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More Than a High: Exploring Pleasure and Investigating Components of Wellbeing in Chemsex

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Thesis Abstract

This thesis contains two papers focusing on Chemsex as the subject area. The literature review explores experiences of pleasure in Chemsex literature, while the empirical paper investigates the relationship between Chemsex and wellbeing.

The literature review utilised a thematic synthesis of 10 UK and Ireland papers exploring qualitative reflective accounts of direct Chemsex experiences. Using an inductive pleasure-focused interpretive frame, the review highlighted that experiences of pleasure extend beyond heteronormative assumptions limited to “hedonism”. Pleasure was also found in areas such as the myopic properties of using chems, escaping from pressures of the outside world, feelings of collective and personal safety in seclusion, elevated physical/emotional/divine pleasures, and an array of social pleasures in areas such as acceptance, connection, and identity exploration. The findings highlight the power of the heteronormative gaze and judgements of ‘appropriate pleasure’, understanding types of safety, and pleasure(s) as a need. Implications include the necessity of incorporating pleasure into health service and supportive intervention considerations.

The empirical paper investigated associations between Loneliness, Self-Acceptance, Social Connectedness and Subjective Wellbeing via an anonymous online survey with UK-based Men who have Sex with Men (MsM). Results indicated that Loneliness was the key variable influencing Wellbeing in the analysis, linking with social connectedness appraisals as a unified theorised construct. Social connectedness was the only variable that significantly predicted wellbeing once included in regression analyses. Loneliness was also linked with relationship status, Chemsex appraisals, and participation demographics. Implications include considerations for medical history taking and psychological

assessment practices. This also includes recommendations for MsM-aligned therapies and general considerations of fostering reconnection to meaningful supportive communities.

The critical appraisal reflects on the researchers' learning and experience in undertaking this research. This includes further exploration of the limitation and clinical implications of the project findings, as well as an evaluation of personal learning.

Declaration

This thesis was completed between February 2023 and January 2024, and submitted in April 2024. It was completed in partial fulfilment of the Doctorate in Clinical Psychology at Lancaster University. The research has not been submitted for any other academic award. The work submitted is the authors own and does not contain the work of any other authors, except where due reference is made.

Callum Cairns

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Section 1: Literature Review

**How is pleasure understood in UK-based Chemsex research? A thematic
synthesis of qualitative studies**

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Abstract

Pleasure is a multifaceted and much debated area across philosophy and psychology. However, queer pleasure is frequently researched in a reductionist manner, often focusing on bodily-sexual pleasures. Chemsex is the use of specific drugs ('chems') by Men who have sex with Men (MSM) before and/or during the sexual session (Bourne et al., 2014). UK and Ireland Chemsex literature predominantly focuses on STI/HIV transmission rates or 'risky sexual behaviours' in line with biomedically modelled health priorities. The limited qualitative literature remains focused on sex- and drug-related bodily/neurochemical pleasures at the expense of nuanced non-heteronormative pleasure understandings. This is vital to acknowledge, as employing risk-focused sexual education initiatives in the absence of pleasure considerations has led to limited success, contrasted with those incorporating pleasure (Ford et al., 2019).

This review explored how Chemsex-related pleasures were described in UK- and Ireland-based qualitative literature, utilising Frijda's (2010) 'feels good' definition, Frijda's (2001) broader list of potential 'pleasures', and Race's (2017) theory of prospective novel pleasures following the sex-drugs interaction.

An inductive thematic synthesis was undertaken on ten UK- and Ireland-sampling studies. Six analytic themes emerged from the data; 'Myopic Sensuality', 'Relief', 'Collective Seclusion', 'Social Appraisal', 'Exploration', and 'Divine Pleasure'.

These themes are discussed in the context of the heteronormative gaze, societal expectations of 'appropriate pleasure', MsM-specific appraisals of 'types of safety', and pleasure(s) as a need.

Study strengths are centred around the novelty of understanding generated. Weaknesses include a large proportion of included research utilising the same sample and most participants being based in the South of England.

Clinical implications might consider the development of an MsM co-developed model of pleasure and utilising these findings to inform culturally-specific formulation and intervention work in line with client goals for sustainable or ceasing Chemsex participation.

Keywords: Chemsex, pleasure, thematic synthesis, men who have sex with men

Introduction

The nature of 'pleasure' is debated across the disciplines of philosophy and psychology. Its conceptualisation is diverse, and the demographic and geographic context for which understanding is sought also shapes how pleasure is defined and understood.

Historically, Freud's 'pleasure principle' theory asserted that the brain's drive is to seek pleasure and avoid pain (Centonze et al., 2004), where this was later expanded to be in contention with 'death drives' (Freud, 2015). However, the development of later theory expanded to move away from this 'relief of tension' located in instinctual drives, instead exploring the concept of homeostatic regulation with pleasure experiences adopting a catalytic, facilitative role.

This 'relief of tension' argument states that pleasure is not an end goal, rather that the achievement of self-regulation is experienced as pleasurable (Higgins, 1997). Positive affect in general would appear to link with theories of homeostatic regulation; as a state, pleasure has been argued as allowing the acceptance of current circumstances and refocusing on stimuli that are necessary or preferred. This means that, contrary to traditional understandings of 'pleasure seeking', pleasure would not function motivationally. Instead, for example, of encouraging typical avoid or approach behaviours, it might provide relief (positive avoidance) or encouragement (positive approach) (Carver, 2003).

These drivers of behaviour have been linked with the underlying affective state in question; Raghunathan and Corfman (2004) assert that affective states as drivers result in 'mood repair' behaviours or 'affect-as-information' behaviours, where, for example, sadness leads to pleasure seeking in replacing a lost object while anxiety leads to attentiveness in the face of adversity. Yet, again, this could be critiqued with

prior understandings of pleasure; pleasure has been theorised as facilitative of goal seeking behaviour in that it allows selective attention to function by designating what stimuli are safe, or as secondary to an experience itself – Frijda describes it like a ‘gloss’ over an experience (Frijda, 2010).

Further, it has been contested that pleasure can be divided into ‘hedonic’ bodily pleasures - ‘simple goodness’, or feelings that function to motivate the maintenance of homeostatic stability - and ‘eudaimonic’ pleasures - positive striving outside of the comfort zone that stimulates personal growth, curiosity, and engagement beyond a state of homeostatic survival (Vittersø, 2016). It could be said, then, that pleasurable experiences are not pleasurable purely because we desire them (Smuts, 2011), but instead, quite simply, because they ‘feel good’ (Frijda, 2001).

The nature of pleasure has been so contested that James Russell argues it is one of the most under researched concepts in modern psychology (2003), and modern comprehensive efforts are both rare and often too nuanced to generalise (Christensen & Gomila, 2018). This disparity could be partially explained by the rise of neuroscientific style investigation and difficulties of ‘pinning down’ pleasure, due to overlapping neurological activity with both regulating pain and affective states (Moccia et al., 2018). However, it may also be influenced by societal judgements about the acceptability and morality of experiencing pleasure. In the book “Life’s Values: Pleasure, Happiness, Wellbeing, and Meaning”, Goldman (2018) comments that the viewpoint of ‘psychological hedonism’ - pleasure being the ultimate and only motivator for all behaviour - has been associated with, and tarnished by the, moralistic judgements attached to sexual pleasure. This has resulted in the association of ‘psychological hedonism’ with instinctual ‘base’ pleasures at the exclusion of ‘higher order’ cognitive pleasures.

It could be said, then, that what are accepted as 'appropriate' pleasures is dictated more broadly by the culture in which the behaviours take place. Rye and Meaney (2007) articulate this well, although fail to acknowledge pleasures beyond the bodily-neurochemical definition. For example, one study of Portuguese lesbian, gay, and bisexual couples' interpretations of sexual satisfaction encompassed themes of spirituality, affection, creativity, and around a sexual minority identity; only one theme of four centred on the subjective sexual experience (Pascoal et al., 2019). Another study found a qualitative theme of 'the perks of being with another' (Manão et al., 2023). It is possible both studies are reflective of a cisgender gaze, assuming two homogenous groupings of cisgendered heterosexual individuals and 'sexual minorities', though there is no way of confirming this.

Chemsex and Men who have Sex with Men

In this vein, historic westernised moral judgements of gay men's sexual behaviour are possible contributors to a blindness to forms of Men who have sex with Men (MsM) related pleasures. For example, one study notes how gay men are often framed through the lens of 'risky' sexual conquest, when their findings actually suggest stronger preference for romantic relationships than heterosexual male students (Barrios & Lundquist, 2012); although this examines a solely student USA population. In addition, one study found an association between increased levels of disgust sensitivity and more disapproval of gay people (Inbar et al., 2009). This was despite no explicit disagreement with gay couples, but implies deeper implications on viewing gay intimacy as 'morally wrong'. Again, this research utilises a USA-based population and moral judgements were not explicitly collected in this study, however it indicates societal-level judgements and unconscious individual assumptions may cloud interpretations of MsM pleasure.

Pleasure has also been a central assumption of motivation in substance research while remaining starkly absent in understandings of behaviour (Race, 2017). Some researchers have noted there may, often, be frequent and incorrect binary distinctions made between behavioural drivers, such as pleasure-focused substance use and reparatory self-medicating (Moyle et al., 2020); if we entertain the position of a homeostatic regulatory function of pleasure, it could be argued that these exist within the same theoretical frame. This highlights how the binary assumption that problematic behaviours, such as problematic drug use in 'Chemsex', cannot also be pleasurable is potentially flawed (O'Malley & Valverde, 2004).

Chemsex is defined as sex between MsM under the influence of drugs, namely GHB/GBL¹, Crystal Methamphetamine and/or Mephedrone taken before and/or during the sexual session (Bourne et al., 2014). It is of relatively recent research interest following concerns of associated rises in STI and HIV transmission (Howarth et al., 2021; MacGregor et al., 2021) and associated harms, such as related crime and trauma (Morris, 2019; Tan et al., 2021).

Chemsex research has consequently focused on 'risky sexual behaviours' prevalence (Møller & Hakim, 2023) and associated infection transmissions during Chemsex sessions, undoubtedly and rightly linked with the devastation experienced by the MsM community during the AIDS/HIV epidemic of the 1980s. In doing so, prevention research has arguably labelled Chemsex as 'moral depravity' - where pleasure is prioritised over risk to life (Westhaver, 2005). Indeed, Westhaver asserts that the 'avoidance of death' is not the ultimate motivator, instead arguing that pleasures beyond bodily pleasures play important roles in behavioural choices.

¹ Gamma-hydroxybutyrate / Gamma-butyrolactone

In addition, Race wrote in “Pleasure Consuming Medicine: The Queer Politics of Drugs” (2009) that Chemsex as a phenomenon is neither merely a sexually- or drug-related behaviour. Instead, in combination, their multiplication results in a new, unique experience. Race argues that the pleasure(s) associated with such behaviour are unique and beyond the understanding of heterosexual, sober assumptions about what pleasure is or could be – an observation that could be applied to much of the pleasure literature.

If, as in these examples, a definition of pleasure is continuously assumed by researchers, does this mean that Chemsex research remains focused only on bodily experiences of pleasure? Is it possible that MsM articulate pleasure in a variety of ways, only for it to be interpreted through a risk-focused, health-prevention lens? It is noted that, globally, the use of risk-focused sexual education initiatives in absence of pleasure considerations have had limited success, contrasted with those intrinsically incorporating pleasure (Ford et al., 2019). Simultaneously, Milhet et al. (2019) note the presence of pleasure at the core of reported French Chemsex experiences amidst the absence of its explicit consideration in the general research area.

This systematic review aims to review UK-based qualitative Chemsex literature to draw together diverse conceptualisations of pleasure and better understand what pleasure means in the UK context. This review was specifically planned to analyse qualitative data on personal experiences and interpretations of pleasure across the temporal journey of the Chemsex experience. Though an agreed definition of pleasure is contested, the review will utilise Frijda’s ‘feels good’ definition of pleasure to open-mindedly interpret qualitative appraisals through thematic synthesis by identifying what experiences participants and researchers

identify that 'feel good'. Frijda's more in depth theory that pleasure encompasses a variety of understandings such as sensory pleasure, relief pleasure, achievement and mastery pleasure, activity pleasure, social pleasure, and aesthetic pleasure (Frijda, 2001) will be utilised to guide a thematic synthesis of the literature, while holding in mind Race's (2017) observation that novel, unique pleasures, possibly beyond expected associated pleasure language, may also appear in the data. This review will address the question "how is pleasure understood in UK-based Chemsex research?"

Method

Eligibility Criteria

Inclusion criteria that were applied to articles reviewed for this synthesis are available in Table 1.

[insert Table 1]

Including only UK- and Ireland-based samples was decided upon following consultation with other Chemsex researchers. Both Chemsex and the concept of pleasure are defined and understood relative to local geographies and cultures. As such, specifying the country/culture of research should contribute to consistency of understanding. There was no restriction on publication year, however it was anticipated that research would fall within a specific window due to the noted emergence of Chemsex in research in the early 2010s.

Exclusion criteria included non-empirical research, such as abstracts, conference proceedings, opinion papers, letters to editors, and other grey literature.

It also included qualitative literature where the focus was on secondary phenomena, such as HIV or Chemsex healthcare experiences, as this literature excludes the individuals' experiences of Chemsex itself. However, it was acknowledged that this may be a secondary component of some literature that does focus on Chemsex. These specific cases were planned for discussion between the lead and secondary reviewer.

Search Strategy

A review protocol was created in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (www.prisma-statement.org). Databases identified were five EBSCO-contained archives; LGBTQ+ Source, Medline Complete, APA PsychINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and the Allied and Complimentary Medicine Database (AMED). Scopus and Web of Science were also identified to ensure a broad search strategy. Each database was searched from the beginning of entries to 06 December 2023. Further manual searching through reference lists of included studies was conducted to check for any additional appropriate entries. The full strategies applied to each database are available in Appendix 1-A.

We acknowledged that the definition of “qualitative data” would also encompass a vast array of grey literature, especially so within print and online media relating to Chemsex. However, focusing on how Chemsex research specifically illustrates experiences of pleasure was matched with the aims of this review because this offers more unique insights as contributions to an evidence base that informs public health intervention strategies. As such, empirical data only was included.

Selection Procedure

All papers identified through searching were included for screening. References were managed through Endnote (The EndNote Team, 2013) and Rayyan (Ouzzani et al., 2016). A title-abstract screen was conducted to screen out irrelevant references, based on inclusion and exclusion criteria. A second peer reviewer, independent of the research team, also looked at 10% of papers to ensure the process was both effective and objective. Any disagreements were discussed and resolved prior to recommencing the full screen.

A full text screen was then conducted on the remaining papers, including papers previously marked as 'maybe'. Following completion of this stage, the final set of references were designated for analysis.

Data Extraction

Study characteristics were extracted by the primary author. Extracted study characteristics included the authorship and year, sample demographic information, how the sample was identified, how the data was collected, the data analysis approach, background information about the purpose of the study including any information about what researchers asked participants, any information about prior theoretical assumptions or understandings, and the overall findings of the piece of research.

All papers were read and re-read by the primary author to become familiar with the data. As noted by Thomas and Harden (2008), it can be difficult in qualitative research to decide which aspects of included papers are fit for analysis. The primary author decided to focus on sections designated as 'results' or 'findings', including both direct quotes from research participants and researcher

interpretations. Data found in 'discussion' or 'reflection' sections of papers was not included in this analysis, as, following an initial reading, it was judged that these sections extended too far from the source data. Namely, these sections consisted of higher order interpretations and added no new information.

Thematic Synthesis

Thematic synthesis was selected as an appropriate methodology as the data was not judged to be 'rich' enough for alternative theory-generation methods such as Meta Ethnography. In addition, Thematic Synthesis is useful for generating future research questions towards theory development, which aligned with the existing aims of this review.

We utilised the three stages of analysis specified by Thomas and Harden (2008) when undertaking a thematic synthesis. These are similar to those specified by Braun and Clarke (2006) but are specific to undertaking systematic literature reviews. The three stages of coding the data include: 1) a free coding stage working through each paper line by line; 2) a descriptive coding stage in which the free codes are grouped into themes; and 3) the use of grouping of these descriptive themes and higher order interpretation into analytical themes. As quotes could contain multiple subjects relating to pleasure, descriptive coding could involve assigning multiple pleasure-informed codes to some lines.

Prior to coding, the research team agreed on the theoretical stance of the analysis. The definition of 'pleasure' used by Frijda (2001) that encompasses sensory pleasure, relief pleasure, achievement and mastery pleasure, activity pleasure, social pleasure, and aesthetic pleasure was used as a guide to interpret the transcripts. Each domain was used to inform an analytic theme, and evidence for

each was linked to judge the strength of themes. In addition, the researchers held in mind observations by Race (2009) that the combination of drugs and sex is a multiplication of pleasures that may move beyond vocabulary, and Frijda, whose theory of things that 'feel good' are in themselves pleasurable irrespective of definition, to allow new subjective understandings of Chemsex-specific pleasures not necessarily covered by traditional heteronormative definitions. In this way, the primary researcher applied a 'pleasure perspective' to analysing the descriptive codes.

The first stage of analysis was conducted by the primary author, coding each line in an inductive, emergent 'free coding' style. These codes were validated through independent coding of two papers by a peer researcher. Any discrepancies were discussed between these parties and resolved prior to continuing the analysis. As specified by Brown and Harden, notes of the context surrounding each piece of text were annotated alongside the free codes to account for the meta nature of later analyses, ensuring the author incorporated a richer understanding of the resulting codes.

The second stage of analysis involves grouping 'free codes' into groups, and labelling these using 'descriptive codes' to illustrate patterns occurring throughout the set of reviewed papers. Again, these descriptive codes were discussed with a second peer researcher to confirm language used and accuracy of concepts. These descriptive codes were entered into Microsoft Excel with evidencing quotes linked to each.

The third stage unique to Thematic Synthesis involved the primary researcher interpreting the descriptive codes into 'analytic codes' – analysing thematically 'beyond the data' into a higher order understanding. These analytical themes were

discussed with a peer researcher to confirm the meaning of themes and their relationships. Any discrepancies were resolved prior to the final generation of findings, including the combining of some themes.

As noted by Long et al. (2019), in circumstances where papers utilise a repeat analysis of a historic sample or are judged to be of lower quality, it is acceptable to give more weight to higher quality, unique sampling studies. In this way, the analysis gave more weight to these higher quality, uniquely sampled papers, and used descriptive themes from additional papers using a secondary sample to further evidence existing analytic themes, rather than generating novel ones.

Findings

A total of 969 papers were identified by the search strategy. 275 papers were identified as duplicates. This resulted in a total of 694 unique papers eligible for the screening process. No additional papers were identified through further manual searching of reference lists. The title-abstract screening process removed a total of 660 papers, leaving 34 papers eligible for full text screen. Following the full text screen, 10 papers remained for review. A full illustration of reference numbers at each stage of the selection procedure is contained in the PRISMA diagram in Appendix 1-B.

Quality Assessment

The included studies were quality assessed using the Critical Appraisal Skills Programme (CASP) UK (n.d.) checklist for qualitative literature. CASP checklists provide structured frameworks for the critical appraisal of literature, specifically to assess the quality, rigour, and relevance of studies. The CASP tool was chosen as it allows the categorisation of studies' quality, and consequently the omission of low-

quality studies from any analysis. This is particularly important where literature is limited for ensuring the highest quality analysis possible. Additionally, the common use of the tool allows full transparency for a broad range of readers engaging with the study, compared with longer or less commonly used tools. The CASP qualitative checklist utilises ten questions to guide the process of assessing strengths and limitations of research, assessing domains across three broad areas; “Are the results of the study valid?”, “What are the results?”, and “Will the results help locally?” Each criterion is scored between 0 and 2, where 2 indicates the criterion is fully met, 1 indicates partially met, and 0 indicates not met. Overall scores range from 0 to 20, where 20 would indicate high quality research, between 16 and 19 indicate moderate quality, and 15 and below indicate low quality.

Scores for robustness ranged between 15 and 17. Only one paper scored 15 indicating a ‘low quality’ piece of research, while no studies scored in the ‘high quality’ bracket. The mode and median scores were both 16, indicating scores on the lower end of the moderate quality bracket. Most notably, no studies considered the relationship between the researcher(s) and participants, including reflecting on their researcher or epistemological stance, or the possible ethical implications of undertaking each piece of work. A full table of CASP scores across all literature is available in Table 2.

[insert Table 2]

Reviewed Studies

Characteristics and the themes extracted from studies included in this review can be found in Table 3.

[insert Table 3]

The included studies sampled a total of 86 men in the UK and Ireland. It is noted that 5 of the included studies analysed the same source data set, and so this should be considered when assessing the strength of the conclusions of this review. Frequent recruitment routes included advertising on geo-spatial networking applications, such as Grindr, and in sexual health clinics specifically serving the MsM population. Convenience sampling was used in nearly all the included research, however both targeted and snowball sampling were additionally utilised in one study each.

Six included studies utilised a solely London-based sample. Two additional studies combined a London sample with a Brighton sample and an East Midlands of England sample respectively. One study utilised a solely North of England sample, while a final study utilised a Dublin, Ireland-based sample.

All included studies contained one-to-one interview format data, however one study analysed this as secondary data. 2 studies also included focus group data, in which case data not specifically regarding personal experiences of Chemsex was not included for analysis. 7 studies utilised thematic analysis as the method of analysis, while one utilised framework content analysis, one utilised narrative analysis, and one utilised interpretative phenomenological analysis.

Themes

A total of 54 descriptive themes were identified throughout the dataset, following condensing of similar themes balanced with retaining the detail and context

of the included studies. These 54 descriptive themes were grouped into six analytical themes. Each analytical theme encompassed numerous descriptive themes that added richness and context to each area. For example, descriptive themes of “in a bubble”, “separate from worry”, “protection against hurt”, “freedom”, and “escape – world, problems, emotions” were grouped under the theme of “Collective Seclusion”. A full table of descriptive and analytic themes is available in Table 4.

[insert Table 4]

Myopic Sensuality

The first and most prominent analytic theme was ‘Myopic Sensuality’ – a narrowed-focused experience of sensory and activity pleasures. Findings across all studies illustrated how the experience of pleasure started before a Chemsex session in the form of desire. One participant described one evening being on Grindr viewing possible sexual partners for four hours, illustrating anticipation as an often-overlooked source of pleasure and linking with later ideas of ‘fantasy’. The Chemsex session following this was more explicitly noted to deliver pleasure instantaneously;

“If you experience Chemsex, you will never stop having Chemsex because it is so intense and gives so much instant pleasure.”

(Van Hout et al., 2019)

The intensity of the experience, both from direct chem effects and contextual sexual/social experiences accompanying this physical state, was a narrative running

throughout the reviewed studies. One researcher described how this was represented thematically across their sample;

“Some men appeared to describe drugs as having myopic properties, in that they focus attention on the here-and-now and alter the ability to perceive the wider consequences of actions.”

(Bourne et al., 2015b)

This myopic state links with the subsequent behavioural choices that all the included research has sought to understand: namely the honing-in on pleasure as the possible central motivator for choosing to engage in Chemsex. This prioritisation of pleasure was central to the research narratives, where chems were both used to enhance physical pleasure to a point of insatiability and a wish to prolong experiencing pleasure. One researcher addressed the desirability of this state for Chemsex-participating MsM by describing how men could go for;

“...long periods of time without ejaculating and/or being ready to have sex again very quickly after ejaculation.”

(Weatherburn et al., 2017)

Men throughout the sample described existentially how using chems changed them. They linked this with a surge in unbridled desire and sexual arousal that facilitated decisiveness towards pleasure. This sense of pleasurable agency was present throughout the reviewed papers, in contrast to overarching researcher-implied discourses of Chemsex participants lacking (morally acceptable) agency in

their decision making. One participant described how this change reverts them to an “instinctual” way of being;

“You just do it. I don’t mean this in the literal sense, but you, sort of, go in for the kill. Do you know what I mean? It’s like – you want something; you get it.”

(Bourne et al., 2014)

Indeed, this decisiveness in Chemsex was remarked upon by one participant, in a crystal methamphetamine context, as transforming individuals into being completely “selfish” – prioritising their own pleasure. However, this was broadened by accounts of the individual being both an object of pleasure for themselves paralleled with being one for, and with, others reciprocally. This illustrates the duality of existing both in personal, egocentric reality while also intensely existing pleurably in relation to others.

The final aspect of this myopic state was the idea of physical (re)connection to the self and others. Participants spoke extensively about both the intense physical pleasures associated with Chemsex and about Chemsex-facilitated intense physical partnered intimacy. One participant spoke about how their connection to their own body was the underpinning factor in this experience;

“Not in this abstract ethereal way, kind of all in my head. It’s not, I’m in my body. It puts me in my body. And that kind of reconnection with my own body that I think I just ignore so much when I’m not high.”

(Bourne et al., 2014)

Relief

The second analytic theme in the data was that of 'Relief' - noted by Frijda (2001) as the pleasurable appeasement of difficult states. Participants most commonly described how meeting other MsM provided a 'relief from loneliness', either as an ongoing experience or following the loss of a relationship;

"...he was using drugs to invite other men around for sex to ease the loneliness"

(Hibbert et al. 2021)

A similar descriptive sub-theme of 'relief from painful emotions' also emerged from the data, though this appeared distinct from specified loneliness, such as relief from marginalisation. Some participants developed this further, describing how Chemsex allowed some MsM to "fill the void" in their personal lives. 'Relief' was also extended to the pressures and expectations of everyday life and relationships, where some MsM;

"...described their chemsex as 'blow-outs' that were described as providing release from accumulating professional and/or domestic pressures... "

(Pollard et al., 2018)

The mechanism for achieving this sense of relief was described directly from using chems: this 'relieved' inhibitions interfering with pleasurable sex in a sober state. This was described in two different ways. Either these inhibitions were completely removed or were, more commonly, vastly reduced – namely, that rejection became tolerable. This, by extension, implies that pleasurable agency over

accessing pleasure and who it is accessed with can remain for participants. This often depended upon what chems were explored by the research, as different chems were utilised for different preferred outcomes by participants, either on an exclusive basis or in combination. In addition, participants spoke about how ‘relieving’ self-consciousness concurrently increased confidence;

“I felt so sexually confident... basically mephedrone made me into a sexual animal and it was great.”

(Smith & Tasker, 2018)

Overarchingly, the consequential effect of this sense of relief on those engaging in Chemsex was that it allowed participants to feel more open to being with others, and to experience a pleasurable state of relaxation, or even emotional safety, when they arrived into the Chemsex environment;

“Being gay in our society isn’t easy. Never has been. But when you do chems, it’s like all your worries and your self-created barriers are just taken out the equation and that feels good.”

(Jaspal, 2021)

Collective Seclusion

The third analytic theme emerging from the data was ‘Collective Seclusion’ – linked with both relief and social pleasures. This outlines how amidst an individualist, neoliberal society – neoliberal meaning individuals are competing against each other (Becker et al., 2021) - individuals could shelter together in these Chemsex spaces.

Prior to the sense of relief experienced, participants described how Chemsex and its communal spaces were a means of ‘escaping’ from the outside world, its pressures, and difficult emotions that existed there. One participant described how they had to remain mindful of this and its effects on them more broadly;

“...so it was like entering a new world, a much better world than the one I was living in.”

(Jaspal, 2021)

This was linked with narratives of feeling pleasurably separated from worries and protected from hurt, either by the secluded space itself or in combination with the effects of using chems, similar but distinct to feelings of ‘relief’.

This separation also extended to seclusion from heteronormative and even external MsM beliefs about what is and isn’t acceptable in terms of social and sexual behaviours. This was described in terms of liberation. One participant said, for example;

“There is a sort of freedom in it; you know it is against convention... It’s quite liberal, and there is a fun element to it.”

(Van Hout et al., 2017)

This movement away from the outside world into the Chemsex space was experienced collectively by participants. On numerous occasions, both researchers and participants described this separation vividly, and how they were “creating a little

bubble” (Hibbert et al.) or how it became a “safe space” (Jaspal, 2021) in contrast to ideas of ‘unsafety’ asserted widely across risk-focused literature.

Social Appraisal

The fourth analytic theme emerging from the data, linked with this valued homogeneity of the Chemsex space, was ‘Social Appraisal’ – linked with social and relief pleasures. Often parties were involving “closed networks” (Van Hout et al., 2019). This perceived exclusivity appeared to facilitate pleasurable feelings of inclusion by virtue of the limited invites, though this may not be the case for all Chemsex sessions. In these closed sessions, participants described ‘belonging’ that they may not have experienced before or for a sustained period of time, linking strongly with previous narratives of pleasurable isolation away from the world;

“In this space, temporarily secluded from the pressures of a hostile mainstream, these men found social and sexual interactions that promised acceptance and inclusion.”

(Pollard et al., 2018)

Indeed, the appraisals of others were an important pleasurable experience associated with Chemsex. Feeling accepted by a group of peers was a pleasurable experience for participants, and, in addition, this group expressing how interpersonal mutual desire highlighted a parallel pleasure of feeling wanted. One man described this contrasting to the marginalisation and homonegativity he had experienced;

“I think it comes out of a need to be wanted and a need for someone to find me attractive... and when I came out on the gay scene and guys wanted to have sex with me, it made me feel good about myself”.

(Pollard et al., 2018)

There also emerged an important interpersonal narrative of ‘social connection’. This was distinct from the intense physical connection with other bodies, instead focusing on the development of a subcommunity of connecting individuals and the social pleasure associated with this experience.

Finally, there emerged a descriptive sub-theme of ‘access-transaction’ – the pleasurable sense of specific agency in accessing the unobtainable through means the individual possesses. This related to how individuals would be accepted for what they had to offer, whether this was good looks in younger men or the provision of drugs by older men. More broadly, it illustrates a contrast with societal ideas of accepted reasons for sex, for example ‘intimacy’ as opposed to morally judged motivations such as in sex work.

Exploration

A strong analytic theme that emerged across all included studies was ‘Exploration’ – linked with both achievement and mastery pleasures and a sense of novelty not covered by Frijda’s (2001) definition. This began with the chem-associated disinhibition that enabled MsM to feel able to ‘open up’ towards exploratory sexual behaviours. Whether this was direct chem effects or a form of demonstrative cognitive separation from the self was contested.

“It’s not necessarily that drugs make you not care, it’s that you’re using them as an excuse so you can go off into this separate little bubble and say that’s not really me.”

(Bourne et al., 2014)

Regardless of interpretation, the Chemsex context facilitated exploration in both the realms of sexual pleasure and the development of identity.

There was a strong recurrence across the included studies of ‘sexual exploration’. More specifically, this began with the pleasure of ‘pushing your limits’, initially in the physical sense but also cognitively. In addition, this extended to ‘disregarding’ prescribed heteronormative notions of sexual limits, either in terms of what is and is not acceptable or also in the sense of what can and cannot be pleasurable. For example, it was not uncommonly noted that Chemsex participants;

“...reported engaging in sex under the influence of drugs that might otherwise have been considered taboo or unlikely in non-drug settings.”

(Ahmed et al., 2016)

These contexts and the pleasure in liberation associated with them was also noted to mean participants were more likely to feel able to enact sexual fantasies with others, again exploring pleasures beyond their norm. More specifically, a descriptive sub-theme of ‘risk as pleasure’ also existed in the data. A limited number of very specific examples from a sub-group of participants described the fetishization of injecting practices; an extreme example, but demonstrating the feelings of novelty and subversive thrills experienced during Chemsex.

The descriptive sub-theme of 'Adventure' also recurred throughout the data set. This linked with the presence of a separate sub-theme of 'exploration – identity'. Both participants and researcher accounts cyclically linked sexual exploration with a broadening and developing of participants' identity and linked identity with the broader interpersonal context;

“All participants described chemsex drugs as enabling sexual exploration which in turn deepened their sense of belonging as a gay man and prompted further exploration.”

(Smith & Tasker, 2018)

Divine Pleasure

The final analytic theme found by this review was the concept of 'divine pleasure' – the sense of accessing pleasure spiritually or existentially beyond heteronormative discourse and understandings, linking with Race's (2017) idea of Chemsex-unique pleasures. This theme encapsulated a journey, beginning with how using chems 'awakened' something deeper within them. Two descriptive sub-themes described this journey, the first of which outlined feelings of "transforming" into a different state of being "super-human" (Weatherburn et al., 2017) or something more than themselves. Beyond this, more spiritually, there was a narrative of transcendence or being "on another level" (Bourne et al, 2014) accompanied many of the Chemsex experiences described;

“...when I'm there at that moment in time, it just feels like this is forever. I'm not exactly at a chill-out thinking 'oh yeah, I better make the most of it'. It actually feels

like all my past is erased and this is my whole world and that feels amazing. The best feeling ever.”

(Jaspal, 2021)

Beyond these transient periods, participants described ecstatic heights of pleasure in more detail. This led to descriptions of Chemsex-specific pleasure at the height of sex as ‘euphoric’ with a ‘free mind’, even in some cases taking on a ‘divine’ quality beyond the realms of sober physical experience;

“It was the best sex I ever had. Really the best orgasm I’d had. I used to say it was like the heavens opened and it was like the light came down when I had an orgasm. Because it was that intense on drugs, it really was. I’ve never experienced that sober.”

(Weatherburn et al., 2017)

In addition, most prominently noted throughout the studies sharing the same sample, there was a recurring finding by researchers that participants often used a;

“...commonly accessible discourse... such as ‘being carried away with the moment’...to make sense of their experience without necessarily having to describe it in detail.”

(Ahmed et al., 2016)

These researchers noted how the use of common substance use discourses implied meaning without specificity. In some cases, participants articulated this gap between

available language and the intangible pleasure(s) they were trying to describe by using phrases summarised as 'I can't put it into words'. Researchers interpreted this as participants' individual verbal limitations, however participants seemed to be indicating how far beyond everyday understanding these pleasure experiences existed.

The final descriptive sub-theme in 'divine pleasure' was that of 'beauty', namely how the world felt different during Chemsex, linked with Frijda's idea of aesthetic pleasure. This was a less strong theme across the data, but was linked to an aesthetic change around participants, most strongly seen in appreciating others' bodies but also in the context of the physical space;

"...the world is a prettier place, so everybody becomes more attractive. People have got bigger muscles, bigger penises, their legs are more powerful."

(Bourne et al., 2014)

Discussion

This review aimed to explore how pleasure was described in UK- and Ireland-based qualitative Chemsex literature, specifically regarding the Chemsex experience itself. An inductive thematic synthesis was undertaken on ten UK- and Ireland-sampling studies. Six analytic themes emerged from the data; 'Myopic Sensuality', 'Relief', 'Collective Seclusion', 'Social Appraisal', 'Exploration', and 'Divine Pleasure'. Although these emerged as distinct from one another, it is noted that some quotes were matched with more than one category. For example, there was a strong link between bodily pleasure in 'Myopic Sensuality' and the theme of 'Exploration',

despite the differing contextual focus of being 'in the moment' and simultaneously envisioning beyond it.

These findings demonstrate that, firstly, the experience of Chemsex is a complex mix of various pleasures. Equally, in the absence of a focus on pleasure, the accounts of pleasure presented are heavily dependent on the interview schedule and research question utilised. For example, the overarching biomedical focus of the included research results in primacy placed on neurological and chemical experiences of pleasure. The presence of these normative discourses excludes more complex, nuanced understandings of homonormative narratives of social and cognitive pleasures. This, then, indicates a heteronormativity lens in which individuals are judged by conformity to societally acceptable gender and sexual behaviours (Habarth, 2015).

As expected, due to the presented focus of the included research, bodily pleasure – within the 'Myopic Sensuality' theme - was the most strongly represented element across all included research. This is reflective of UK and Ireland Chemsex literature generally; more broadly, UK research has been largely themed around the twin concepts of chems used and the prevalence of risk behaviours, for example in Sewell et al.'s systematic review (2017) and by Tyrone et al. (2020). This biomedical standpoint frames subsequent research understandings of pleasure as being only encapsulated within the sexual act, and frames chems as the mechanisms or catalyts of this.

However, throughout the reviewed research there is an omission of statements regarding each author groups' intentions, viewpoints, and lenses. Arguably, it is not necessarily the intention of researchers to persevere this

viewpoint, but in the omission of this information the reader is unaware of the standpoint from which studies have been designed and subsequently analysed. The possible interpretation by the reader that Chemsex is hedonistic in nature may be then influenced by academic journals' publishing restrictions with omissions of this vital information, resulting in incomplete pictures of the qualitative stance behind the available findings. This point is further emphasised by multiple papers utilising the same sample in this analysis, meaning the stance of a 'research group' is both unclear and may influence the findings of this review. As such, this results in a skewed understanding of which pleasures are most prevalent, negating especially their differential presence across the lengthy temporal space over which Chemsex unfolds.

The biomedical model also frequently focuses on the Chemsex environment as one entirely articulated by biomedical risk. However, the biomedical model privileges one type of safety; health. This assumes that MsM prioritise pleasure over safety due to a narrow interpretation of what 'safety' is. There are many types of safety, and themes of safety(s), linked too with the "relief" analytical theme found, highlight a broader systemic reality; there is a lack of feelings of safety for MsM in Western societies. For example, experiencing violence, dismissal, judgement, or the fear of these occurring (Moran, 2013). In contrast, the Chemsex environment is appraised as a safe space for sexual identity expression, in contest to biomedical assumptions of safety. This appears to be missing from UK research, or indeed is not explicitly explored, and nuanced consideration of what feelings of physical safety mean, in combination with other 'safeties', is important to acknowledge in future MsM health intervention initiatives.

Outside of UK and Ireland-based research, the themes that emerged from this dataset are largely representative of comparable studies in other regions. Milhet et al. (2019) found themes of ‘incommunicable body pleasures’, ‘toward love and romantic relationships’, ‘being in good company’, ‘body and soul’, and ‘the ambiguity of pleasure’ in a French MsM sample. This is an exception within the broader literature, where assumptions of the primacy of bodily pleasure continue – for example, in Italy (Nimbi et al., 2021). These comparable findings suggest that it is not exclusively the culture of the UK and Ireland that results in this study’s emergent themes. An example in Spanish research, where thematic ‘motivations’ for Chemsex broadly mirror all of the studies included for this review (Azqueta et al., 2023) further demonstrates that the UK literature examined has focused more narrowly on bodily pleasure.

Indeed, it has been speculated globally that the creation of the Chemsex space reflects a need to create a co-dependent subcommunity within a larger neoliberal – where individuals exist in competition for resources (Becker et al., 2021) - western society norm (Florêncio, 2023). This may have influenced the emergence of the theme of ‘Collective Seclusion’. In a sample of Canadian Chemsex participants, qualitative interviews highlighted participants focused on community needs rather than on individual needs (Gaudette et al., 2022). This sample, however, was taken from a chems support group which may present differently to those self-identifying as having a sustainable Chemsex relationship. Additionally, the dangers of isolation or lacking community should be acknowledged; LGBTQIA+ risks of suicidality and mental health struggles have been theorised as being ameliorated by promoting social connection (Garcia et al., 2020; Rogers et al., 2021). It could be

said, then, that forming and maintaining community and social connections is essential for wellbeing in MsM, either in Chemsex spaces or externally.

It is possible that a biomedical narrative about the assumed binary relationship between risk and pleasure remains present in UK-based research. A more nuanced, contextually-informed understanding has been investigated through drug-exclusive research (Hunt et al., 2007) and it could be argued that sexual contexts also utilise different pleasure-risk decision making (Chao et al., 2015). This review might highlight instead that risk is intertwined with and simultaneously a unique source of pleasure in Chemsex, noted in the emergent theme of 'Exploration'.

With risk underpinning motivating factors for researchers in this area, the prioritisation of intimacy between men may have been taken for granted. One study suggested that a model predicting "risky sexual behaviour" choices was three times as effective when utilising intimacy as a predictive decision factor over risk management (Golub et al., 2012). It is plausible to suggest that this may be an important consideration for Chemsex support services, or may already be considered 'practice-based evidence' but has yet to be explored comprehensively in the literature.

Finally, the theme of 'divine pleasure' in this analysis was particularly prevalent throughout the literature, though it is noted that this same phrasing was used across five papers presumably utilising the same core dataset. Where previous work on substance-related pleasure acknowledges this broader interpretation of what pleasure is in context (Duff, 2008), the interface with and product of its combination with sexual behaviour continues to be only abstractly understood. As noted by Race (2009), the multiplication of these factors results in a wholly new experience - one which UK and Ireland literature has only begun to explore.

Clinical Implications

Where pleasure is commonly understood to be a normative human drive, the findings of this review could suggest a new lens through which clinicians can support a novel understanding and compassionate reframing of experiences of Chemsex participants who seek support. Understanding experiences of pleasure that initiate and maintain Chemsex participation could be incorporated at formulation and intervention stages for those who no longer wish to participate in Chemsex. This could initiate conversations and actions around locating these pleasures in other areas of individuals' lives, again should they wish this to be aligned with their goals for therapy.

The emergent themes themselves could match well and specifically for Chemsex experiences with, for example, values-focused behavioural change methods, such as Acceptance and Commitment Therapy (Harris, 2019). This could also link in a non-judgemental way for individuals with preferences to find a healthy balance for their Chemsex use, in a way that aligns with their held life values.

This review also indicates that using individualist therapeutic models applied to supporting MsM may be inadequate and/or negating of the importance of their experiences of connection with and solidarity from others in their community. While adaptations to existing models may be helpful, collaborative learning with the Chemsex community may accurately inform the development and implementation of more community-focused models of support.

Strengths and Limitations

This unique analysis is strengthened by the adoption of a novel inductive review question and strategy, when compared to existing UK- and Ireland-based qualitative

research. It successfully illustrates a shared understanding and highlights the importance, but limited amount, of qualitative contributions to a predominantly quantitative Chemsex literature base.

In addition, this review was able to include samples taken from both in and outside of London; previous critiques have noted that Chemsex research is largely centred in the London metropolitan area. As such, it provides a richer understanding of pleasure experiences that may be influenced by, but ultimately transcend, the role of geography.

The use of a definition of pleasure is a strength of this analysis, in that it facilitated consistent interpretation of pleasure experiences throughout the data. However, there is no agreed definitive definition of pleasure, and so using one definition is at the expense of others that may have their own strengths and weaknesses.

The limited amount of unique samples in UK and Ireland qualitative is a notable weakness of this review; 50% of included studies presumably re-analysed the same sample. This may have resulted in skewed data and added weight to sub-themes that might otherwise have been weaker. Similarly, all papers except one utilised an England-based sample, mainly in the South of England, and so this paper cannot comment robustly on Chemsex experiences in Scotland, Wales, Northern Ireland, or the Republic of Ireland. As such, the results should be read tentatively, although the parallel findings across the six unique samples included in the review appear to thematically present consistent experiences across participants.

Findings may also be limited by the assumptions held by the original research. By applying a narrow definition of pleasure, this limits the scope of investigated areas relating to pleasure and likely biases the interview schedules used.

Future Research

Future research might more explicitly consider offering qualitative opportunities for MsM to talk about their experiences of pleasure without the presupposition of risk management as an overarching aim. In addition, further reviews might consider how pleasure is represented and explored in non-academic literature, as this may highlight further community understandings of pleasure.

Conclusion

It is clear from the findings of this review that MsM experiences of pleasure across the timespan over which Chemsex experiences unfold are more nuanced than existing UK qualitative literature interprets. These experiences are clear across all the reviewed studies, but the interpretive stance taken by UK Chemsex researchers has been largely biomedically focused at the expense of openness to experiences of pleasures(s) outside of heteronormative understanding. To co-develop future supportive healthcare approaches with this client group, incorporating this more nuanced, expert-by-experience led view of pleasurable experiences will be vital for both researchers and clinicians to acknowledge and elaborate further.

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Tables and Figures

Table 1: Inclusion Criteria for Eligibility

| Study Inclusion Criteria |
|--|
| 1. Article is written in the English language |
| 2. ... contains empirical data |
| 3. ... utilising a UK- and/or Ireland-based sample |
| 4. ... examining qualitative data |
| 5. ... participants are men who have sex with men (MsM) |
| 6. ... asking participants about their direct experiences of Chemsex |

Table 2: CASP Critical Appraisal of Qualitative Studies Included for Review

| Author & Year | CASP Criterion* | | | | | | | | | | Total Score** |
|---------------------------|-----------------|---|---|---|---|---|---|---|---|----|---------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Ahmed et al. (2016) | 2 | 2 | 2 | 2 | 2 | 0 | 1 | 2 | 2 | 2 | 16 |
| Bourne et al. (2014) | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 2 | 2 | 2 | 16 |
| Bourne et al. (2015a) | 2 | 2 | 2 | 2 | 2 | 0 | 1 | 2 | 2 | 2 | 17 |
| Bourne et al. (2015b) | 2 | 2 | 2 | 2 | 2 | 0 | 1 | 1 | 2 | 2 | 16 |
| Hibbert et al. (2021) | 2 | 2 | 2 | 2 | 2 | 0 | 1 | 2 | 2 | 2 | 17 |
| Jaspal (2021) | 1 | 2 | 2 | 2 | 2 | 0 | 1 | 2 | 2 | 2 | 16 |
| Pollard et al. (2018) | 2 | 2 | 1 | 1 | 2 | 0 | 1 | 2 | 2 | 2 | 15 |
| Smith & Tasker (2018) | 2 | 2 | 2 | 2 | 2 | 0 | 1 | 2 | 2 | 2 | 17 |
| Van Hout et al. (2019) | 2 | 2 | 2 | 2 | 2 | 0 | 1 | 2 | 2 | 2 | 17 |
| Weatherburn et al. (2017) | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 2 | 2 | 2 | 16 |

*CASP Criterion: 1. Was there a clear statement of the aims of the research? 2. Is a qualitative methodology appropriate? 3. Was the research design appropriate to address the aims of the research? 4. Was the recruitment strategy appropriate to the aims of the research? 5. Was the data collected in a way that addressed the research issue? 6. Has the relationship between researcher and participants been adequately considered? 7. Have ethical issues been taken into consideration? 8. Was the data analysis sufficiently rigorous? 9. Is there a clear statement of findings? 10. How valuable is the research?

**CASP scoring: Criterion is completely met =2; Criterion is partially met = 1; Criterion not met, not applicable, or not mentioned = 0; Total Score 20 = high quality; 16-19 = moderate quality; ≤ 15 = low quality.

Table 3: Included Study Characteristics

| Author & Year | Location | Participants | Sample Collection Strategy | Data Collection Approach (sample size) | Data Analysis Technique | Background Information/Aim | Prior Assumptions or Understandings | Findings/Themes |
|-----------------------|---|---|--|---|-------------------------|---|---|---|
| Almed et al. (2016)* | South London – Lambeth, Southwark, and Lewisham. | Age: Mean = 36yrs Range = 21-53yrs | Advertisements – geo-spatial networking apps and print/online magazine Business cards handed out in health and social care settings directing to website Focus groups – social media and e-newsletters Convenience Sampling | Semi structured interviews (n=30) and focus groups (n=12) | Thematic Analysis | Aim – describe the nature and operation of social norms relating to Chemsex in South London, and identify public health implications Results combine interview and focus group data | Variation of Chemsex experiences, detailed separately in Bourne et al. (2015) Social-constructionist standpoint | Themes included: <i>Ubiquity of Chemsex Settings and Spaces</i> <i>Permissiveness, expectations and Inhibitions</i> <i>Drawing a line</i> |
| Bourne et al. (2014)* | South London – Lambeth, Southwark, and Lewisham. England | Age: Mean = 36yrs Range = 21-53yrs Gay or Bisexual men (no data) | Advertisements – geo-spatial networking apps and print/online magazine Business cards handed out in health and social care settings directing to website Focus groups – social media and e-newsletters Convenience Sampling | Secondary data analysis of the European MSM Internet Survey In depth interviews (n=30) and focus groups (n=12) | Thematic Analysis | Interviews explored: <i>Men's sexual history and current sexual behaviour</i> <i>Drug use and history of drug taking</i> <i>Motivations for using drugs during sex</i> <i>Perceived social norms surrounding Chemsex</i> <i>The impact of drugs on sexual practice and sexual pleasure</i> <i>Harms relating to Chemsex they had personally experienced or witnessed in others</i> <i>Experiences of managing their drug use and/or seeking help</i> | Exploratory, first substantial study/report centring on Chemsex as a phenomenon culturally specific to South London | Five main qualitative sections <i>The context of Chemsex</i> – drugs of choice for Chemsex, drug use initiation narratives, means of drug delivery including injecting, means of acquiring drugs, settings for Chemsex, the social and community context of Chemsex. <i>The impact of drugs on sexual pleasure and sexual performance</i> – facilitating sexual confidence, increasing sexual desire and libido, intimacy and sexual connection, sexual longevity and partner turnover, enabling sexual adventure, sexual (un)happiness and making sex better <i>The role of drugs in HIV/STI transmission risk behaviour</i> – pre-determined STI risk behaviour, unintended sexual risk under the influence of drugs, using drugs to rationalise risk taking, strict maintenance of safer sex behaviour. <i>Negative experiences and harms associated with Chemsex</i> – harms related to physical health, overdosing and subsequent harms, harms related to mental health, lost time, harms related to employment and finance, social and relational harms, harms related to the gay community <i>Managing drug use and getting help</i> – maintaining control over drug use, managing dosing, managing life's other commitments, managing temptation, getting help with drug use |

| Author & Year | Location | Participants | Sample Collection Strategy | Data Collection Approach (sample size) | Data Analysis Technique | Background Information/Aim | Prior Assumptions or Understandings | Findings/Themes |
|----------------------------------|---|---|---|--|----------------------------|--|--|---|
| Bourne et al. (2015a)* | South London – Lambeth, Southwark, and Lewisham. | Age: Mean = 36yrs Range = 21-53yrs | Advertisements – geo-spatial networking apps and print/online magazine | In depth interviews (n=30) | Thematic Analysis | Focused on “experience of, or exposure to, harm relating to Chemsex” and the harm reduction services that would follow on to address such harms | Assumed increase in risk due to change in drugs taken in South London | Themes include: <i>Frequency, history, and context of drug use during sex</i> <i>Modes of drug delivery and associated harm</i> <i>Overdosing and associated harm</i> <i>Harms to social and relational wellbeing</i> <i>Personal reflections and responses to harm</i> <i>Engagement with, or perceptions of, professional services</i> |
| Bourne et al. (2015b)* | South London – Lambeth, Southwark, and Lewisham. | Age: Mean = 36yrs Range = 21-53yrs | Advertisements – geo-spatial networking apps and print/online magazine | In depth interview (n=30) | Thematic Analysis | Focused on behavioural choices during Chemsex, as well as the experience of Chemsex itself in terms of drug effects | Assumes risk associated with behaviour is held in mind when choices are made | Themes include: <i>Facilitating sexual arousal and partner acquisition</i> <i>Serorting in the context of Chemsex</i> <i>Unintentional sexual risk behaviour</i> <i>Maintaining safer sex</i> |
| Jaspal (2021) | London and East Midlands. | Age: Range = 22-47yrs | Convenience Sampling Snowball sampling via four sexual health/HIV charities in London and East Midlands, England | Semi structured interviews (n=16) | Thematic Analysis | Interview schedule focused on self-description and identity, experiences of ‘coming out’ as gay/bisexual, attitudes toward Chemsex, motivations for engaging in Chemsex and the perceived functions of the practice for the individuals’ identities. | Assumes the stance, based on cited research, that Chemsex functions as a means of escapism or coping as the basis of this research | Themes include: <i>Identity threat and the allure of Chemsex</i> <i>Deflection to cope with identity threat</i> <i>Chemsex as a gateway to deflection</i> |
| Hibbert et al. (2021) | Lancashire, Merseyside, Cheshire, and Greater Manchester. | Age: Median = 34yrs Range = 23-66yrs | Mailing list from existing cross-sectional online survey (not exclusively MSM) | Semi structured interviews (n=13) | Thematic Analysis | States focus on service provision and experiences of as aim, but also includes motivations of engaging in Chemsex | Prior assumptions around the inadequacy of current service provision in the north of England, ‘by way of non-specific public sector Chemsex services | Sections include: <i>Motivations for engaging in SDU (MSM data)</i> <i>Experiences of sexual health service provision (MSM and provider data)</i> <i>Barriers to care (provider data)</i> |
| Pollard et al. (2018) | London and Brighton, England | Age: Mean = 33yrs Range = 20-44yrs | Recruited from existing study on Project PEPSE, participants recruited from four sexual health clinics in London and Brighton | Secondary data analysis of RCT evaluating intervening telephone conversations (n=15) | Framework content analysis | Telephone sessions focused on HIV risk behaviours and risk-reduction strategies. Data thus is intervention and not interview based | Utilised a <i>priori</i> issues as a frame for coding data | Qualitative themes include: <i>The cultural environment of Chemsex</i> <i>Intimacy and loneliness</i> <i>Vicious cycles that participants struggled to understand</i> <i>Social networks and romantic relationships</i> <i>Avoiding, reducing, or stopping drug-use and/or Chemsex</i> <i>HIV/ST risks – self-reliant, managing/not managing risk</i> Themes included: <i>Struggling</i> <i>Acceptance and Belonging</i> <i>Life on the verge of collapse</i> |
| Smith & Tasker (2018) | London England | Age: Range = 30-60yrs | Recruited as past participants from a structured third sector therapeutic programme | Semi-structured interviews (n=6) | Narrative Analysis | Aimed to ask gay men to tell their Chemsex story within the broader context of their life story as a gay man | Suggests that new valued social identities may be formed through addiction | |

| Author & Year | Location | Participants | Sample Collection Strategy | Data Collection Approach (sample size) | Data Analysis Technique | Background Information/Aim | Prior Assumptions or Understandings | Findings/Themes |
|----------------------------|---|--|--|--|--|---|---|--|
| Van Hout et al. (2019) | Dublin Ireland | Age: Range = 35-49yrs No sexual orientation data | Recruitment using posters and leaflets in a Dublin gay men's health clinic detailing when research team were on premises. Outreach staff identified potential participants. Convenience sampling Augmented by snowball sampling from participants, capped at 3 per person | Semi structured interviews (n=10) | Interpretative Phenomenological Analysis | Aimed to explore sexualised drug use pathways amongst MSM experiencing physical and emotional health problems linked with their SDU, and who were seeking service supports to exit the Dublin scene | Using IPA, balanced described phenomena with participant interpretations | Themes included: Social and cyber arrangements with the Dublin Chemsex scene Poly drug use and drug dependence Drug and sexual harm reduction within the Chemsex circle of novices and experts Sexualised drug use, escapism, and compulsive participation |
| Weatherburn et al. (2017)* | South London – Lambeth, Southwark, and Lewisham. England | Range = 21-53yrs | Advertisements – geo-spatial networking apps and print/online magazine Business cards handed out in health and social care settings directing to website Convenience Sampling | In-depth interviews (n=30) | Thematic Analysis | Aim – qualitatively examine the motivations for engaging in Chemsex to inform therapeutic and clinical interventions | Focus on motivation as internal drive for a behaviour, either automatic and unconscious or reflective and conscious Realist standpoint – assuming there is a real truth underlying all behaviour | Two forms of motivation, encapsulating eight themes <i>Providing the capability for the sex that is wanted</i> – increasing arousal and restoring libido, increasing sexual confidence, losing inhibitions, increasing sexual longevity. <i>Enhancing the qualities valued in sex</i> – enhancing sexual attraction, intensifying sexual sensations, enhancing emotional intimacy and sexual connection, facilitating sexual adventure and stimulation |

* studies appearing to utilise the same source data set

Table 4: List of Descriptive and Analytic Themes

| | | <i>Analytic themes</i> | | | | |
|-------------------------|----------------------------------|----------------------------------|------------------------------|------------------------|------------------------------------|--|
| Social Appraisal | Myopic Sensuality | Exploration | Relief | Divine Pleasure | Collective Seclusion | |
| Acceptance | Desire | Adventure | Emotional Safety | Awakening | Escape - World, Problems, Emotions | |
| Access-Transaction | Enhancing Pleasure | Breaking Taboo | Filling a Void | Beauty | Freedom | |
| Attractiveness | Facilitating Pleasure | Chem's as Enablers/Justification | Increasing Confidence | Beyond Words | In a Bubble | |
| Belonging | Insatiable | Disinhibition | Opening Up | Divine Pleasure | Protection Against Hurt | |
| Inclusion | Intense and Instant Pleasure | Esoteric Behaviours | Reduce Inhibitions | Euphoria | Separate From Worry | |
| Positive Difference | Myopic | Exploration - Identity | Relaxing | Free Your Mind | | |
| Social Connection | Object of Pleasure | Exploration - Sexual | Relief from Loneliness | Transcending | | |
| | Physical Intimacy | Fantasy | Relief from Painful Emotions | Transforming | | |
| | Physical Sensation | Novelty | Relief from Pressure | | | |
| | Primal | Pleasure and Distress | Remove Inhibitions | | | |
| | Prioritising/Maximising Pleasure | Pushing Limits | | | | |
| | Prolonging/Chasing Pleasure | | | | | |
| | Reconnection (Physical) | | | | | |
| | Selfish | | | | | |

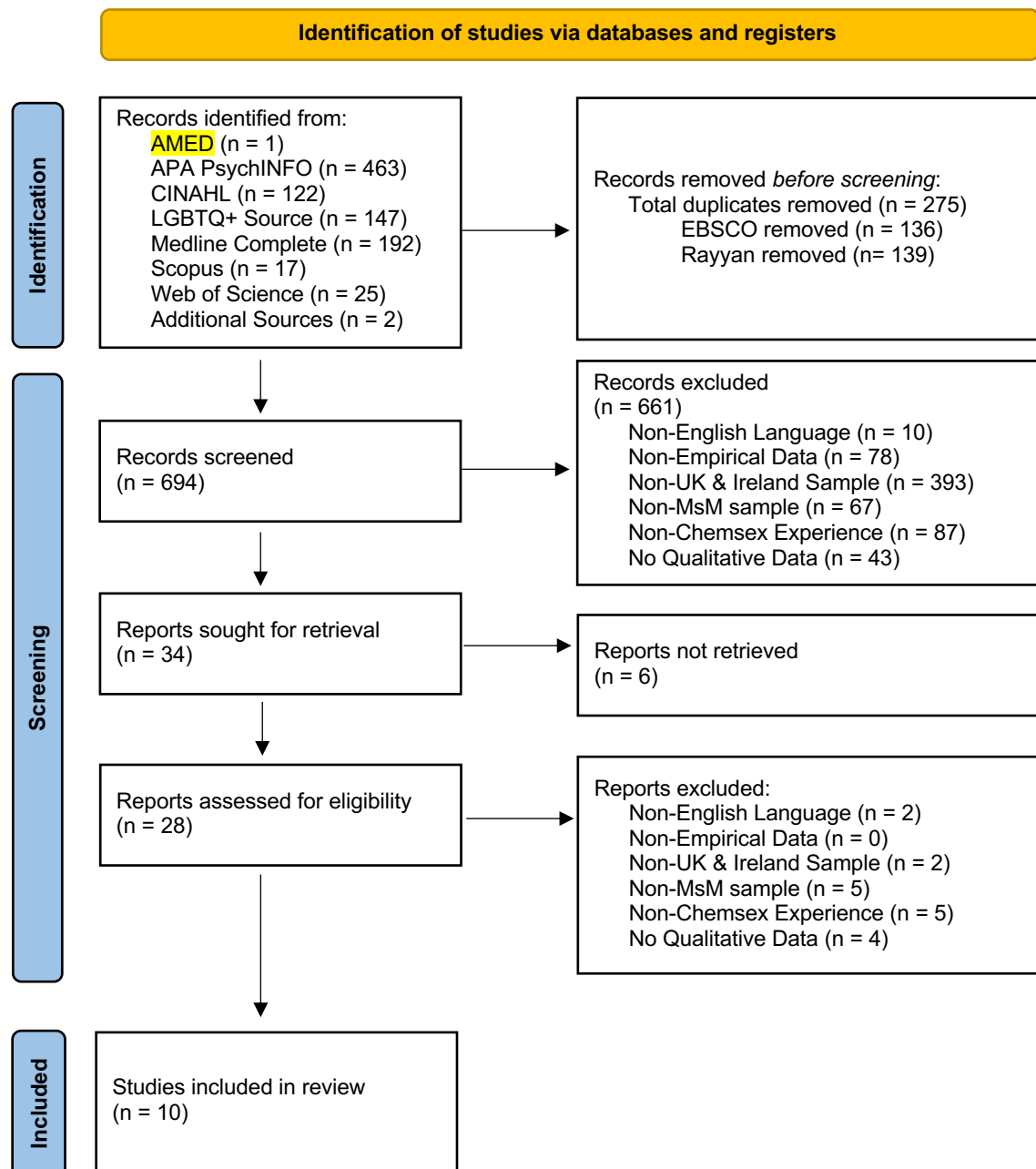
Descriptive Themes

Appendix

Appendix 1 - A: Boolean Search Strategies

| | |
|---|---|
| <p>EBSCO</p> <ul style="list-style-type: none"> - AMED - APA PsychINFO - CINAHL - LGBTQ+ Source - Medline <p>Complete</p> | <p>TI (chemsex OR chemplay OR chemfun OR “chemical* N3 play” OR “drug N3 play” OR “party N3 play”) OR AB (chemsex OR chemplay OR chemfun OR “chemical* N3 play” OR “drug N3 play” OR “party N3 play”) AND TI (motivate* OR reason* OR driver* OR Pleasure OR Enjoyment OR Delight OR Satisfaction OR Bliss OR Contentment OR Gratification OR Happiness OR Fulfilment OR Hedon* OR Fun OR Lust OR Intima* OR Connect* OR Performance) OR AB (motivate* OR reason* OR driver* OR Pleasure OR Enjoyment OR Delight OR Satisfaction OR Bliss OR Contentment OR Gratification OR Happiness OR Fulfilment OR Hedon* OR Fun OR Lust OR Intima* OR Connect* OR Performance) AND AB (qualitative OR "mixed methods" OR IPA OR "grounded N1 theory" OR "thematic N1 analysis" OR "interpretative phenomenological analysis" OR "content N1 analysis" OR "discourse N1 analysis") AND KW (MsM OR “men who have sex with men” OR gay OR homosexual OR queer OR “gay N2 men” OR “gay N2 males”)</p> |
| <p>Scopus</p> | <p>(TITLE-ABS-KEY (chemsex OR chemplay OR chemfun OR "chemical* N3 play" OR "drug N3 play" OR "party N3 play") AND TITLE-ABS-KEY (pleasure OR enjoyment OR delight OR satisfaction OR bliss OR contentment OR gratification OR happiness OR fulfilment OR hedon* OR fun OR lust OR Intima* OR Connect* OR Performance) AND TITLE-ABS-KEY (qualitative OR "mixed methods" OR ipa OR "grounded N1 theory" OR "thematic N1 analysis" OR "interpretative phenomenological analysis" OR "content N1 analysis" OR "discourse N1 analysis") AND TITLE-ABS-KEY (msm OR "men who have sex with men" OR gay OR homosexual OR queer OR "gay N2 men" OR "gay N2 males"))</p> |
| <p>Web of Science</p> | <p>((TS=(chems* OR chempl* OR chemf* OR "chemical* N3 play" OR "drug N3 play" OR "party N3 play")) AND TS=(pleasure OR enjoyment OR delight OR satisfaction OR bliss OR contentment OR gratification OR happiness OR fulfilment OR hedon* OR fun OR lust OR Intima* OR Connect* OR Performance)) AND TS=(qualitative OR "mixed methods" OR ipa OR "grounded N1 theory" OR "thematic N1 analysis" OR "interpretative phenomenological analysis" OR "content N1 analysis" OR "discourse N1 analysis") AND TS=(msm OR "men who have sex with men" OR gay OR homosexual OR queer OR "gay N2 men" OR "gay N2 males")</p> |

Appendix 1 - B: PRISMA Diagram



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136

Appendix 1 – C: Qualitative Themes and Codes Examples

| Analytic Theme | Descriptive Theme | Example Quote (reference) |
|-------------------|-----------------------|---|
| Social Appraisal | Acceptance | "... accepting but sexualised environment..." (Pollard et al., 2018) |
| | Access-Transaction | "... younger more attractive men manipulating older ones into providing drugs in return for engaging in group sex sessions." (Van Hout et al., 2019) |
| | Attractiveness | "This increase in self-esteem was related to feeling more attractive after being invited to more sex parties." (Hibbert et al., 2021) |
| | Belonging | "... which in turn deepened their sense of belonging as a gay man..." (Smith and Tasker, 2017) |
| | Inclusion | "... these men found social and sexual interactions that promised acceptance and inclusion." (Pollard et al., 2018) |
| | Positive Difference | "The terminology 'slamming' appeared to represent the desire to distinguish, or distance, oneself from opiate drug users who were negatively perceived." (Bourne et al., 2015a) |
| Myopic Sensuality | Social Connection | "This increase in social connections was also seen as a positive impact of Chemsex..." (Hibbert et al., 2021) |
| | Desire | "I was on Grindr last night for four hours. That can be quite addictive as well." (Van Hout et al., 2019) |
| | Enhancing Pleasure | "All but one participant noted a sexual motivation for SDU and this was to enhance the sexual experience." (Hibbert et al., 2021) |
| | Facilitating Pleasure | "... with more experienced drug users 'looking after' novice users." (Van Hout et al., 2019) |
| | Insatiable | "... described their increased sex drive under the influence of drugs in very emotive terms, suggesting it was insatiable or overpowering..." (Bourne et al., 2014) |

| Analytic Theme | Descriptive Theme | Example Quote (reference) |
|----------------------------------|---|---------------------------|
| Intense and Instant Pleasure | <p>"If you experience chemsex, you will never stop having Chemsex because it is so intense and gives so much instant pleasure." (Van Hout et al., 2019)</p> | |
| Myopic | <p>"Some men appeared to describe drugs as having myopic properties, in that they focus attention on the here-and-now and alter the ability to perceive the wider consequences of actions." (Bourne et al., 2015b)</p> | |
| Object of Pleasure | <p>"Their thing is 'use me, abuse me', 'turn me into a slut', 'abuse me.'" (Van Hout et al., 2019)</p> | |
| Physical Intimacy | <p>"I've always enjoyed sex and being on a natural high for hours and being with somebody..." (Pollard et al., 2018)</p> | |
| Physical Sensation | <p>"... with men describing intense physical stimulation and heightened orgasms that they had never experienced when having sex sober." (Bourne et al., 2014)</p> | |
| Primal | <p>"When people are on G it's like their communication centre shuts down and it's very much instinctual" (Bourn et al., 2014)</p> | |
| Prioritising/Maximising Pleasure | <p>"Most had made a decision, at a point in time when they were not under the influence of drugs, not to use condoms." (Bourne et al., 2015b)</p> | |
| Prolonging/Chasing Pleasure | <p>"A few men talked of "chasing the dragon" - always searching for the next high..." (Bourne et al., 2014)</p> | |
| Reconnection (Physical) | <p>"Not in this abstract ethereal way, kind of all in my head. It's not, I'm in my body. It puts me in my body. And that kind of reconnection with my own body that I think I just ignore so much when I'm not high." (Bourne et al., 2014)</p> | |
| Selfish | <p>"My turn now, my turn in the sling, fist me.' Whoever the guy is. I see this. Makes you selfish. It's about me, it's about me." (Bourne et al., 2015a)</p> | |
| Exploration | <p>Adventure</p> <p>"Chemsex was universally described as more intense and adventurous than sex without drugs." (Bourne et al., 2014)</p> | |

| Analytic Theme | Descriptive Theme | Example Quote (reference) |
|----------------|---------------------------------|---|
| | Breaking Taboo | "...reported engaging in sex under the influence of drugs that might otherwise have been considered taboo or unlikely in non-drug settings." (Ahmed et al., 2016) |
| | Chems as Enablers/Justification | "...drug-use and chemsex were facilitators that enabled men to engage in social and/or sexual experiences they would otherwise find it difficult to manage..." (Pollard et al., 2016) |
| | Disinhibition | "...their consumption permits men to have sex with those they would not consider as partners if sober." (Ahmed et al., 2016) |
| | Esoteric Behaviours | "...particularly as they pertained to risky sexual practices or involved more esoteric sexual behaviours." (Ahmed et al., 2016) |
| | Exploration - Identity | "...and you can just be who you want to be." (Van Hout et al., 2019) |
| | Exploration - Sexual Fantasy | ""It's on one hand an exploration of sexuality..." (Pollard et al., 2016) |
| | Novelty | "...only felt able to live out sexual risk fantasies when using drugs." (Bourne et al., 2014) |
| | Pleasure and Distress | "...describing how drug use added excitement to a familiar and perhaps staid sexual setting." (Weatherburn et al., 2017) |
| | Pushing Limits | "...cycle between pleasure and distress while having sex." (Bourne et al., 2015a) |
| | Emotional Safety | ""There's a reality to your body's limit. It [crystal methamphetamine] does relax you sufficiently and give you the desire you want to do that." (Smith and Tasker, 2017) |
| Relief | Emotional Safety | "One participant directly linked his chemsex to loneliness/loss and recognised his behaviour as an attempt to feel close to other men without having to risk trust." (Pollard et al., 2018) |
| | Filling a Void | "...it was trying to get someone round the whole time to fill the void." (Hibbert et al., 2021) |

| Analytic Theme | Descriptive Theme | Example Quote (reference) |
|------------------------|------------------------------|---|
| | Increasing Confidence | "...like it's massively helped my confidence... Like I've made loads of friends..." (Hibbert et al., 2021) |
| | Reduce Inhibitions | "...so it reduces inhibitions physically and psychologically in terms of having sex and with people you would not feel comfortable, like, having sex with normally" (Bourne et al., 2014) |
| | Relaxing | "...some felt... they enjoyed using it when they wanted to relax and get to know someone." (Bourne et al., 2014) |
| | Relief from loneliness | "...he was using drugs to invite other men around for sex to ease the loneliness" (Hibbert et al., 2021) |
| | Relief from Painful Emotions | "Drug use as a maladaptive mechanism for coping with, or displacing, painful emotions." (Pollard et al., 2018) |
| | Relief from Pressure | "...described their chemsex as 'blow-outs' that were described as providing release from accumulating professional and/or domestic pressures..." (Pollard et al., 2018) |
| | Remove Inhibitions | "Especially G [GHB], your inhibitions are gone..." (Van Hout et al., 2019) |
| Divine Pleasure | Awakening | "They were (reflectively) motivated to use drugs because they provide the (automatic) motivation to engage in sex by creating or awakening sexual arousal. (Weatherburn et al., 2017) |
| | Beauty | "...the world is a prettier place, so everybody becomes more attractive. People have got bigger muscles, bigger penises, their legs are more powerful." (Bourne et al., 2014) |
| | Beyond Words | "It just makes you feel horny, I can't put it into words. It's just that everything feels more intense. You feel sluttier. You feel you want to fuck loads of people." (Bourne et al., 2015b) |
| | Divine Pleasure | "I used to say it was like the heavens opened and it was like the light came down when I had an orgasm. Because it was that intense on drugs, it really was." (Bourne et al., 2014) |

| Analytic Theme | Descriptive Theme | Example Quote (reference) |
|-----------------------------|------------------------------------|--|
| Euphoria | Free Your Mind | "...friendly, lovey, happy, euphoric" (Van Hout et al., 2019) "It just frees your mind a little bit more actually to roll with it..." (Bourne et al., 2014) |
| Transcending | Transforming | "It was just - you feel super human..." (Bourne et al., 2014) "There is a lot of chem going on, and it will transform to sex because everyone is high." (Van Hout et al., 2019) |
| Collective Seclusion | Escape - World, Problems, Emotions | "I'm very aware if something breaks down I have to be very careful..." (Smith and Tasker, 2017) |
| | Freedom | "Crystal meth makes me not care about anything in a much more intense way than the other drugs..." (Smith and Tasker, 2017) |
| | In a Bubble | "They love being in this bubble. They don't want to address the issues that they might have in real life." (Van Hout et al., 2019) |
| | Protection Against Hurt | "It has kind of, like, separated you from the reality of that sting" (Bourne et al., 2014) |
| | Separate From Worry | "Drugs could allow distancing from these worries and concerns and allow one to focus on the sexual situation and achieve more enjoyable sex." (Bourne et al., 2014) |

Appendix 1 - D: Guidelines for Publishing in the Journal 'Sexualities'

Preparing your manuscript

Where a journal uses double-anonymize peer review, authors are required to submit a fully anonymised manuscript with a separate title page. See <https://sagepub.com/Manuscript-preparation-for-double-anonymize-journal>

Formatting your article

When formatting your references, please ensure you check the reference style followed by your chosen journal. Here are quick links to the Sage Harvard reference style, the Sage Vancouver reference style and the APA reference style.

Other styles available for certain journals are: ACS Style Guide, AMA Manual of Style, ASA Style Guide, Chicago Manual of Style and CSE Manual for Authors, Editors, and Societies.

Please refer to your journal's manuscript submission guidelines to confirm which reference style it conforms to and for other specific requirements.

Equations should to be submitted using Office Math ML and Math type.

Microsoft Word guidelines

There is no need to follow a specific template when submitting your manuscript in Word. However, please ensure your heading levels are clear, and the sections clearly defined.

(La)TeX guidelines

We welcome submissions of LaTeX files. Please download the Sage LaTeX Template, which contains comprehensive guidelines. The Sage LaTeX template files are also available in Overleaf, should you wish to write in an online environment.

If you have used any .bib or .bst files when creating your article, please include these with your submission so that we can generate the reference list and citations in the journal-specific style. If you have any queries, please consult our LaTeX Frequently Asked Questions.

Artwork guidelines

Illustrations, pictures and graphs, should be supplied in the highest quality and in an electronic format that helps us to publish your article in the best way possible. Please follow the guidelines below to enable us to prepare your artwork for the printed issue as well as the online version.

- **Format:** TIFF, JPEG: Common format for pictures (containing no text or graphs). EPS: Preferred format for graphs and line art (retains quality when enlarging/zooming in).
- **Placement:** Figures/charts and tables created in MS Word should be included in the main text rather than at the end of the document. Figures and other files created outside Word (i.e. Excel, PowerPoint, JPG, TIFF and EPS) should be submitted separately. Please add a placeholder note in the running text (i.e. "[insert Figure 1.]")
- **Resolution:** Rasterized based files (i.e. with .tiff or .jpeg extension) require a resolution of at least **300 dpi** (dots per inch). Line art should be supplied with a minimum resolution of **800 dpi**.

- **Colour:** Please note that images supplied in colour will be published in colour online and black and white in print (unless otherwise arranged). Therefore, it is important that you supply images that are comprehensible in black and white as well (i.e. by using colour with a distinctive pattern or dotted lines). The captions should reflect this by **not** using words indicating colour.
- **Dimension:** Check that the artworks supplied match or exceed the dimensions of the journal. Images **cannot** be scaled up after origination
- **Fonts:** The lettering used in the artwork should not vary too much in size and type (usually sans serif font as a default).

For more information on Sage's artwork submission guidelines, [click here](#).

Sage Manuscript preparation guidelines;

Preparing your manuscript for submission

4.1 Formatting

The preferred format for your manuscript is Word. LaTeX files are also accepted. Word and (La)Tex templates are available on the Manuscript Submission Guidelines page of our Author Gateway.

4.2 Artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit Sage's Manuscript Submission Guidelines

4.3 Identifiable information

Where a journal uses double-anonymised peer review, authors are required to submit:

1. A version of the manuscript which has had any information that compromises the anonymity of the author(s) removed or anonymized. This version will be sent to the peer reviewers.
2. A separate title page which includes any removed or anonymised material. This will not be sent to the peer reviewers.

Visit the Sage Author Gateway for detailed guidance on making an anonymous submission.

4.4 Supplemental material

Sexualities does not currently accept supplemental files.

4.5 Reference style

Sexualities adheres to the Sage Harvard reference style. View the Sage Harvard guidelines to ensure your manuscript conforms to this reference style.

If you use EndNote to manage references, you can download the Sage Harvard EndNote output file.

4.6 English language editing services

Authors seeking assistance with English language editing, translation, or figure and manuscript formatting to fit the journal's specifications should consider using Sage Language Services. Visit Sage Language Services on our Journal Author Gateway for further information.

4.7 Language Guidelines

Sexualities strongly recommends authors use inclusive language in their submission, for example around gender, sexual orientation, "racial" and ethnic identity, disabilities and age. Authors should also be sensitive to issues of social class, religion and culture. The language used in your manuscript should be inclusive and language that might be deemed sexist, racist and/or discriminatory should not be used. All submissions should avoid the use of pejorative terms and insensitive or demeaning language and submissions that use unacceptable language will be returned by the editor.

Authors are encouraged to refer to and use any language guidelines that relate specifically to their research but as a starting point, authors may consider some of the guidance available below:

APA guidelines on Bias Free Language

Race Ethnicity and Culture APA reporting standards

Doctorate in
Clinical Psychology

Lancaster
University



Section 2: Empirical Paper

**Do Loneliness, Unconditional Self-Acceptance, and Relatedness Influence
Subjective Wellbeing in UK Chemsex Participants?**

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Word Count (exc. Title Page, Tables, Figures, and Appendices): 8000

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Journal Written for: Sexualities (Sage)

Abstract

Historically, Chemsex research has largely focused on investigating rates or management of health and secondary risks to participants. However, Race et al. (2017) comment that motivations are rarely examined, and retaining a risk focus does not equip services to address Chemsex in a culturally informed manner. Qualitative evidence suggests Chemsex may act as a relief to loneliness, facilitate feelings of self-acceptance, and foster a contextual state of social connectedness. Evidence also suggests Chemsex may be an important component of some individuals' sense of wellbeing.

This research investigated associations between Loneliness, Self-Acceptance, Social Connectedness and Subjective Wellbeing in an anonymous online survey with UK-based Men who have Sex with Men (MsM) to inform therapeutic approaches to support (n = 47). Frequency of participation and recency of last Chemsex session, relationship status, and opinion of Chemsex were also included for analysis. Recruitment was undertaken over 12 months via social media, third sector organisations, and a purpose made geospatial networking app profile.

Results indicated that Single participants felt lonelier with lower levels of wellbeing. More frequent and more recent Chemsex were associated with increased loneliness. Frequency was associated with lower levels of wellbeing; recency was associated with feeling less socially connected to others. Lonelier participants experienced lower levels of wellbeing, while self-accepting and socially connected individuals experienced higher levels of wellbeing. Social connectedness was the only variable that significantly predicted wellbeing. Negative Chemsex appraisals were associated with being more lonely, less socially connected, and lower levels of wellbeing.

Implications include considerations for medical history taking and psychological assessment practices. This also includes recommendations for MSM-aligned therapies, including CBT, Narrative Therapy for identity exploration, and general considerations of fostering reconnection to meaningful supportive communities.

Keywords: Chemsex, wellbeing, loneliness, connectedness

Introduction

Chemsex is defined as “sex between men that occurs under the influence of drugs taken immediately preceding and/or during the sexual session” (Bourne et al., 2014, p.8). The definition most often utilised in UK literature includes core “chems” of crystal methamphetamine, mephedrone or gamma-hydroxybutyrate (GHB)/gamma-butyrolactone (GBL) (Bourne et al., 2015; Stuart, 2016) with recent additions in research including ketamine and cocaine (Maxwell et al., 2019).

Chemsex emerged as a term coined by the men who have sex with men (MsM) community via the use of geo-social networking apps, such as Grindr, to identify openness to the practice (Stuart, 2016). This online meeting space is an enduring feature of academic and community definitions, utilised for prior negotiation of boundaries, preferences, and chem availability. It is thought that the rise of online “hook up” apps alongside concurrent closures of public gay spaces in London during the early 2000s contributed to the emergence of Chemsex, especially the transition from public to private meeting spaces (Hakim, 2019). Since then, significant Chemsex scenes have emerged in Brighton and Manchester (Edmundson et al., 2018). However, though the practice occurs generally throughout the UK, it occurs only in a minority of the UK MsM population (Frankis et al., 2018).

Partly due to health-driven framing of MsM drug and sexual behaviours as ‘risky’ (Bourne et al., 2015), the majority of Chemsex research has focused on a health-centred perspective to action services around Chemsex-associated risks. The most commonly relates to contracting blood-borne viruses such as HIV and sexually transmitted infections (STIs) (*Substance Misuse Services for Men involved in Chemsex*, 2015). In addition, researchers have suggested risks around addiction to ‘chems’ (Giorgetti et al., 2017) and introduces risks of drug overdose; Bourne et al.

(2015) comment that overdoses are particularly risky when novel chems become available. This contrasts with the longstanding availability of GHB/GBL, where users gain experience of using a 'dosing schedule' to avoid reaching toxic levels in the body. Secondary risks are also noted, such as non-consensual sex (Drückler et al., 2021), prior and subsequent trauma (Morris, 2019), and Chemsex-related crime such as theft (Carthy et al., 2021). Notably these are all risks posed by others rather than the individual. Chemsex-related risks also extend to the longer-term impacts of using chems on the body, such as speculated GHB-related neuronal loss in hippocampal and prefrontal brain areas (Pedraza et al., 2009). This results in spatial and working memory deficits, and increased impulsivity linked with prefrontal cortex damage (Raposo Pereira et al., 2020), though longitudinal studies are currently absent.

Considering this focus, prevention narratives have dominated Chemsex interventions. However, evidence suggests the decision to engage in so-called 'high risk sexual behaviours', such as condom-less anal intercourse, may occur before drugs are consumed (Bourne et al., 2014). Despite this, Bourne et al. still frame these decisions as risk-based when there are likely alternative viewpoints to decision making. This suggests we should extend thinking beyond 'in moment' sex and chem use to consider both prior planning and experiences afterwards. In this way, Race et al. (2017) comment that while the relationship between risky sexual behaviours and chems is well established, the causation behind participation is rarely examined. The authors further comment that maintaining a risk-focused approach does not equip health services to address Chemsex in a comprehensive and culturally informed manner.

Until recently, there has been a notable absence of research that has focused on understanding why people commence and continue engaging in Chemsex.

Emerging literature has begun to consider how positive Chemsex experiences may motivate engagement. Lafortune et al. (2021) noted six 'mechanisms' of how Chemsex behaviours developed and are maintained, including "...interpersonal pressure or the desire to belong to a community" and "as a way to increase intimacy/connectedness". Hakim et al. (2021) found a spectrum of sexual behaviour adaptations related to the recent global pandemic, noting the negative impact of national lockdowns on the sense of community felt by MsM. This appears to be an important component of motivations for engaging in Chemsex; the feeling of being with similar others.

In contrast to this, Westernised societies are often described as 'neoliberal' and 'heteronormative'. Neoliberalism is an economic theory detailing how individuals exist separately and compete with each other for resources (Becker et al., 2021). Becker et al. explore how the social impacts of neoliberalism are reductions in wellbeing and increased levels of social disconnection and loneliness. Heteronormativity encompasses how heterosexuality is thought of as 'normal' in a society, by extension defining what 'normal' heterosexuality is, which then implements biases faced by sexual minorities (Habarth, 2015). Habarth notes that this is associated with the stigmatisation and pathologizing of non-heterosexual individuals. The combination of these power systems means neoliberal heteronormative societies suspiciously view sub-communities existing within them, particularly through a process of 'othering' – strengthening a prominent identity through stigmatising others (De Schrijver et al., 2022).

Historically, the MsM community has been othered in Western societies. Some critics note mainstream media as characterising gay sex with moral judgements of being 'bad', 'promiscuous' and 'drug fuelled' (Lovelock, 2018; Smith, 2015). In their reflective therapist piece, Evans (2019) talks about hearing of MsM experiencing judgements of being "diseased", "immoral", and "dangerous". Wholly, then, MsM are arguably made to feel they do not belong in wider Western society. Negative judgements start early, linked with lifelong struggles for some MsM with gaining acceptance from the world around them; Gourley et al. (2017) found themes of "early influences on the self" and difficult experiences of "disclosure of sexual orientation" when taking a more lifespan approach to exploring Chemsex participants' experiences.

In contrast, Jaspal (2021) found Chemsex participants reported relief, safety, inclusion, and acceptance in the Chemsex scene, contrasting with feeling 'excessively negatively distinct' societally. Rejection from the wider gay scene is possible, but Chemsex is distinct in its inclusivity mediated by the ability to utilise the sex-drugs transaction to overcome barriers to participation. Linking this with previous discussion around inhibitions and experiences of non-acceptance, making a choice to engage in an activity that both facilitates reprieves to loneliness and opportunities for acceptance of the self aligns with a needs-focused approach to understanding Chemsex motivations.

Qualitative literature has begun to acknowledge that the roots of Chemsex extend beyond merely achieving 'sexual pleasure'. Hakim (2019) discusses the possibility that Chemsex arose in response to feelings of alienation and loneliness, contextualising MsM struggles for collective identity in the face of established neo-liberalist individualism and global economic in-migration to London. Research also

notes broader 'loneliness' themes relating to desire for a long term relationship (Bourne et al., 2014) or isolation from a community (Evans, 2019), but does not contextualise their impact on the Chemsex experience. While global literature has begun to acknowledge links between loneliness and 'sexual risk taking' in the MsM population (Hubach et al., 2012; Su et al., 2018), UK quantitative literature has not robustly examined these themes. Initial findings suggest loneliness as an aspect of MsM experience (Hibbert et al., 2019), however this was not explored using validated measures. In addition, one study found higher usage rates of Chemsex-associated geospatial dating apps contributed to feelings of loneliness, but that equally using these specifically for sexual encounters had positive impacts on self-esteem and life satisfaction (Zervoulis et al., 2020). These potentially positive, possibly maintaining, factors are not fully understood, and thus clinical guidelines and practice are not utilising a comprehensive, data-driven understanding.

In addition, the link between sex and wellbeing should be considered. Evidence suggests a variety of benefits associated with sexual behaviour, such as fitness level, mental wellbeing, hormonal changes, cortisol, and testosterone release, amongst other proposed positive effects (Gianotten et al., 2021). In this way, there are many possible positive effects for general wellbeing of engaging in Chemsex, although it is important to maintain a perspective of 'minority' sexualities as distinct psychologies, rather than mere variations of heteronormativity (Peel & Thomson, 2009).

The British Psychological Society (BPS, 2019) reference evidence that experiencing stigma and stress as an individual who identifies as gender, sexually, or relationship diverse (GSRD) may lead to substance abuse. Other research has linked mental health difficulties with those engaging in Chemsex (Bohn et al., 2020)

but it cannot account for the unequal developmental experiences within the MsM community of trauma(s) and/or support received when growing up in the UK (Peel et al., 2023); research and policy often assume homogeneity of minority groups (Fish, 2008). Existing regional Chemsex services often solely target drug use as the presenting issue, which may have limited success in improving wellbeing.

Further, qualitative literature suggests themes regarding the roles of community belonging, loneliness, and self-acceptance in the Chemsex experience, but there is little quantitative data-driven understanding as to how these factors relate to each other and to overall wellbeing. Specifically, there is nothing regarding how these factors are implicated in the potential difference in people's relationship with Chemsex. Whilst many may appraise their relationship with and engagement in Chemsex as sustainable and an important aspect of their sex lives (and by extension their overall wellbeing), there are others who appraise their participation in Chemsex as problematic and as a source of distress; some international estimates suggest around 25% of Chemsex participants engage with counselling around their involvement (Evers et al., 2020).

This study aims to contribute to the UK literature base by examining quantitatively if there is a relationship between Chemsex participation and feelings of subjective wellbeing. It will examine four research questions;

1. Is Chemsex participation associated with Subjective Wellbeing?
2. Is Chemsex participation associated with feelings of Loneliness, Self-Acceptance, and Relatedness to Others?
3. Are Loneliness, Unconditional Self-Acceptance, and Relatedness to Others associated with Subjective Wellbeing?

4. Is individual appraisal of overall Chemsex experiences related to appraisals of Loneliness, Unconditional Self-Acceptance, Relatedness to Others, and Subjective Wellbeing?

Method

Collaboration with Experts

Prior to implementing this study, the lead researcher met with one expert by experience and professionals within the Chemsex field to design an inclusive and respectful project. Based on this, the following decisions were made; a) the study should be conducted anonymously to acknowledge data usage concerns, particularly due to the illegality of using chems, b) an online format would maximise accessibility and facilitate distributing the survey, c) the questions were agreed as potentially valuable, in parallel with existing literature searches, d) the inclusion criteria were widened from 'men who have sex with men' to 'if you identify with the label "men who have sex with men"' to include all gender identities in the Chemsex population, and e) the survey was shortened through short-form measures and exclusion of one mood measure to promote completion. The information and debrief sheets and all advertising materials were reviewed collaboratively to ensure appropriate use of language (see Chapter 4). One professional completed the survey and provided feedback on its structure and content.

During the recruitment process, an expert by experience contacted the lead researcher to offer feedback on the information sheet provided. Inconsistency of language had resulted in possible ambiguity of inclusion criteria. The information sheet language was amended to more clearly articulate the inclusion criterion of *identifying* with the MsM label as opposed to gender assigned at birth.

Participants and Recruitment

Inclusion criteria for the study were a) individuals over the age of 18 b) living in England, Northern Ireland, Scotland, or Wales c) who identified with the label 'men who have sex with men (MsM)' and d) had used one or more of GHB/GBL, crystal methamphetamine or mephedrone prior to or during a sexual session in the last 12 months. Due to participant anonymity, the information sheet specified that exiting the web browser during the survey would be interpreted as a withdrawal of consent prior to data being anonymised at the completion point. Therefore, any data that was not a 'complete survey' was removed from the analysis.

The study was advertised using digital posters (see Chapter 4) through purposely created Twitter (X) and Instagram accounts with the name of the study advertised, as well as through the social media accounts of consenting LGBTQ+ and Chemsex-specific support organisations. It was noted that geospatial networking apps are utilised for arranging Chemsex encounters and where drugs are sold or exchanged for sex (Ahmed et al., 2016). A purposeful Grindr profile was created considering this, with an expert by experience reviewing the profile before publication to ensure the profile was clearly for research only to avoid misleading individuals. Participants were not actively approached to preserve anonymity and minimise intrusion into this safe MsM online space.

Procedure

Ethical approval was granted by the Faculty of Health and Medicine Ethics Committee at Lancaster University, UK (see Chapter 4). The study utilised a cross-sectional survey-based design by sampling a target group of participants at a

specific point in time. This examined the roles of belonging to a community, loneliness, and self-acceptance in the Chemsex experience, and was hoped to develop a data-driven understanding as to how these factors relate to each other and to overall wellbeing. The lead researcher was designated as responsible for monitoring data collection, where it was agreed during the ethical approval process that a maximum of 100 responses would be collected, and co-ordinating recruitment efforts through social media and contacting stakeholder organisations.

Data was stored in line with Lancaster University Faculty of Health and Medicine protocols utilising password-protected databases and computers (see Chapter 4 for further information).

The survey was hosted via the online platform Qualtrics (<https://www.qualtrics.com/>) as this best supported the delivery of an anonymous, online questionnaire format requested by experts by experience. Participants were able to access the survey either via an embedded link in social media posts or by scanning a QR code on the recruitment poster. No digital location data was collected for participants to ensure anonymity. Upon accessing the online survey, participants were presented with an information sheet, at the end of which they were required to confirm their wish to participate in the study. Participants were then presented questions from the consent form in series (see Chapter 4). If participants did not consent to any of the statements, they were taken to the end of the study and thanked for their time. If they consented to all statements, participants were taken to the inclusion criteria that were presented in the same format. If they disconfirmed any options, they were taken to a unique end-of-study page that explained they had not answered incorrectly, but they were not the group targeted for this research. If all

inclusion criteria were met, the following measures were then presented in turn, followed by a debrief sheet once the study was complete.

Materials

Demographic Characteristics and Chemsex Use

A selection of demographic questions were discussed by the research team, with the view to minimise requested information to promote continued feelings of anonymity for participants. It was agreed that ethnic backgrounds listed would be based on those collected as part of the UK census. In addition, age, whether the UK was their place of birth, and what sexual and gender identities participants identified with were also collected. Both identity questions included a free text entry option to facilitate participants' ability to self-define their gender and sexual identities. A further question relating to if their gender identity was the same as assigned at birth was added as the inclusion criteria of "identify with the label MsM" was deliberately left open to facilitate wider inclusion. Employment status and relationship status were also requested, with deliberate use of an 'in a relationship(s)' plural option to overcome heteronormative assumptions of monogamy.

Questions relating to Chemsex usage were also included. The question "When was the last time you engaged in Chemsex?" was scored on a 6 point Likert scale, ranging from 'in the last year' (1) to 'in the last week' (6). The question "In the last year, how often would you use Chems before or during a sexual session?" was scored on a 7 point Likert scale, ranging from 'once every 6 months (1) to 'daily' (7).

A further request for participants to respond to the statement "Overall, Chemsex has a positive effect on my life" utilised a Likert scale, with five options ranging between Strongly Disagree, Neither Agree or Disagree, and Strongly Agree.

Responses were grouped into a 'Negative' Group and a 'Not Negative' group, which included both affirmative and neutral responses. This question intended to measure those appraising their relationship with Chemsex as sustainable and those unhappy with this relationship.

Loneliness

This variable was measured utilising the De Jong Gierveld Short Scale (6 items version) (De Jong Gierveld & Van Tilburg, 2010), found to be valid for use in adult populations (α varied between .70 and .76) (De Jong Gierveld & Van Tilburg, 2006). The correlation between the 6-item and 11-item loneliness scale was reported as 'very high', varying between .93 and .95. The shortened version was considered to reduce study length; this 6-item version has been found to retain focus on the two component variables of social and emotional loneliness examined by the full scale. However, the 11-item scale was retained to ensure robust investigation in light of weak existing studies.

The scale uses a 5 point Likert scale for responses, ranging between 'Yes!' (1) to No! (5) with possible total scores ranging from 11 to 55. A higher score on either the whole scale or its subscales indicates that the individual feels lonelier.

Self-Acceptance

This variable was measured utilising the Unconditional Self-Acceptance Questionnaire (Chamberlain & Haaga, 2001a). This variable was chosen over self-esteem as self-esteem is theorised to be conditional to the opinions of others, and thus more susceptible to contextual influence, whereas unconditional self-acceptance (USA) is a more stable indicator of improved mental wellbeing. Similarly,

aiming to measure when self-acceptance is unconditional, as in extending more broadly outside of the self-acceptance accessed in the immediate Chemsex context, aligned with the study's aim to examine broader wellbeing experiences in participants lives. The revised version of the scale (USAQ-R) was chosen for this study, and was found to have good internal consistency ($\alpha = .86$) (Chamberlain & Haaga, 2001b). Further study has found the measure to retain validity, with Cronbach's alpha remaining above .70 ($\alpha = .79$) (Thompson & Waltz, 2008).

The scale uses a 7 point Likert scale, with response options ranging from 'Almost Always Untrue (1) to 'Almost Always True' (7). Possible total scores range from 20 to 140. A higher score indicates that the individual is more self-accepting.

Relatedness

This variable was measured using the Social Connectedness Scale Revised (Lee & Robbins, 1995). A recent systematic review reported this scale as one of the strongest psychometrically evidenced scales to examine feelings of belonging (Cordier et al., 2017). The revised version of the scale reported a Cronbach's Alpha score of .92 (Lee et al., 2001). For clarity, Relatedness will be referred to as Social Connectedness (SC) throughout this study as they are taken to encompass the same concept being measured.

The scale uses a 6 point Likert scale, with response options ranging from 'Strongly Disagree' (1) to 'Strongly Agree' (7). Possible total scores range from 20 to 120. A higher score indicates that the individual feels more socially connected.

Wellbeing

This variable was measured using the Warwick-Edinburgh Mental Wellbeing 7 Item Scale (Tennant et al., 2007). The scale has been found to examine a one factor solution, with adequate internal consistency where Cronbach's alpha = .91 for the general population. This scale was chosen as it is widely used in clinical settings to assess wellbeing and so is well understood by clinicians. The shortened version of the scale retained adequate internal consistency and was chosen to lessen the survey completion time for participants.

The scale uses a 5 point Likert scale, with response options ranging from 'None of the Time' (1) to 'All of the Time' (5). Possible total scores range from 5 to 35. A higher score indicates higher levels of wellbeing.

Recruitment

Required sample size was calculated using G*Power 3 (Faul et al., 2007). Planned analysis for the data centred around the use of a linear multiple regression. A small anticipated effect size was chosen due to the relative lack of quantitative evidence in this area, and so caution was utilised against anticipating medium or large effect sizes in lieu of existing evidence. Following inputting of effect size ($f^2 = 0.15$), α error probability ($p = 0.5$), power ($1 - \beta$ probability = 0.8) with one independent variable (wellbeing) and three dependent variables (loneliness, unconditional self-acceptance, and relatedness), a required sample size of 77 participants was recommended. Ethical approval was received for 100 complete responses, and responses were monitored by the lead researcher to ensure not exceeding this maximum sample size in line with ethical approval requirements.

Recruitment of participants was undertaken for 12 months between February 2023 and January 2024 inclusive. The lead researcher co-ordinated recruitment efforts through a social media campaign on purpose-made social media accounts and by contacting national and regional third sector stakeholder organisations. These organisations agreed to distribute the survey via social media, newsletters, and mailing lists. The Research and Development arms of two NHS trusts additionally agreed that, due to the passive nature of recruitment, they could consent to the placing of recruitment posters in sexual health clinic waiting rooms.

A further ethical amendment to include Grindr as a passive recruitment platform – meaning no active approach of participants was undertaken - was granted by the original ethics committee on 08/08/2023 due to difficulties with recruitment (see Chapter 4). NHS ethics panels were not approached as the research was targeted at MsM not currently engaging in mainstream health services.

Following 12 months of recruitment and a diverse range of repeated efforts across the UK to recruit new participants, new recruitment cases plateaued. Subsequent efforts resulted in minimal-to-nil additions to the sample size. Considering this trend, the research team decided to close recruitment to the study at the end of January 2024.

Analysis

The analysis strategy was re-examined to reflect the limited sample not satisfying the prior calculations for power requirements. A post hoc power calculation was undertaken using G*Power 3 to determine the power of undertaking a linear multiple regression to examine the relationship between one dependent variable and three independent variables. The sample of 47 complete responses yielded a power

level of 0.63, where α error probability = .05 and a small effect size was expected ($f^2 = .02$) (Selya et al., 2012). It was noted that the more limited power value may result in an increased chance of Type 2 errors through failing to find significant effects in the data. However, it was decided to include this analysis in line with literature suggesting 10 participants per included variable was adequate for analyses with higher numbers of independent variables than this study proposes (VanVoorhis & Morgan, 2007), meaning the minimal sample size was satisfied.

The limited sample size was not sufficient to run ANOVA-related testing on the data set, and so independent t-test analyses were opted for in lieu of this, holding in mind the increased likelihood of Type 1 errors if used incorrectly.

Data was imported to Microsoft Excel to initially organise the data set. Data analysis was then conducted in IBM SPSS Statistics (Version 28). Each measured variable was plotted onto histograms with skewness and kurtosis values computed to assess for homogeneity of variance prior to statistical analyses. All variables were judged to be normally distributed and so parametric data analyses were deemed appropriate. Descriptive statistics for all measured variables for the complete sample are available in Table 1.

[insert Table 1]

Sample Characteristics

A total of 47 participants completed all parts of the survey and were therefore included in analysis. A total of 50 participants exited the study before completion and were therefore excluded from the analysis. The mean age (SD) of the sample was 38yrs, ranging between 23yrs and 57yrs. 55% of the sample reported their relationship status as single, while the remaining participants reported being in a

relationship (30%), married (6%), in a civil partnership (4%) or co-habiting (4%). 89% of the sample reported some form of employment, rather than unemployment (6%) or currently studying (4%). Nearly half the sample reported a White English/Northern Irish/Scottish/Welsh background (49%), while 60% of the sample reported being born in the UK. Further demographic information is illustrated in Table 2.

[insert Table 2]

Results

Demographics and Wellbeing

A Pearson's correlation coefficient was computed to assess the linear relationship between Age and all measured variables. No correlations were found between measures of Wellbeing, Loneliness, Unconditional Self-Acceptance, and Social Connectedness (hereafter 'all variables') and Age of Participants.

Independent samples t-tests were conducted to compare the means of all variables in participants born in the UK and those not born in the UK. No significant differences between the means of these variables were found.

Descriptive statistics for all variables for these groups is available in Table 3.

[insert Table 3]

Independent samples t-tests were also performed to compare all variables for participants identifying their relationship status as 'Single' compared with those identifying as 'Not Single'. A significant negative difference was found for Wellbeing

scores between Single ($M = 20.04$, $SD = 6.01$) and Not Single ($M = 23.43$, $SD = 4.68$) participant groups; $t(45) = -2.11$, $p = .04$. Not Single participants' lower scoring indicated lower levels of wellbeing. A significant positive difference was found for Loneliness scores between Single ($M = 6.81$, $SD = 3.39$) and Not Single ($M = 4.87$, $SD = 3.79$) participants; $t(45) = 2.03$, $p = .047$. Not Single participants' higher scores indicated the group being more generally lonely. More specifically, a significant positive difference was also found for the Loneliness subscale 'Emotional Loneliness' between Single ($M = 3.73$, $SD = 2.05$) and Not Single ($M = 2.24$, $SD = 1.99$) participants; $t(45) = 2.51$, $p = .016$. Not Single participants' higher scores indicated the group being more emotionally lonely. No significant differences were found between Single and Not Single group means of Unconditional Self-Acceptance or Social Connectedness.

Descriptive statistics for all variables for these groups is available in Table 4.

[insert Table 4]

Chemsex Participation and Wellbeing

Pearson's correlation coefficients were calculated to assess the linear relationships between Wellbeing and both the recency of the last Chemsex session and frequency of Chemsex in the preceding 12months. Both demographic variables were normally distributed and eligible for a parametric correlation. A weak negative correlation was found between Last Chemsex Session and Wellbeing scores ($r[45] = -0.3$, $p = .04$). This means that more recent Chemsex was associated with lower levels of wellbeing. No significant relationship was found between the frequency of Chemsex variable and Wellbeing scores.

A further independent samples t-test was undertaken to assess for possible “comedown” effects from using chems, where recent chem usage has been qualitatively reported as negatively influencing feelings of wellbeing. The sample was divided between those who had experienced Chemsex in the last week and those who had not had such recent usage. No significant difference was found between the means of participants who had experienced Chemsex in the last week and the remainder of the sample.

Chemsex Participation and Loneliness, Unconditional Self-Acceptance, and Social Connectedness

Pearson’s correlation coefficients were computed to assess the linear relationships between the recency of the last Chemsex session and each of the variables Loneliness, Unconditional Self-Acceptance, and Social Connectedness. A weak positive correlation was found between the recency of the last Chemsex session and the subscale ‘Social Loneliness’ ($r[45] = 0.33, p = .02$). This means that more recent Chemsex was associated with higher levels of social loneliness. No significant correlations were found between the remaining variables.

Pearson’s correlation coefficients were utilised to assess the linear relationships between the frequency of Chemsex participation and the variables Loneliness, Unconditional Self-Acceptance, and Social Connectedness. Weak positive correlations were found between frequency of Chemsex participation and Loneliness ($r[45] = 0.30, p = .036$) and the Loneliness subscale ‘Social Loneliness’ ($r[45] = 0.32, p = .25$). This indicated that more frequent Chemsex was associated with being more lonely and more socially lonely. A weak negative correlation was found between frequency of Chemsex participation and Social Connectedness ($r[45]$

= -0.32, $p = .025$). This indicated that more frequent Chemsex was associated with lower levels of social connection. No significant relationship was found between frequency of Chemsex participation and Unconditional Self-Acceptance.

Wellbeing and Loneliness, Unconditional Self-Acceptance, and Social Connectedness

Pearson's correlation coefficients were computed to assess the linear relationships between each of the independent variables Loneliness, Unconditional Self-Acceptance, and Social Connectedness with the dependant variable Wellbeing. The correlation matrix containing these values is available in Table 5.

[insert Table 5]

Strong negative correlations were found between Loneliness and Wellbeing ($r[45] = -0.775, p < .001$) as well as the subscales of Emotional Loneliness ($r[45] = -0.609, p < .0001$) and Social Loneliness ($r[45] = -0.633, p < .001$). This indicated that being more lonely, including socially and emotionally lonely, was associated with lower levels of wellbeing. A moderate positive correlation was found between Unconditional Self-Acceptance and Wellbeing ($r[45] = 0.575, p < .001$) and a strong positive correlation was found between Social Connectedness and Wellbeing ($r[45] = 0.762, p < .001$). This means that being more unconditionally self-accepting and feeling more socially connected were both associated with higher levels of wellbeing. A high level of intercorrelation was observed between each of the measures, indicating a level of coherence in measuring the same overall construct.

A linear multiple regression was undertaken to investigate if there was a predictive relationship between three independent variables (Loneliness, Unconditional Self-Acceptance, and Social Connectedness) and a dependent variable of Wellbeing. Tests to see if the data met the assumption of collinearity indicated that multicollinearity was not a concern (see Table 6).

[insert Table 6]

A significant regression was found ($F [3,43] = 23.95, p < .001$). The R^2 value was .63, showing that the combination of Loneliness, Unconditional Self-Acceptance and Social Connection explained approximately 63% of variance in Wellbeing scores. The data met the assumption of independent errors (Durbin-Watson value = 1.99). The resulting regression equation was;

$$\text{Wellbeing} = 9.799 + (0.460 \times [\text{Social Connectedness Score}]) + (-0.238 \times [\text{Loneliness Score}]) + (0.199 \times \text{Unconditional Self-Acceptance Score}) + 4.149$$

The predictor variables were examined further, indicating that Social Connectedness ($\beta = .460, p = .008$) was a significant predictor, but Loneliness ($\beta = -.238, p = .109$) and Unconditional Self-Acceptance ($\beta = .199, p = .095$) were not independently significant predictors within the regression. Confidence intervals are available in Table 6.

Opinion of Chemsex

Independent t-tests were performed to compare the means of the variables Loneliness, Unconditional Self-Acceptance, Social Connectedness, and Wellbeing in participants appraisals of the impact of Chemsex on their life. Participants were designated as having a negative appraisal or as those with a 'not negative' opinion. 'Not negative' included both positive and neutral appraisals but was labelled 'positive' for the purposes of this analysis.

There was a significant negative difference found between the Social Connectedness scores for Positive ($M = 87.55$, $SD = 21.18$) and Negative ($M = 70.52$, $SD = 22.30$) opinion groups; $t(45) = -2.64$, $p = .01$. This indicated that participants with a negative appraisal of Chemsex' influence in their life experienced less social connection. A significant negative difference was also found for Wellbeing scores between Positive ($M = 23.95$, $SD = 4.33$) and Negative ($M = 19.78$, $SD = 5.95$) opinions; $t(45) = -2.65$, $p = .011$. This indicated that participants with a negative appraisal of Chemsex' influence in their life experienced lower levels of wellbeing.

A significant positive difference was found between the Loneliness scores for Positive ($M = 3.80$, $SD = 2.41$) and Negative ($M = 7.37$, $SD = 3.78$) opinions; $t(45) = 3.69$, $p < .001$. More specifically, there was also a significant positive difference found between the Loneliness subscale 'Emotional Loneliness' scores for Positive opinions ($M = 1.70$, $SD = 1.41$) and Negative ($M = 4.07$, $SD = 2.03$); $t(45) = 4.47$, $p < .001$. This meant that participants with a negative appraisal of Chemsex' influence in their life were both more lonely and more emotionally lonely than the Positive group.

No significant difference was found between the Negative and Positive opinion groups mean scores for Unconditional Self-Acceptance.

Descriptive statistics for all variables for these groups is available in Table 7.

[insert Table 7]

Discussion

The study findings indicated that participants' relationship status affected Wellbeing and Loneliness scores; participants identifying as 'Single' were lonelier, and more emotionally lonely, and had lower levels of wellbeing. Participants who had Chemsex more recently were more socially lonely and had lower levels of wellbeing, while participants having more frequent Chemsex were lonelier, and more socially lonely, as well as feeling less socially connected to others. Participants who felt lonelier, including emotional and social loneliness, had lower levels of wellbeing. Those more accepting of themselves unconditionally and feeling more socially connected to others had higher levels of wellbeing. Feelings of social connectedness were predictive of feelings of wellbeing. Finally, those appraising Chemsex as having a negative impact on their life were lonelier, and emotionally lonelier, while feelings less socially connected to others and experiencing lower levels of wellbeing.

Figure 1 illustrates the interactions of all significant relationships as a summative visual model.

[insert Figure 1]

Loneliness, Unconditional Self-Acceptance, and Social Connectedness

Both more recent and more frequent Chemsex participation being associated with higher levels of loneliness may appear contradictory; it may be expected that recent participation would be a positive connection experience, in line with qualitative

Chemsex literature (Hibbert et al., 2021). However, given that UK Chemsex is primarily organised through geospatial networking apps, research targeting these apps can be utilised for comparison. This finding parallels literature from Zervoulis et al. (2020) who found higher use of geospatial networking apps was associated with higher levels of loneliness. This study fails to identify if app use leads to in-person contact, but other research suggests higher levels of loneliness in high app-use was associated with increased sexual partners (DeLonga et al., 2011). In this way, the present study bridges the gap between these areas.

Similarly, high frequency of internet-initiated MsM sexual interaction has been associated with lower social connectedness (Chaney & Chang, 2005). The present study also found increased frequency of Chemsex was linked with higher social loneliness and lower social connectedness. These two concepts are possibly linked, judged by the observed intercorrelations. This potential relationship is reflected in qualitative literature, where some Chemsex participants have spoken about 'filling a void' left by feelings of loneliness and lack of meaningful connections (Smith & Tasker, 2018).

Significant positive differences on loneliness and emotional loneliness scores for "Single" and "Not Single" participants' may offer another explanation; prior research reports participants valued Chemsex for overcoming social isolation/loneliness (Pollard et al., 2018). This research suggests that this alleviation may only be temporary in lieu of another rewarding relationship(s). However, not all MsM who are single by choice may experience loneliness-impacted wellbeing; research indicates independent associations with other family and social supports instead (Hostetler, 2012). Indeed, it is beyond the scope of this study to analyse participants' relationship choices, and so speculation on this point would be

unfounded. Conversely, it would be a heteronormative nuclear-family assumption that all relationships are wholly fulfilling, and indeed that this is desirable. In parallel, research acknowledges that romantic partnering is in itself a heteronormative success marker (Bay-Cheng & Goodkind, 2016), suggesting that loneliness may be independent of Chemsex participation, instead existing as a pan-cultural Western experience. Therefore, understanding 'ideal relationships' and 'current relationships' interacting with appraisals of 'sustainable' vs 'problematic' Chemsex may be a future research direction.

Further understanding of loneliness experiences may be understood through recovery literature around 'problematic Chemsex', with issues such as addiction and inability to enjoy sober sex; Platteau et al. (2019) state that reforming social connections is key to facilitating reflection on individuals' relationship to Chemsex. This may indicate that connection to broader support communities reduces as Chemsex participation increases. This could be as leisure time is finite, or that Chemsex connections feel 'safer' than 'real-world' connections (Van Hout et al., 2019). While this study can only speculate on causality and cannot account for social connection types, loneliness and social connectedness remain acutely associated with increased frequency of Chemsex, although these may also result from experiences of neoliberal social disconnection rather than Chemsex itself.

Contributions to Wellbeing

The negative correlation between the recency of last Chemsex and Wellbeing scores could be interpreted as a 'come down' effect following extended periods of chem use. This encompasses both returning to everyday life, where Chemsex is vilified, and the 'slump' following dopamine highs of, for example, GHB (Brennan &

Van Hout, 2014) and associated withdrawal (Brunt et al., 2013). However, no effect was found. This demonstrates that participants evaluated the measures over a wider time frame, rather than focusing on Chemsex-context appraisals by those engaging more frequently. Equally, Wellbeing was deliberately measured generally rather than situationally specifically – hence this study cannot comment on how appraisals might change before/during/after Chemsex. This is important as wellbeing appraisals may change during states of euphoria from both drug effects and the reported short-term in-context Chemsex effects on all areas of loneliness, self-acceptance, and social connectedness.

Notably, the survey response options included Chemsex recency “in the last week”, while Chemsex frequency included a “daily” response option, though no significant effect was found on Wellbeing scores. Importantly, this study did not collect information on the frequency of chem use, whether in a sexual context or otherwise. Collecting appraisals on if individuals feel their chem use is problematic or sustainable may offer future comparisons with general addiction literature. Further, the wider impact of habitual drug use may contribute to wellbeing scores in a subset of the sample; Australian data suggests wellbeing of injecting drug users is significantly lower than the population average (Dietze et al., 2010).

The finding that Unconditional Self-Acceptance correlated with Wellbeing scores but no demographic measures is particularly interesting. Some research suggests acquiring self-acceptance is a lifelong process (McParland & Camic, 2016), although this review only included two studies. Unconditional Self-Acceptance has been increasingly associated with overall wellbeing compared with general self-esteem (Popov, 2019), and perhaps this offers an explanation; both loneliness and social connectedness are relational, whereas self-acceptance is a personal

appraisal, 'unconditionally' across all contexts. The face validity of the USAQ-R supports this, where questions are phrased as 'despite' external circumstances. Chem effects may facilitate a sense of immunity towards challenges to conditional self-acceptance (Bourne et al., 2015a), and outside of this 'unconditional' self-acceptance is a different construct. This is important for clinical interventions, as seeking relief from non-acceptance of the self could be a reinforcing factor for feelings of 'needing' to continue Chemsex participation for some individuals.

Social Connectedness predicting Wellbeing also points to broader academic observations made of the MsM community. As articulated by Hakim (2019), the social context of Chemsex prevalence was the loss of local MsM community social spaces and economic in-migration. Globally, associations have been recognised between connection to the LGBT community and feelings of wellbeing in young people (Garcia et al., 2020), and this finding would appear to mirror this.

Despite this, Loneliness, Unconditional Self-Acceptance, and Social Connectedness only accounted for around 60% of the variance in Wellbeing scores, indicating that other external factors influence changes in self-reported Wellbeing. A myriad of variables may influence feelings of wellbeing, especially those existing outside of the Chemsex context; for example, external independent relationship pressures (Van Hout et al., 2019). In addition, exploring the variation of cultural and ethnic backgrounds' experiences within the data was beyond the scope of this study, but it is possible that inter-cultural experiences of Chemsex, wellbeing and associated variables may differ greatly despite the majority of the sample being 'White etc.' – an area notably lacking within UK Chemsex research. However, 60% of variance in wellbeing remains a significant influence across the three measured variables within this study.

Towards a Modelled Understanding

Figure 1 visually illustrates the findings of this study. There is a distinct lack of wellbeing models for the Chemsex population in research. Mapping patterns of relationships between measured variables in this way provides an accessible means for individuals and services to explain and operationalise the study findings.

Loneliness appears to be the key variable present in this analysis; Loneliness was correlated with a variety of demographic measures and significantly inter-correlated with all measured variables. The influence of Social Connectedness could be explained in terms of Loneliness – those more socially connected are less lonely, similar to parallel research (Garcia et al., 2020). This could explain why Loneliness and Unconditional Self-Acceptance did not significantly contribute to the regression co-efficient once Social Connectedness was included; Loneliness and Social Connectedness are intrinsically linked, as in external research (Jaspal & Papaloukas, 2021).

The study also highlights that the three primary hypothesised variables do correlate with Wellbeing, although at this stage it is unclear how this compares to the wider MsM community. The model suggests that while these variables are important, the presence of loneliness, possibly due to neoliberal ideology and heteronormative 'othering' of MsM groups, may also contribute extraneously.

Clinical Implications

Routine history taking should ask beyond the 'obvious' Chemsex questions – namely outside of chem usage - with considerations of individuals' wellbeing (Pakianathan et al., 2016). Biomedical approaches to assessment in non-specialised services (Brook et al., 2020) may not address commencement and perpetuation

factors in Chemsex. The collaborative development of assessment tools focusing on associated concepts, such as loneliness, would be a helpful development direction.

External evidence suggests that Cognitive Behavioural Therapy (CBT) is effective for targeting loneliness. This approach highlights cognitive biases around appraisal of social experiences and maladaptive behaviours that reinforce these feelings (Hickin et al., 2021). However, the reviewed research is overwhelmingly CBT-focused; further research may highlight other more appropriate models. For example, Hickin et al. highlight the possible efficacy of 'social identity' approaches. Narrative Therapy offers a practical exploration of individual identity through processes of social interconnection (Combs & Freedman, 2016). This could be important through 'thickening' alternative beneficial narratives from a cultural and collectivist relational identity viewpoint, as opposed to traditionally neoliberal individualist understandings (James & Foster, 2003).

Working systemically to support client reconnection to the wider community has been reported as essential for the client evaluating their ongoing relationship with Chemsex (Gaudette et al., 2022) and may support experiences of social connectedness with similarly experienced others (Ceatha et al., 2019). This emphasises how vital Chemsex participants co-developing valued support is. Overall, focusing on social/emotional loneliness in combination with systemic social connectedness appear to be a promising avenue for promoting wellbeing in this group.

Generally, clinical psychology should offer MsM affirmative interventions. This can be applied across therapies, with positively evaluated low cost training already evidenced in CBT (Pachankis et al., 2022). Utilising Mosher et al.'s cultural humility framework in therapy (2017) is an example of best practice, where societal

judgements of drug use and 'hedonistic sexual behaviour' may enter the therapy room. More broadly, systems should develop sub-cultural safety by ongoing critique of the power structures inherent in heteronormative healthcare (Curtis et al., 2019).

Strengths and Limitations

This study gains strength from quantitatively measuring how Chemsex participants wellbeing is related to and affected by wider psychological experiences. This quantitatively validates what respondents have qualitatively reported in previous UK studies, and offers data-driven support for appropriate clinical interventions. In addition, it places importance on researching 'minority sexual behaviours' as unique phenomena rather than adapting heteronormative understandings of sexual and drug-related behaviours.

While the results of the regression analysis should be interpreted with caution – lower powered studies are at a higher risk of a Type 2 error (Shreffler & Huecker, 2020) - the overall regression model was significant despite the small sample size. Correlations between the included factors and Wellbeing all indicated strong associations, meaning it is possible that all factors contributed significantly but only offered minimal addition to which ever variable had entered the regression first.

The main limitation of this study is the limited sample size achieved. The data suggests that most respondents were recruited through charities and Chemsex-related organisations, rather than Grindr, and the sample may under-represent individuals who have a self-appraised sustainable relationship with Chemsex. Further, the study is unlikely to have accessed a group of MsM who have not yet 'come out' or who are exploring their sexuality confidentially.

A limited set of variables were chosen for this study, with many more that could have been utilised. These were prioritised through consultation with experts and reviewing the literature to create a manageable study to complete for participants. Those chosen for analysis, for example Age, were focused on experiences of Wellbeing and primary independent variables in line with the prior hypotheses and focus of the project, as opposed to describing, for example, patterns of substance use. Future work could build on more fully exploring additional demographic variables.

Future Research

Future research should focus on replicating this study in a larger sample. This would facilitate comprehensive and robust data analysis, and further understanding of the variable interactions through regression analyses. Longer recruitment periods would be required in conjunction with building co-operative relationships with community organisations over time. In addition, the use of paid advertising on geospatial networking apps or at multisite research centres may further boost engagement.

Conjunctive research should consider a repeated measures design to measure loneliness, social connectedness, and wellbeing over an extended period. Measuring across contexts may provide valuable insights into affective experiences before/during/after and between Chemsex experiences. An example of this is the Belgian Chemsex wellbeing app 'Budd' (Platteau et al., 2023), with the benefit of such an app providing an active Chemsex-specific sample. This may add deeper quantitative understanding to how contextually specific experiences interact with global appraisals of the variables in this study.

Conclusion

This study found that Loneliness, Unconditional Self-Acceptance and Social Connectedness do influence feelings of Wellbeing. The frequency of participation in and recency of last Chemsex also influenced these variables, as well as participants relationship status and overall appraisal of Chemsex' impact on their life. Loneliness was theorised to be the most influential variable within the generated model, possibly playing a role in the relationships between Wellbeing and both Unconditional Self-Acceptance and Social Connectedness. Future research should look to examine how these same variables change before/during/after Chemsex experiences (and what wider life factors may be at play), while anticipating potential recruitment difficulties by building meaningful connection to stakeholders nationally.

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Tables and Figures

Table 1: Descriptive Statistics for all Measure | N = 47

| Variable | N | Range | Mean | Std. Deviation | Variance |
|-------------------------------|----|-------|-------|----------------|----------|
| Loneliness | 47 | 11 | 5.85 | 3.701 | 13.695 |
| Social Loneliness | 47 | 5 | 2.79 | 1.887 | 3.562 |
| Emotional Loneliness | 47 | 6 | 3.06 | 2.141 | 4.583 |
| Social Connectedness Total | 47 | 88 | 77.77 | 23.217 | 539.009 |
| Unconditional Self Acceptance | 47 | 65 | 79.43 | 17.358 | 301.293 |
| Wellbeing | 47 | 26 | 21.55 | 5.668 | 32.122 |
| Last Chemsex Session (coded) | 47 | 5 | 4.11 | 1.710 | 2.923 |
| Frequency of Chemsex (coded) | 47 | 6 | 3.68 | 1.831 | 3.352 |

Table 2: Sociodemographic Characteristics of the Study Sample

| Variable | Category | N | % |
|-------------------|---------------------------------|----|------|
| Ethnic Background | White | 33 | 69.9 |
| | Asian | 6 | 12.6 |
| | Black, African, or Caribbean | 3 | 6.3 |
| | Mixed or Multiple Ethnic Groups | 1 | 2.1 |
| | Unspecified | 4 | 8.4 |
| Sexuality | Gay | 35 | 74.5 |
| | Bisexual | 8 | 17.0 |
| | Faggot | 1 | 2.1 |
| | Queer | 1 | 2.1 |
| | Undisclosed | 2 | 4.3 |
| Gender Identity | Male | 44 | 93.6 |
| | Non-Binary/Third Gender | 2 | 4.3 |
| | Undisclosed | 1 | 2.1 |

Table 3: Descriptive Statistics for all Measures, Sample Split by Birthplace | N = 47

| UK Born | Variable | N | Range | Mean | Std. Deviation | Variance | |
|-------------------------------|-------------------------------|-------------------|-------|-------|----------------|----------|--------|
| Unknown | Loneliness | 2 | 2 | 7.00 | 1.414 | 2.000 | |
| | Social Loneliness | 2 | 1 | 3.50 | .707 | .500 | |
| | Emotional Loneliness | 2 | 1 | 3.50 | .707 | .500 | |
| | Social Connectedness | 2 | 22 | 96.00 | 15.556 | 242.000 | |
| | Unconditional Self Acceptance | 2 | 2 | 86.00 | 1.414 | 2.000 | |
| | Wellbeing | 2 | 2 | 25.00 | 1.414 | 2.000 | |
| | Loneliness | 28 | 11 | 5.86 | 4.025 | 16.201 | |
| | Social Loneliness | 28 | 5 | 2.89 | 2.006 | 4.025 | |
| | Emotional Loneliness | 28 | 6 | 2.96 | 2.252 | 5.073 | |
| | Social Connectedness | 28 | 88 | 77.50 | 24.370 | 593.889 | |
| Yes | Unconditional Self Acceptance | 28 | 57 | 81.21 | 18.426 | 339.508 | |
| | Wellbeing | 28 | 20 | 21.50 | 5.337 | 28.481 | |
| | Loneliness | 17 | 11 | 5.71 | 3.424 | 11.721 | |
| | Social Loneliness | 17 | 5 | 2.53 | 1.807 | 3.265 | |
| | Emotional Loneliness | 17 | 6 | 3.18 | 2.128 | 4.529 | |
| | Social Connectedness Total | 17 | 74 | 76.06 | 22.081 | 487.559 | |
| | Unconditional Self Acceptance | 17 | 60 | 75.71 | 16.355 | 267.471 | |
| | Wellbeing | 17 | 26 | 21.24 | 6.524 | 42.566 | |
| | No | Loneliness | 17 | 11 | 5.71 | 3.424 | 11.721 |
| | | Social Loneliness | 17 | 5 | 2.53 | 1.807 | 3.265 |
| Emotional Loneliness | | 17 | 6 | 3.18 | 2.128 | 4.529 | |
| Social Connectedness Total | | 17 | 74 | 76.06 | 22.081 | 487.559 | |
| Unconditional Self Acceptance | | 17 | 60 | 75.71 | 16.355 | 267.471 | |
| Wellbeing | | 17 | 26 | 21.24 | 6.524 | 42.566 | |

Table 4: Descriptive Statistics for all Measures, Sample Split by Relationship Status | N = 47

| Relationship Status | Variable | N | Range | Mean | Std. Deviation | Variance |
|---------------------|-------------------------------|----|-------|-------|----------------|----------|
| Single | Loneliness | 26 | 11 | 6.81 | 3.394 | 11.522 |
| | Social Loneliness | 26 | 5 | 3.08 | 1.671 | 2.794 |
| | Emotional Loneliness | 26 | 6 | 3.73 | 2.051 | 4.205 |
| | Social Connectedness | 26 | 82 | 73.15 | 24.019 | 576.935 |
| | Unconditional Self Acceptance | 26 | 60 | 77.46 | 16.464 | 271.058 |
| | Wellbeing | 26 | 26 | 20.04 | 6.017 | 36.198 |
| Not Single | Loneliness | 21 | 11 | 4.67 | 3.799 | 14.433 |
| | Social Loneliness | 21 | 5 | 2.43 | 2.111 | 4.457 |
| | Emotional Loneliness | 21 | 6 | 2.24 | 1.998 | 3.990 |
| | Social Connectedness | 21 | 68 | 83.48 | 21.370 | 456.662 |
| | Unconditional Self Acceptance | 21 | 63 | 81.86 | 18.518 | 342.929 |
| | Wellbeing | 21 | 17 | 23.43 | 4.686 | 21.957 |

Table 5: Correlation Matrix | N = 47

| Variable | Loneliness Total | Emotional Loneliness | Social Loneliness | Social Connectedness | Unconditional Self-Acceptance | Wellbeing | Age | Recency of Chemsex | Frequency of Chemsex |
|-------------------------------|------------------|----------------------|-------------------|----------------------|-------------------------------|-----------|-------|--------------------|----------------------|
| Loneliness Total | - | | | | | | | | |
| Emotional Loneliness | .929** | - | | | | | | | |
| Social Loneliness | .907** | .687** | - | | | | | | |
| Social Connectedness | -.767** | -.674** | -.739** | - | | | | | |
| Unconditional Self-Acceptance | -.421** | -.424** | -.344** | .598** | - | | | | |
| Wellbeing | -.675** | -.609** | -.633** | .762** | .575** | - | | | |
| Age | .037 | .062 | .002 | -.043 | -.197 | -.039 | - | | |
| Recency of Chemsex | .250 | .135 | .337* | -.120 | -.073 | -.300* | .070 | - | |
| Frequency of Chemsex | .250 | .135 | .337* | -.287 | -.073 | -.102 | -.111 | .212 | - |

** . Correlation is significant at the 0.01 level (2-tailed)

* . Correlation is significant at the 0.05 level (2-tailed)

Table 6: Results of Linear Multiple Regression^a

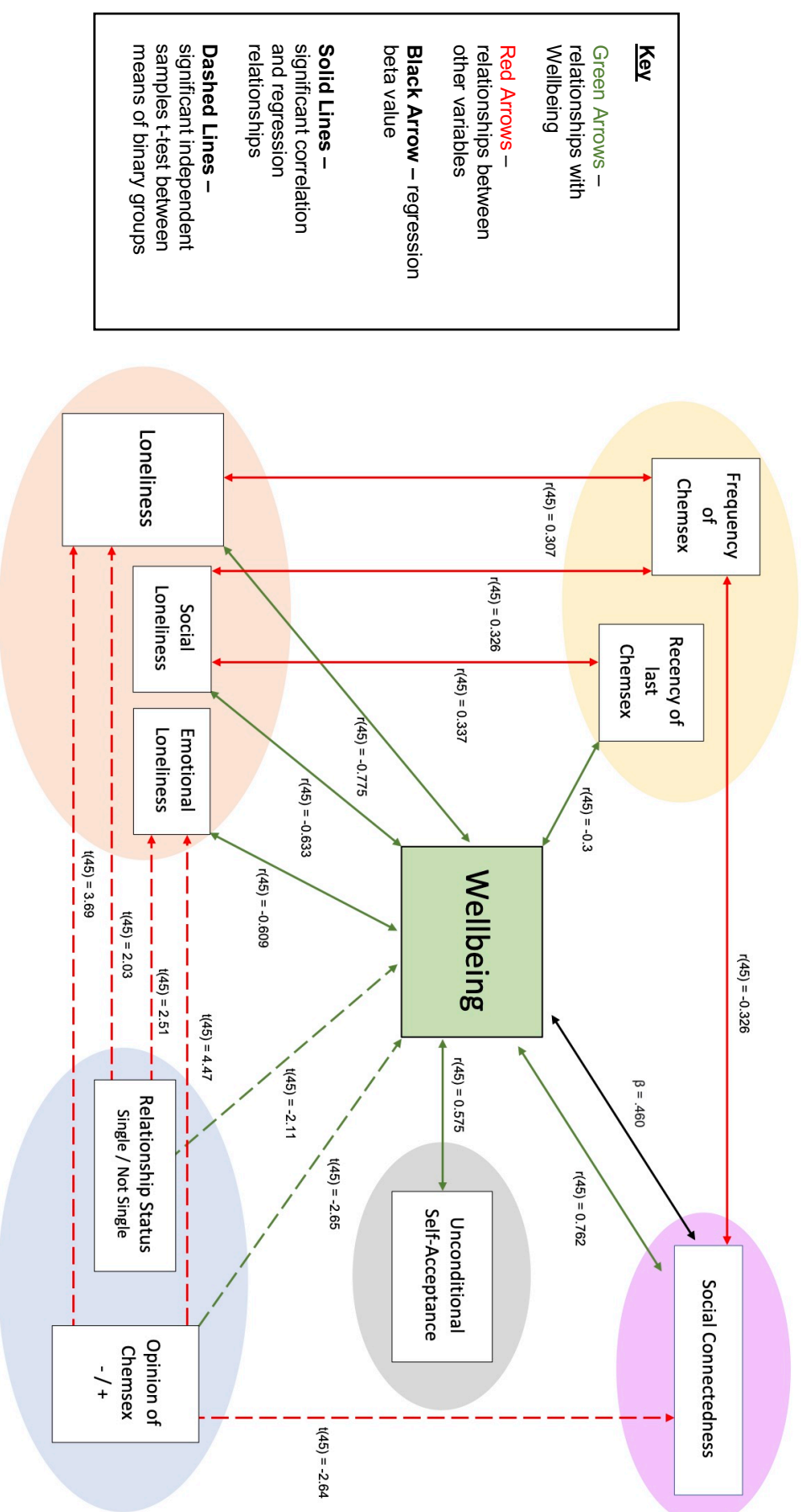
| Variable | Beta | SE | 95% Confidence Interval | | β | p | Tolerance | VIF |
|-------------------------------------|-------|------|-------------------------|------|---------|------|-----------|------|
| | | | LL | UL | | | | |
| Social Connectedness Score | .112 | .040 | .031 | .194 | .460 | .008 | .31 | 3.13 |
| Loneliness Total Score | -.365 | .223 | -.816 | .085 | -.238 | .109 | .40 | 2.44 |
| Unconditional Self Acceptance Score | .065 | .038 | -.012 | .142 | .199 | .095 | .63 | 1.56 |

a. Dependent variable: Wellbeing Score

Table 7: Descriptive Statistics for all Measures, Sample Split by Opinion of Chemsex | N = 47

| Chemsex Opinion | Variable | N | Range | Mean | Std. Deviation | Variance |
|----------------------------|-------------------------------|----|-------|-------|----------------|----------|
| Negative | Loneliness | 27 | 11 | 7.37 | 3.784 | 14.319 |
| | Social Loneliness | 27 | 5 | 3.30 | 1.996 | 3.986 |
| | Emotional Loneliness | 27 | 6 | 4.07 | 2.037 | 4.148 |
| | Social Connectedness | 27 | 80 | 70.52 | 22.304 | 497.490 |
| | Unconditional Self Acceptance | 27 | 61 | 76.44 | 16.277 | 264.949 |
| | Wellbeing | 27 | 26 | 19.78 | 5.951 | 35.410 |
| | Loneliness | 20 | 7 | 3.80 | 2.419 | 5.853 |
| | Social Loneliness | 20 | 5 | 2.10 | 1.518 | 2.305 |
| | Emotional Loneliness | 20 | 4 | 1.70 | 1.418 | 2.011 |
| | Social Connectedness | 20 | 67 | 87.55 | 21.185 | 448.787 |
| Positive (Not Negative) | Unconditional Self Acceptance | 20 | 63 | 83.45 | 18.363 | 337.208 |
| | Wellbeing Score | 20 | 17 | 23.95 | 4.334 | 18.787 |

Figure 1 : Model of Significant Relationships



Appendix

Appendix 2 - A: Demographic Questions

This page asks questions about your demographic information. As this study is anonymous, you are not able to be identified by this information.

1. What is your age?

(text box for response)

2. What ethnic group do you most identify with? Please note the option to state your own definition and the 'prefer not to say' at the bottom of these options.

- a. White – English/Scottish/Northern Irish/Welsh
- b. White – Irish
- c. Gypsy or Irish Traveller
- d. Any other White background, please describe below
- e. White and Black Caribbean
- f. White and Black African
- g. White and Asian
- h. Any other Mixed/Multiple ethnic background (please describe below)
- i. Indian
- j. Pakistani
- k. Bangladeshi
- l. Chinese
- m. Any other Asian background (please describe below)
- n. African
- o. Caribbean

- p. Any other Black/African/Caribbean background (please describe below)
- q. Arab
- r. Any other ethnic group (please describe below)
- s. Prefer not to say

3. If you chose to describe your ethnic group, please enter it in the text box below.

(Text box)

- 4. Were you born in the UK?
 - a. Yes
 - b. No

- 5. How would you describe your sexuality?
 - a. Gay
 - b. Bisexual
 - c. Heterosexual or Straight
 - d. Other (please specify)
 - e. Prefer not to say

- 6. How would describe your gender?
 - a. Man
 - b. Woman
 - c. Non-Binary
 - d. Intersex
 - e. Other
 - f. Prefer not to say

- 7. Is your gender identity the same as the gender you were assigned at birth?
 - a. Yes

b. No

8. If you describe your gender in another way, how would you describe it?

(text box response)

9. What is your relationship status?

- a. Single
- b. Married
- c. Civil Partnership
- d. Co-habiting
- e. In a relationship(s)

10. What best describes your employment status?

- a. Full time employed
- b. Part time employed
- c. Unemployed
- d. Student

This section asks more specifically about your Chemsex use over the last 12 months.

11. When was the last time you engaged in Chemsex?

- a. In the last week
- b. In the last two weeks
- c. In the last month
- d. In the last 3 months
- e. In the last 6 months
- f. In the last year

12. In the last year, how often on average would you use chems before or during the sexual session?

- a. Daily

- b. More than once a week
- c. Once a week
- d. Once every two weeks
- e. Once a month
- f. Once every 3months
- g. Once every 6months

13. Please respond to the statement below.

“Overall, Chemsex has a positive effect on my life”

- a. Strongly Agree
- b. Agree
- c. Neither Agree or Disagree
- d. Disagree
- e. Strongly Disagree

Appendix 2 - B: De Jong Gierveld Short Scale (11 Items Version)

Please indicate for each of the 11 statements, the extent to which they apply to your situation, the way you feel now. Please, circle the appropriate answer.

No! No More or Less Yes Yes!

- 1 There is always someone I can talk to about my day-to-day problems
- 2 I miss having a really close friend
- 3 I experience a general sense of emptiness
- 4 There are plenty of people I can lean on when I have problems
- 5 I miss the pleasure of the company of others
- 6 I find my circle of friends and acquaintances too limited
- 7 There are many people I can trust completely
- 8 There are enough people I feel close to
- 9 I miss having people around me
- 10 I often feel rejected
- 11 I can call on my friends whenever I need them

Appendix 2 – C: Unconditional Self Acceptance Questionnaire

INSTRUCTIONS: Please indicate how often you feel each statement below is true or untrue of you. For each item, write the appropriate number (1 to 7) on the line to the left of the statement, using the following key:

| Almost Always Untrue | Usually Untrue | More Often Untrue Than True | Equally Often True And Untrue | More Often True Than Untrue | Usually True | Almost Always True |
|----------------------------|-------------------|---|---|---|-----------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. When someone compliments me for something, I care more about how it makes me feel about myself than about what it tells me about my strengths or abilities.
2. I feel worthwhile even if I am not successful in meeting certain goals that are important to me.
3. When I receive negative feedback, I take it as an opportunity to improve my behavior or performance.
4. I feel that some people have more value than others.
5. Making a big mistake may be disappointing, but it doesn't change how I feel about myself overall.
6. Sometimes I find myself thinking about whether I am a good or bad person.
7. To feel like a worthwhile person, I must be loved by the people who are important to me.
8. When I am deciding on goals for myself, trying to gain happiness is more important than trying to prove myself.
9. I think that being good at many things makes someone a good person overall.
10. My sense of self-worth depends a lot on how I compare with other people.

11. I believe that I am worthwhile simply because I am a human being.
12. When I receive negative feedback, I often find it hard to be open to what the person is saying about me.
13. I set goals for myself that I hope will prove my worth.
14. Being bad at certain things makes me value myself less.
15. I think that people who are successful in what they do are especially worthwhile people.
16. To me, praise is more important for pointing out to me what I'm good at than for making me feel valuable as a person
17. I feel I am a valuable person even when other people disapprove of me.
18. I avoid comparing myself to others to decide if I am a worthwhile person.
19. When I am criticized or when I fail at something, I feel worse about myself as a person.
20. I don't think it's a good idea to judge my worth as a person.

Appendix 2 – D: Social Connectedness Scale (Revised)

Directions: Following are a number of statements that reflect various ways in which we view ourselves. Rate the degree to which you agree or disagree with each statement using the following scale (1 = Strongly Disagree and 6 = Strongly Agree). There is no right or wrong answer. Do not spend too much time with any one statement and do not leave any unanswered.

Strongly Disagree Disagree Slightly Disagree Slightly Agree Agree Strongly Agree

1. I feel comfortable in the presence of strangers
2. I am in tune with the world
- *3. Even among my friends, there is no sense of brother/sisterhood
4. I fit in well in new situations
5. I feel close to people
- *6. I feel disconnected from the world around me
- *7. Even around people I know, I don't feel that I really belong
8. I see people as friendly and approachable
- *9. I feel like an outsider
10. I feel understood by the people I know
- *11. I feel distant from people
12. I am able to relate to my peers
- *13. I have little sense of togetherness with my peers
14. I find myself actively involved in people's lives
- *15. I catch myself losing a sense of connectedness with society
16. I am able to connect with other people
- *17. I see myself as a loner
- *18. I don't feel related to most people
19. My friends feel like family
- *20. I don't feel I participate with anyone or any group

Appendix 2 - E: Warwick-Edinburgh Mental Wellbeing 7 Item Scale

Please select the answer that best describes your experience of each over the last 2 weeks.

| | <i>None of the Time</i> | <i>Rarely</i> | <i>Some of the Time</i> | <i>Often</i> | <i>All of the Time</i> |
|--|-------------------------|---------------|-------------------------|--------------|------------------------|
| I've been feeling optimistic about the future | 1 | 2 | 3 | 4 | 5 |
| I've been feeling useful | 1 | 2 | 3 | 4 | 5 |
| I've been feeling relaxed | 1 | 2 | 3 | 4 | 5 |
| I've been dealing with problems well | 1 | 2 | 3 | 4 | 5 |
| I've been thinking clearly | 1 | 2 | 3 | 4 | 5 |
| I've been feeling close to other people | 1 | 2 | 3 | 4 | 5 |
| I've been able to make up my own mind about things | 1 | 2 | 3 | 4 | 5 |

Appendix 2 – F: Guidelines for Publishing in the Journal ‘Sexualities’

Sage Manuscript Guidelines

Preparing your manuscript

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Section 3: Critical Appraisal

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Introduction

This chapter offers a critical review of the process of completing both the systematic literature review and the empirical papers. Firstly, it will summarise the findings of the project. It will then present critical reflections on this process as well as considering what impact the research contained in the project may have for future research, clinical psychology practice, and service provision. It will also explore my personal journey through the project, including the motivations behind choosing this project area and my affective experience of undertaking the work.

The aim of this project was to both qualitatively explore and quantitatively contribute to representations of the phenomenon 'Chemsex' in UK literature. Firstly, this targeted how experiences of pleasures in and around the Chemsex experience were described and interpreted in UK and Ireland qualitative literature, followed by a quantitative investigation of how variables of Loneliness, Unconditional Self-Acceptance and Social Connectedness were related to subjective appraisals of Wellbeing in UK-based Chemsex participants.

The systematic review found six analytic themes emerging from the data; 'Myopic Sensuality', 'Relief', 'Collective Seclusion', 'Social Appraisal', 'Exploration', and 'Divine Pleasure'. Overarchingly, the review found that experiences of pleasure(s) are nuanced and specific to MsM individuals engaging in Chemsex, and unique in their combination within Chemsex. In addition, novel pleasures experienced because of the drug-sex interaction extended beyond heteronormative assumptions of what could be pleasurable, as well as the limited language available to describe novel pleasures existing beyond words. Finally, the review found that

pleasures existed across the before/during/after timespan that Chemsex occupies, and that, contrary to Western traditional views of pleasure's pursuit as amorally hedonistic, it illuminates some arguably essential MsM group needs. The outcomes of the review suggest that Chemsex satisfies needs that straddle both its context and broader human emotional and social needs. In addition, it is suggested that co-developing unique collectivist therapy models may be best practice for clinical psychology to practice in a culturally informed fashion.

The empirical paper found that Loneliness was the key variable present in the analysis, despite the presence of Social Connection as a sole significant contributor in the regression relationship with Wellbeing. Loneliness was significantly intercorrelated with all measured variables, indicating its influential status underlying MsM's sense of Wellbeing. In addition, its relationship to Social Connectedness via a negative correlation indicates that feeling more connected to others is protective against feelings of loneliness. This link between variables may also explain how loneliness is related to multiple other measured variables yet only social connectedness was a significant predictor of wellbeing; loneliness is theorised as the core component underlying wellbeing, where social connectedness is the direct opposite of and predictive of feeling lonely (Jose & Lim, 2014). In this way, once social connectedness was included in the regression co-efficient, the influence of loneliness became statistically non-significant within the equation. In one sense this is a strength – evidencing that these components are part of the same process and highlighting loneliness as most important when omitting measuring it would have left it as a notable extraneous variable impacting wellbeing scores. On the other hand, it highlights the pitfalls of using the included measures and the difficulty of measuring

these concepts independently of one another in both this project and research moving forward.

Loneliness was also associated with a variety of demographic variables, primarily including a relationship status of 'Single'; this placed specific emphasis on the subscale 'Emotional Loneliness'. 'Emotional Loneliness' was also associated with participants appraising Chemsex as having a negative impact in their life. In addition, 'Social Loneliness' was associated with both more frequent and more recent Chemsex participation.

Overarchingly, this suggested that Chemsex offers a short-term strategy for connecting with others and relieving loneliness. It highlights the possibility that experiences of loneliness are not necessarily a direct consequence of Chemsex experiences, but instead may be indicative of wider societal ideals of romantic connection. In addition, this project finding suggests that connection to a similarly minded supportive community of individuals is important amidst a neoliberal individualist society that frequently 'others' sexual minority groups.

This project highlights the need for the development of a specific MsM psychological understanding, rather than an adaption of heteronormative sexual understandings. Further, it strongly illustrates how support services should work in a culturally informed way with MsM, structured in such a way as to accurately support and empower this marginalised group. Finally, it demonstrates the essential nature of cultural humility in clinical psychological and broader therapeutic clinician stances to acknowledge and overcome personal and societal internalised heteronormative ideas, which aligns with being truly person-centred, systemically minded, and non-assumptive when supporting individuals and communities.

Project Focus

In preparing to undertake this project, it was noted that the majority of UK Chemsex research focused on the prevalence of 'risky sexual behaviours' or rates of experienced risk, such as STI/HIV transmission. Consequently, this project is clinically relevant as it adds nuanced understanding of Chemsex experiences and participation, seen paralleled, for example, in research by Jaspal and Papaloukas (2021) who theorised Chemsex participation as a mechanism of identity formation.

A preliminary literature review highlighted that there is a paucity of evidence to inform clinical psychological intervention models, due to the previously mentioned focus on risk and risk-management intervention strategies. This relates to what has been observed by some commentators as the 'biomedicalisation' of gay sex, specifically relating to what have been dubbed "zero-risk mentalities" at the expense of working with freedom of choice (Freeman-Coppadge & Langroudi, 2021). This project, then, provides clinically relevant findings that may inform interventions and culturally inform health practice in a manner that is specific to this client group, rather than as a variation of heteronormative support strategies.

In 2018, the UK government published the National LGBT+ Action Plan (UK Government Equalities Office 2018), focused on improving the lives of Lesbian, Gay, Bisexual, and Transgender people; and informing how services work for them. Yet critics of this document note that in spite of this, the plan itself and how politicians describe its impact continues to prioritise romantic partnering as "heroic" and as the sexual motivation of all LGBT+ people (Lawrence & Taylor, 2019). Although just one example of critiques of government policy, it illustrates the continuing prioritising of heteronormativity in policy creation for sexual minority groups. In contrast, the choice of focus of both the systematic literature review and empirical paper in this project

supports more open consideration of diverse relationship statuses and ideals, especially through the consideration of pleasures found in collective sexual experiences that may otherwise be discouraged in traditional biomedical discourses. However, this project does align with the NHS priorities of this plan, namely to begin to inform health providers about MsM-specific considerations for best practice in provision of services.

Personally, my clinical interests align with the subject area in that I believe that all behaviour is indicative of some underlying need – not merely in the sense of a deficit model, but also in an additive sense. For example, Acceptance and Commitment Therapy (ACT) asserts that behaviour is guided by a person's core values, and the therapy aims to develop psychological flexibility to focus on improving longer term wellbeing rather than explicitly targeting immediate contextual 'distress' (Harris, 2006). This model perspective has been noted as useful in research specifically for enabling LGBT+ affirmative care in the sense of considering aspects of systemic minority stress alongside empowering individuals to live in line with their core values, irrespective of if this clashes with heteronormative ideas (Fowler et al., 2022). In this same way, I feel particularly strongly that a group or behaviour being framed almost entirely by risk is dismissive of idiosyncratic rational choices and find this framing both unhelpful and uncompassionate. By extension, I find this concerning when reflecting on how services support the individuals or groups subject to these assumptions.

In this way, this project has offered articulation of how Chemsex behaviours are often portrayed as irrational or without-agency by biomedical research when they are, in fact, meaningful to those employing them. This does not exclude or dismiss how these behaviours can develop to become problematic or unsustainable for some

individuals in a way that no longer satisfies their original goals, but instead it broadly acknowledges that individuals and groups make informed choices that align with their values and needs. Further, understanding Chemsex in this way allows services to provide tailored, appropriate support to individuals irrespective of how they choose to continue or cease their relationship with it. This places specific emphasis on empowering clients to live meaningful, fulfilling lives, and suggests mechanisms for services and service users to investigate together should they wish to explore and develop alternative avenues to live by these same core values in parallel or alternative ways.

Limitations

Both papers in this project faced notable barriers regarding achieving sample sizes for each analysis. The literature included for the systematic review found 50% of papers using the same sample of qualitative interviews, and this undoubtedly influenced the breadth of information available for analysis. Regarding the aforementioned point around the rarity of UK qualitative Chemsex literature, it speaks to the difficulty of collecting such data in comparison to anonymised large-scale quantitative sampling. Experts in this field informed the empirical project prior planning by recognising that concerns around data use and anonymity would be key considerations. This may indicate that this participant group are reluctant to engage in qualitative research that requires them to identify themselves. For example, Dr Michael Atkins, aka renowned drag superstar Cheddar Gorgeous, recently noted in their Manchester-based Chemsex research report that, despite existing social connections to the Manchester queer scene, they struggled to recruit any participants for the qualitative component of the work (Atkins, 2023). The report specifically notes the possible presence of fears of recrimination and shame as

barriers to participation, and indeed this may also have reflected on the limited sample achieved in this project's empirical study; possession or use of any 'chem' can lead to a sentence of up to 7 years in the UK (Ward, 2013). As such, combining this with the historic oppression of this community may result in continuing feels of mistrust or wariness towards academic research.

In this way, there is an additional possibility that those who engaged with the study are individuals experiencing lower levels of shame, due to being linked either with existing community and social supports or being actively or previously engaged with support services. A prior aim of the study was to not utilise NHS services to circumvent this possibility of biasing the sample. In practice, this was difficult to achieve within the confines of the short-term research window offered by a DClinPsy course structure, when compared to extended research periods of comparable PhD research programmes. This might indicate that for future DClinPsy Chemsex projects to be meaningful and feasible, Chemsex should be a recurring research area for trainees in order to continue developing novel, and building on existing, community organisation links and community groups associated with this practice. The North of England particularly suffers from a distinct lack of Chemsex research when compared to the South, a trend noted even more so across the Celtic nations, and it may be that these community links with research organisations are not well established in these parts of the UK.

This same issue was highlighted when an expert by experience contacted me during the recruitment stage of the project. We discussed how, in their experience, the very definition of Chemsex was exclusionary of the varied backgrounds and circumstances in which the use of chems with sex takes place. For example, they spoke about how some men may explore their sexuality in secret using chems with

trans-identifying sex workers, but this group would both not be included under the accepted Chemsex definition or indeed identify with it. This also applied to Chemsex experiences in the trans community, or indeed the experiences of any other gender identity outside of the operationalised MsM inclusion criterion. This could be linked with aforementioned experiences of shame, however it may instead highlight mainstream healthcare's historic narrowed inclusivity. Healthcare systems have historically been complicit in the exclusion of LGBT+ individuals, especially so clinical psychology via the history of how these groups were labelled in the Diagnostic Statistical Manual for Mental Disorders (DSM) (Soled et al., 2022). Mistrusting of health systems and research in light of this may be one reason for this gap in research understanding, and a continuing barrier when health provision lacks subcultural safety for these groups (Ruben et al., 2017). This may suggest fears that ongoing research may in fact be serving to continue evidencing the same heteronormative health systems as it historically has done, rather than attempting to challenge and change the status quo.

In addition, this individual noted the likelihood of the study being unable to explore the experiences of Global Majority MsM or those born outside of the UK. Notably, a strength of the empirical paper is the range of self-identified ethnicities represented in the sample. However, this is an area I would have preferred to have explored in more depth; previous research has noted that identifying as Global Majority MsM was associated with presenting at clinic for Chemsex drug use and the group were one third more likely to report previous suicidal ideation than white MsM (Oliver et al., 2020). This specifically is an area that future research should prioritise, as this feels like a vitally important gap that the present project was unable to explore comprehensively; despite no associations between measured variables and UK- or

Non-UK-born status, this is a possible avenue by which another unique experience of loneliness/lack of social connection may develop when an individual has left their home culture. Indeed, this also may link with additional reasons why a sub-group of MsM engaging in Chemsex may feel, as Jaspal articulated, “excessively negatively distinct” (2021) within broader UK society.

All of this is generally indicative of how research often assumes heterogeneity of the LGBT+ community. Often, subgroups operationalised in research are treated as one entity, or indeed the group labels utilised do not reflect the vast range of intersecting factors, experiences, and identities of these people (Morgan et al., 2023). Assuming that LGBT+ or indeed Chemsex-participating MsM represent one homogenous experience is a common and detrimental research assumption (Borthwick et al., 2020), and a critique of the present project remains that it attempts to find common experiences between a group of individuals who likely remain diverse despite the narrowing implications of using the commonly accepted Chemsex definition, as previously mentioned. In particular, this is highlighted by the choice to utilise the same Chemsex definition as prior research, which restricts the sample group to men who have sex with men, or, in this project, those who identify with the label. If this project stream was to be continued, it could be helpful to explore different groups who might not be included under the traditional definition of Chemsex but who would otherwise fulfil all other aspects of the definition aside from identifying with the MsM label.

Clinical Implications

The presence of heteronormative ideas of health and risk were prevalent throughout the literature reviewed for this project. Indeed, some theorists note that

heteronormativity also extends into the therapy room and therapist practices. Ethics, for example, in Western therapeutic interventions are centred in heteronormative assumptions, such as the ethical focus on individual difficulties over community/systemic issues (Murphy, 2021). This has also been noted in UK therapy professions' training curriculums, where learning suffers from heteronormative structuring and consequently therapists utilise narrow interpretations of LGBT+ clients' difficulties, again such as interpreting them at the individual-not-community level (Shah-Beckley et al., 2020). More recent trends in exploring the role of power in clients' lives is a welcome shift from traditional expert-position viewpoints. This concept of power was present throughout the project where, for example, the word 'Chemsex' was originally used by MsM to co-ordinate and develop these practices, but has now been co-opted by health research and used to describe risk to health/life. The most obvious historic example of this is the historic inclusion of homosexuality as a disorder in the DSM, as previously mentioned. However, despite the removal of this 'disorder', it is noted by critics that it was immediately replaced with another, not dissimilar label (Drescher, 2015), emphasising the cisgendered heteronormative gaze as labelling other sub-groups as 'deviant', whether overtly intentionally or unconsciously so. Irrespective of level of awareness, this serves to uphold the system of societal oppression towards MsM and broader LGBT+ communities.

Similarly, interpretations of MsM experiences of pleasure are made by powerful academic and health systems utilising implicit heteronormative morals in a way that, at times, paints Chemsex participants as blinded by pleasure, acting without agency or rationale, and prioritising hedonism over nullifying all possible 'risk'. For example, screening for 'sexual addiction' in assessments remains a

heteronormative worldview of 'appropriate' or 'normal' sex lives, and one that MsM clients may not resonate with (Moe et al., 2015). This is especially important considering the therapeutic relationship; research has found that therapists can enact an invalidating worldview for MsM clients, meaning clients experience upsetting ruptures and possible iatrogenic harms if these heteronormative judgements enter the therapy room (Brooke, 2020).

In this way, therapists acknowledging their roles in "inheriting power" is theorised as being key to overcoming such power differentials in the therapy relationship (Guilfoyle, 2003). This could be applied prospectively to areas such as sexuality, race, 'minority sexual practices', including Chemsex, or gender identity (Budge & Moradi, 2018). This also links with ideas of LGBT+ affirmative therapy, especially so where clinicians and services should hold in mind the history of societal oppression towards those of intersecting marginalised identities (Freeman-Coppadge & Langroudi, 2021). One study outlined findings of how LGBT+ affirmative therapists, namely those actively working to overcome heterosexualism in the therapy relationship, were acknowledging "...privilege and oppression are key therapeutic constructs, inequalities are approached with sensitivity to their multidimensional complexity, and multiple social identities are foregrounded" (Grzanka & Miles, 2016). However, it was also noted that training materials in LGBT+ affirmative therapies focused mostly on intersecting identities rather than structural inequalities.

The presence of heteronormative ideas and these structural inequalities are also well documented as existing within public mental health services. In light of this, while research emphasises that services should work to be LGBT+ affirmative in their care, the presence of structural heteronormative ideas acts as a limiting factor

in services' ability to both recognise at-risk groups within the MsM population as well as assess them in a comprehensive, culturally informed fashion (Semp, 2008). Similarly, this project discussed the likelihood that neoliberalism in UK society impacts heavily on MsM experiences but could not necessarily measure or analyse this in the data. One example of its presence in the empirical paper is the use of self-report measures; this is an individualist viewpoint, asking the participant to reflect on the "I" rather than the "we". Unfortunately, this may be a parallel to the presence of neoliberalism for MsM; one commentator notes the rise of neoliberalism emphasised individual responsibility for behaviour and choice at the expense of addressing deeper rooted social problems (Hindman, 2019). In both public mental health services and research alike, then, rethinking how we develop and evaluate both evidence and services should be shaped increasingly from a non-neoliberal, homonormative standpoint guided and shaped by experts by experience.

Overarchingly, this project highlights the heteronormative societal and service narratives that MsM are subjected to, especially so those engaging in Chemsex in line with the literature. This project further highlights the need for clinical psychologists to work with intersecting identities and over multiple systemic levels through empowering MsM and wider communities. In addition, clinicians should practice in a way that embodies cultural humility (Mosher et al., 2017); clinicians practicing in this way and maintaining humility towards clients' sexual orientation and worldviews have recently been associated with stronger therapeutic alliances (Jennings & Sprankle, 2023). This could further be accomplished through the therapeutic professions as a whole working to support the training of a more sexual- and gender-diverse workforce, meaning therapists actively working in non-heteronormative ways should work with or lead and develop appropriate services,

although should not be exclusively relied upon to do so. These actions, in addition to ongoing client-led research initiatives, would facilitate both increasingly comprehensive understanding of individuals and communities and allow compassionate support for those that present to services.

Personal Reflections

Undertaking research in this area has been a challenging space to occupy. It took time to feel comfortable with my own position; reflecting on myself as a cisgendered heterosexual white middle class man conjoined with identities as both a student researcher and prospective clinical psychologist. Primarily, I thought about how my academic interest might be perceived – particularly towards how research efforts themselves can feel tokenistic and overly analytical (for example, examining minutiae within a phenomenon may be perceived as an overly academic ineffective use of time that does not affect meaningful change). In relation to this, I thought about what true allyship is with regards to my own identity, position, and my relative power to influence the direction of a piece of research. To my understanding, ‘performative allyship’ reflects actions that require little effort or hold no risk for the individual, and in particular ones that do not actively challenge the status quo (Kutlaca & Radke, 2023). Although undertaking this research held no personal risk for me, I considered that both choosing the research topic and indeed striving for an anti-heteronormative stance in designing the research questions was my attempt at being an ally. This felt especially true when anticipating that recruitment would prove difficult in conversation with national researchers; I was wary that this would likely lead to limitations in the project, however the topic area still felt important as an opportunity to offer a more culturally-informed viewpoint on Chemsex. In truth, I

know that I like to challenge existing 'truths' or dominant accepted narratives in subtle ways, and so acknowledging both this definition and my own bias in choices was helpful when considering how a thesis could be a small challenge to the status quo of Chemsex and MsM understanding.

I feel that these reflections and liaising with professionals and experts by experience alike was vital to shaping the project, and this is a strength that has supported in some way its relatively novel contribution to the literature area. In addition, I feel that retaining a focus outside of mainstream health services while upholding anonymity was both important to this community and to myself ethically. The most important personal experience of undertaking this research was conversing with an expert by experience during the study. They both reaffirmed the work around collaboratively understanding how to do this research while simultaneously challenging many research and personal assumptions about who engages in Chemsex, how they do, and why. This has been a deeper contextualised learning point for me moving forward into qualified life, and the importance of working to utilise community perspectives in shaping service provision. In addition, this project has stimulated my interest in continuing to develop cultural humility in my practice, while acknowledging that working at an individual level is both heteronormative and possibly ineffective when considering wider societal inequalities.

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Ethics Application

Substantial Amendment Form v1.9.2

Substantial Amendment Form v1.9.2 - 1 SA



How Do Loneliness, Unconditional Self Acceptance, and Relatedness Influence Subjective Wellbeing in Chemsex Participants? - Approved

Amendment Information

Please note:

This form is for making substantial amendments to applications previously approved in REAMS. All "Substantial Amendments" will go through the review process again. Please check the "Amendment Guidance" to see if you can use the "Minor Amendment" form.

Please number which amendment this is:

Amendment Summary

Please summarise your changes and the reasons why you are making them. Ensure that you indicate which parts of the form have been altered.

Changes are contained in the research protocol V3 document and Participant Information section of the form, detailed below:

Use of a Grindr social media profiles as advertisement for recruitment, in addition to previously approved social media.

Grindr is the worlds largest geo-networking social media apps for LGBTQ+ individuals. It allows users to create a profile with a picture, a bio, and their interests, and facilitates users to connect with each other based off these interests as well as suggesting profiles to users that they might like.

I would like to create a Grindr profile specifically to advertise this study. Recruitment over traditional social media applications has been slow and it is difficult to reach this population, and so I feel this would be a more effective strategy of going to where this "hard to reach population" is networking with each other.

Considerations

The profile would be explicitly advertising the study and include no personal details or content related to myself. For example, the picture would be the QR code that links to the study, the link would be placed in the bio, and an explicit message in the bio would stipulate that this profile is not a person but instead is a study that individuals might be interested in. This is important so that the study does not in any way deceive participants around what is.

The profile would not respond to messages, or accept content from others. This means it would funnel interaction to the participant information sheet that further explains this. The information sheet will, however, still contain researcher contact details in line with the previous ethical approval.

The profile will not be used to initiate contact with individuals or in any way actively recruit participants to the study. This is important as again it does not deceive participants and protects their right to participating in and enjoying their social media use without being targeted for research due to their demographics. Grindr also stipulates that no active recruitment in terms of seeking participants in this way should be undertaken using a profile.

The profile will be set up using the researcher's lancaster.ac.uk email address to ensure transparency.

Participants clicking through to the study will still have their anonymity protected as no personal details or IP addresses are recorded should they wish to participate.

Will your project require NHS REC approval? (If you are not sure please read the guidance in the information button)

- Yes No

Do you need Health Research Authority (HRA) approval? (Please read the guidance in the information button)

- Yes No

Have you already obtained, or will you be applying for ethical approval, from another institution outside of Lancaster University? (For example, an external institution such as: another University's Research Ethics Committee, the NHS or an institution abroad (eg an IRB in the USA)? Please select one of the following:

- No, I do not need ethical approval from an external institution.
- Yes, I have already received ethical approval from an external institution.
- Yes, I will be applying for ethical approval from an external institution after I have received confirmation of ethical approval from my Faculty Research Ethics Committee (FREC) at Lancaster University, if the FREC grants approval.

Is this an amendment to a project previously approved by Lancaster University using the previous "paper-based" system (Pre-Jan 2022)?

- Yes No

To note: please do not change your answer to this question, as you are completing the Substantial Amendment form therefore it is apparent that this is an amendment to a previously approved Lancaster University project .

Which Faculty are you in?

Faculty of Health and Medicine

Are you undertaking this research as/are you filling this form out as:

- Academic/Research Staff
- Non Academic Staff
- Staff Undertaking a Programme of Study
- PhD or DClinPsy student or MPhil
- Undergraduate, Masters, Master by Research or other taught postgraduate programme

Will your research involve any of the following? (Multiple selections are possible, please see icon for details)

- Human Participants
- Data relating to humans (Secondary/Pre-existing data only)
- Data collection from online sources such as social media platforms, discussion forums, online chat-rooms
- Human Tissue
- None of the above

Project Information

Please confirm/amend the title of this project.

How Do Loneliness, Unconditional Self Acceptance, and Relatedness Influence Subjective Wellbeing in Chemsex Participants?

Estimated Project Start Date

16/01/2023

Amended Start Date - If the start date hasn't changed please re-enter

16/01/2023

Estimated End Date

30/08/2024

Is this a funded Project?

Yes No

Research Site(s) Information

Will you be recruiting participants from research sites outside of Lancaster University? (E.g. Schools, workplaces, etc; please read the guidance in the information button for more information)

Yes No

Applicant Details

Are you the named Principal Investigator at Lancaster University?

Yes No

Please check your contact details are correct. You can update these fields via the personal details section located in the top right of the screen. Click on your name and email address in the top right to access "Personal details". For more details on how to do this, please read the guidance in the information button.

First Name

Callum

Surname

Calms

Department

Department of Health Research

Faculty

Faculty of Health and Medicine

Email

c.calms@lancaster.ac.uk

Please enter a phone number that can be used in order to reach you, should an emergency arise.

07791563560

Principle Investigator

Search for principal investigator name: *If you cannot find the PI in the system please contact rso-systems@lancaster.ac.uk to have them added.*

First Name

Katy

Surname

Bourne

Department

Division of Health Research

Faculty

Faculty of Health and Medicine

Email

k.bourne@lancaster.ac.uk

Supervisor Details

Search for your supervisor's name. *If you cannot find your supervisor in the system please contact rso-systems@lancaster.ac.uk to have them added.*

First Name

Surname

Department

Faculty

Email

Do you need to add a second supervisor to sign off on this project?

Yes

No

Search for your secondary supervisor's name. *If you cannot find your supervisor in the system please contact rso-systems@lancaster.ac.uk to have them added.*

First Name

Surname

Department

Faculty

Faculty of Health and Medicine

Email

r.eastham1@lancaster.ac.uk

Additional Team Members

Other than those already added, please select which type of team members will be working on this project:

- I am not working with any other team members.
- Staff
- Student
- External

Details about the participants

As you are conducting research with Human Participants/Tissue you will need to answer the following questions before your application can be reviewed.

If you have any queries about this please contact your [Ethics Officer](#) before proceeding.

What's the minimum number of participants needed for this project?

100

What's the maximum number of expected participants?

130

Do you intend to recruit participants from online sources such as social media platforms, discussion forums, or online chat rooms?

- Yes No

You stated that you will be engaging in recruiting participants from online sources such as social media platforms, discussion forums, or online chat-rooms. Please confirm that this either:

- Is clearly in compliance with the online source(s) published terms and conditions
- Not clear within the online source(s) published terms and conditions, therefore you have obtained written approval from the platform
- Neither of the above

Will you get written consent and give a participant information sheet with a written description of your research to all potential participants?

- Yes No I don't know

Will any participants be asked to take part in the study without their consent or knowledge at the time or will deception of any sort be involved?

- Yes No I don't know

Is your research with any vulnerable groups?

(Vulnerable group as defined by Lancaster University Guidelines)

- Yes No I don't know

Is your research with any adults (aged 18 or older)?

- Yes No

Is your research data collected with completely anonymous adult (aged 18 or older) participants, with no contact details or other uniquely identifying information (e.g. date of birth) being recorded?

- Yes No

Is your research with any young people (under 18 years old)?

- Yes No I don't know

Does your research involve discussion of personally sensitive subjects which the participant might not be willing to otherwise talk about in public (e.g. medical conditions)?

- Yes No I don't know

Is there a risk that the nature of the research topic might lead to disclosures from the participant concerning either:

- Their own or others involvement in illegal activities
- Other activities that represent a threat to themselves or others (e.g. sexual activity, drug use, or professional misconduct)?

Yes No I don't know

Does the study involve any of the following:

- Physically intrusive procedures including touching or attaching equipment to participants
- Administration of substances
- Ultrasound or sources of non-ionising radiation (e.g. lasers)
- Sources of ionising radiation, (e.g. X-rays)
- Collection or use of samples of Human Tissue (e.g. Saliva, skin cells, blood etc.)

Yes No I don't know

Details about the relationships with participants

Do you have a current or prior relationship with potential participants? For example, teaching or assessing students or managing or influencing staff (this list is not exhaustive).

Yes No I don't know

If you need written permission from a senior manager in an organisation where research will take place (e.g. school, business) will you gain this in advance of undertaking your research?

Yes No I don't know N/A

Will you be using a gatekeeper to access participants?

Yes No I don't know if I will be using a gatekeeper

Will participants be subjected to any undue incentives to participate?

Yes No I don't know

Will you ensure that there is no perceived pressure to participate?

Yes No I don't know

Details about participant data

Will you be using video recording or photography as part of your research or publication of results?

- Yes No

Will you be using audio recording as part of your research?

- Yes No

Will you be using portable devices to record participants (e.g. audio, video recorders, mobile phone, etc)?

- No
- Yes, and all portable devices will be encrypted as per the Lancaster University ISS standards, in particular where they are used for recording identifiable data
- Yes, but these cannot be encrypted because they do not have encryption functionality. Therefore I confirm that any identifiable data (including audio and video recordings of participants) will be deleted from the recording device(s) as quickly as possible (e.g. when it has been transferred to a secure medium, such as a password protected and encrypted laptop or stored in OneDrive) and that the device will be stored securely in the meantime

Will you be using other portable storage devices in particular for identifiable data (e.g. laptop, USB drive, etc)? (Please read the help text)

- No
- Yes, and they will be encrypted as per the Lancaster University ISS standards in particular where they are used for recording identifiable data

Will anybody external to the research team be transcribing the research data?

- Yes No

General Queries

Does the funder or any organisations involved in the research have a vested interest in specific research outcomes that would affect the independence of the research?

- Yes No I don't know

Does any member of the research team, or their families and friends, have any links to the funder or organisations involved in the research?

- Yes No I don't know

Can the research results be freely disseminated?

- Yes No I don't know

Will you use data from potentially illicit, illegal, or unethical sources (e.g. pornography, related to terrorism, dark web, leaked information)?

- Yes No I don't know

Will you be gathering/working with any special category personal data?

- Yes No I don't know

Are there any other ethical considerations which haven't been covered?

- Yes No I don't know

REC Review Details

Based on the answers you have given so far you will need to answer some additional questions to allow reviewers to assess your application.

It is recommended that you do not proceed until you have completed **all of the previous questions**.

Please confirm that you have finished answering the previous questions and are happy to proceed.

- I confirm that I have answered all of the previous questions, and am happy to proceed with the application.

Questions for REC Review

Summarise your research protocol in lay terms (indicative maximum length 150 words).

Note: The summary of the protocol should concisely but clearly tell the Ethics Committee (in simple terms and in a way which would be understandable to a general audience) what you are broadly planning to do in your study. Your study will be reviewed by colleagues from different disciplines who will not be familiar with your specific field of research and it may also be reviewed by the lay members of the Research Ethics Committee; therefore avoid jargon and use simple terms. A helpful format may include a sentence or two about the background/“problem” the research is addressing, why it is important, followed by a description of the basic design and target population. Think of it as a snapshot of your study.

Chemsex is defined as “sex between men that occurs under the influence of drugs taken immediately preceding and/or during the sexual session”. The UK definition includes core “chems” of crystal methamphetamine, mephedrone or GHB/GBL. Chemsex has been historically viewed as dangerous and risky, resulting in a risk-focused health response. However Chemsex is also an important part of men who have sex with men’s (MsM’s) lives, with qualitative research indicating possible benefits of responsible Chemsex that include reduced feelings of loneliness, increased opportunity for validation and resulting internalised self-acceptance, as well as feeling closer and more bonded to similar others. This study proposes utilising an anonymous online questionnaire targeted at MsM engaging in Chemsex within the last 12months. The analysis will seek to explore the relationship between Chemsex and Wellbeing with the component parts of Loneliness, Unconditional Self Acceptance, and Relatedness.

State the Aims and Objectives of the project in Lay persons’ language.

The project aims to explore the link between engagement in Chemsex and subjective wellbeing, as well as associations with loneliness, unconditional-self acceptance, and relatedness.

The project seeks to undertake this by answering three core research questions;

- Does Chemsex participation positively influence feelings of subjective wellbeing?
- How do Loneliness, Self-Acceptance, and Relatedness influence self-rated wellbeing in Chemsex participants?
- Do these relationships differ between participant demographics, such as frequency of Chemsex participation?

Participant Information

Please explain the number of participants you intend to include in your study and explain your rationale in detail (eg who will be recruited, how, where from; and expected availability of participants). If your study contains multiple parts eg interviews, focus groups, online questionnaires) please clearly explain the numbers and recruitment details for each of these cohorts (see help text).

The study aims to recruit between 100-130 participants. The study is one component - an online questionnaire - and so this target makes up the total participants for the study. Participants will be recruited opportunistically through social media, community support groups or organisations, and through a dedicated research twitter account. This will be facilitated using a recruitment advert with included QR code for accessing the participant information sheet and subsequent study. It is expected that recruitment will be difficult as this population is difficult to reach, and so collaborating with community organisations to lend approval to the study will aid in helping participants in feeling more able to safely participate. As the study will be shared via social media/online groups/organisations, permission will be sought from the moderators or responsible parties for these places before the study is shared there.

Use of a Grindr social media as advertisement for recruitment, in addition to previously approved social media.

Grindr is the worlds largest geo-networking social media apps for LGBTQ+ individuals. It allows users to create a profile with a picture, a bio, and their interests, and facilitates users to connect with each other based off these interests as well as suggesting profiles to users that they might like.

I would like to create a Grindr profile specifically to advertise this study. Recruitment over traditional social media applications has been slow and it is difficult to reach this population, and so I feel this would be a more effective strategy of going to where this "hard to reach population" is networking with each other.

Considerations

The profile would be explicitly advertising the study and include no personal details or content related to myself. For example, the picture would be the QR code that links to the study, the link would be placed in the bio, and an explicit message in the bio would stipulate that this profile is not a person but instead is a study that individuals might be interested in. This is important so that the study does not in any way deceive participants around what is.

The profile would not respond to messages, or accept content from others. This means it would funnel interaction to the participant information sheet that further explains this. The information sheet will, however, still contain researcher contact details in line with the previous ethical approval.

The profile will not be used to initiate contact with individuals or in any way actively recruit participants to the study. This is important as again it does not deceive participants and protects their right to participating in and enjoying their social media use without being targeted for research due to their demographics. Grindr also stipulates that no active recruitment in terms of seeking participants in this way should be undertaken using a profile.

The profile will be set up using the researcher's lancaster.ac.uk email address to ensure transparency.

Participants clicking through to the study will still have their anonymity protected as no personal details or IP addresses are recorded should they wish to participate.

As you have indicated that you are working with a vulnerable group please describe the intended participants, and why they are needed for this research.

The target population is men who have sex with men (MsM) who also engage in Chemsex, meaning they are also drug users. This population is required for this study as these two component identities - MsM and drug users - are the two defining characteristics of the Chemsex definition. Additionally the use of drugs (chems) during sex separates this group from the broader MsM group. Chemsex is a heavily stigmatised sexual practice and individuals report throughout the literature that they are often reluctant to engage with services for fear of judgement. It is important to recruit MsM who engage in Chemsex to this study in order to improve the care offered to this group by clinicians, both in terms of non-judgemental understanding as well as more focused intervention outcomes, while also seeking to challenge societal and/or professional judgements more generally.

You have selected that the research may involve personal sensitive topics that participants may not be willing to otherwise talk about. Please indicate what discomfort, inconvenience or harm could be caused to the participant and what steps you will take to mitigate or manage these situations.

The research requires participants to acknowledge both their identity as part of the MsM group as well as being a user of drugs. This could be viewed for some people as two instances of 'coming out' externally to their internal experience. The format of the anonymous questionnaire has been chosen for this reason - to ensure confidentiality as far as possible to protect both participants' identified identities from others as well as to promote feelings of safety. The participant information sheet specifically explains this, and it is reiterated in the consent form prior to undertaking the study. Information has also been included in both the participant information sheet as well as the debrief page following the study of organisations specifically offering support around Chemsex and queer identities on a confidential basis, specific to the region or area in which participants live. An email address for the main researcher CC is also made available for participants to ask any questions before undertaking, or after undertaking, the study should they have any concerns. There is also a distress protocol for this researcher to utilise should the individual express distress directly, as well as signposting information in the information and debrief sheet for Chemsex supportive organisations.

You have selected that there is a risk that the nature of the research might lead to disclosures from the participant. What kind of information might participants disclose? How will you manage that situation?

The research requires that the participant identifies with the MsM label as well as that they have used illegal substances within the last 12 months. This is managed in the study by retaining anonymity throughout, and no identifiable information is collected during the course of the study.

Additional Information

What are your dissemination plans? E.g publishing in PhD thesis, publishing in academic journal, presenting in a conference (talk or poster).

The research will form part of a DCInPsy thesis project. It is hoped that it will also be submitted for publication to an academic journal. Finally, participants are offered the option of following a twitter account set up specifically to disseminate results of the study when published. These results will be hosted by a dedicated web page hosted by Lancaster University.

Online Sources

You have indicated site users have a reasonable expectation of privacy and therefore you will need to obtain consent to use their data for this project. Please explain how you propose to obtain consent.

Consent will be obtained in two steps. The first step involves participants reading the provided participant information sheet with all available information about the study. At the end of this sheet there are two options; "I WOULD like to participate in this study", which when clicked will take the participant onwards to the consent form, and "I WOULD NOT like to participate in the study", which when clicked will let the participant exit the study with no further involvement.

The second step is a participant consent form. This is a series of statements confirming each component of informed consent that the participant clicks through. Two appropriately worded options for each statement are available - for example "Yes I confirm this" and "No I do not confirm this". Consenting to each option in turn will bring the participant to the subsequent consent item. Clicking any of the "do not consent" options at any time will result in the participant exiting the study with no further involvement.

General Queries

You have indicated that you will be gathering/working with special category data. Please confirm here how you will comply with data protection law (GDPR) for use of special category personal data.

During the project, the main researcher will store data securely in encrypted files within password-protected folders, within Lancaster University's OneDrive. The user account is also password protected. The passwords for the folders will only be known by the main researchers.

An audit trail will be made available for the data file to monitor changes and deletions, meaning older files will be available should any information be modified unintentionally.

Long term storage following the end of the project will be facilitated on site at Lancaster University and managed by the Doctorate of Clinical Psychology administration team. Access to this data will be requested if needed by the thesis supervisor KB, who is also the other data manager during the study.

Additional Information for REC Review

How long will you retain the research data?

The research data will be stored for a minimum of 10 years in line with Lancaster University data storage policy.

How long and where will you store any personal and/or sensitive data?

Sensitive anonymised data relates to demographic information. This will also be stored securely in encrypted files within password-protected folders, within Lancaster University's OneDrive. The user account is also password protected.

Please explain when and how you will anonymise data and delete any identifiable record?

Data will be collected via Qualtrics software. Each participant's response will be assigned a participant number by this software at the time of submission, effectively anonymising their data as no other identifiable information is collected (and demographic information collected will remain general).

Document Upload

Important Notice about uploaded documents:

When your application has been reviewed if you are asked to make any changes to your uploaded documents please highlight the changes on the updated document(s) using the highlighter so that they are easy to see.

Please confirm that you have read and applied, where appropriate, the guidance on completing the Participant Information Sheet, Consent Form, and other related documents and that you followed the guidance in the help button for a quality check of these documents. For information and guidance, please use the relevant link below:

[FST Ethics Webpage](#)

[FHM Ethics Webpage](#)

[FASS-LUMS Ethics Webpage](#)

[REAMS Webpage](#)

I confirm that I have followed the guidance.

As you are in FHM please upload your Research Protocol:

| Type | Document Name | Documents | | Version | Size |
|-------------------|----------------------|---------------------------|--------------|---------|----------|
| | | File Name | Version Date | | |
| Research Proposal | Research Protocol V3 | Research Protocol V3.docx | 21/07/2023 | V3 | 141.5 KB |

In addition to completing this form you must submit all supporting materials.

Please indicate which of the following documents are appropriate for your project:

- I have no updated documents and confirm that all relevant documents were included in previous submissions.
- Advertising materials (posters, emails)
- Research Proposal (DCiInPsy)
- Letters/emails of invitation to participate
- Consent forms
- Participant information sheet(s)
- Interview question guides
- Focus group scripts
- Questionnaires, surveys, demographic sheets
- Workshop guide(s)
- Debrief sheet(s)
- Transcription (confidentiality) agreement
- Other
- None of the above.

Please upload the documents in the correct sections below:

Please ensure these are the latest version of the documents to prevent the application being returned for corrections you have already made.

Please upload a copy of all of the consent forms that you will be using:

| Documents | | | | | |
|--------------|---------------|-------------------|--------------|---------|---------|
| Type | Document Name | File Name | Version Date | Version | Size |
| Consent Form | Consent Form | Consent Form.docx | 19/12/2022 | V1 | 35.1 KB |

Please upload a copy of all of the Participant Information Sheets that you will be using in this study.

| Documents | | | | | |
|-------------------------------|----------------------------------|---------------------------------------|--------------|---------|----------|
| Type | Document Name | File Name | Version Date | Version | Size |
| Participant Information Sheet | Participant Information Sheet V2 | Participant Information Sheet V2.docx | 10/02/2023 | V2 | 411.6 KB |

Please upload all of the advertising materials relevant for this project:

| Documents | | | | | |
|-----------------------|------------------------------|----------------------------------|--------------|---------|----------|
| Type | Document Name | File Name | Version Date | Version | Size |
| Advertising materials | Twitter Advert UPDATED | Twitter Advert UPDATED.jpg | 10/02/2023 | V2 | 285.3 KB |
| Advertising materials | Alt Chemsex Wellbeing Advert | Alt Chemsex Wellbeing Advert.jpg | 10/02/2023 | V1 | 662.5 KB |

Please upload all questionnaire, surveys, demographic sheet templates used in this project:

| Documents | | | | | |
|---|----------------------|--------------------------|--------------|---------|----------|
| Type | Document Name | File Name | Version Date | Version | Size |
| Questionnaires, surveys, demographic sheets | Qualtrics Preview V2 | Qualtrics Preview V2.pdf | 10/02/2023 | V2 | 788.5 KB |

Please upload all debrief sheets used for this project.

| Documents | | | | | |
|---------------|---------------------------------|--------------------------------------|--------------|---------|---------|
| Type | Document Name | File Name | Version Date | Version | Size |
| Debrief sheet | CC Participant Debrief Sheet V2 | CC Participant Debrief Sheet V2.docx | 10/02/2023 | V2 | 14.8 KB |

Please upload any other documents relevant to this project.

| Documents | | | | | |
|-----------|---|--|--------------|---------|---------|
| Type | Document Name | File Name | Version Date | Version | Size |
| Other | Distress Protocol Chemsex Wellbeing study | Distress Protocol Chemsex Wellbeing study.docx | 10/02/2023 | V1 | 16.1 KB |
| Other | Data Management Plan V2 | Data Management Plan V2.pdf | 10/02/2023 | V2 | 51.2 KB |

Declarations and Sign off

Please Note

All research at Lancaster university must comply with the LU data storage and governance guidance as well as the General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018. ([Data Protection Guidance webpage](#))

- I confirm that I have read and will comply with the LU Data Storage and Governance guidance and that my data use and storage plans comply with the General data Protection Regulation (GDPR) and the UK Data Protection Act 2018.

Have you that you have undertaken a health and safety risk assessment for your project through your departmental process? ([Health and Safety Guidance](#))

- I have undertaken a health and safety assesment for your project through my departmental process, and where required will follow the appropriate guidance for the control and management of any foreseeable risks.

When you are satisfied that this application has been completed please click "Request" below to send this application to your supervisor for approval.

Signed: This form was signed by Dr Katy Bourne (k.bourne@lancaster.ac.uk) on 27/07/2023 12:38

Please press "Request" to send this application to your second supervisor.

Signed: This form was signed by Dr Rachael Eastham (r.eastham1@lancaster.ac.uk) on 03/08/2023 17:22

As you have stated that you are not the PI you will need to have the PI sign off on this application.

As the applicant please click "[Request](#)". Please note that you cannot request a signature from yourself.

Signed: This form was signed by Dr Katy Bourne (k.bourne@lancaster.ac.uk) on 27/07/2023 12:38

Please read the terms and conditions below:

- You have read and will abide by [Lancaster University's Code of Practice](#) and will ensure that all staff and students involved in the project will also abide by it.
- If appropriate a confidentiality agreement will be used
- You will complete a data management plan with the Library if appropriate. [Guidance from Library](#).
- You will provide your contact details, as well as those of either your supervisor (for students) or an appropriate person for complaints (such as HoD) to any participants with whom you interact, so they know whom to contact in case of questions or complaints?
- That University policy will be followed for secure storage of identifiable data on all portable devices and if necessary you will seek [guidance from ISS](#)
- That you have completed the ISS Information Security training and passed the [assessment](#)
- That you will abide by Lancaster University's lone working policy for field work if appropriate
- On behalf of the institution you accept responsibility for the project in relation to promoting good research practice and the prevention of misconduct (including plagiarism and fabrication or misrepresentation of results).
- To the best of your knowledge the information you have provided is correct at the time of submission
- If anything changes in your research project you will submit an amendment

To complete and submit this application please click "Sign" below:

Signed: This form was signed by Callum Cairns (c.cairns@lancaster.ac.uk) on 21/07/2023 17:14

Appendix

Appendix 4 - A: Research Protocol

FULL/LONG TITLE OF THE STUDY

How Do Loneliness, Unconditional Self-Acceptance, and Relatedness Influence Subjective Wellbeing in Chemsex Participants?

PROTOCOL DATE

21.07.23

KEY STUDY CONTACTS

| | |
|---|---|
| Postgraduate Researcher – Principle investigator | Callum Cairns 07791563560 c.cairns@lancaster.ac.uk |
| Supervisor | Dr Katy Bourne Lancaster University - DClinPsy k.bourne@lancaster.ac.uk |
| Additional Team Members | Dr Rachael Eastham Lancaster University – Faculty of Health Research r.eastham1@lancaster.ac.uk |
| Funder(s) | N/A |
| Key Protocol Contributors | Callum Cairns Dr Katy Bourne |

STUDY SUMMARY

| | |
|--|--|
| Study Title | How Do Loneliness, Unconditional Self-Acceptance, and Relatedness Influence Subjective Wellbeing in Chemsex Participants? |
| Internal ref. no. (or short title) | N/A |
| Study Design | Quantitative study utilising an online survey design. Analysis will involve statistical examination of means as well as regression analyses to analyse direct and mediating relationships between variables. |
| Study Participants | Study participants are defined as individuals identifying with the label of “Men who have Sex with Men” (MsM) over the age of 18yrs living in the UK. They will have used at least one of three core Chemsex drugs during a Chemsex session in the last 12 months (primarily one or more of GHB, GBL, Mephedrone or Methamphetamine, with note of additional polydrug use as still requiring one of these primary substances for inclusion). |
| Planned Size of Sample (if applicable) | 100 |
| Follow up duration (if applicable) | N/A |
| Planned Study Period | 18 Months 12 month maximum recruitment period |
| Research Question/Aim(s) | <ul style="list-style-type: none"> Does Chemsex participation positively influence feelings of subjective wellbeing? |

| | |
|--|--|
| | <ul style="list-style-type: none"> • How do Loneliness, Self-Acceptance, and Relatedness influence self-rated wellbeing in Chemsex participants? • Do these relationships differ between participant demographics, such as frequency of Chemsex participation? |
|--|--|

PROTOCOL CONTRIBUTORS

Callum Cairns, Postgraduate Researcher

Responsibilities: Study design, recruitment, data collection, data analysis and interpretation, dissemination of results. Has the final decision on all aspects of the study.

Dr Katy Bourne, Chief Investigator and Research Supervisor

Responsibilities: Supervise study design, data collection, data analysis and interpretation, dissemination of results.

Rachael Eastham, Field Advisor

Responsibilities: Provide consultation surrounding the study design, recruitment, interpretation, and dissemination of results as someone who is experienced in the field as a researcher.

KEY WORDS:

Chemsex, LGBTQ, Sex, Wellbeing, Loneliness, Relatedness, Belonging, Self-Acceptance

STUDY PROTOCOL

1 BACKGROUND/RATIONALE

Chemsex is defined as “sex between men that occurs under the influence of drugs taken immediately preceding and/or during the sexual session” (Bourne et al., 2014, p.8). The UK definition includes core “chems” of crystal methamphetamine, mephedrone or GHB/GBL (Bourne et al., 2015; Stuart, 2016) with more recent research additions including ketamine and cocaine (Maxwell et al., 2019). Since arising in the early 2000s in South London, service guidelines noted a susceptibility to contracting blood-borne viruses such as HIV and sexually transmitted infections (STIs) in Chemsex participants (*Substance Misuse Services for Men involved in Chemsex*, 2015), resulting in a heavily risk-focused and immediate-context-led research base. Further research has highlighted risks such as addiction, as ‘chems’ are particularly associated with drug dependence (Giorgetti et al., 2017), risks of non-consensual sex related to inability to give informed consent (Drückler et al., 2021), and associated trauma (Morris, 2019). In combination, this led to recommended interventions centred around safe sexual behaviour and drug use education.

However, choices made by Chemsex participants to engage in high risk sexual behaviours, such as condom-less anal intercourse, may occur before any drugs are consumed (Bourne et al., 2014). Indeed Race et al. (2017) comment that while the relationship between risky sexual behaviours and chems is well-established, the causation is rarely examined. The authors further comment that a risk-focused approach does not equip health services to address Chemsex in a comprehensive and culturally-informed manner. The British Psychological Society (BPS, 2019) reference evidence that experiencing stigma and stress as an individual considered as gender, sexually, or relationship diverse (GSRD) may lead to later substance abuse; other research has also linked mental health difficulties with those engaging in Chemsex (Bohn et al., 2020). Some critics also examined the role of media in characterising gay sex with moral judgements of being ‘bad’, ‘promiscuous’ and ‘drug fuelled’ (Lovell, 2018; Smith, 2015). This aligns with reports that, often, Men who have Sex with Men (MsM) are reluctant to engage services for fear of judgement around their sexual behaviour choices. This leads to the question around what positive impacts Chemsex can have at the individual and group level, and why Chemsex remains important to MsM in the face of a risk-focused narrative. The mainly qualitative literature has begun to acknowledge that the role of Chemsex extends beyond the pursuit of pleasure. Hakim (2019) discusses the possibility that the Chemsex act arose in response to feelings of alienation and resulting loneliness, and parallels struggles for collective identity in the face of rising neo-liberalism. Research also notes broader ‘loneliness’ themes relating to desire for a long term relationship (Bourne et al., 2014) or isolation from a community (Evans, 2019), but does not contextualise its impact on the Chemsex experience. LaFortune et al. (2021) noted similar themes that included “loneliness” alongside other themes of “...the desire to belong to a community”, “increasing intimacy/connectedness”, and “identification with sexual identities or scenes”. Inclusion and acceptance are also noted by Jaspal (2021) through a lens of Identity Process Theory, stating a precursor to Chemsex participation is individuals experiencing feeling “excessively

negatively distinct”. Jaspal noted feelings of “acceptance” following participation in the Chemsex scene.

However quantitative literature has not robustly examined these themes previously. For example, loneliness as an aspect of MsM experience is not strongly evidenced in existing quantitative literature, with studies such as Hibbert et al. (2019) using a basic three-item measure to check of its presence. The same could be said for quantitatively measuring feelings of belonging/relatedness to the MsM community linked with Chemsex participation. The roles of these potentially positive, possibly maintaining, outcomes of Chemsex are not fully understood or incorporated within clinical guidelines. Additionally, within the aforementioned BPS guidelines, the importance of clinical psychologists working to understand the psychology of gender, sexuality, or relationship diverse individuals in order to provide more culturally appropriate and targeted interventions is emphasised, however existing services often solely target drug use as the presenting issue; and therefore may have limited success in improving wellbeing. Further, considering the themes seen throughout the qualitative literature, there is a lack of quantitative understanding around how appraisals of the Chemsex experience are linked with other internal experiences, and how these broad areas of belonging to a community, loneliness, acceptance differ for individuals with ongoing negative experiences compared to the majority of individuals with a sustainable relationship to Chemsex.

2 THEORETICAL FRAMEWORK

An initial literature review and narrative synthesis of the surrounding field has theoretically informed the study. This review explored the understanding of the Chemsex experience as addressed through a physical health/risk focused approach. Findings of this review showed a divide between ‘risk-focused’ physical health literature and more explorative psychologically informed literature. More specifically, it was found that literature judged to be ‘risk-focused’ leaned towards explanations of Chemsex participation centred around the achieving of pleasure, and did not comprehensively consider alternative reasons for participation. Psychologically informed literature elaborated on additional themes from the aforementioned literature group that included not only life experiences such as ‘shame’, but additionally the amelioration of feelings of loneliness, the Chemsex space as a vehicle for experiencing acceptance from others and within the self, as well as connection with a subcommunity of similarly experienced and closely identified with individuals. It was also noted that throughout this set of literature, these novel explorations of alternative explanations for Chemsex participation are based wholly in qualitative literature and so give little to no indication of the interaction between these factors, or more broadly what the impact of these experiences are on the individual. As such it is felt that a quantitative exploration of the relationship between these factors and of these same factors with overall wellbeing would be an important addition to the literature.

3 RESEARCH QUESTION/AIM(S)

The research aims to explore the engaging in Chemsex influences feelings of subjective wellbeing in Men who have Sex with Men (MsM). Additionally, the research seeks to understand how more specifically feelings of loneliness, unconditional self-acceptance, and relatedness influence these

feelings of wellbeing both as component parts and if they play a mediating role in the relationship between Chemsex participation and wellbeing.

Research questions:

- Does Chemsex participation positively influence feelings of subjective wellbeing?
- How do Loneliness, Self-Acceptance, and Relatedness influence self-rated wellbeing in Chemsex participants?
- Do these relationships differ between participant demographics, such as frequency of Chemsex participation?

3.1 Objectives

The study objectives are as follows: 1) to explore the relationship between Chemsex participation and wellbeing, 2) to explore the direct relationship to wellbeing of loneliness, self-acceptance, and relatedness, 3) to investigate if these same factors play a mediating role in the Chemsex – wellbeing relationship, and 4) do these relationships differ across demographics?

3.2 Outcome

Outcomes for the study are; demographic information and quantitative questionnaire responses from individuals who engage in Chemsex and identify with the label “Men who have Sex with Men (MsM)”. Direct and indirect relationships will then be identified and interpreted by the researchers.

4 STUDY DESIGN and METHODS of DATA COLLECTION AND DATA ANALYSIS

Data collection: Recruitment will be led by the Postgraduate Researcher. Recruitment methods will be overseen by the Research Supervisor.

A quantitative online questionnaire will be set up on Qualtrics. Alongside the main survey will be a demographics questionnaire to gather the demographics of the participants and some anonymous information about their Chemsex engagement (e.g. frequency, type of experience, time since last engagement – these will be co-designed with stakeholders). Once participants have completed the consent form and demographics questionnaire online, participants will be given the option to complete the survey through clicking to the next page on *Qualtrics*.

Once I have recruited 100 participants, I plan to close the online survey in line with the required power calculation for the study. At this moment, identifying participants to offer collaborative input around data analysis may be difficult as Chemsex itself is a secretive and heavily stigmatised practice. As this process would involve participants ‘coming out’ both as MsM and drug users, this may increase risk of distress to participants. Additionally, as the questionnaire is fully anonymous to encourage engagement, there would not be a means of identifying study participants afterwards.

Data analysis: Personal data: study responses are already fully anonymised by Qualtrics when recorded. Demographic information collected at the time of consent will be anonymised via Qualtrics. Only the Postgraduate Researcher and research supervisor will have access to demographic information, consent forms, and the subsequent data set, and these will be kept on the Postgraduate Researcher’s secure Lancaster University OneDrive following completion of data collection. Data will be kept for 10 years in PURE upon completion, at which point it will be securely destroyed.

The data set will first be organised by the main researcher. It will then be subject to planned analyses that may evolve according to the findings of each step.

- Each variable of loneliness, self-acceptance, and relatedness will then individually be analysed using multiple regression for their respective direct relationship to wellbeing scores.
- Demographic information will be coded to form groups. These groups will be compared to wellbeing scores to identify if changes in demographics, such as frequency of Chemsex engagement, change with wellbeing scores.
- Analysis will then examine if loneliness, self-acceptance, and relatedness scores differ according to demographic information
- Following this, mediation analyses will be employed to examine if these same variables mediate the relationship of demographic categories to wellbeing scores.

5 STUDY SETTING

Participants will be recruited through opportunity sampling, inviting participants to opt-in to an online survey. Data will be collected via an online survey on Qualtrics. This inclusive, convenient, and anonymous approach should enhance the number of participants I am able to recruit. The survey will be promoted through peer-support groups, sex positive and LGBTQ+ organisations and venues, social media, and a designated research social media account on Twitter. Physical posters will also be placed within these same consenting organisations.

6 SAMPLE AND RECRUITMENT

6.1 Eligibility Criteria

Participants are eligible if they are aged 18 and over and identify with the label “Men who have Sex with Men (MsM)”.

6.1.1 Inclusion criteria

Participants are eligible if they are aged 18 and over, identify with the label “Men who have Sex with Men (MsM), and engage in have used one of three identified ‘chems’ (Chemsex drugs) in the past 12 months. They should also live in the England, Northern Ireland, Scotland, or Wales. Research participants can be of any ethnicity and any socio-economic grouping. English reading ability will be a requirement for engagement in this study as no translated version has been made available.

6.1.2 Exclusion criteria

Those under the age of 18, those not identifying with the label “Men who have sex with Men (MsM)”, those having not engaged in Chemsex within the last 12 months (even if a previous participant), or those who do not utilise any of the stated ‘chems’ in a sexual session during the last 12 months. It also excludes others from outside of the England, Northern Ireland, Scotland, and Wales geographical area.

6.2 Sampling

The study aims to recruit an opportunistic sample of 100 participants.

6.2.1 Size of sample

Power analyses indicate that anywhere between 70-100 participants would be adequate for our analyses. As such the upper limit is specified.

6.2.2 Sampling technique

Convenience, opportunistic sampling technique. Participants will be recruited into the study based on their willingness to take part, due to the need to collect rich, accurate and honest quantitative data, and to additionally normalise this sexual practice as opposed to the perception of 'mining' a stigmatised population.

6.3 Recruitment

Potential participants will have the opportunity to self-refer to the study either by using the QR code or following a clickable link to the online survey provided on an advert. The study will be distributed online via social media and peer support networks, and advertised as a poster in physical spaces occupied/run by consenting LGBTQIA+ community organisations. Participants will not be contacted directly due to concerns of distress.

Use of a Grindr social media as advertisement for recruitment, in addition to previously approved social media.

Grindr is the worlds largest geo-networking social media apps for LGBTQ+ individuals. It allows users to create a profile with a picture, a bio, and their interests, and facilitates users to connect with each other based off these interests as well as suggesting profiles to users that they might like.

I would like to create a Grindr profile specifically to advertise this study. Recruitment over traditional social media applications has been slow and it is difficult to reach this population, and so I feel this would be a more effective strategy of going to where this "hard to reach population" is networking with each other. Additionally, it is noted that the accepted definition of Chemsex includes the use of "geo-spatial networking apps" for arranging "meet ups".

The profile would be explicitly advertising the study and include no personal details or content related to myself. For example, the picture would be the QR code that links to the study, the link would be placed in the bio, and an explicit message in the bio would stipulate that this profile is not a person but instead is a study that individuals might be interested in. This is important so that the study does not in any way deceive participants around what is.

The profile would not respond to messages, or accept content from others. This means it would funnel interaction to the participant information sheet that further explains this. The information sheet will, however, still contain researcher contact details in line with the previous ethical approval.

The profile will not be used to initiate contact with individuals or in any way actively recruit participants to the study. This is important as again it does not deceive participants and protects their right to participating in and enjoying their social media use without being targeted for research due to their demographics. Grindr also stipulates that no active recruitment in terms of seeking participants in this way should be undertaken using a profile.

The profile will be set up using the researcher's lancaster.ac.uk email address to ensure transparency.

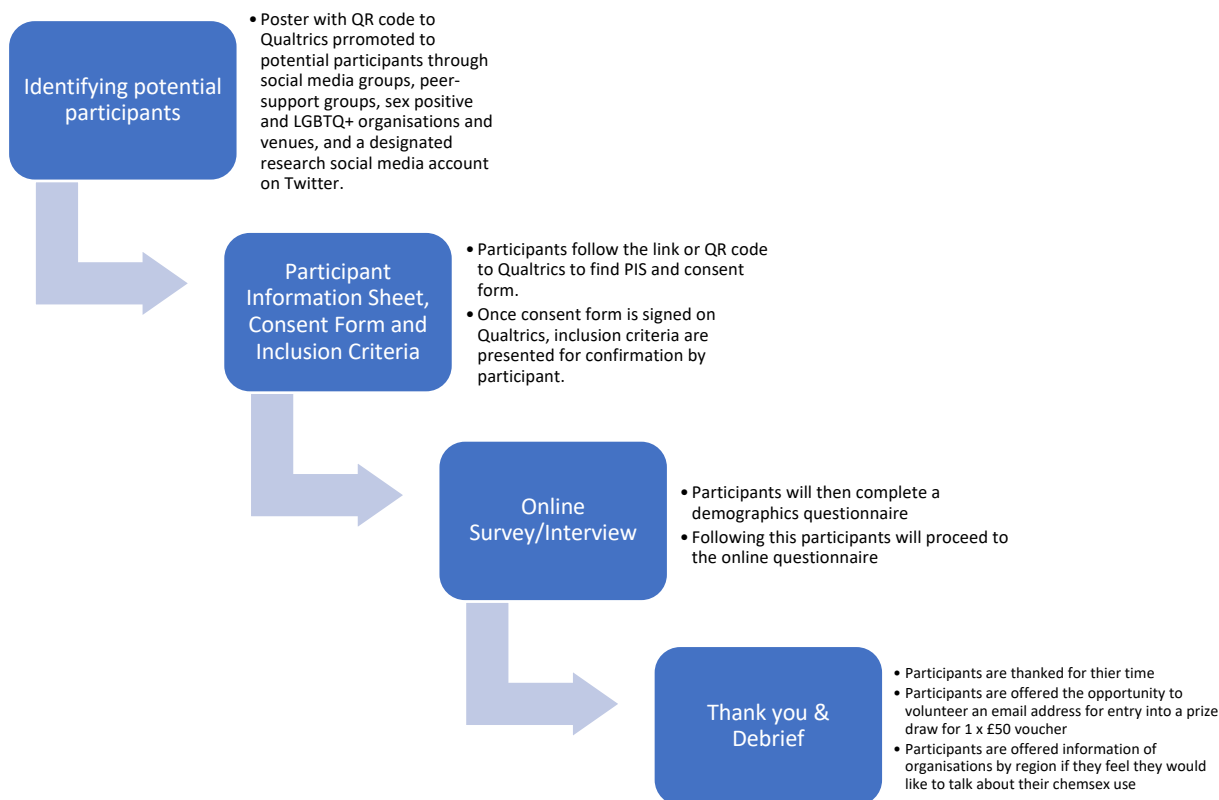
Participants clicking through to the study will still have their anonymity protected as no personal details or IP addresses are recorded should they wish to participate.

6.3.1 Sample identification

Potential participants will be made aware of the study via an informative advert, provided in digital form, distributed and promoted through social media and identified organisations. Professionals in the area have also invited the main researcher to visit non-NHS groups and venues to promote the study in person. The survey may also be promoted through peer-support groups, existing research networks, and a designated research social media account on Twitter.

6.3.2 Consent

Potential participants will be provided with a Participant Information Sheet and an Anonymous Consent Form via Qualtrics. A QR code and web link that will send the potential participants to this Qualtrics page will be available on the recruitment poster/advert. The PIS will include information on risk involved (e.g., potential discussion of difficult topics). Prior to consenting and following the study, participants will be offered a list of organisations that they can contact if they feel they would like to discuss their Chemsex use. Participants will then complete a consent form, confirming understanding of the anonymising of their data once they submit their responses, their right to leave the study at any time prior to this point, how their data will be used and stored, and that they have been offered details of how to ask questions prior to commencing the questionnaire. Once participants sign the consent form, they will be asked to confirm that they meet the inclusion criteria for the study. Participants will then complete a short demographics questionnaire on Qualtrics. Participants will then click through a short series of questionnaires within the same Qualtrics-based study involving questions on Loneliness, Self-Acceptance, Relatedness, and Wellbeing. There will also be opportunities to ask questions both after the questionnaire through the contact details of both Postgraduate Researcher and research supervisor given on participant information sheet and following the questionnaire.



8 ETHICAL AND REGULATORY CONSIDERATIONS

8.1 Assessment and management of risk

The study is low-risk, and there is only a small potential for distress relating to the questions in the survey if the participant is experiencing existing difficulties in these areas. The survey will involve participants reflecting on how lonely they feel, how accepting of themselves they feel, and how close to others they feel, as well as their feelings of general wellbeing. The distress protocol will be followed should any participants make contact with the primary researcher regarding distress at completing the study. All participants will also be provided with signposting information at the end of the interview and in the initial participant information sheet should they be experiencing feelings of distress.

There may be a potential challenge in participants accepting their identity as both part of the MsM group as well as an association with being a drug user. The study is set up as an online questionnaire to allow anonymous, remote responding so as to protect participants' confidentiality and identity(s). This also removes the need for contact with another person in order to engage with the study.

8.2 Research Ethics Committee (REC) and other Regulatory review & reports

- Before the start of the study, a favourable opinion will be sought from the universities REC for the study protocol, informed consent forms and other relevant documents e.g. advertisements.
- All correspondence with the REC will be retained.
- The Chief Investigator will notify the REC of the end of the study.

- If the study is ended prematurely, the Chief Investigator will notify the REC, including the reasons for the premature termination.

Amendments

Amendments will be handled in line with the Lancaster University policy for protocol amendments. Amendments will be tracked within the amendment section of the protocol and approved by Lancaster University research team. The research supervisor will be responsible for deciding whether an amendment is non-substantial or substantial. If there are any required substantial amendments made to the REC application or the supporting documents, Lancaster University research team will submit a valid notice of amendment to the REC for consideration.

8.3 Peer review

The study was reviewed and approved by independent members of the Lancaster University Doctorate in Clinical Psychology research team. The study was discussed and developed in supervision with the research supervisor and in consultation with a field advisor following an initial scoping review of the literature base that was conducted to further inform the design of the study.

8.4 Patient & Public Involvement

In November 2022 the postgraduate researcher met with professionals associated with Sahir House, Merseyside on multiple occasions to discuss the purpose and scope of the study, explore the utility of the study in question, identify challenges around engaging stakeholders, critique language use throughout the study, identify recruitment opportunities, and gain both input and feedback on the participant information sheet, recruitment advert, consent form, and appropriately transparent explanatory information provided throughout the study to accompany researched questions. Additional advice was sought on dissemination, avenues for gaining feedback from participants on requested dissemination routes. This also extended to feedback from other researchers in the field.

8.5 Protocol compliance

Protocol deviations, non-compliances, or breaches are departures from the approved protocol will be recorded in this document through live updates.

8.6 Data protection and patient confidentiality

The study is compliant with the requirements of the Data Protection Act 1998 and all investigators and study staff will comply with the requirements of the Data Protection Act 1998 with regards to the collection, storage, processing and disclosure of personal information and will uphold the Act's core principles.

- All demographics and linked responses to measures will be made anonymous through Qualtrics.

- Following consultation with the ethics panel, email addresses for a prize draw and study result dissemination will not be collected to ensure confidentiality. Participants will instead be directed to a twitter account which will advertise when the study results are available to view.
- Data will be recorded and maintained securely using a password-protected laptop behind a locked door. Coded data, transcriptions and audio recordings will be kept in separate locations using password protected folders on a secure encrypted OneDrive that only the Postgraduate Researcher and research supervisor will have access to.
- Only the Research Supervisor and Postgraduate Researcher will partake in quality control and partake in transcription and data analysis.
- Data will be stored for 10 years upon completion of the Doctorate in Clinical Psychology course in August 2024, whereby it will be securely destroyed.
- The research supervisor is the data custodian.

8.7 Indemnity

Professional indemnity insurance will be covered by Lancaster University sponsorship of the Doctorate in Clinical Psychology course.

8.8 Access to the final study dataset

Only the Postgraduate Researcher and research supervisor will have access to the full final dataset. Data is stored by the research supervisor for 10 years in PURE upon the Postgraduate Researcher's completion of the Doctorate in Clinical Psychology course. It is not envisaged that the dataset will be used for secondary data analysis.

9 DISSEMINATION POLICY

9.1 Dissemination policy

The research supervisor acts as the custodian for data throughout the life of the project. The dataset will not be made publicly available and cannot be requested by participants.

A manuscript will be submitted for publication to an academic journal. It will also be form part of a doctorate in clinical psychology thesis document, and be stored in the Lancaster University library. Participants in the study will be signposted to follow a specially created twitter account to advertise when the study results are available to view via a designated web page hosted by Lancaster University.

9.2 Authorship eligibility guidelines and any intended use of professional writers

The Postgraduate Researcher will be first author. The research supervisor and field supervisor authorship will be decided nearer the end of the project depending on level of involvement.

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Appendix 4 - B: Ethical Approval Emails

[External] FHM-2023-0936-RECR-2 Ethics Approval from FREC

Wed 22/02/2023 16:43

To: Cairns, Callum (Postgraduate Researcher) <c.cairns@lancaster.ac.uk>

Cc: Bourne, Katy <k.bourne@lancaster.ac.uk>; Eastham, Rachael <r.eastham1@lancaster.ac.uk>

Name: Callum Cairns

Supervisor: Katy Bourne

Department: Department of Health Research

FHM REC Reference: FHM-2023-0936-RECR-2

Title: How Do Loneliness, Unconditional Self Acceptance, and Relatedness Influence Subjective Wellbeing in Chemsex Participants?

Dear Callum Cairns,

Thank you for submitting your ethics application in REAMS, Lancaster University's online ethics review system for research. The application was recommended for approval by the FHM Research Ethics Committee, and on behalf of the Committee, I can confirm that approval has been granted for this application.

As Principal Investigator/Co-Investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licences and approvals have been obtained.
- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer at the email address below (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress).
- submitting any changes to your application, including in your participant facing materials (see attached amendment guidance).

Please keep a copy of this email for your records. Please contact me if you have any queries or require further information.

Yours sincerely,

Dr Laura Machin
Chair of the Faculty of Health and Medicine Research Ethics Committee
fhmresearchsupport@lancaster.ac.uk

[External] FHM-2023-0936-SA-1 Ethics approval of amendment

Tue 08/08/2023 15:09

To: Cairns, Callum (Postgraduate Researcher) <c.cairns@lancaster.ac.uk>
Cc: Bourne, Katy <k.bourne@lancaster.ac.uk>; Eastham, Rachael r.eastham1@lancaster.ac.uk

FHM-2023-0936-SA-1 How Do Loneliness, Unconditional Self Acceptance, and Relatedness Influence Subjective Wellbeing in Chemsex Participants?

Dear Callum Cairns,

Thank you for submitting your ethics amendment application in REAMS. The amendment has been approved by the FHM.

As Principal Investigator/Co-Investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licences and approvals have been obtained.
- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer at the email address below (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress).
- submitting any further changes to your application, including in your participant facing materials (see attached amendment guidance).

Please keep a copy of this email for your records. Please contact me if you have any queries or require further information.

Yours sincerely,
Research Ethics Officer on behalf of FHM

Appendix 4 - C: Study Advertising Materials

Lancaster University 

Let's talk about Chemsex.

Is Chemsex an important part of your life?

Do you think it is misunderstood?


We are looking for Men to complete an anonymous short questionnaire about Chemsex and their Wellbeing

Scan the QR Code for more info

Or click: <http://bit.ly/3xPeaKJ>

For more information, contact Callum Cairns (c.cairns@Lancaster.ac.uk)



Lancaster University 

Let's talk about Chemsex.

Have you used GHB/GBL, Mephedrone, or Crystal Methamphetamine during Chemsex/Chemplay in the last 12 months?


Does Chemsex/Chemplay affect your wellbeing?

We are interested in hearing from Men who have Sex with Men (MsM) in the UK through a short anonymous online questionnaire about Chemsex and their Wellbeing.

For all the information on what to expect from the study;

Scan the QR Code

Or visit:
<http://bit.ly/3xPeaKJ>



For more information, contact Callum Cairns (c.cairns@Lancaster.ac.uk)

Appendix 4 – D: Participant Information Sheet

How Do Loneliness, Unconditional Self Acceptance, and Relatedness Influence Subjective Wellbeing in Chemsex Participants?

Main Researcher – Callum Cairns
Research Supervisor – Dr Katy Bourne

For further information about how Lancaster University processes personal data for research purposes and your data rights please visit our webpage:
www.lancaster.ac.uk/research/data-protection

My name is Callum and I am conducting this research as a student on the Doctorate of Clinical Psychology programme at Lancaster University, Lancaster, United Kingdom.

What is the study about?

The purpose of this study is to better understand how participation in Chemsex impacts on the well-being of Men who have Sex with Men (MsM).

We know historically that health services have associated Chemsex with HIV and drug addiction. However, there is evidence that Chemsex may be an important part of many MsM's lives and may provide a range of positive impacts. We recognise that there are a broad range of individual experiences of Chemsex and, following consultation, we hope that this study is as inclusive of this range of experiences as possible.

It is hoped that the data from this study will contribute to the research base about the validity of Chemsex as a sexual practice, and in turn facilitate more understanding for clinicians speaking to and/or supporting MsM around Chemsex issues.

Do I have to take part?

No. It's completely up to you to decide whether or not you take part. If you do decide to take part and change your mind during the study, you are welcome to withdraw at any point by exiting the questionnaire.

What will I be asked to do if I take part?

If you decide you would like to take part, you would be asked to complete a series of questionnaires, including questions about Loneliness, Self-Acceptance, and Relatedness.

Completing this study should take no longer than 20 minutes.

After the study is complete, we will explain more about why we have asked these questions specifically.

Will my data be identifiable?

The data collected for this study will be stored securely. Only the researchers conducting this study will have access to this data;

- The files on the computer will be encrypted (that is no-one other than the researchers will be able to access them) and the computer itself password protected. Data will be stored securely for 10 years. Only the researchers will have access to this data during this time. After this time period the data will be permanently deleted.
- All of your demographic data will be confidential, anonymised, and kept separately from your questionnaire responses.
- When you 'submit' your questionnaire answers, your data will be anonymised. This means there is no way to associate your answers with you after they have been saved.

What will happen to the results?

The results will be summarised and reported in a Doctoral Thesis. It may also be submitted for publication in an academic or professional journal.

There will also details of a twitter account you can follow if you wish to be updated whenever the study results are published.

Are there any risks?

There are no risks anticipated with participating in this study. However, if you experience any distress following participation you are encouraged to contact the resources provided at the end of this sheet. These will also be provided at the end of the study.

Are there any benefits to taking part?

Although you may find participating interesting, there are no direct benefits to you in taking part. You may however consider that the broader impact of the study is of an indirect benefit to you if it is used to inform Chemsex-related services.

Who has reviewed the project?

This study has been reviewed and approved by the Faculty of Health and Medicine Research Ethics Committee at Lancaster University.

Where can I obtain further information about the study if I need it?

If you have any questions about the study, please contact the main researchers:

Callum Cairns - c.cairns@lancaster.ac.uk

Supervised by

Dr Katy Bourne – k.bourne@lancaster.ac.uk

Complaints

If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact:

Dr Ian Smith

Tel: 01524 592282

Title; Email: i.smith@lancaster.ac.uk
 Division
 Lancaster University
 Lancaster
 LA1 4YG

If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme, you may also contact:

Dr Laura Machin Tel: +44 (0)1524 594973
 Chair of FHM REC Email: l.machin@lancaster.ac.uk
 Faculty of Health and Medicine
 (Lancaster Medical School)
 Lancaster University
 Lancaster
 LA1 4YG

Thank you for taking the time to read this information sheet.

Resources in the event of distress

Should you feel distressed either as a result of taking part, or in the future, the following resources may be of assistance;

- **Stuff You Can't Unsee** - <https://stuffyoucantunsee.co.uk/> is a comprehensive resource from the Gay Mens Health Collective, with lists of organisations that are able to offer support across the UK.

Controlling Chemsex - <http://controllingchemsex.com/> - a charity created and run by professional with long experience of providing Chemsex support, many of whom have struggled with Chemsex in the past themselves. They offer online support, peer mentoring and many other services.

- **FridayMonday** offer a list of charitable and NHS organisations that can offer advice and support according to the region where you live,
 - England - <https://www.fridaymonday.org.uk/breaking-the-cycle/getting-help/england-getting-help/>
 - Wales - <https://www.fridaymonday.org.uk/breaking-the-cycle/getting-help/wales-getting-help/>
 - Scotland - <https://www.fridaymonday.org.uk/breaking-the-cycle/getting-help/scotland-getting-help/>
- **England - Sahir House** is based in Merseyside and is not included in the above list
 - <https://www.nhs.uk/services/service-directory/sahir-house/N10499183>

- **Northern Ireland** – the Rainbow Project offer non-judgemental, confidential advice and support around Chemsex
 - <https://www.rainbow-project.org/what-is-chem-sex/>

General Mental Health Advice

Please speak to your GP or local health provider if you have any concerns about your own mental health.

You can also contact Samaritans at any time if you feel you need to speak to someone.

- **Phone – 116 123**

Appendix 4 – E: Participant Debrief Sheet

Thank you for completing the questionnaire.

We asked questions in this study about Chemsex and Wellbeing, as well as about factors of Loneliness, Self Acceptance, and Relatedness. The project intends to explore how these factors are affected by Chemsex, and also how they may contribute to feelings of overall wellbeing.

It is hoped that the data from this study will contribute to the research base about the validity of Chemsex as a sexual practice, and in turn facilitate more understanding for clinicians speaking to and/or supporting Men around Chemsex issues.

If you would like to know when the results of this study are available to view, this will be advertised via a research twitter account - https://twitter.com/CC_Psychologist

If you have any further questions about this study, you can contact;

Main Researcher – Callum Cairns – c.cairns@lancaster.ac.uk

Supervised by – Dr Katy Bourne – k.bourne@lancaster.ac.uk

Resources in the event of distress

Should you feel distressed either as a result of taking part in this study, or in the future, the following resources may be of assistance;

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Controlling Chemsex - <http://controllingchemsex.com/> - a charity created and run by professional with long experience of providing Chemsex support, many of whom have struggled with Chemsex in the past themselves. They offer online support, peer mentoring and many other services.

England - Sahir House is based in Merseyside and is not included in the list below;

- <https://www.nhs.uk/services/service-directory/sahir-house/N10499183>

FridayMonday offer a list of charitable and NHS organisations that can offer advice and support according to the region where you live;

England - <https://www.fridaymonday.org.uk/breaking-the-cycle/getting-help/england-getting-help/>

Wales - <https://www.fridaymonday.org.uk/breaking-the-cycle/getting-help/wales-getting-help/>

Scotland - <https://www.fridaymonday.org.uk/breaking-the-cycle/getting-help/scotland-getting-help/>

Northern Ireland – the **Rainbow Project** offer non-judgemental, confidential advice and support around Chemsex

- <https://www.rainbow-project.org/what-is-chem-sex/>

General Mental Health Advice

Please speak to your GP or local health provider if you have any concerns about your own mental health.

You can also contact Samaritans at any time if you feel you need to speak to someone. - Phone – 116 123