

MASTER THESIS



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Meth, Sex, Health and Pleasure

Exploratory research into the motivations for MSM (men who have sex with men) to engage in slamming, i.e. the intravenous use of crystal methamphetamine in a sexual context.

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Abstract

The research presented in this thesis investigates the psychosocial reasons for MSM to engage in intravenous sexualized drug use. There is a lack of qualitative research concerning intravenous sexualized drug use among MSM and this research aims to contribute to governmental and public discourse around intravenous sexualized drug use. The main research question centers around the psychosocial reasons for MSM to engage in potentially risky behaviour such as intravenous sexualized drug use. In order to answer the research question, a qualitative, explorative study was designed, using a risk-environment framework and conceptualizing elements from well known public health models and theories such as the Health Belief Model (HBM). The main results show the individual and social dimensions underlying the reasons for MSM to engage in intravenous sexualized drug use. This research aims to put the lived and bodily experience of MSM engaging in sexualized drug use front and center, in order to potentially develop interventions and harm reduction measures rooted in knowledge gained from the community itself. Suggestions for such interventions involve ways to achieve an increased awareness of the individual and social motives of MSM associated with engaging in sexualized drug use, the development of appropriate harm reduction measures and the development of a culturally competent approach to these issues, which allows for a value neutral safe space for MSM to discuss sexualized drug use experiences.

Introduction

Sexualized drug use, more commonly understood as 'chemsex', is a phenomenon that has been steadily on the rise since the previous decade, particularly among men who have sex with men (MSM). It was originally described in the UK, as the intentional use of psychoactive drugs to facilitate sex sessions, mainly among MSM (McCall, Adams, Mason, Willis, 2015). One of the drugs commonly associated with chemsex among MSM is crystal methamphetamine, also known as crystal meth, tina, ice and various other slang terms in the MSM community. In recent years, recreational use of crystal methamphetamine has been reported among gay and bisexual men as a sexual desire enhancer and inhibition reducer (Giorgetti, Tagliabracci, Schifano, Zaami, Marinelli, Busardo, 2017). It has also been described as one of the most dangerous drugs commonly associated with sexualized drug use, due to its addictive and neurotoxic effects (Giorgetti et al., 2017). Crystal methamphetamine is often used by the practice of 'slamming'. Slamming is a specific form of sexualized drug use with specific characteristics, and can be described as a practice relating to sexualized drug use by combining three elements: a sexual context, psychostimulant drug use and injection practices (Trouiller, Velter, Saboni, Sommen, Sauvage, Vaux, et al., 2020). Slamming consists of intravenous drug injection before or during sexual activity, in order to sustain, enhance, disinhibit or facilitate the experience (Schreck, Victorri-Vigneau, Guerlais, Laforgue & Grall-Bronnec, 2020).

Significant concern has been expressed by health care providers and gay and mainstream media about the impact of drug use on the physical, mental and social well-being of gay men and the wider gay community (Schreck et al., 2020). There are several risks associated with slamming among MSM, ranging from mental health issues to dependence, acute intoxication and contractions of infectious diseases (Dolengevich-Segal, Gonzalez-Baeza, Valencia, Valencia-Ortega, Cabello, Tellez-Molina, et al., 2019; Evers, Dukers-Muijers, Kampman, Kuizenga-Wessel, Shilue, Bakker et al., 2020a; Trouiller, et al., 2020). Slamming is also associated with specific harms and specific underlying psychosocial motives and beliefs (Evers, Geraets, Van Liere, Hoebe and Dukers-Muijers, 2020c). For instance, associations between sex and drugs are not new, but planned and intentional sex under the influence of methamphetamine is new and can facilitate slam sessions that can last for days (Schreck et al., 2020). The planning of slamsex events and the way the drugs are administered warrant further investigation of slamming among MSM, because it creates specific harms such as an increased risk of contracting blood-borne STIs, mental health issues following the come down of the drug and engaging in potentially unsafe sex practices such as condom-less anal

sex or fisting. Furthermore, not much research is available on the underlying psychosocial motives for MSM to engage in slamming (Schreck et al., 2020).

The focus of this research will therefore be to establish what the psycho-social reasons to engage in a potentially risky health behavior such as slamming are for MSM. More understanding about MSMs psychosocial motives to intravenously use drugs in a sexualized setting might benefit public health strategies such as harm reduction measures, when and if slamming becomes problematic. The planning of slamsex events and the way the drugs are administered warrant further investigation of slamming among MSM, because it creates specific harms such as an increased risk of contracting blood-borne STIs, mental health issues following the come down of the drug and engaging in potentially unsafe sex practices such as condom-less anal sex or fisting. Furthermore, not much research is available on the underlying psychosocial motives for MSM to engage in slamming (Schreck et al., 2020), so this research aims to establish what these psychosocial motivations are.

Research on slamming and the psychosocial motivations for MSM to engage in slamming is relatively scarce. However, a systematic literature review (Schreck et al. 2020) was recently published on the subject. In this study, a systematic review of the literature available was conducted and identified 530 publications, of which 27 were included in the final data synthesis. The search for literature to conduct this data synthesis was limited to studies published between January 2008 and may 2020. The study reports that slamming has become internationally visible since 2008 and that most studies conducted on the subject were of a quantitative nature, with only three studies presenting qualitative data. The study also reports that slam prevalence was generally highest in sub-populations of MSM who use drugs (as high as 91%) and that the use of psycho-stimulant types of drugs was reported in only 11 studies, mainly describing the use of methamphetamine, and to a lesser extent of mephedrone. The study further reports that only a few studies included a large number of respondents and that prevalence (of slamming) results came mostly from small samples focusing on very specific subpopulations among MSM: mainly MSM drug users or MSM admitted to HIV care units or consulting in sexual health clinics.

In the European context, several studies were conducted directly pertaining to slamming. In Spain, a study was conducted (Dolengevich-Segal, et al., 2019) in order to describe the psychopathological background of a sample of HIV-positive MSM who engaged in sexualized drug use and slamming and to compare physical, psychopathological and drug related symptoms between those using methamphetamine intravenously and those engaging in non intravenous sexualized drug use. The study was set up as a survey with a

sample of 742 participants. Of these, 216 engaged in sexualized drug use and 34 had engaged in slamsex. It was established that MSM who engage in slamming more frequently reported high risk sexual behavior, had more frequently contracted an STI and more frequently reported a current diagnosis of a current psychiatric disorder. Another study aiming to estimate the prevalence of slamsex was conducted across five cities in France (Trouiller, et al., 2020). It made use of an anonymous cross-sectional survey (Prevagay 2015) among MSM attending gay venues in Lille, Lyon, Montpellier, Nice and Paris. The sample had 2610 respondents, of which 61 reported engaging in sexualized drug use in the last 12 months. Overall, they found that 3.1% of their sample engaged in slamming at least once in their lifetime. Among these, a strong association with HIV or HCV (hepatitis C virus) seropositivity was found, as well as lower mental health scores and a challenging financial situation.

The major European study EMIS (the European Men-Who-Have-Sex-With-Men Internet Survey) was carried out in 2010 among a total sample of 180.000 MSM across Europe. This transnational survey showed a higher percentage of substance use in the Netherlands among MSM as opposed to the other 38 countries studied in the survey. It was also reported that the consumption of drugs associated with sex parties in the four weeks preceding the research was 6% for the entire sample. Only a few countries exceeded a proportion of 10% reporting the use of such drugs, with the Netherlands having the highest overall proportion with 17%. Additionally, when asked about the self injection of recreational drugs, 5% of the entire sample reported experience with self injection at least once. Only five countries exceeded 6%, with the Netherlands reporting 9% of respondents reporting experience with injecting recreational drugs (EMIS, 2010).

Because of the findings of the EMIS study in 2010 - combined with other observations from public healthcare institutions such as STD clinics, public health professionals and the MSM community in the Netherlands - an impetus for more research concerning intravenous sexualized drug use was created. For instance, in 2015, two NGOs receiving subsidies from the Dutch government and concerned with issues around drug use and STI prevention - Mainline and SOA AIDS Nederland - published a report on sexualized drug use and slamming ('Tina en Slammen') based on 27 interviews held with MSM with some experience in using methamphetamine, of which 20 reported experience with slamming. The report presents the personal experiences of these men relating to intravenous drug use during sex and sheds light on the reasons MSM engage in sexualized drug use in general and slamming in particular. It also provides information about the risks when engaging in slamming, describes information and support needs for MSM who engage in slamming and

offers recommendations for the monitoring of sexualized drug use and slamming and an overview of the current range of information and support services available to MSM. In addition to giving context to sexualized drug use and slamming among MSM in the Netherlands, the report singled out the need for additional data collection on the subject, the development of harm reduction measures geared specifically to MSM who engage in intravenous sexualized drug use, increasing knowledge about sexualized drug use among public health care professionals, development of easily accessible health care as it relates to drugs and sexual wellbeing of MSM and basing interventions for MSM experiencing problematic sexualized drug use on strengthening social integration (Knoops, Bakker, Bodegom, Zantkuijl, 2015).

Additionally, research has been undertaken in the Netherlands on sexualized drug use in general, such as a study on the social environment of MSM who engage in sexualized drug use (Evers, Geraets, Van Liere, Hoebe and Dukers-Muijrs 2020c). This study found that MSM are likely to find themselves in distinct social networks where it is the norm to use drugs during sex and pleasure is linked to chemsex. Based on these findings, the authors recommend health services to acknowledge the social influence and pleasurable experience of sexualized drug use in order to increase acceptability of strategies aimed at minimizing the possible harms of sexualized drug use. Another study focused on sexual, addiction and mental health care needs among MSM who engage in sexualized drug use in the Netherlands (Evers, Hoebe, Dukers-Muijrs, Kampman, Kuizenga-Wessel, Shilue, 2020b). This study found that most MSM engaging in chemsex use drugs to increase the qualities valued in sex and did not experience serious harm from sexualized drug use. The authors also identified a set of indicative characteristics of MSM with need for professional counseling. These are: frequent chemsex, prolonged time since sober sex, experience of disadvantages and intent to change chemsex behaviour.

A survey on sexualized drug use among MSM who are clients of the STI-clinic in Amsterdam found that 17.6% of all MSM visiting the STI-clinic in Amsterdam had engaged in sexualized drug use in the past six months of when the survey was conducted (Drückler, Van Rooijen, De Vries, 2018). Crystal methamphetamine use was reported by 22.1 % and 6.1% reported intravenous drug use (Drückler et al., 2018). In response to this research, a subanalysis of earlier conducted research among MSM visiting STI-clinics in nine provinces in the Netherlands was carried out (Peters, Evers, Dukers-Muijrs & Hoebe, 2020). In their sample of 558 MSM (of which 37 were MSW, male sex workers who have sex with men) they found that 29.7% engaged in sexualized drug use, compared to 17.4% in the Amsterdam region, of which 10.8% reported their use of crystal methamphetamine. They

argue that STI-positivity and sexualized drug use rates are not only high inside but also outside highly urban regions such as Amsterdam. Finally, a cross sectional survey among STI-nurses in the STI-clinic in Amsterdam was carried out about the feasibility and availability of chemsex services (Evers, Levels, Dukers-Muijers, Van Liere & Hoebe, 2020a). It found that of a sample of 108 STI-nurses, 71% reported addressing chemsex regularly or always in consultations with MSM. A need for training on sexualized drug use was reported by 76% of the sample, especially in signaling problematic chemsex (68%). Their results show the relevance of educating health care professionals such as STI-nurses on signaling problematic sexualized drug use and arranging referral pathways to addiction care to optimize sexualized drug use related health care.

In addition to the 2015 report 'Tina en Slammen', some more qualitative research on slamming is available. From April to December 2014 a study was conducted in Kuala Lumpur, Malaysia by conducting interviews with twenty men who had sex with other men in the past 6 months and used crystal meth at least monthly for a period of 3 months prior to the study (Lim, Akbar, Wickersham, Kamarulzaman, Altice, 2018). The data was analyzed by using thematic analysis and identified three overarching themes relating to slamming; motivations of drug use, issue of control in using crystal meth and perceived control during sexualized drug use. Concerning motivations of drug use, the primary motivations reported were: to increase sexual capacity, heighten sexual pleasure and enhance sexual exploration and adventurism (Lim, et al., 2018). An online ethnography - consisting of life stories of respondents from their first memory and conducted by employing a narrative interview method - about the lives of MSM who engage in slamming was carried out in Thailand, by interviewing 40 MSM over the course of a three year period, with interviews taking place three times over the course of several months between each interview (Guadamuz, Boonmongkon, 2018). Motivations to engage in intravenous sexualized drug use were reported, such as: increase of social status (because participants in intravenous sexualized drug use are viewed by respondents as having high social status, education, having white or lighter skin shade and having 'perfect, chiseled' bodies), maintenance of weight, and increasing concentration, productivity and stamina (Guadamuz, et al., 2018).

Closer to home, research was conducted among MSM in Ireland by interviewing 10 MSM who engaged in sexualized drug use and identifying, by thematic analysis, 4 basic themes: social and cyber arrangements within the Dublin chemsex scene; poly drug use and experiences of drug dependence; drug and sexual harm reduction within the chemsex circle; and sexualised drug use, escapism and compulsive participation. Motivations to engage in sexualized drug use within these themes varied from networking to increasing pleasure (van

Hout, Crowley, O’dea & Clarke, 2019). In Sweden, a study conducted among 15 Swedish MSM found that elevated sexual experiences, heightened physical pleasure, the possibility of longer sessions, increased confidence and freeing their minds from inhibitions were noted by respondents as motivations to engage in sexualized drug use (Dennermalm, Scarlett, Thomsen, Ingemarsdotter Persson & Molsted Alvesson, 2021).

The theoretical approach for this thesis is guided by concepts taken from the Health Belief Model (HBM). The Health Belief Model was developed in the 1950s by social psychologists in the US Public Health Service to explain why people didn’t participate in programs to prevent and detect disease (Champion & Skinner, 2008). The HBM focused on two aspects of individuals’ health and health behaviour: threat perception and behavioural evaluation. Threat perception was conceptualized as two key beliefs: perceived susceptibility of illness and anticipated severity of the consequences of illness. Behavioral evaluation also consisted of two sets of beliefs: perceived benefits of a health behaviour and perceived barriers to enacting a health behaviour. In addition, the HBM proposed that cues to action can activate health behaviour if appropriate beliefs are held. Later versions of the HBM also included an individual’s general health motivation (Conner & Norman, 2015).

Because the intravenous use of crystal meth among MSM is often understood as a risky health behavior, I apply two central concepts of HBM to better understand the reasons for MSM to engage in such risky behavior in the first place. The HBM lends itself well to this endeavour, because it allows for behavioral evaluation of the choices made by MSM to engage in slamming through framing and understanding these choices as perceived benefits and perceived barriers associated with slamming. Perceived benefits is useful to explain why and how an individual who might perceive personal susceptibility to a health condition (for instance addiction in the context of drug use) is influenced by his beliefs regarding the perceived benefits of a certain behavior (such as slamming). Perceived barriers are beliefs about the tangible and psychological costs of a certain behavior and can be applied to create insight about the motivations for MSM to keep engaging in slamming.

In order to effectively conceptualize perceived benefits and perceived barriers in the context of intravenous sexualized drug use, variables from the HBM are situated in a risk environment framework. This framework understands drug harms as a product of the social situations and environments in which individuals participate (Rhodes, 2009). By doing so, it allows the focus for change of a certain behavior from the individual to the social situations and structures in which they find themselves (Rhodes, 2009). When the concepts of perceived benefits and perceived barriers to a health behaviour are placed within a risk

environment framework, this allows for an examination of individuals perceived benefits and barriers regarding this behaviour but also allows for the acknowledgement that these perceived benefits and barriers are influenced and perhaps even shaped by the social situation they are in. In other words: perceived benefits and barriers can be social. In this manner, I can account for the social context of sexualized drug use and how this specific social situation influences and affects individuals' perceived benefits and perceived barriers to engage in slamming.

Because research shows that pleasure is linked to sexualized drug use (Evers, Geraets, Van Liere, Hoebe and Dukers-Muijters, 2020c), underpinning and overarching the previously discussed theoretical concepts and framework is an exploration of pleasure. Pleasure isn't something often understood by healthcare professionals as a part of drug use and governmental discourse about drugs and substance use is said not to be caused by pleasure seeking, but informed by visions of consumption characterized by compulsion, pain and pathology (O'malley, Valverde, 2004). Pleasure seems to be equated with a form of 'rational' and 'responsible' enjoyment of mind altering substances (O'Malley, Valverde, 2004), but this doesn't account for the exploration of pleasure via risky health behaviours such as condomless anal sex or fistfucking within the context of intravenous sexualized drug use.

This research

The research question based on my own review of the literature is: **what are the psychosocial reasons for MSM to practice slamming?**

Previous research has given some indications to the psychosocial reasons for MSM to practice slamming, such as increasing the qualities valued in sex (Evers, et al., 2020b), increasing sexual capacity and enhancing sexual exploration and adventurism (Lim, et al., 2018), increasing social status, maintenance of weight, and increasing concentration, productivity and stamina (Guadamuz, et al., 2018) and elevated sexual experiences, heightened physical pleasure, the possibility of longer sessions, increased confidence and freedom of inhibitions (Dennermalm et al., 2021). This research points to the notion that pleasure itself is a strong motivation for the MSM community to engage in sexualized drug use. The motivations reported in this research can also be understood as non-health related perceptions that influence MSMs perceived benefits and barriers to engage in intravenous sexualized drug use.

In the context of this specific thesis, an example of a non-health related perception that is of influence to MSMs perceived benefits of slamming might be the social environment of MSM who engage in slamming. A perceived benefit to engage in slamming might be influenced by the social networks around MSM who slam. A perceived barrier to stop engaging in slamming might be the loss of these very social networks, leaving an individual to feel lonely and psychologically unfulfilled. This forms an expectation of how my research question will be answered, in that I expect respondents' attitudes and beliefs about their social networks to contribute to MSMs perceived benefits and barriers to engage in sexualized drug use. A further expectation is that intravenous sexualized drug use allows for more sexual experimentation that would have been more difficult or seen as unattainable without intravenous drug use, such as fisting or blood sharing. The perceived benefit here can be understood as the dissolving of personal inhibitions to be more sexually adventurous, as the perceived barrier to engage in certain sexual acts is negated by intravenous sexualized drug use - because of the effect of crystal methamphetamine as a sexual desire enhancer and inhibition reducer (Giorgetti, et al., 2017).

In addition, by placing special emphasis on the personal motivations of MSM to engage in slamming, I hope to contribute to a conception of pleasure as a social pragmatic that is useful for harm reduction. This approach is threefold and concerned with: providing a basis

for conceiving practical measures that are in touch with given concerns and bodily practices, help stave off moral panic around risk and to become able to admit the active participation of affected subjects in the co-construction of meaningful practices of safety and care (Race, 2008). By examining perceived benefits and perceived barriers of MSM engaging in slamming within a risk environment framework, my thesis examines how pleasure is informed by individuals' beliefs (in turn influenced by their social context) and provides a basis for the development of pleasure as a harm reduction tool consisting of practical measures in touch with the lived experience and bodily practices of MSM engaging with sexualized drug use.

Methods

Research design

The design of my research is qualitative in nature. I conducted a thematic analysis, based on 25 broadly scoped semi-structured conversational interviews with MSM who engage in slamming or have quit slamming, but have engaged in slamming in the past two years. I haven't conducted these interviews myself, but via working together with Mainline on the basis of an internship, I was allowed to use these interviews for my thesis. Because of my involvement with Mainline via an internship and my use of their data for my thesis, an introduction of myself and my motivation to write a thesis about chemsex and slamming was written to be sent to the respondents. Ethical approval to use and analyze the data was gained from the Ethics Review Board of the Faculty of Social & Behavioral Sciences at Utrecht University at the start of my internship at Mainline in February.

Sample & recruitment

Respondents were found through Mainline's online fieldwork and user network, through an online survey or were recommended to participate via health care professionals.

Five of the respondents had participated in the 'Tina en slammen' research that Mainline published in 2015 with SOA AIDS NL. During the recruitment and selection of interview respondents, special attention was paid to differences in age, user experience, social cultural background and residence, in order to ensure diversity within the sample.

Organizations that helped recruiting interview respondents are: Pink Marrakesh, Trans United, Secret Garden, de Regenboog Groep, P&G292 en werkgroep Belgisch Nederlands Netwerk Mannelijke Seksworkers.

If potential respondents showed interest in participating in the interviews, an introductory phone call was made to clarify the objectives of the research. If and when the respondents agreed to participate, a consent form was sent to them to sign before conducting the interview. This consent form contained agreements pertaining to anonymity and the protection of their personal information. All of the respondents explicitly agreed to the use of pseudonymized quotes to be presented in the research. All the respondents received a 25 euro gift card after participating in the interviews.

All respondents are men who self identify as either gay (22), bisexual (2) or straight (1). All have sex with men and all have used crystal meth or another type of cathinone (for example 3MMC, etc.) intravenously and in a sexualized context in the past two years before the interviews were conducted, with the exception of one respondent, who had since before the interviews took place quit slamming. Of the respondents, 21 were born and raised in the Netherlands. The other four respondents have a West-European (3), North-American (1) or South-American background (1). The average age of the respondents is 46, with the youngest respondent being 22 years of age and the oldest respondent being 74 years of age when the interviews were conducted. Most of the interview respondents live in a big city (9), followed by living in a small city (5), a middle to big city (4), in a village (4) and in rural areas (3). Among the interview respondents, 15 were single and 10 were in committed relationships. Of these, 6 were in relationships exceeding 15 years. Additionally, of the 10 respondents in committed relationships, 6 were married: 2 with women (despite self identifying as gay) and 4 with men. Due to the sensitive and taboo nature of the topics discussed in the interviews, respondents are only referred to as 'respondent' and only distinguishable by age, for the purpose of protecting their privacy.

Data collection

The data analyzed in this thesis was collected by two staff members of Mainline. Between July and December of 2020, they conducted 25 broadly scoped, semi-structured conversational interviews with a broad range of topics. Because of the COVID-19 pandemic, most interviews were conducted online, with only a few taking place face to face.

Topics discussed included personal experience with drugs during sex, sexual health of the respondents, advantages and downsides of sexualized crystal methamphetamine use, setting in which sexualized drug use takes place, ways in which partners are found to engage in sexualized drug use with, sexualized drug use in the context of sex work, influence of sexualized drug use on mental and physical wellbeing, information needs as they relate to public health care and signals from the MSM community about changes in sexualized drug use. Some, but not all, respondents were asked about the influence of

corona on sexualized drug use. Additionally, because the interviews were semi-structured and conversational in nature, respondents were given the chance to discuss topics they personally thought to be relevant. The interviews were recorded and then transcribed at a later point.

Data analysis

The data was analysed by employing qualitative research techniques. The design of the research is based in reflexive thematic analysis. Reflexive thematic analysis is an approach to analysing qualitative data to answer research questions about people's views, experiences and perceptions (Braun & Clarke, 2006). A benefit of this approach is that the position of the researcher isn't understood as neutral. The researcher influences the analysis and in my specific case (being a member of the LGBTQ community) this is to be expected in some form or other, so opting for reflexive thematic analysis allows for the recognition of my role as a researcher pertaining to the analysis of the data.

The data was analyzed by coding the text, guided by my own expectations on the topic developed after intensive reading of all the interviews and to a lesser extent by my personal experience of self identifying as a gay men living in Amsterdam. Because of my objective of understanding the underlying psychosocial motivations for MSM to engage in slamming, I coded the interviews under two basic themes determined from my reading of the interviews. The themes were 'network'- in order to investigate the social component of MSM's motivation to slam - and 'added value slamming',- in order to investigate the psychological and individual motivations for MSM to slam. Any quote relevant to these themes was color coded into a syntax from which I drew the quotes used in the analysis.

The research is semantic in nature, i.e.: the analysis looks at what the respondents have said and reports on the assumptions and motivations underlying the data. The framework in which these assumptions and motivations are understood is constructionist - to understand and analyze them is to understand that social reality is created and sustained via individuals' shared interactions and the meanings ascribed to them. This is relevant to the conceptualization of pleasure as a social pragmatic from which we might draw inferences that could potentially be helpful in the creation of harm reduction measurements relevant to MSM. Utilizing this prism I have drawn quotes from the interviews to explore the social and individual determinations underlying the given reasons by respondents to engage in sexualized drug use and their experience of it.

The use of the themes 'network' and 'added value slamming' allowed for the lived and bodily experience of MSM who engage in slamming to be scrutinized as to how they relate to the social and individual dimensions of pleasure expressed and experienced within the context of sexualized drug use. This is meant to provide insight into the underlying motives of MSM to participate in slamming and potentially help guide the creation of harm reduction techniques arising from the actual lived and bodily experience of MSM participating in sexualized drug use.

Results

My analysis focuses on the microlevel concerning individuals' psychological motivations to engage in slamming and exploring social motivations for MSM to engage in slamming. Themes that were used to analyze the data were 'network' and 'added value slamming', based on my own expectations of what would be relevant and influential in MSMs reasons to engage with slamming. These expectations of networks and the added value of slamming as relevant were based on my reading of the available literature and my experience of living as a young gay men in the city of Amsterdam. Within these two broad themes, sub themes are used to further analyze the data. Within the theme of 'added value slamming', sub themes such as: intense rush, ritual of preparation of materials and less sexual inhibition emerged and were explored. Within the theme of 'network', sub themes such as: establishing contact online, different utilization of the internet for varying age groups, slam contacts evolving into personal relationships and losing personal contacts emerged and were explored.

Individual reasons to slam and added value slamming

Intense rush

Within the broad theme of 'added value slamming', the intense rush produced by intravenous sexualized drug use was described by the respondents as a main motivation to engage in slamming:

"At sexparties I became increasingly curious to the intense effect of the rush I saw developing in others. If I asked about the added value, people always answered: 'there are no words to describe the rush'. They were right. After a slam Tina all boundaries dissipate. The effect is intense and euphoric."

Respondent, 29 years of age

The respondent clearly describes what the 'rush' means: he describes the effect as 'intense and euphoric'. He also points out that influencing his decision to participate in slamming was his observation of this 'intense and euphoric' feeling in others. He also points out that 'all boundaries dissipate', possibly indicating his decreased sexual inhibitions. A different respondent uses comparable words to describe the rush:

"I was laying on the floor and remember clearly how I felt that first rush. Incredibly intense and horny, the effect was overwhelming. Completely new, I had never experienced anything like it, it felt like perfection. I wanted it more, certainly."

Respondent 47 years of age

The words utilized by the respondent here are 'intense', 'horny', 'overwhelming' and 'perfection'. This also points to why the rush of intravenous sexualized drug use is a main motivation for MSM to slam. The experience is strongly linked to pleasure and expressed by the use of hyperboles such as 'intense', 'overwhelming' and 'perfection'. It is also worth noting that he points out his immediate desire to use again, alluding to the addictive qualities of crystal methamphetamine. A respondent who quit slamming for a number of years describes how the intense rush of slamming doesn't necessarily diminish over time:

"I hadn't slammed for two years. Until I did a slam Tina with my regular fuckbuddy and experienced the intense added value again. A wonderful horny experience."

Respondent, 66 years of age

Again, hyperboles such as 'intense' and 'wonderful' are used to describe the rush produced by slamming. The respondent even describes the rush as an 'added value', indicating the mediation of pleasure by way of slamming.

All three respondents - in different age categories - describe the intense rush and pleasure following slamming. It is the main perceived benefit to engage in slamming, whether it is a first experience after observing other people slamming or trying slamming again, the intense rush and subsequent 'elevated' sexual experience draws MSM to slamming.

In tandem with the intense rush produced from slamming, the preparation of materials and the anticipated rush produced in others partaking in a slam session is experienced as erotic, as one respondent elaborates:

"A lot of slammers become addicted to the ritual. The strong rush you crave or that you see develop in the other person. After a slam, a person's voice drops a few octaves and he adopts a different body posture. That has something animalistic, I find that erotic. Also when

I watch slam videos, I get a kick from the effect of the rush, the moment the drug is coursing through the bloodstream. Others enjoy the rush directly after the slam.”

Respondent, 44 years of age

Here, the respondent points to his individual excitement from engaging in slamming, which is mediated through the preparation of materials and the social interaction of experiencing a slam together, as expressed in recognizable bodily changes of the participants. The perceived benefit of slamming is described as a visible change in demeanor, expressed through voice and posture, contributing to an increased sense of sexual excitement.

Less sexual inhibition

Another main psychosocial reason and perceived benefit for MSM to engage in slamming is the experience of less sexual inhibition when engaging in intravenous drug use. Reduced sexual inhibition is usually related to specific sexual practices, as this respondent describes:

“The slam took effect nicely. We fistfucked like crazy and after that I fisted both men at the same time. Fisting becomes much easier under the influence of a slam. We continued until the next morning. [...] I let myself go completely. We acted like animals.”

Respondent, 73 years of age

The respondent makes it clear that the sexual practice of fistfucking is made more accessible by intravenous drug use. He also describes acting ‘like animals’, an indication to the extent of which sexual inhibitions are reduced by slamming. This indicates that the reduction of sexual inhibition is a main psychosocial reason to engage in slamming. Another respondent describes a different sexual practice facilitated by slamming:

“For a time I was turned on by blood slamming. It makes you really close to other men, I found that horny. The other side is that sharing blood is really wrong. Junkie behavior. And that I also found horny. Strange how you think of something like that, but I did it a few times.”

Respondent, 62 years of age.

The respondent shares how a behaviour he normally considers ‘junkie behaviour’ becomes a sexual and intimate practice through slamming. He points out that slamming didn’t change his opinion on blood sharing - he still considers it ‘wrong’ - but that ‘wrongness’ is part of what makes this experience pleasurable. It is a clear indication of how slamming works to free the mind of inhibitions and blur the lines between what is perceived as good and bad. This blurring of line between what is perceived as good and bad is also described in a wider context by the following respondent:

“I see the slam-scene harden. For example nazism as a fetisj. Meth strengthens sexual fantasies, so probably also hidden fantasies. And every human has dark fantasies. That is not within the person himself, but in our human DNA.”

Respondent, 49 years of age

The respondent describes crystal methamphetamine as a drug strengthening sexual fantasies, including ones that are ‘hidden’ or ‘dark’. He describes these hidden and dark fantasies as a part of the human condition (‘human DNA’) and relates how these fantasies find expression within the slam-scene. He describes the perceived benefit of slamming in order to express the darker sides of sexuality he deems to be a part of human sexuality and how slamming might facilitate a more prominent place for these usually hidden facets of sexuality within the larger scene of MSM who slam. This indicates again that reduced sexual inhibitions are an important reason to engage in slamming.

Two respondents described practices (fisting, blood sharing) facilitated or made easier by slamming. A perceived benefit of slamming is that it allows for practices that in a sexual context without consuming drugs might be more difficult and painful (fisting) and it allows for practices heavily associated with the stigma of intravenous drug use to become sexualized and used as a social pragmatic to increase intimate connections between men (blood sharing). It is interesting to note here that the stigma around intravenous drug use and the stereotypical image of the needle junkie is flipped on its head and utilized as a ritualistic sexual interaction to increase intimacy between MSM engaging in slamming. The implications of taboo and stigma around drug use and sex utilized and subverted in this manner seem to point to a perceived benefit for MSM who slam to confront societal stigma an taboo about their practices of sex and drug use by mediating these themes through social interactions grounded in the pursuit of pleasure.

Networks

Establishing contact online

To better understand the social motivations for MSM to engage in slamming, I have explored the networks made up of MSM who slam. MSM seeking to connect to other MSM who want to slam often find and build their networks in an online space. The internet is widely used to connect to other MSM who slam and to make connections and appointments in order to engage in sex under the influence of crystal meth. The easy access to the internet and thus to meeting MSM who engage in slamming is a perceived benefit for MSM looking to engage with slamming themselves. Before the internet was widely used, MSM found each other in public spaces such as gay bars, gay bath-houses, parties specifically catering to gay men,

etc. This presents issues around privacy and anonymity, when looking for matters such as intravenous sexualized drug use that carry societal stigma. Nowadays, the internet is the preferred way of meeting other MSM for sexualized drug use, and this mitigates concerns about privacy and anonymity, allowing for a wider availability of options relating to sex and drugs. As one respondent put it:

“Drugs only came into the picture with the arrival of the internet. It enabled you to look for more specific things. What do you want, what kind of sextechniques, what do you like to do and slowly I entered circuits. Before the internet I also did other stuff, I went to the sauna, to the beach, outside, different from now.”

Respondent, 66 years of age.

Another respondent explains how internet is the main space where he finds other MSM interested in slamming:

“I find my contacts via the sites, and people who know that I use, approach me, find me on the sites. It is easy to find people who want to slam, and that is also the problem.”

Respondent, 62 years of age.

Utilizing the internet

The internet is used in several ways to find and build networks of MSM interested in slamming. As illustrated above, some MSM use websites (bullchat.nl, planetromeo.nl, etc). These websites are usually profile based and allow MSM to quickly find other MSM with the same interests. Some MSM also use apps, especially younger MSM, as one respondent describes:

“Right now I use this new app, called The Chill app. It is focused on group sex, using symbols for ‘candy’.”

Respondent, 28 years of age.

This different utilization of the internet according to age is also described by the following respondent:

“I prefer to date via Grindr or PlanetRomeo. On PlanetRomeo mostly forty plus guys are active. Younger guys prefer to use the new app *Chill*.”

Respondent, 69 years of age

The easy access to the internet and different ways of utilizing the internet according to age categories is a perceived benefit for MSM to engage in slamming, because it allows for finding specific partners in accordance with personal preferences and with aligning sexual interests. The availability and wide variety of sexual partners with specific sexual interests may act as a contributing reason for MSM to engage in slamming.

The online space for MSM interested in slamming allows MSM to build a space in which to find other MSM who want to slam and has developed slang specific to the community, as the following respondents illustrate:

“I see profiles with slang for slamming, such as ‘slm’ or ‘SL-fr’. Slammers know how to better and more easily find each other.”

Respondent, 69 years of age

“On dating sites and apps Tina-users use code language, such as T, To the PoinT, clouds or capital T.”

Respondent, 44 years of age.

This short exploration of the ways MSM interested in slamming utilize the internet serves to show the way networks of MSM who engage in slamming are created and sheds some light on the social impetus and perceived benefits to engage in slamming: it is easy to find people with the same interest in slamming and this allows for the building of a community with largely the same interest expressed through community specific vernacular. This ease of finding and availability of a clearly defined community of MSM interested in sexualized drug use acts as a contributing reason for MSM to engage with the combination of sex and drug use in order to facilitate, enhance and prolong sexual experiences.

Slam contacts in personal areas of life

As the respondents have illustrated, there is a large online community of MSM who slam and who know how to find each other easily. The very nature of slamming requires MSM to meet up with each other in real life, so even though networks of MSM who slam are usually found and built online, I want to focus on the real life networks established after the initial online contact, to better understand the social impetus and perceived benefits to keep engaging in what is often understood by outsiders (i.e. health professionals, but also family and friends)

to the community as risky behavior. One respondents illustrates that social interactions centered around sexualized drug use can become personal in other areas of life:

“In my network of sexbuddies I also have friends, that is a bit mixed up.”

Respondent, 61 years of age

It becomes clear from this quote that sexbuddies can become friends, and that his social circle is ‘mixed up’, consisting of friends and sexbuddies he also considers to be friends. Another respondent also describes how his sexbuddies are also friends:

“My sexnetwork consists of a selective group of men with whom I, next to sex, also maintain social relationships.”

Respondent, 66 years of age

Again, social relationships arising from respondents sexnetwork aren’t only confined to sex, but access other areas of a respondents life, ‘next to sex’. On of the respondents describes one of these other areas of his personal life, his romantic life:

“I was regularly abroad for work and in my time off I could date and use. That is how I met my current partner D. in 2009. We had sex under the influence of Tina and we had an immediate connection. Our follow up contact blossomed into mutual infatuation.”

Respondent, 49 years of age

The respondent makes it clear that slamming has led to his current romantic relationship. Feelings of ‘connection’ while engaging in sexualized drug use have the potential to become something that extends to other areas of a respondents life, such as their romantic life. The possibility of experiencing deep levels of connection during slamming and it’s potential to extend to other areas of an individual’s life may act as a perceived benefit and reason for MSM to engage in slamming or continue to slam. This doesn’t necessarily have to be within the context of a romantic relationship, as the following respondent describes:

“Through a dating app I had contact with a guy living around the corner. We met up and had sex and used for the whole weekend. When I was evicted from my room the next week I moved in with him. We became roommates and fuckbuddy’s, going to sexparties together.”

Respondent, 25 years of age

These four respondents all illustrate a perceived benefit of engaging in networks consisting of MSM who engage in slamming: often, these relationships evolve into something other than an occasional sexpartner to slam with. The respondents describe how sexpartners gained from the online community of MSM interested in slamming become friends, lovers and roommates in their real personal lives. The potential for these types of relationships to arise from slamming and MSM awareness of this potential acts as a perceived benefit and reason for MSM to slam or continue to slam. Or, as another respondent succinctly describes it:

“A slam session is also a social activity and creates connection. In this way, deep conversations can arise, you talk about each other’s happiness and sometimes about the pain of life. In this way you build a friendship.”

Respondent, 56 years of age

It is clear that MSM building their networks of potential sexpartners to slam with often find these relationships deepening, to where they aren’t only confined to sexual settings, but become something else that can be construed as a perceived benefit of slamming: in the long term they aren’t left with just fleeting sexual contacts centered around pleasure, but they have established a personal network of people that they can turn to for other individual needs associated with friendships, love and even a place to stay or live.

The entrenchment of relationships initially found with the express purpose of slamming in other areas of an individual's personal life can also become a perceived barrier to stop slamming, as the following respondents describe:

“What makes me apprehensive is losing my contacts. Looking for other activities, a new group of friends isn’t easily created. I know people who use it every now and again and then I would also have to stop seeing them, while we have a friendship, and I feel this is kind of hard.”

Respondent, 61 years of age

The respondent makes it clear that to stop engaging in intravenous sexualized drug use, he would have to stop seeing his friends. This acts as a powerful perceived barrier for the respondent to quit slamming. That losing friends and social contacts is a powerful perceived barrier to quit slamming is also illustrated by a respondent who already quit slamming:

“Since I quit using I still am in contact with friends from my user network. That presents an issue. The building of a new circle of friends. When I heard someone say at a meeting that

he also used to do chemsex, I immediately thought: yes, let's swap numbers, then maybe we can help each other, or it was my addiction thinking, there you have one.

Respondent, 30 years of age

Both respondents describe how hard it is to find friends, when a great part of your social life consists of MSM engaging in slamming. These quotes contrast nicely in that a lack of friendship outside the community of MSM who slam is a perceived barrier to stop slamming, but also continues to be an area of personal worry when an individual has quit slamming.

Discussion

Main findings

The main findings regarding my research question are that the psychosocial reasons for MSM to engage in slamming have individual and social components. This is also true for the perceived benefits and barriers of slamming for MSM. The individual component influential in the underlying psychological reasons for MSM to engage in slamming concerns ideas about pleasure and the mediation of pleasure occurring in the context of sexualized drug use.

Almost all respondents describe the overwhelming effects of slamming: it is described as an intense rush, euphoric in nature and unlike anything else experienced before. This high, caused by the release of high levels of dopamine in the reward areas of the brain, makes slamming attractive to MSM. Furthermore, the combination of the rush of the chemical high with the added incentive of sex makes for a powerful perceived benefit to engage in slamming. Interestingly, this extends to observing the preparation of materials to be used in slamming and observing the drug taking effect in a prospective sexual partner. The sexualization of the logistics of intravenous drug use and seeing its effects in someone else create an additional perceived benefit for MSM to slam.

Additionally, most respondents report a fading away of sexual boundaries after slamming. Practices that might be deemed too intense or painful without drugs become more attainable when under the influence, for example fisting. Dissolving sexual boundaries allow for an exploration of sexuality not experienced before and create a powerful perceived benefit for MSM to slam. Here, it is interesting to note that many MSM experience stigma and taboo around their sexuality (and the practices associated with this) and the use of drugs.

Slamming seems to free MSM from this stigma and taboo and allows for an exploration of those facets of sexuality that tend to be hidden from themselves and others because of the societal stigma and taboo associated with them. Slamming provides a way to eliminate such thoughts and engage actively with them. Respondents also describe sexualizing the very things they - when not under the influence - describe as 'junkie behavior', such as blood

sharing. This is almost always seen as dangerous and feelings of shame are frequently ascribed to participating in them, but when under the influence of a slam, these feelings dissolve and the previously 'shameful' behaviors become eroticised and a source of pleasure and intimacy. This reversal of taboo and stigma into a social mediation of pleasure via sexualized drug use is another perceived benefit for MSM to slam.

Socially, it is relatively easy for MSM to connect to other MSM who engage in slamming by using the internet as a primary social space to make connections and build a network of MSM interested in sexualized drug use. This easy access to an established community of MSM with aligning interests acts as a perceived benefit of slamming and as a contributing reason for MSM to engage in slamming. Often, this online community makes use of slang (such as: Tina, SL-fr, To the Point or symbols such as candy icons) to easily distinguish and find MSM interested in slamming. While these contacts are first established online via the use of dating websites and dating apps, they often become real life encounters organized around sexualized drug use.

After establishing contacts in the online space provided by the internet, real life meetings centered around sexualized drug use occur between MSM. At this point - even though some meetings are fairly anonymous and on a one time basis - many MSM develop social bonds outside the first connection within the context of sexualized drug use. These social relationships are a perceived benefit for MSM to slam, since they often develop into friendships, relationships of a romantic nature or living together in the same house. The deepening of social relationships established within the context of sexualized drug use also presents a perceived barrier when MSM profess a desire to quit slamming: many of their social relationships are in one way or the other related to sexualized drug use, and by quitting slamming, MSM feel at risk of losing these relationships. The idea of having to find and build new networks of social relationships often causes anxiety to MSM and potentially acts as a perceived barrier to disengage from slamming.

My findings relate to other research by expanding on the individual reasons for MSM to engage in slamming. Pleasure is firmly linked to slamming, in terms of the effect of the drug (the intense rush and lowering of sexual inhibitions) and also the preparation and observation of drug use. The connection between pleasure and slamming has been noted by other research (Evers, et al., 2020c), as well as the loss of sexual inhibitions and sexual exploration (Dennermal, et al., 2021, Lim, et al., 2018), and this research expands upon those notions by showing how certain sexual practices can be construed as perceived benefits and reasons for MSM to engage in sexualized drug use. My findings on the social dimension of slamming relates to other research that has investigated attitudes and beliefs

about the community of MSM (Evers, et al., 2020c), but differs from it and adds to it by making use of qualitative research techniques, allowing for the lived experience of MSM engaging in sexualized drug use to be the focus of study.

Strengths & limitations research

The strength of this research is that it provides insight in the lived experience of MSM relating to the psychosocial reason relevant to them to engage in slamming. In looking at and analyzing a selection of in-depth interviews with MSM who engage in slamming, I contribute to discussions around safe sexualized drug use. I hope to contribute to the discourse around drugs and sexual health, by employing a public health perspective that is culturally competent and in this manner avoids feeding into the societal stigma surrounding this discourse. My research might also lead to new insights concerning harm reduction measures - either those employed by MSM themselves, or perhaps newly understood within the context of my research.

A limitation of my study is that my research question didn't allow all aspects of the data to be analyzed. Because of the wealth of data I had access to and the rather narrow focus of my research question, many other interesting findings could not be reported here, due to the limitations of the thesis in terms of research question and size, but I would like to briefly note a few things not reported here, as they didn't directly concern my research question. It is important to consider that with the dissolving of individual sexual boundaries, issues around consent arise as well. Often, respondents note that consent is difficult to gauge when under the influence of drugs and some report experiencing sexual acts they didn't consent to. This is almost never discussed in aggrieved terms, but viewed as something that almost 'comes with the territory'. Other aspects that my research question wasn't concerned with are issues around sexual health (STI's, condom use, use of PREP), drug use as it relates to sex work and the diversity of MSM engaging in slamming (the stereotypical image of the 'needle junkie' again doesn't apply here, since respondents report knowing lawyers, doctors and public health officials engaging in slamming).

Conclusion

The reasons for MSM to engage in sexualized drug use are wide ranging and diverse. This research expands on our knowledge of these reasons, by highlighting the individual and social components of the psychosocial reasons for MSM to engage in sexualized drug use. Research has shown that among MSM who engage in chemsex, there is an understanding of harm reduction strategies and self-defined rules of intake to stay safe and healthy in both the short term and the long term (Dennermalm et al, 2021). This research also found that

there is a need for the increased adoption of harm reduction techniques in the population of MSM who have chemsex, focusing on mitigating harm and prevention of risk of 'problematic' use. By investigating the individual reasons to engage with slamming (the intense rush, observing this rush in others and reducing sexual inhibition) and the social reasons for slamming (easily accessible community, development of personal relationships) I hope to contribute to the development of harm reduction measures that take the lived experience of pleasure, drugs and sex of MSM into account. Research has also shown the need for a value neutral safe space to talk about chemsex experiences (Herrijgers, Poels, Vandebosch, Platteau, Lankveld & Florence, 2020). The research in this thesis, by placing emphasis on the bodily experience of MSM in the context of sexualized drug use, contributes to the development of a culturally competent approach - free of societal stigma - when it comes to researching issues around drug use and sex and the development of appropriate harm reduction measures meant for the MSM community.

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