene, travelling from party to party for days at a time. J felt that for him the appeal of that kind of partying was self limiting as he no longer found the prospect of people who had been awake for 3 days sexy. Both R and M recognised that fear of missing out had the potential to keep them partying beyond a point that was healthy sometimes.

Participants felt that the lowering of inhibitions through Chemsex heightened the potential for condomless sex, which increased the potential risks of transmission for sexualy transmitted infections. All of the participants who used chems currently were also on PrEP (Pre Exposure Prophylaxis). They expressed that PrEP was something they talked about regularly and encouraged their friends to look into. However they also acknowledged that PrEP did not prevent the transmission of other STI's which had been a problem in their day to day health, particularly given reduced access to sexual health services over the covid pandemic.

W and N's primary concern was for younger and older generations that they felt were not as educated regarding PrEP and U=U and may take risks as a result. They felt the accessibility of Chemsex didn't match the accessibility of education, medication and sexual health services that would keep them safe.

The consequences of partying too much were also felt in terms of mental rather than physical wellbeing, although the two fields could be intimately related.In addition to the risk of accidental overdose J felt some

people intentionally took too much to purposefully place themselves in harm's way or 'check out' from a difficult situation. M agreed and felt low self esteem, trauma, and feelings of worthlessness could lead people to place themselves at greater risk.

M worries that he sometimes doesn't know how to stop, will party for too long and wakes up regretting not finishing sooner. R believes this changes with age but is reminded by J that he too sometimes doesn't know when to say no. R remembers a time that he had to consciously draw away from parties because they were beginning to impact upon his life. He believed that being able to maintain a job and life outside of the party scene was an important marker of if you had a problem. Whilst he still occasionally struggles to 'call it a night' he recognises that his work responsibilities, owning a business and his partner anchor him back to reality.

"The only way I learned to stop was getting a partner that stopped me...it doesn't need to be your boyfriend, I partied with my best friend a lot who would make me stop too... Finding a good friend is the safest way to go through this"

"Even with sex parties I've always been good at walking in saying I am not going to spend more than X amount of hours here"

For all three in the first group, vigilance and having something to ground you outside of the scene was critically important. R felt you needed more than just a job to keep you stable, that you had to have something meaningful in your life, a job you cared about, fitness, a dog and perhaps most importantly, a sense of personal responsibility.

"I know people with important jobs and they just call in sick and don't give a fuck, there's repercussions for those people"

W recognised moments where the use of some party drugs were "risking my ability to function as a normal person". It was his friends that prevented him from losing himself. M felt that even when he was able to show up for work, his drug use took a toll on his mental health.

“There were points in the past where I didn’t really care, I just wanted to carry on and have sex with people but then I woke up and realised, you didn’t do that because you wanted to have sex with people you did that because you aren’t really happy with yourself right now”

S describes how ‘the sesh’ had ruined his life, resulting in the loss of their partner to a series of drug related complications. They had both lost friends who died taking drugs like G and those who they hurt through drug use. When using heavily they found employment impossible and had no self worth. For S even the death of their partner wasn’t enough to encourage them to stop being part of ‘the sesh’. In fact after their partner’s death they became further entrenched in party culture in resignation that it was where they belonged. It was only the birth of their sister’s child, and a sense of having something else to live for that pulled them away from the scene. They maintain that if this hadn’t happened they likely wouldn’t be alive. The other key factor in their recovery was the discovery of drag as a form of self expression. They feel that drag helped them with the feelings of worthlessness that stemmed from diagnosis of HIV and added purpose to their day to day life. Like other participants it was tethering to a goal outside of the party that proved most affecting in facilitating healthy management of sex and drugs in their lives.

Participants also recognised the social risks of using illegal drugs and participating in groups sex. Whilst all participants felt confident in talking about Chemsex among friends there were cautious with new social connects in respect of what they shared for fear of being judged. W and N were very open in their community but wouldn’t volunteer information about sex or drug use to strangers. D had always been worried about being outed as a meth smoker in Manchester, where he felt he would have been ostracised by friends on the gay scene. Fear of this and the implication it would have for him ‘meeting a husband’ was one of the reasons he abstained from Chemsex. The attitude was radically different in London, in part due to the anonymity provided by a larger city.

Similarly R and J tried not to do too much ‘Chemsex’ in Manchester. They were less concerned with being known as drugs users (although neither used meth), but didn’t want to make too many sexual connections in a way that would impact their business. They perceive Manchester as a smaller city, reputation mattering and fear that sex with potential clients would complicate their lives uneccesarily

“I try not to shit where I eat and this is where we live and own a business”

“We tried it in Manchester with a smaller group but it always ends up being not such a small group because people invite other people and I don’t want my picture sent out to a bunch of strangers”

The predominant view of Chemsex, and its illegality makes it hard for people to talk openly, even with other queer people. Admission of involvement in Chemsex scenes placed participants in a precarious position, subject to discrimation, financial loss or reduction in social standing. This has important implications for the development of any interventions or campaigns that aim to reduce harm or educate.

When asked about openness around drug use K identifies the stigmatizing connotation of the word disclosure, as an insinuation that it’s admitting to something dirty or wrong. He feels this permeates discussions around both HIV and drug enhanced sex and that there needs to be a shift towards more adult, open, and non-judgemental discussions.

CONSENT

Concerns around consent were mentioned in all of our focus groups. All participants had witnessed situations that made them feel uncomfortable, where they were unsure if people were unconscious. As mentioned above D was a survivor of a serious sexual assault after being spiked whilst the potential weaponising of drugs like GHB and GBL cannot be ignored, of greater concern to participants was the accidental loss of consciousness from taking too much. D for instance recalls instances at parties where he woke up with an unknown person engaging in a sexual act with him. R, J and M also noted that too much affirmative consent was not really desirable in Chemsex situations. Implied and unspoken consent was the norm which sometimes led to misunderstandings and awkward situations. The permissive situations of Chemsex sometimes allowed people to be inpolite and pushy when seeking consent. Whilst none of the men interviewed felt worried about dealing with these situations they recognised how this sort of persistence might lead to younger or less confident people doing things that they didn’t feel comfortable with.

“It’s easy to say no…but I do believe its possible to get so high…I’ve seen people in clubs basically Going out and getting fucked by everyone…I’ve seen friends trying to protect people from being

fucked by everyone and that's the problem with G as well, if you get to that edge where you are going out, you don't know whose fucking you"

"Sometimes people find it hard to take no for an answer and will wait for you to be in a group situation and then try again"

Making sure you were with a trustworthy friend or partner was seen as a key to mitigating some of these risks. R always makes sure they are with someone, so that they can be looked after if they take too much.

"There are some points in my experience where I wouldn't have had the money to maintain the drug use if it wasn't for taking it in those settings"

Coercion, both while in a state of intoxicated or of people who may have issues with addiction to drugs was also a concern for participants. K Describes how as a younger participant who was primarily there to get access to drugs he was never really in control of who was invited to gatherings. This was usually determined by a central person who was providing drugs and location. Despite feeling that this activity was 'consensual', K recognises the coercive nature of the parties he attended. However at the time his priority was maintaining his supply of drugs. He also describes being in situations where consent was not possible due to being unconscious or unable to make decisions. Beyond the feeling of inevitability of such situations he also describes the way he felt responsible for putting himself into that state. The normalization of such scenarios among people mixing drugs and sex was noted by both recreational users and those who found use problematic. This was particularly pronounced by the lack of open discussion about what the 'party' would involve.

"Consent was me going into that space knowing what it was I was doing... anything that happens in that scenario was my doing"

Whilst the growth of specific Chemsex terminology that allows people to define what drugs they wish to use and what sex acts they prefer to participate in has the potential to improve participants ability to negotiate consent and express specific desires we should also acknowledge the way that catchall terms like Chemsex may also create a situation where such specificity is also absent. The question 'Chems?' on an message thread

may represent multiple unspoken interpretations of the boundaries of participation. In short consenting to Chemsex may be interpreted as consent for sexual acts, and activities that partiicpants havenlt agreed to and the use of chems that affect capacity to communicate and in some instances blur the boundaries of consciousness diminishes the capacity for consent and the maintainence of established sexual and substance use boundaries. This is accentuated by the durational aspect of parties, which can last several hours or days.

HIV

Whilst we only interviewed two openly HIV positive people as part of this study we asked all participants about the interaction of HIV and Chemsex. For the positive men we engaged there were a number of unique interactions between their status and their use of drugs in sex.

K feels they never really learned about HIV at an early age and by the time they were aware of it they were already entrenched in a number of intersecting 'risky activities'. K's drug use predated his HIV diagnosis and whilst he is unsure exactly how he contracted HIV he feels that his involvement in Chemsex was likely a contributing factor. He rarely used condoms, despite undertaking other actions to mediate risks, including having regular sexual health checks. However he acknowledges that his pattern of drug use and sex had led him to let his guard down.

"It was something I didn't care about, I felt capable of handling myself"

Post diagnosis, he describes how being positive further complicated his relationship with sex and drugs. Being diagnosed as HIV positive entrenched the pattern of behaviour around drugs and sex that K got into as a teenager. His drug use with sex was much more regular and planned than before. His pool of lovers became reduced but he was having more sex than he had ever had before. The party scene provided a constant stream of affirmation and reassurance. In hindsight K concludes that he was masking the devastating impact of HIV diagnosis on his mental health.

As a consequence the negative impacts of HIV and Chems heightened each other, they were counterweights in a spiral of shame, risk and self punishment. K feels stigma is an equal killer to the disease for the way it engenders this spiral of risky activity. Feelings of self blame, for not taking better care of himself fueled his drug use and encouraged him to seek affirmation through sex. Drugs became a way of improving confidence and removing the feelings of shame and stigma he experienced. In the years following his diagnosis he felt that his only option was to be high whilst having sex, there was a resignation to the idea that he would only ever be able to have sex with people on the 'party scene' as they were likely also positive and didn't care as much about their own welfare.

"That's where I was going to get my kicks now cos I went and got positive... There's nothing more confidence stripping than getting an HIV diagnosis"

A number of organisation staff that participated highlighted the needs of their clients in relation to Chemsex. Two workers identified how for many positive men Chemsex offered a reprieve from the stigma associated with HIV, however it could also lead to chaotic patterns of sleep diet and medication skipping that could be fatal over a longer period of time.

Other focus and interview participants detailed the way that HIV was entwined with the chems and sex scenes. D, detailed how parties were often advertised as for 'poz' men and certain makeshift sex venues they attended had 'poz rooms'. D recalled one man who he met while in London who had stopped taking medication and was participating in as much Chemsex as possible. He was told by a friend that he no longer wanting to live and was concerned neither with his own or others' wellbeing. A nurse who participated in one of the early online focus groups recounted how she had worked in palliative care with number of men over the past two years who had fallen of their prescriptions because of Chemsex to the point that all that could be offered was end of life care.

MAINTAINING BOUNDARIES

Throughout the discussion of risk and mitigation of harm participants returned to the importance of maintaining boundaries. Establishing clear boundaries of how long they wanted to party, who they partied with and what they would take, was a key strategy for staying healthy. For D clearly defined boundaries were how he kept himself safe partying in London and Manchester. He was afraid of certain situations he had put himself in when he was very young so had learned to be extra cautious as an adult. D, for whom the use of drugs in sex had become problematic at points in their life, emphasised the importance of learning to use your voice when you didn't feel comfortable about a situation. Knowing who you were partying with was also an important factor. Opening groups to new participants was recognised by all groups as having the potential to ruin a vibe, encourage anxiety and increase risks. New partners were an uncertain element. Knowing who you are with, and the routine of the night was identified by W, N, and D as key ways of staying safe. New partners presented particular risks, in terms of ruining a vibe or encouraging risky behavior so it was important for N that his group were able to 'establish the parameters' of what was happening by choosing the place and who was invited.

However they also detailed how mixing drugs with sex and the aspects of life it intersects with often presented a challenge to both creating and maintaining them. Transgressing established rules, either in moments of intoxication, experimentation or a desire for a greater high often occurred, even for those who perceived no problem with their mixing of drugs and sex. For example M thought that he would never take crystal meth but was convinced to while under the influence of G.

J admitted to sometimes intentionally pushing his own boundaries of tolerance in a dangerous way. He explained that he no longer got as much from smaller doses which had led him to take 'calculated risks'. Sometimes even he had to recognise that this could have gone too far. The added risks of mixing substances when high was of some concern to the group. J also describes how he arrived at his current pattern of use through a process of boundary breaking. He started out with rigid boundaries but the line kept getting pushed back. He didn't try GHB till he was in his late 20's but it had since become his drug of choice.

SUMMARY FINDINGS

STAYING SAFE

The centring of voices of those who have sex whilst using drugs yielded a number of harm reduction strategies they employed to keep themselves and friends safe. Whilst some of these were identified in the previous section, we have summarised them into key recommendations for both those mixing sex and drugs and organisations wishing to offer harm reduction services.

Advice for Chems users

PACE YOURSELF: Start with minimal doses of drugs, especially when it's something you haven't tried before. Monitor the amounts you are using and the timing of doses. This is especially important with drugs like GHB and GBL where the margins between a dangerous and a safe dose are much smaller

KNOW WHAT YOU ARE TAKING: Get chems from a regular supplier. Do not mix different drugs with each other or with alcohol. It can confuse the effects, increase risks and complicate what needs to be done if things go wrong.

EDUCATE YOURSELF: Be educated about what you are taking and respect the risk of some of the substances involved in Chemsex. Learn as much as you can both from official sources and from people you trust. Follow the advice of people who are more experienced than you.

ESTABLISH, UNDERSTAND AND MAINTAIN BOUNDARIES: Know what you want to do, what drugs you want to use, what kind of sex you are willing to engage in and with who. Communicate this as much as you can with the people you are partying with. Talking about sex may sometimes feel like a turn off but practicing open and honest communication will not only help you to stay safe, it will make the sex feel better... It can be hot to tell someone what you want them to do! Stick to boundaries you have established. This is often the hardest guidance to follow, especially when you are under the influence of chems but it will make sure you are treated with respect and that those you party with will understand that when you tell them your limits you really mean it. Set alarms to make sure you know when you have to leave.

KNOW YOUR CROWD: Knowing the people you party with and having a measure of control in deciding the way a party will go is very important. Establishing an etiquette and agreeing to rules collectively can also make everyone feel safer. Have a party buddy or partner that you have informed of your limits and can look out for you. Make sure you commit to keeping each other safe and getting each other home when you decide its time to go.

HAVE A LIFE BEYOND THE PARTY: Men described the importance of having things that anchored their life outside of the party scene. It's important to have things that keep you grounded and prevent you from getting lost and partying for too long. A stable job you need to get to on Monday, a dog, a partner, a routine that makes you feel good. This could be as simple as making sure that you have plans with friends or family or as significant as feeling like there is hope for a meaningful life beyond the party.

SERVICE RECOMMENDATIONS

We asked participants specifically what they needed to make drug enhanced sex. The following are suggestions they offered to organisations that want to help:

Non-judgemental Education:

All participants identified the need for better education about the effects and risks of different substances and the way that they interact with others. Promoting a scientific understanding of drugs and risk. They felt that education and harm reduction needed to be delivered in a way that didn't condescend or condemn the use of drugs to enhance sex.

"Chemsex has a place in our world...if someone needs help then it should be provided but only when it's asked for"

An educated chemers group was suggested, where people were informed about safer ways to use drugs like G whilst being informed of the continued risks, by people who use them.

Consent Training:

Our interview participants were aware how little they and other people on the scene really understood the laws around consent. What's more, they recognised how consent play and the use of certain drugs blurred the boundaries of when consent was even possible. They were aware that this presented risks in both inadvertently becoming a victim and a perpetrator of a serious sexual offence. Training and education about consent, the legalities of consent and legal advice for those affected would help reduce risks for everyone involved.

Participants highlighted how this was often not an area that was discussed when coming into contact with other services like sexual health and substance use support. This would suggest a need to extend this training to these services at points of contact, and affirm the need to give permission for issues of consent to be discussed when offering support.

Meeting Need at the Point of Presentation:

Participants highlighted how little they came into contact with positive messaging about HIV, drugs use and consent in the forums where they sought sex. The felt there could be more assertive outreach and harm reduction campaigns in online and face to face cruising environments, clubs and bars.

Sex seeking apps in particular could recognise the role they play in facilitating drugs mediated sex, and make use of the data they collect to target harm reduction advice.

“They could push so many ethical tools through their site”

There could also be better liaison with venues like clubs and saunas to discourage overdose.

“They are not, not going to take it, it’s important to make using as safe as possible”

Creating a Culture of Care

Beyond practical advice and support, the men we talked with expressed the importance of being part of a community and having a network of relationships that they could rely on to keep them safe. They felt that services could help by encouraging more conversations about shame, mental health and self esteem.

However they were cynical about support groups as they felt they would be perfect forums for organising parties. There was a suggestion by one of our interviewees that services should orientate the provision of suppport around hope and love, rather than fear and shame.

“The fear of losing everything won’t make you change... the fear of loss means nothing if you think you are worthless”

S believes finding this sense of future is one of the biggest challenges for those working with people entrenched in Chemsex cultures, to get them to ask what they want from life and see how Chemsex gets in the way of that, and then to enable them to see possibilities beyond the sesh.

A Holistic Approach

There is a tendency still for interventions to fail to consider the reasons why people get involved with Chemsex. That is Chemsex makes them feel good. This may be for momentary excitement or masking pain, it may be the a sharing of a mutual pleasure or reconciliation of collective rejection. This cannot be ignored by services, when thinking about how to approach the needs of the community.

K believes ‘edgier’ approaches to intervention are required that seek to engage men before they reach a point that they need help, as for some this point can be too late.

S believes that a key area often not considered when working with chems users is bereavement care. At the loss of her partner and the diagnosis of HIV they feel they

would have benefitted form a network of social support that was not connected to 'the sesh'. She highlights that people involved in the Chemsex scenes often experience a disproportionate amount of loss and shame. Rather than driving them away from dangerous patterns of use this ripple of grief and tragendy can drive people further into issues with their mental health.

"The only support I had was the other people on drugs"

To treat these as singular issues or even separate issues that are interconnected in simplistic easy ways is to misunderstand the complexity of the emotional dimensions, senses of worth, worthlessness and success that sits in the center of all of lives.

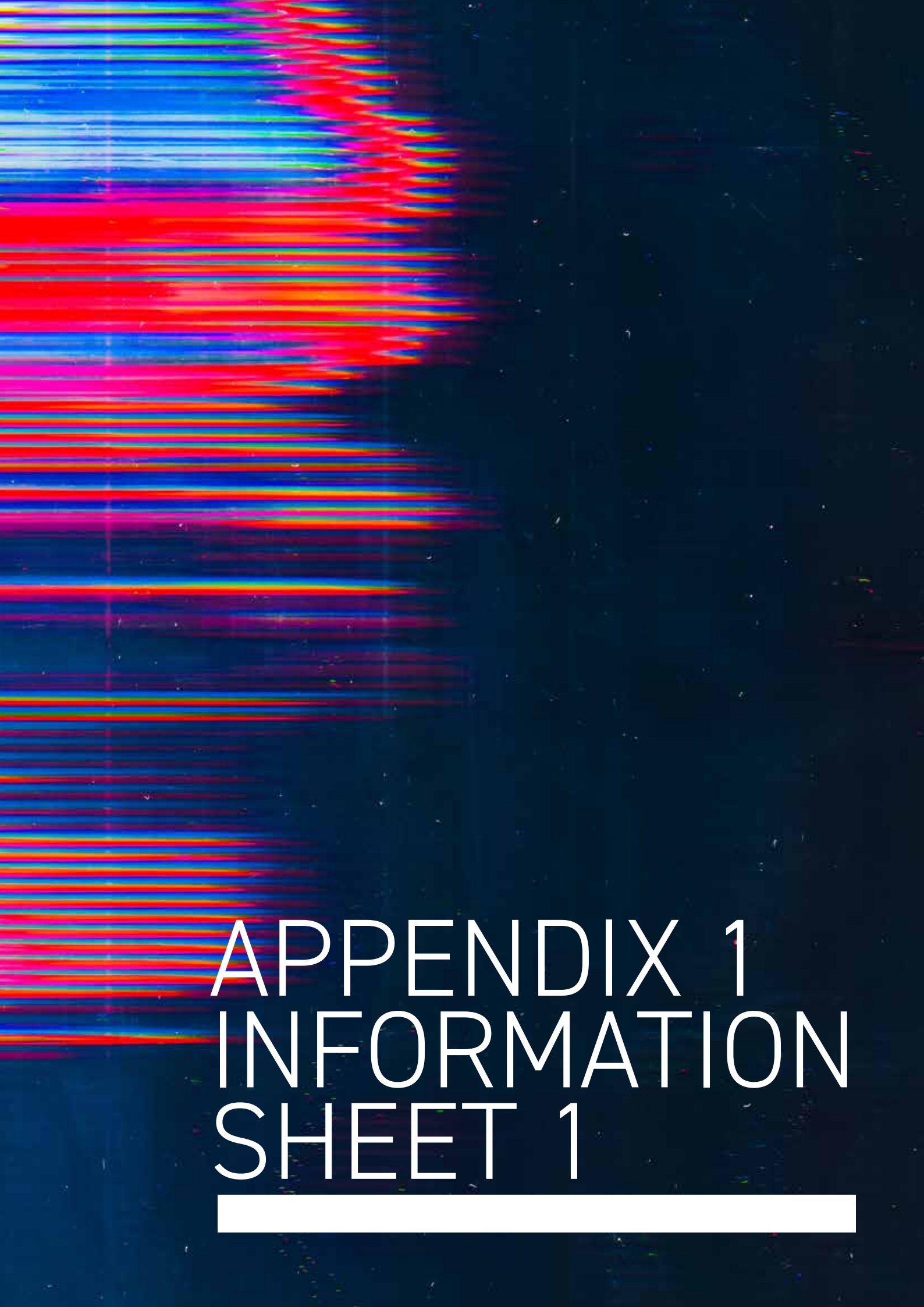
Understanding and creating effective interventions will require a nuanced appreciation that all of these things occur in a shared cultural space, always in relationship to one another and a broader ecology of shame, grief and survival of those who find themselves at these intersections.

The Potential for Future Research

It is clear that this series of interviews at best can only be described as a precursor to a more extensive piece of research. It is evident from this and other studies that very little is known about Chemsex culture, its relationship to consent, sexual health, HIV and accidental death.

Due to the normalisation of the risks involved, limited education about safe use and concerns about illegality there is little data about the extent of harmful use and its relationship to less problematic recreational use.

Although HIV featured as a recurring topic, any future research needs to bring this community into much clearer focus, with a better understanding of the shifting trends and interconnected nature of the changing landscape.



APPENDIX 1 INFORMATION SHEET 1

CHEMS, SEX AND CONSENT
A LISTENING PROJECT: FACTSHEET

Survivors Manchester and George House Trust have joined forces to collectively better understand gay/bi/MSM relationship between CHEMS, SEX AND CONSENT.

With Survivors Manchester as the leading male sexual abuse service and George House Trust as the leading HIV organisation in the North West, both organisations want to ensure that the services they deliver are fully accessible to people involved in the use of chems in sex, including how to help individuals understand that if things go wrong, were here for support.

Both organisations put those that utilise their services at the front and centre of their work and in keeping with that ethos, we are undertaking a listening exercise with those people who have lived experience of the use of chems within sex.

As a participant in the CHEMS, SEX AND CONSENT digital listening group, hosted by Dr Michael Atkins (aka Cheddar Gorgeous), we will explore the use of chems in sex, where consent sits within this dynamic and individuals well-being and sexual health.

This session will allow you to share your experiences and personal perspective on the subject with our listeners and other participants via the answering of pre-prepared questions but also from free flowing chat.

The session will be conducted through Survivors Manchester's Zoom on 23rd November at 7:00pm and 25th November at 2:00pm, audio recorded by host account Survivors Manchester, storing all material securely in a digital, password protected file.

On entering the Zoom space, you will be required to turn off your camera and only use your initials or a pseudonym (if you wish). We will ensure the chat function is open to respond to the group or to the session convenor.

The audio will be recorded to allow us to transcribe your responses for inclusion in our wider research. Any recordings will be digitally destroyed within 120 days of the session; then all transcribed words (including direct quotations) will be incorporated anonymously into a formal report that will be disseminated via the organisations communication channels and networks.

As our objective is to better understand the chems, sex and consent in Greater Manchester and we can better provide services to the community; your words, ideas and opinions will guide us in the development of new pathways but also, in particular, you will be helping us design a campaign that helps mitigate some of the risks associated with chem use in sex.

Your contribution will be invaluable. Thank you again for taking part

YOU ARE IMPORTANT TO US

Whenever either organisation undertakes engagement with stakeholders, particularly those stakeholders that utilise and access services, it has been important to ensure that individuals wellbeing is at the front and centre of our planning.

Whilst we don't expect there to be any issues, talking about experiences can sometimes be a difficult process and stir up particular feelings. So in order to ensure we are doing everything we can to look after you whilst engaged in this project, we have compiled the following information and put in place the following plans:

PREPARATION FOR THE SESSION

- Think about where you will be when you enter the Zoom room and make it a space you feel comfortable

in and where you're not going to be distracted or interrupted
- Set your own boundaries. Maybe think about and set ideas about what you will and won't talk about – remember, this isn't about us extracting information from you but rather listening to what you are saying
- Its probably a good idea to avoid using substances beforehand so you can be absolutely sure what you say is what you want to say and not say anything that you may under the influence.
- Plan what you're going to do after the session which focuses on self care.

DURING THE SESSION

- Know who's in the room. The session is hosted by Dr Michael Atkins (aka Cheddar Gorgeous) and Grahame, our Design Communications Consultant, who will be observing to pick up ideas on how he will create the messages for later.
- Remember you can withdraw from the session at any point, just let Michael or Grahame know.
- Daniel (ISVA) and Sasha (Therapist) from Survivors Manchester, and Martin (Services Advisor) from George House Trust will be around during the session in case anything comes up for you and you want to talk or want advice.
- Whilst the session is confidential, should you or others be at immediate risk of harm, then we may have to seek support from third parties.

AFTER THE SESSION

- Action your self care plan
- A member of the Survivors Manchester and/or George House Trust team will be available for an hour directly after the session to pick up any issues on 07492 744 731.
- Should you feel unable to keep yourself safe, you can call 999 or attend A&E
- Talk to Frank: www.talktofrank.com is a useful resource for information on substance use; Shout mental health crisis support can be accessed via text 85258 or online www.giveusashout.org.
- Remember that Survivors Manchester (0161 236 2182) and George House Trust (0161 274 4499) are available for you to contact for any queries, advice or support long after the session ends.

APPENDIX 2 CONSENT FORM

CHEMS, SEX AND CONSENT
A LISTENING PROJECT

Survivors Manchester and George House Trust are working together on a joint project that aims to collectively better understand the relationship between chems, sex and consent. As the leading male sexual abuse service and HIV organisation (respectively), both organisations want to ensure that the services they deliver are not only accessible to people involved in the use of chems in sex, but also recognise that if things go wrong, they know where to turn for support. Both organisations put those that utilise their services at the front and centre of their work and in keeping with that ethos, we are undertaking a listening exercise with those people who have lived experience of chems in sex. In signing this participation sheet, you agree the following points are correct and truthful:

1	I confirm that I have read the attached information sheet (Version 1, Date x/x/2021) for the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the project is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.	
3	I agree to the listening session to being audio recorded for the purposes of the researchers undertaking thematic analysis of the content.	
4	I agree that any data collected may be included in anonymous form in publications/ conference presentations.	
5	I understand that the data collected will be held with Survivors Manchester in a secure, password protected, digital folder with limited access by selected personnel only.	
6	I understand that there may be instances where during the course of the research information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
7	I agree to take part in this study.	

General Data Protection Regulations: The personal information we collect and use to conduct this research will be processed by Survivors Manchester in accordance with GDPR / UK data protection law as explained in the Participant Information Sheet.

NAME OF PARTICIPANT ..... SIGNATURE ..... DATE .....

APPENDIX 3 QUESTION SHEET

PATTERNS OF USE

- Describe your experience of Chemsex
- Kinds of chems used in sex?
- Kinds of drugs you use?
- Frequency of use?
- How common is use amongst friends and on the scene?
- How did you get into it?
- What motivates your use?

PERCEIVED RISKS

- What kinds of risks are you conscious of when using?
- Do you take any actions to mediate risk

OPENESS

- How open are you about participating in Chemsex?
- What are your primary concerns in disclosing?
- what are the areas that you don't feel comfortable disclosing?
- How does disclosure differ from other illegal activities?

CHEMSEX, CONSENT AND SEXUAL HEALTH

- What about sexual health?
- What about Consent
- what about mental health?
- Have you ever participated in more risky sex when using chems?
- Have you ever experienced any issues around consent?
- Has Chemsex ever got in the way of your everyday life, relationships or your work?
- At what point?

HIV

- Lets talk about HIV

NEEDS

- What kind of services do you feel you and/or others would benefit from? What services would you use?
- What would be a good way to hear about this? when would you need it
- What would you like to know more about?
- What would help you to reduce risks around consent, sexual health and mental health.

- What's your favourite brand?
- What brands do you trust?
- which brands don't you trust
- Where do you go to find information about sexual health and wellbeing?
- Where do you go for general health and wellbeing
- Which LGBT orgs do you admire?
- are there any that you don't
- Which websites do you visit most
- Magazines?
- Tv shows or movies you have enjoyed over the last year
- {roster campaign's you remember?

SEXUAL HEALTH SERVICES IN GREATER MANCHESTER

YOUR SEXUAL HEALTH SERVICES

1. North Manchester Clinic
2. The Hathersage Centre
3. Withington Clinic
4. Urmston Clinic
5. Orange Rooms
6. Choices Centre
7. Townside Primary Care Centre
8. Nye Bevan House
9. Integrated Care Centre I.C.C.
10. Spectrum Sexual Health
11. Royal Bolton Hospital
12. Shine at Salford Goodman Centre

USEFUL CONTACTS

SURVIVORS MANCHESTER
Unit 9 Brewery Yard, Deva City Office Park
Trinity Way, Salford M3 7BB
Tel: 0161 236 2182
Email: support@survivorsmanchester.org.uk
Web: www.survivorsmanchester.org.uk

GEORGE HOUSE TRUST
75-77 Ardwick Green N, Manchester M12 6FX
Tel: 0161 274 4499
Email: talk@ght.org.uk **Web:** www.ght.org.uk

LGBT FOUNDATION
Fairbairn House (2nd Floor), 72 Sackville Street
Manchester M1 3NJ
Tel: 0345 3 303030
Email: info@survivorsmanchester.org.uk
Web: www.lgbt.foundation

THE PROUD TRUST
49-51 Sidney Street, Manchester M1 7HB
Tel: 0161 660 3347 **Web:** www.theproudtrust.org

REACH CLINIC
The Hathersage Centre
280 Upper Brook Street
Manchester M13 0HF

Tel: 0161 701 1555
Email: reach@cmft.nhs.uk
Web: www.thenorthernsexualhealth.co.uk

ABOUT REACH CLINIC
The Reach Clinic (part of Northern) is for people who would like support to manage their use of chems.

Services include:
- Information and advice about chems
- Screening for STIs and HIV
- Clinical advice for people receiving treatment for HIV
- Clinical advice for people who are using PrEP
- Support from a specialist drugs worker

Walk-In available on Wednesdays from 3pm - 6.30pm.
Appointments available at other times.

"It is one of the most important things our gay communities need, are these conversations."

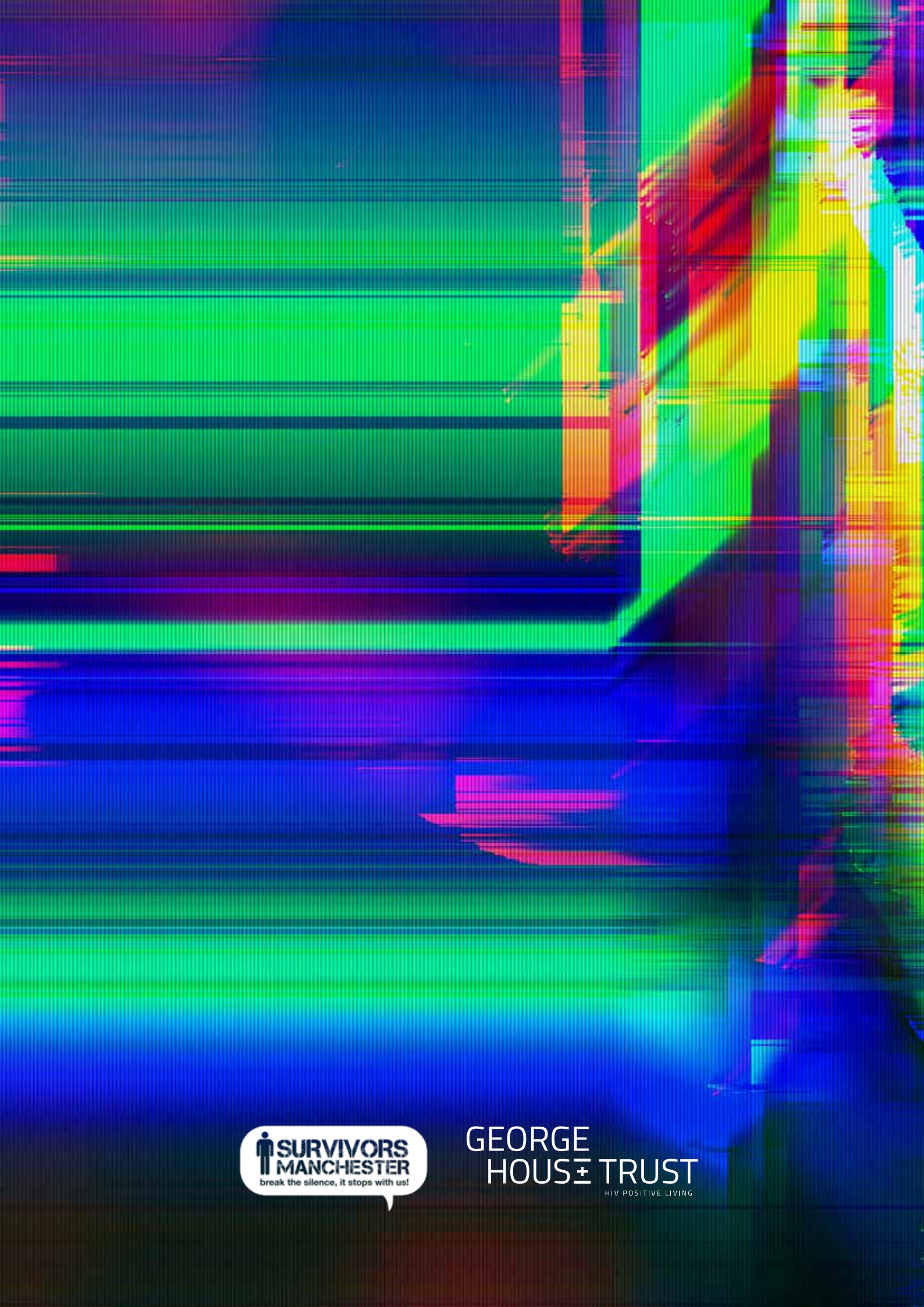
DAVID STUART
Researcher, Advocate, Hero, Global Icon
(1967 - 2022)

SURVIVORS MANCHESTER
break the silence, it stops with us!

GEORGE HOUSE TRUST
HIV POSITIVE LIVING

Survivors Manchester and **George House Trust** dedicate this report, the activity from it and our collective work in this area to our friend, David Stuart, who single handedly taught the world so much about Chemsex harms, health and safety, help needed, and the healing societies can offer.

Rest in Power David and thank you for the gifts you gave us.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