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Accounting for Chemsex: Danish Chemsex Users' Accounts of their Chemsex Engagement - Findings from a Qualitative Study

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Title: Accounting for Chemsex: Danish Chemsex Users' Accounts of their Chemsex Engagement - Findings from a Danish Qualitative Study (Danish: "Accounting for Chemsex: Danske chemsex brugeres "accounts" om deres chemsex aktiviteter - Resultater fra et kvalitativt studie")

Topic: Chemsex is a term used by gay men to describe drug use (typically GHB/GBL, crystal methamphetamine and mephedrone) during sex. This research is based on interactionist theory and describes the personal and social context for chemsex in Denmark and analyses the accounts of MSM who regularly engage in chemsex. Inspired by Scott and Lyman's "*Accounts*" and Erving Goffman ("*Face-work*"), the study aims to uncover the chemsex aetiologies used by the participants.

TABLE OF CONTENTS

	Page
ABSTRACT	**4**
REFERAT PÅ DANSK	**5**
ACKNOWLEDGEMENTS	**6**
ABBREVIATIONS/EXPLANATION OF WORDS	**7**
TABLE OF DRUGS	**8**
1. BACKGROUND	**9**
1.1 The Chemsex Concept	9
1.2 Existing Research on Chemsex	10
1.3 Research Purpose	12
1.4 Justification of the Study	13
2. THEORETICAL FRAMEWORK	**14**
2.1 Accounts: Excuses and Justification	15
2.2 Erving Goffman: Face-Work	17
3. STUDY DESIGN & METHOD	**18**
3.1 Interactionist Qualitative Research	18
3.2 Semi-Structured Interview Guide	20
3.3 Sampling & Participants	20
3.4 Logistics of the Interviews (place, frequency, duration, act)	21
3.5 My Role as an Interviewer	22
3.6 Ethical Considerations	23
3.7 Data Analysis (NVivo)	24
4. RESULTS (THEMATIC & INTERACTIONIST ANALYSIS)	**25**
4.1 The Chemsex Context	**26**
4.1.1 The chemsex setting	26
4.1.2 The chemsex party	27
4.1.3 Acquisition of drugs for chemsex	28
4.1.4 Managing dosage	30
4.1.5 Chemsex initiation	30
4.2 Motivations for Engagement in Chemsex	**33**
4.2.1 Physical motivations	33
4.2.2 Mental motivations	33
4.2.3 Social motivations	34
4.3 Risk Assessments in Relation to Chemsex	**35**
4.3.1 Sexually risky behavior and transmission of HIV, Hep C and STI	35
4.3.2 HIV treatment and adherence to therapy	38
4.3.3 Selection of chemsex partners	39
4.3.4 Choice of drugs and modes of delivery	40
4.3.5 Drug user vs. drug addict	42
4.3.6 Future plans for chemsex engagement	43
4.4 Harms Associated with Chemsex	**44**
4.4.1 Mental health harms	44
4.4.2 Physical health harms	46
4.4.3 Socio-economic harms	47

5. DISCUSSION & CONCLUSION **48**
5.1 Implications for Policy and Practice 52
5.2 Limitations & Strengths 54
5.3 Future Research 56

6. REFERENCES **57**

7. APPENDICES **67**
Appendix 1: Table of Accounts(Scott & Lyman, 1968) 67
Appendix 2: Semi-Structured Interview Guide (Danish) 71
Appendix 2b: Semi-Structured Interview Guide (English) 80
Appendix 3: Email Invitation to Chemsex Study (Danish) 89
Appendix 4: Orientation about the Chemsex Research (Danish) 90
Appendix 5: Chemsex Information Letter (Danish) 91
Appendix 6: Chemsex Study Flyer (Danish) 92
Appendix 7: Participant Information Table 93
Appendix 8: Picture of Interview Setting 94
Appendix 9: Transcription (Danish) 95
Appendix 9b: Transcription (English) 98
Appendix 10: Declaration of Informed Consent (Danish) 101
Appendix 11: NVivo Nodes 102
Appendix 12: Creating Themes from Nodes 105
Appendix 13: Thematic Network (Visual Mind Maps) 107
Appendix 14: Timeline for Chemsex Study 110
Appendix 15: Epilogue 111
Appendix 16: Matrix Coding for all Participants and Nodes 112
Appendix 17: Control over Drugs (cross reference) 115

8. ENDNOTES **118**

ABSTRACT

Background: Chemsex is a colloquial term used by gay men to describe the use of drugs (typically mephedrone, GHB/GBL or crystal methamphetamine) during sex. The use of these drugs seems to have risen significantly and until now, only a few studies focusing on sexually transmitted diseases and drug policies and harm reduction interventions in relation to chemsex have been conducted. As yet, no research has analyzed how chemsex users account for their engagement in chemsex. An understanding of the accounts offered by men who have sex with men (henceforth MSM) engaged in chemsex will make an important contribution to the understanding of chemsex. This study describes the personal and social context of chemsex and analyses how Danish MSM account of their engagement in chemsex.

Methods: This study is based on interactionist theory. The empirical data for the study consist of in-depth semi-structured interviews (lasting 2.5 to 5 hours) with seven self-identifying gay men (age range 22-56) who lived in Copenhagen region, and who had used either crystal methamphetamine, mephedrone or GHB/GBL either immediately before or during sex with another man during the previous 12 months. The data was subjected to a thematic and interactionist analysis using NVivo. Following this, chemsex engagement etiologies were analyzed using the interactionist theory of "Accounts" (excuses and justifications) by Marvin Scott and Stanford Lyman et al. (Scott & Lyman, 1968) and the reflections on methodology were further informed by Erving Goffman's theoretical framework of face-saving practices – namely "face-work" (Goffman, 1972).

Findings: This study shows that within the framework of chemsex, the MSM engaged in it, attempt to control drug use and risks as much as possible through various strategies and practices. They verbally underline being in control by using statements of *"comparative control"* – that is the use of social comparisons with other men perceived as less in control to emphasize that they themselves were in control of drug use. Nevertheless, in order to continue engaging in chemsex *"risk bracketing"* occurs – namely that they purposely pay attention to certain risks while ignoring others.

Conclusion: Findings show that control, underlined by social comparison, is the most important marker in their accounts, but also a central part of chemsex as a social phenomenon.

REFERAT PÅ DANSK

Baggrund: Chemsex er et udtryk brugt af homoseksuelle mænd til at beskrive anvendelsen af stoffer (typisk mephedrone, GHB / GBL eller krystal methamfetamin) i en seksuel sammenhæng. Brugen af disse stoffer synes at være steget betydeligt, og de studier, der er foretaget indtil nu, har fokuseret på seksuelt overførte sygdomme og narkotikarelaterede politikker og skadesreducerende interventioner i forhold til chemsex. Endnu har ingen forskning analyseret brugernes egne "accounts" for chemsex. Dette er yderst relevant og nødvendigt for den igangværende debat om chemsex. Denne undersøgelse beskriver den personlige og sociale kontekst af chemsex og analyserer chemsex "accounts" - hvordan danske homoseksuelle mænd beskriver deres chemsex aktiviteter.

Metoder: Studiet er baseret på en interaktionistisk teori. De empiriske data for undersøgelsen består af dybdegående semistrukturerede interviews (varighed 2,5 til 5 timer) med syv homoseksuelle mænd (i alderen 22-56 år), der boede i region hovedstaden, og havde brugt enten crystal methamfetamin, mephedrone eller GHB / GBL enten umiddelbart før eller under sex med en anden mand i løbet af de foregående 12 måneder. Data blev underkastet en tematisk og interaktionistisk analyse ved anvendelse af NVivo. Efter dette blev chemsex ætiologier analyseret ved anvendelse af den interaktionistiske teori om "Accounts" (undskyldninger og retfærdiggørelser) af Marvin Scott og Stanford Lyman et.al. (Scott & Lyman, 1968) og refleksioner over metoden blev yderligere informeret af Erving Goffman's teori om "Face-work" (Goffman, 1972).

Resultater: Denne undersøgelse viser, at MSM engageret i chemsex forsøger at kontrollere narkotikabrug og risici så meget som muligt gennem forskellige strategier og praksisser. De understreger mundtligt kontrollen ved at bruge "*comparative control" udsagn* – som er brugen af sociale sammenligninger med andre mænd opfattet som mindre kontrollerede i forhold til stofbrug for at understrege, at de selv har kontrol over brugen af stoffer. For at kunne fortsætte med at engagere sig i chemsex gør de brug af "*risk bracketing*" - navnlig at de fokusere på visse risici, mens de ignorerer andre.

Konklusion: Resultaterne fra dette studie viser, at kontrol, der understreges ved social sammenligning, fremstår som den vigtigste markør i deres historier / accounts, men også en central del af chemsex som et socialt fænomen.

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Disclaimer: The information and findings presented by this study does not in any way reflect the opinion or work of AIDS-Fondet. Although AIDS-Fondet was a great help in the research process, this study is entirely the responsibility of the author.

ABBREVIATIONS/EXPLANATION OF WORDS

3-chems	Crystal meth, GHB/GBL and Mephedrone
AIDS	Acquired Immune Deficiency Syndrome
Bareback	Unprotected anal intercourse (no condom)
Booty Bump	Mixing drugs with water and injecting into the rectum with a needleless syringe or in tablet or powder form pushed in with a finger, sex toy or penis
Chemsex	**Sex under the influence of drugs. In this research defined as being the use of any combination or use of drugs that include one or several of the three drugs GHB, crystal methamphetamine and mephedrone immediately before or during sex by MSM.**
Come down	Physical or psychological withdrawal as the effects of the drugs used wear off. Usually a negative or unpleasant experience
Fisting	A sexual activity that involves inserting a hand, two hands or the entire arm into the rectum of another man (anobrachial intercourse)
Gangbang	A situation in which several people engage in physical sexual activity with one particular individual sequentially or at the same time
Harm reduction	Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with drug use. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself
HIV	Human Immunodeficiency Virus[i]
MSM	Men who have Sex with Men
PEP	Post Exposure Prophylaxes. Treatment given immediately after potential HIV-infection in order to prevent the transmission
PnP	"Party and play". It applies to any type of drug used during sex between people of all sexual orientations. "Chemsex" refers only to sex between MSM with the use of specific drugs (mostly mephedrone, GHB and crystal meth)
Pos-sex	An act where a HIV-positive person attempts to infect or infects a HIV-negative person with HIV
PreP	Pre-Exposure Prophylaxes. Pills taken regularly to prevent HIV-negative persons becoming infected with HIV
Sero-sorting	Based on disclosure, to select a partner according to their HIV-status
Slamming	Slang word used by gay men about injecting drug use
SM	Sadomasochism. Kinky sex that involves some form of domination and submission
STD	Sexually Transmitted Disease

TABLE OF DRUGS[ii]

NAME OF DRUG	USE/COMPOSITION	FORM/MODES OF DELIVERY	EFFECT	SIDE-EFFECT
Crystal methamphetamine crystal, crystal meth, ice, glass, tweak, Tina, Chrissy, crank, chalk, Crissy, Speed, Shards, Ice Go, Whizz, Dope speed, T	Ephedrine (found in cold medicine) mixed with chemicals such as battery acid, drain cleaner, lantern fuel and antifreeze liquid.	Tablets, powder, or clear crystal chunks or shiny blue-white rocks. The tablets are sometimes referred to as Yaba. Snorted, swallowed, smoked or injected.	Elevate mood, feeling of happiness, increased alertness, concentration, energy, reduced appetite, increased sexual desire (able to engage in sexual activity continuously for days).	Psychosis, rhabdomyolysis, hypersomnia, seizures and cerebra hemorrhage. Chronic high-dose use can precipitate unpredictable and rapid mood swings, prominent delusions and violent behavior.
GHB/GBL G, Liquid G, Liquid X, Liquid E, Georgia Home Boy, Juice, Mils, Fantasy, liquid ecstasy, lollipops, Gamma-OH, Grievous Bodily Harm, Scoop, Water, Everclear, Great Hormones at Bedtime, Soap, Easy Lay, Salty Water, G-Riffick, Cherry Meth, organic Quaalude, Jib.	GHB has a medical use in the treatment of narcolepsy, while GBL has a legitimate use as a stain remover, rust remover, alloy cleaner, superglue remover and as a paint stripper. GBL is converted to GHB shortly after entering the body.	White crystalline powder, or as GHB salt dissolved in water to form a clear solution. Swallowed. Some users inject the drug into the anus.	Euphoria, disinhibition, enhanced libido, disinhibitions and empathogenic states.	Nausea, dizziness, drowsiness, agitation, visual disturbances, depressed breathing, amnesia, unconsciousness (G hole), and death.
Mephedrone White Magic, Miaow, Meph, Meow Meow, MC m-smack, M-Cat, Drone, Charge, Bubble, Bounce, 4-MMC, Bath salt **3-MMC** (Closely related to mephedrone, but possibly less potent)	Synthetic stimulant drug of the amphetamine and cathinone compounds that exist in the Khat plant of East Africa.	Tablets, capsules or white powder. Swallowed, snorted or injected.	Euphoria, alertness and feelings of affection towards the people around you.	Feelings of anxiety and paranoia. Overstimulation of heart and circulation; overstimulation of nervous system, with risk of fits.

1. BACKGROUND

The use of recreational drugs[iii] is not new among Men-who-have-Sex-with-Men (henceforth MSM) and much has been written on the subject (Bonell, Hickson, Weatherburn, & Reid, 2010; Carey et al., 2009; UK Drug Policy Commision, 2010; Wilson, Cook, McGaskey, Rowe, & Dennis, 2008). International research shows that drug use is more common among gay men than in the general population (Cochran, Ackerman, Mays, & Ross, 2004; Lea et al., 2013; Office for National Statistics (United Kingdom), 2014; UK Drug Policy Commision, 2010). Stimulants such as cocaine, ecstasy/MDMA and speed have been used for decades (Axel J. Schmidta et al., 2016). However, in the last 10 years, new and highly addictive harmful drugs that enhances eroticism and sexual arousal have entered the scene, namely GHB, crystal meth and mephedrone, and some men have started using these in conjunction with sex. This practice has been named "Chemsex"[iv].

The reason why health practitioners within the gay community are finding chemsex particularly worrying, is that the drugs used for chemsex are highly addictive (particularly crystal meth) and pose serious risks to mental, physical and sexual health (Semple, Patterson, & Grant, 2002)[v]. Furthermore, the potential transmission of HIV, Hep C and STIs while under the influence of drugs pose another health risk. Moreover hardly any harm reduction services are available worldwide for MSM engaged in chemsex (Adam Bourne & Weatherburn, 2017; Foureur et al., 2013)[vi].

1.1 The Chemsex Concept

The exact definition of chemsex varies internationally. In Holland, chemsex refers to the use of any drugs (except alcohol, cannabis and poppers) in conjunction with sex. Mainline and SOAIDS (Netherlands) reckons that what is important when defining chemsex, is that it corresponds with the drugs that MSM themselves associate with chemsex (Knoops, Bakker, Bodegom, & Zantkuijl, 2015). The Danish AIDS-Foundation (AIDS-Fondet) defines chemsex in the same way as in Holland ("Sexperterne.dk," 2016)[vii]. In France, they do not use the word chemsex, but instead uses the term "slam". It refers to the intravenous injection of drugs of the psychostimulant type (mainly cathinones), in conjunction with sex among men/ MSM[viii] (Foureur et al., 2013). In the United States, chemsex is defined as the use of any combination of drugs that includes one of the 3-chems (methamphetamine, mephedrone and GHB/GBL) before or during sex (Knoops et al., 2015). In the UK it refers to the use of crystal meth, GHB/GBL, mephedrone and, to a lesser extent, cocaine and ketamine immediately preceding and/or during the sexual session of MSM (Adam Bourne, Weatherburn, Hickson, Sergio, & Reid, 2014).

For the purpose of this study, in order to be able to compare academic results internationally, I will use the definition of chemsex as being the use of any combination of drugs that has to include methamphetamine, mephedrone and/or GHB/GBL immediately before or during sex by MSM (see Table of Drugs).

1.2 Existing Research on Chemsex

A small number of studies related specifically to "chemsex" have emerged since 2010[ix]. They suggest a shift in trend regarding drug use among gay men, both the way they are used and the kind of drugs taken. Furthermore, they indicate a rise in chemsex involving crystal meth, mephedrone and GHB/GBL (Drugscope, 2014; European Monitoring Centre for Drugs and Drug Addiction, 2016; Kirby & Thornber-Dunwell, 2013; The EMIS Network, 2013)[x].

According to the European studies done on chemsex the MSM engaged in chemsex tend to be experienced drug users on the clubbing scene who have progressed to taking chemsex drugs over time[xi] (Deimel et al., 2016; Weatherburn, Hickson, Reid, Torres-Rueda, & Bourne, 2016). Chemsex is predominantly happening in larger cities and among HIV-positive MSM. While one recent study concludes that chemsex is more prevalent among younger MSM (Adam Bourne et al., 2014), a cross-sectional survey of methamphetamine use among UK gay men (convenience sample) published in 2010 suggested that the use was highest among 30-49 middle-aged MSM (Bonell et al., 2010; Bracchi et al., 2015)[xii].

All the studies related to chemsex show that chemsex parties typically are held in private homes, but also takes place in sex clubs, gay saunas (A Bourne, Reid, Hickson, Torres-Rueda, & Weatherburn, 2015) and hotels (SDF Scottish Drugs Forum, 2015). They are usually facilitated by geospatial apps for MSM (Adam Bourne et al., 2014; Deimel et al., 2016; Knoops et al., 2015). Main avenues for drug acquisition are saunas and clubs (Dávila, 2016), ordering via the internet and delivered at home (Foureur et al., 2013); sexual and social networking apps (Ahmed et al., 2016), and research furthermore indicated a trade of sex for drugs (Adam Bourne et al., 2014; Hegazi et al., 2016).

A number of studies have focused on the motivations for using the "chemsex" drugs and the following reasons have been highlighted: enhancing sexual confidence and performance, increased sexual libido, intimacy and sexual connection, sexual adventure, sexual longevity of contact, or the drugs used may actually be a necessity for being able to have sex (Adam Bourne & Weatherburn, 2017; Foureur et al., 2013; Hoi-leung, 2014; Knoops et al., 2015; McCall, Adams, Mason, & Willis, 2015; Semple et al., 2002)[xiii]. Research

also indicates that drugs can be a help to HIV-infected MSM in overcoming the fear of rejection and negative self-perception and to cope with broader physical and emotional challenges of being infected such as internalized homophobia (Adam Bourne, n.d.; McCall et al., 2015; Semple et al., 2002). A PhD study from Hong Kong argued that *"'chem-fun' should be understood as a specific form of gay choices, gay project, gay connection, and gay mastery"* (Hoi-leung, 2014) and motivations for using chemsex drugs include overcoming personal inhibitions, anonymity and temporality from the chem-high and the trust that is established when using drugs together.

Knowledge about HIV is high according to all chemsex studies, and yet unprotected anal intercourse (UAI)/bare back sex was common among HIV negative MSM under the influence of drugs (1/3 of the British sample had engaged in it)[xiv](Adam Bourne et al., 2014; Foureur et al., 2013). David Stuart from Antidote 56 Dean street, a London clinic that treats MSM with drug abuse problems, underlines that chemsex has resulted in more MSM becoming HIV-infected (Stuart, 2013). However, HIV research worldwide also suggest that drug use is more common among HIV-positive MSM (The EMIS Network., 2013; UNAIDS, 2014; Wei, Guadamuz, Lim, & Al., 2012)[xv]. Chemsex (particularly injecting drug use) has been described by Kirby et.al as the "perfect storm" for transmission of both HIV and hepatitis C virus (Kirby & Thornber-Dunwell, 2013), whereas other studies underline the practice of zero-sorting among chemsex partners (McCall et al., 2015)[xvi]. Among HIV positive MSM it is common to actively seek positive partners for condomless sex (Gilbart et al., 2015; Semple et al., 2002)[xvii]. Thus, certain aspects of the research on chemsex is equivocal.

Harms associated with chemsex include: physical harms such as sexual assault (Adam Bourne et al., 2014; Dávila, 2016), rectal trauma (Giorgetti et al., 2016), overdosing on GBL/GHB (called the "G-hole" or "G-sleep")[xviii], risk of HIV/STD and hepatitis C transmission (Fieguth, Albrecht, Weller, Kühnle, & Teske, 2009; Foureur et al., 2013; Kirby & Thornber-Dunwell, 2013; Le Talec, 2013; Page & Nelson, 2016; Stephenson & Richardson, 2014); mental health harms - namely acute mental distress (especially from prolonged use of crystal methamphetamine)[xix], panic attacks, anxiety and aggression (Dávila, 2016; Dolengevich-Segal, Rodríguez-Salgado, Gómez-Arnau, & Sánchez-Mateos, 2016; European Monitoring Centre for Drugs and Drug Addiction, 2016); social and relational harms such as loss of friends and relationships (Adam Bourne et al., 2014)[xx], employment and financial problems such as loss of work due to drug related problems and building a debt to finance drugs (Foureur et al., 2013), homelessness (Pinkham & Stone, 2015), loss of time – especially long periods of recovery from drug use being unable to socialize or progress in a career (Knoops et al., 2015).

According to existing research (Adam Bourne, n.d.; Ma & Perera, 2016; SDF Scottish Drugs Forum, 2015), harm reduction services are not sought out by the majority of men engaged in chemsex. Most did not feel they needed professional support or help because they felt they were in control of their drug use (by managing dosing or their engagement in chemsex). The men interviewed appreciated honest, clear, non-judgmental information about safe drug use and chemsex procedures (Ma & Perera, 2016; Pakianathan, Lee, Kelly, & Hegazi, 2016). The few that did feel like they had a problem removed themselves from the gay scene (Adam Bourne et al., 2014). Despite the fact that the majority of MSM engaged in chemsex did not feel a need for professional help, the existing research on MSM engaged in chemsex concludes that some MSM have unmet harm reduction needs (Adam Bourne et al., 2014; Deimel et al., 2016; Foureur et al., 2013; Knoops et al., 2015)[xxi].

Harm reduction recommendations include highly instructive and accessible information on chemsex, slamming, hepatitis C, STDs and dealing with drug-related emergencies etc;, ensuring access for men to gay-friendly drug and sexual health services; clear harm reduction policies and procedures at sex-on-premises venues; and health promotion and harm reduction on geospatial networking apps and websites (Ahmed et al., 2016; Adam Bourne et al., 2015, 2014; Knoops et al., 2015; Pakianathan et al., 2016)

In conclusion, the relatively few studies of chemsex that have been published focus primarily on sexually transmitted diseases (including HIV/AIDS) and/or drug policy/harm reduction interventions needed for MSM engaged in chemsex. Research has been predominately qualitative and based on small samples of men, prospective cohorts of HIV-positive men attending sexual clinics and a few quantitative studies based on internet surveys related to general drug use among MSM from which data about chemsex has been extracted. All studies are public health related and focus on a description of the risks associated with chemsex (STDs) and/or the harm reduction measures to prevent these risks. As yet, no research has analyzed the users own "accounts" of their engagement in chemsex; how they explain, legitimize, justify and excuse actions and decisions related to chemsex - hereunder how they account for their own risks. As such, there is a gap in the existing research and knowledge.

1.3 Research Purpose

From an interactionist perspective, this qualitative study analyses how Danish MSM account of their chemsex affiliated activities. The accounts are naturally part of a bigger chemsex context and to analyze their use

separately from this context would not make sense. Thus, the analysis of accounts is embedded in the description of the personal and social context of chemsex.

The purpose of this study is to:

1. Describe the personal and social context for chemsex in Denmark

2. Analyse the accounts of MSM who regularly engage in chemsex

1.4 Justification of the Study

Researching etiologies for chemsex in Denmark is particularly important for several reasons. First, no academic studies have been published on chemsex in Denmark to this date. Research concerning MSM have mainly focused on HIV risk behavior, sexual behavior and safe sex practices (Haff, Cowan, & Aids, 2009)[xxii]. This study is the first of its kind. Second, the majority of new HIV infections are among MSM (Sundheds- og Omsorgsforvaltningen & Kommune, 2015)[xxiii] and an unpublished survey conducted by AIDS-Fondet in 2016 suggests that chemsex is widespread among Danish MSM[xxiv] and the use of the 3-chems (crystal meth, mephedrone and GHB/GBL) on a regular basis can have very negative physical and social consequences as well as increasing the number of people infected with HIV. Third, the limited research that already exists abroad describes the personal and social context (McCall et al., 2015) – the risks associated with chemsex (STDs) and/or the harm reduction measures to prevent these risks. No research has analyzed how MSM account for their engagement in chemsex and the risks involved.

It is my hope that this study will lead to a greater sensitivity to the meaning of chemsex from the users' point of view, place chemsex within interactionists studies using the accounts framework and generate new theoretical concepts to the emerging body of knowledge about chemsex. This can also help inform future harm reduction policies and practices.

Finally, men engaged in chemsex can benefit from this study because it is based on chemsex users' own accounts, shares information on different ways to engage in chemsex that other users can learn from and thereby potentially reduce the harms associated with chemsex.

2. THEORETICAL FRAMEWORK

This research is based on an interactionist theoretical framework. It is a sociological theory of action that is based on the idea that meanings are constructed by individuals within a personal and social world through a symbolic mediated process, consisting of interaction and communication. It furthermore focuses on social identities, strategies, positioning and the roles we take on in different situations and how the identity construction unfolds and interacts on social arenas, and how actors maneuver in relation to different institutional "repertoires" in their self-construction (Järvinen & Mik-Meyer, 2005)[xxv].

In order to understand behaviors that can be regarded as outside the socially acceptable norms – such as chemsex, it is vital to analyze how the users themselves explain and account for their engagement. As sociologists have pointed out for years, people can, and do, engage in activities they basically conceive as wrong and, having done so, use various techniques to renounce the aberration and present themselves as everybody else. Mills (Wright Mills, 1940) was one of the first to focus on this puzzling contradiction by using the concept of "*vocabulary of motive*". Transgressors of accepted social actions try to reinterpret their behavior using a linguistic device by which norm-breaking behavior is socially interpreted. According to Mills (1940), they anticipate the negative consequences of their behavior and try to present the behavior in terms that are both socially acceptable and appropriate.

Sykes & Matza (1955) developed Mills' perspective into a theory about 'accounts' and 'neutralization' and ***using "Accounts" as a theoretical framework for this study was decided upon once all the interviews had been conducted. This means that I did not formulate an interview guide focusing on "Accounts" or with a specific hypothesis in mind. Rather I chose to employ this perspective retrospectively because it offered a meaningful way of understanding the interviews and the data material that was produced in the interaction between me and the participants.*** After conducting the interviews and reading them carefully, I came to realize that justifications and excuses were a core part of the data material produced. The participants all talked about chemsex in a comparing manner – without being asked about it, always referring to how other MSM are using drugs and engaging in chemsex. Sometimes antagonizing others as being "out of control" when on drugs, not behaving nicely, taking a lot more than the participant, who enviably becomes the protagonist of the story [xxvi](Järvinen & Mik-Meyer, 2005). Thus, the accounts and explanations that are described in this study were brought forward as part of their portrayal of engagement in chemsex[xxvii].

Consequently, I decided to utilize the interactionist theory of "Ac*counts*" as it is described by Marvin Scott and Stanford Lyman et.al. to analyze the chemsex engagement accounts. Erving Goffman's theory of "*Face-Work*" was used to further inform my description and reflections on the methodology[xxviii].

2.1 Accounts: Excuses and Justifications

The theoretical development of the account concept in sociology can be traced to Sykes & Matza: "Techniques of neutralization: A theory of delinquency" (Matza & Sykes, 1955), Austin: "A plea for excuses" (Austin, Urmson, & Warnock, 1979) and Scott and Lyman (Scott & Lyman, 1968) etc.[xxix]. The theoretical framework used in this study will mainly derive from Scott and Lyman's article "Accounts" from 1968.

Scott and Lyman examined accounts in relation to deviant behavior, but their theoretical framework has since been utilized to analyze a variety of topics – such as healthcare (Gunnarsson, Hemmingsson, & Hydén, 2013), drug users (Weinstein, 1980), convicted rapists (Scully & Marolla, 1984), business bankruptcy (Sellerberg, 2009), and courtroom interaction (Atkinson & Drew, 1979)[xxx]. It is possible to use "accounting" on any interview material because it seems to be a general tendency to use accounts among social actors whose purpose is to explain, legitimize and justify actions and decisions. Thus, we all make use of accounts (Järvinen & Mik-Meyer, 2005)[xxxi].

An account is a verbal maneuver used whenever an endeavor is subjected to valuative inquiry. It resemblances Weber's "motive", which he described as "*a complex of subjective meaning which seems to the actor himself or to the observer as an adequate ground for the conduct in question*"[xxxii] (Weber, 1947) or as Buttny defined it: "*talk designed to recast the pejorative significance of action, or one's responsibility for it, and thereby transform other's negative evaluations*"[xxxiii] (Buttny, 1993). Accounts and explanations are not the same. Explanations refer to statements of socially acceptable events that does not have critical implications for the relationship. Accounts apply only to statements about socially unacceptable events (perceived as such by the producer of the account or the receiver).

The social actor can make the statement about his own or others misconduct and the reason for making the account can arise both from himself and from someone else. As Lyman and Scott phrases it: *"by an account we include also those non-vocalized but linguistic explanations that arise in an actor's "mind" when he questions his own behavior"*[xxxiv] (Scott & Lyman, 1968). Their concern, though, is with the vocalized accounts given in face-to-face interaction. Thus, as it becomes evident with the chemsex interviews, the participants were not

confronted with drug use as something inherently debauched but most participants accounted for their engagement in chemsex as something questionable and to a certain extent wrong[xxxv].

Accounts are employed to bridge the gap between actions and socially situated expectations and are "*socially approved vocabularies which neutralize an act or its consequences when one or both are called into question"*[xxxvi] (Scott & Lyman, 1968). And as such accounts are actually used by individuals who *"remain committed to the dominant normative system"*[xxxvii] (Matza & Sykes, 1955).

Most "talk" theories operate with two types of accounts: *excuses* and *justifications*

Excuses are accounts about acts that the person admits/thinks are unacceptable, but for which he or she denies full responsibility. They take on six modal forms: Appeal to accidents, appeal to defeasibility, appeal to biological drives, scapegoating, appeal to social pressure and appeal to drug use[xxxviii].

Justifications are accounts in which the person saying it accepts responsibility for the act, but denies the negative quality associated with it. To justify an act is to claim its positive value in the face of an assertion of the contrary. Here we operate with fourteen different techniques: Denial of injury, the claim of benefit, denial of the victim, social comparison, appeal to loyalties, sad tales, self-fulfillment, BIRGing, appeal to normality, self-sustenance, knowledgeableness, rebelliousness, philosophizing and the claim of hurt/personal discomfort[xxxix].

The table in Appendix 1 shows a typology of Accounts with modal form/techniques, descriptions and examples of excuses and justifications (Cupach & Metts, 1994; Friedman, 1974; Scott & Lyman, 1968; Weinstein, 1980). As it will become evident throughout the analysis, several account types may apply to one statement.

Accounts always occur between people in roles and they generate and negotiate role identities for one another in social situations. Thus, "*every account is a manifestation of the underlying negotiation of identities"* (Scott & Lyman, 1968)[xl].

Sykes and Matza (1955) underlines that neutralization both follow socially unacceptable acts and precedes them. If the acts are neutralized, there is also a greater possibility that they are repeated in the future[xli]. As Weinstein argued "*the reasons given for an act are often the conditions for its continuation"*(Weinstein, 1980)[xlii].

I will utilize the framework of "Accounts" to analyze accounts given in relation to chemsex engagement.

2.2 Erving Goffman: Face-Work

When examining accounts for chemsex, it is impossible to disregard the process of face-work, namely face-saving practices, because the use of hard drugs is still considered a socially unacceptable behavior by many people in the Danish society. To illuminate interview interaction related to chemsex, I found inspiration in the perspectives on face-work as it is explained by the Canadian Sociologist and Anthropologist Erving Goffman (1922-1982) in the book "Interaction ritual: Essays on face-to-face behavior" which deals with the extraordinary repertoire of maneuvers employed in social encounters to "save face".[xliii]

Accounts for unacceptable deeds are a form of remedial work, aimed at reestablishing the social order, by reclaiming a respectable "face"[xliv]– meaning a pattern of verbal and non-verbal acts by which a person presents his view of himself and other participants in social interaction. The term "face" is defined as "*the positive social value a person effectively claims for himself*"[xlv] (Goffman, 1972).

An actor is said to "maintain face" when the line he follows presents an image of himself that is positively valued, internally consistent and supported by judgements of other participants (Ibid.:6). "Losing face" applies to a situation in which the actor cannot present or maintain face or when inconsistencies appear between different elements of his self-presentation (Ibid: 8-9)[xlvi].

When a person senses that an act has cast doubt on the image he is trying to present, he is likely to try to integrate the unacceptable act by means of disclaimers, excuses for self and apologies. Through those endeavors he tries to save his face[xlvii] (Goffman, 1961)

In the social meeting, it is vital for the individual to maintain a self which is respected by others, and to defend this self against discrediting threats and violations that it is intermittently exposed to (Jacobsen & Kristiansen, 2002)[xlviii]. Thus, a person presents, protects and defends an ideal image of himself in the social interaction. Goffman believes that the ideal image is fragile and must focus on not harming others and protect themselves (Goffman, 1972)[xlix]. Furthermore, *"when the individual presents himself before others, his performance will tend to incorporate and exemplify the officially accredited values of society, more so, in fact, than does his behavior as a whole"* (Goffman, 1959)[1]

I will utilize the theoretical framework of face-work to inform my description and reflections in the section "Study design and method".

3. STUDY DESIGN & METHOD

I decided to conduct a qualitative study on chemsex because this type of research is useful when attempting to examine interaction, communication and social identities[li]. It allows for an explorative analysis of a relatively unknown phenomenon, as a first important step towards the development of knowledge in a new area. Furthermore, qualitative methods enable researchers to construct data through relatively intimate interactions with relevant interview persons, and data containing socially constructed information about how the interview persons conceive and account for themselves and their lives in relation to the research objective in question (i.e., chemsex). The relative "intimacy" produced in the context of a face-to-face interview is a prerequisite for the detailed description of intimate practices, including sexual practices.

To examine how MSM account for their engagement in chemsex, the use of qualitative semi-structured research interviews is very suitable, and in the following chapter, I will describe what is significant about an interactionist perspective on the interviews.

3.1 Interactionist Qualitative Research

Interactionism is a liquid/versatile ontology, in which the world is seen as changeable depending on the context and the actors' interpretation of it (Høyer, 2007)[lii]. This means that I consider the participants stories and accounts as a floating, unstable and ambiguous phenomenon which is shaped in their meeting with me (during the interview), and through which "the objectified reality" (social reality) is constantly being produced and hence the analytical object is not a stable object[liii] (Järvinen & Mik-Meyer, 2005).

The interviews are not regarded as an "objective truth", rather they are "preferred" or "most reasonable" truth/meaning at the moment of the interview[liv]. Stories are a way of making sense, creating meaning and coming to terms with experiences. They are "knowledge in the making" "*an ongoing interpretative accomplishment in which participants struggle to discern and designate the recognizable and orderly parameters of experience, combining different meaning-making horizons of their life"* (Holstein & Gubrium, 1995; Järvinen, 2004, 2015)[lv]. Narration of stories is always a selection process in which some parts are included and some parts are omitted. They are never demarcated pieces that the interviewer can gather (Mead, 1959).

The basic idea is that the interviewer is a co-producer of knowledge and the data material that is created. The interview is a meeting where two sets of assumptions, attitudes and interests are placed against one another.

The result of this meeting is the interview material, a product created jointly of *"plausible understandings of the world"* (Silverman, 2003)[lvi]. As Järvinen writes "*this interpretative framework is not created by the individual narrator alone; it always contains building-blocks from already existing understandings, that is, from cultural scripts stipulating how happenings, fortunate as well as unfortunate, should be interpreted"* (Järvinen, 2000, 2015). Thus the empirical data will always be shaped by the study that produced it (Järvinen & Mik-Meyer, 2005)[lvii].

Thus, data is generated through symbolic interaction between me and the interviewees (among other things) by the interviewees accounting to me about their engagement in chemsex.

The statements given by the participants (and the interviewer) are considered elements in a process of self-presentation. Interviews are not merely a matter of experiences and attitudes, but always about social identities and strategies (Järvinen & Mik-Meyer, 2005)[lviii]. Participants will often portray themselves as reasonable, in control, considered and may apply role dependent characteristics or distance themselves from them[lix].

From an interactionist perspective, the interview is a negotiation of social identity, where the participant's (together with the interviewer) negotiate a reasonable and meaningful social identity. Therefore, the participant cannot be expected to present a "true self"[lx], but rather a "preferred self" composed from the multitude of selves available to the individual in different social contexts. Thus, interview stories can be considered "descriptive role performances" and the participant a "performer", who in the meeting with the interviewer positions himself and other characters in a way he finds purposeful in the situation (Riessman, 2003)[lxi]. Hence, the response of participants might be characterized by social desirability (Skovdal & Cornish, 2015)[lxii].

DEMARCATION: In this study I rely on a technique presented by Gubrium and Holstein called "*analytic bracketing*" which allows me to focus on one aspect of the interviews while temporarily suspending analytic interest in others (Gubrium & Holstein, 1998)[lxiii]. Thus, I focus on *what* is said in order to describe chemsex (personal and social context) and *how* it is said – the accounts used to describe chemsex engagement, while deferring my concern for the structure and plot of the story, the context within which is it being told and the audience (me) to which it is accountable. It is characteristic for interactionism to have these to objectives; an interest in what is said, but also how it is said (Holstein & Gubrium, 1995; Järvinen & Mik-Meyer, 2005).

3.2 Semi-Structured Interview Guide

The development of the semi-structured interview guide[lxiv] was inspired by the Danish "Sexlivsundersøgelser" (Haff et al., 2009), the European EMIS Survey (The EMIS Network, 2013) and the chemsex study in the UK (Adam Bourne et al., 2015). Thus, a number of themes that needed clarification had been predetermined, and this underlines the co-creation of meaning production that is ongoing throughout the research process.

The interview guide started with background questions that were short and easy to understand to create a calm start. These were followed by the thematic questions (Steiner Kvale & Brinkmann, 2009)[lxv]. The questions are mainly explorative and do not test a hypothesis (Steiner Kvale, 1997) and cover seven categories: 1) Background information, 2) HIV status and testing history 3) Sexual experiences, 4) History of drug use, 5) Engagement in chemsex, 6) Harms related to chemsex and harm reduction needs, 7) Reason for participating in the study. Explorative questions covering both the personal and social (contextual) aspects were suitable because nothing is known about the scope of chemsex in Denmark and this is the first academic research about it (see Appendix 2: Semi-Structured Interview Guide). The interview guide is in Danish.

The interview guide was shared with stakeholders at AIDS-Fondet in order to make sure that the questions were appropriate. The objective was to remove any question that might seem inappropriate and to check whether all the questions were easily understood or (if) there was a need to specify them further. E.g. the question "have you ever used drugs intravenously?" was changed to "Have you ever administrated drugs using a needle?". It was also important to make sure that none of the questions were leading. Finally, all the comments and critiques were collected and the final edition of the semi-structured interview was drafted[lxvi].

3.3 Sampling & Participants

Access to participants was secured through AIDS-Fondet in Copenhagen[lxvii]. In April – June 2016 AIDS-Fondet conducted an online survey on chemsex in Denmark. It was advertised on geo-spatial networking apps and dating websites for gay men. The survey consisted of 33 questions related to sexual habits and drug use. The unpublished results suggested that chemsex was no longer merely an international phenomenon, but had entered the Danish gay scene (with 61 out of 424 indicating that they had tried GHB/GBL, Crystal Meth or mephedrone within the last year[lxviii]). The survey asked participants to write their email address if

they had experience with chemsex and wished to participate in further research related to chemsex[lxix]. I contacted the 17 men who had provided their email to ask whether they would like to participate in the chemsex study (see Appendix 3: Email Invitation to Chemsex Study). Upon reply, they received further information about the study (see Appendix 4: Orientation about the Chemsex Research & Appendix 5: Chemsex Information Letter). Four research participants were recruited this way. One other participant was recruited through AIDS-Fondet by word of mouth and two more were recruited via flyers and personal contact at a chemsex open-mic event arranged by AIDS-Fondet (see Appendix 6: Chemsex study flyer)[lxx].

The inclusion criteria for participation were: Danish citizenship, age at or above the age of homosexual consent, identifying as a man who has sex with men and having used either mephedrone, GHB/GBL or crystal meth either immediately before or during sex with another man within the last 12 months[lxxi]. The MSM who fulfilled the criteria and volunteered to participate were admitted to the study. Interviews were conducted until data saturation was achieved. No financial incentives for participation were given.

In summary, in-depth interviews were conducted with seven self-identifying gay men (age range 22-56) who lived in the Municipality of Copenhagen and represented diverse socio-occupational categories. All participants were HIV-positive[lxxii] (see Appendix 7: Participant Information Table)[lxxiii].

3.4 Logistics of the Interviews (place, frequency, duration, act)

The interviews were carried out in the counselling rooms at AIDS-Fondet at the wish of the participants (see Appendix 8: Picture of Interview Setting)[lxxiv].

The first interview was conducted on August 30th, 2016 followed by the remaining six interviews, one every week until October 10th, 2016. The seven interviews had a duration of 2.5 – 5 hours each amounting to a total of 23 hours of interview. All interviews were recorded with IPhone "memoer", transcribed verbatim using Transcribe Express, and amounts to 600+ pages of data material (for an example of transcription see Appendix 9b).

All the interview sessions began with an introduction of the interviewer and the overall objectives of the research. It was emphasized that the study was the conclusion of my Master of Public Health (MPH) at the University of Copenhagen and had no affiliation with AIDS-Fondet[lxxv]. It was furthermore underlined that at no point should they feel obligated to answer a question they felt uncomfortable with. All participants

were asked initially for their demographic details and HIV status. This was then followed by the first questions in the interview guide. After this, the participants began narrating and along the way follow-up questions would be asked and an occasional brief look at the interview guide to see whether questions had been missed[lxxvi]. Although the interviews were semi-structured, they were facilitated in a way that encouraged narratives.

Occasionally the participants answers were repeated by me, both to give them more time to think and perhaps elaborate further on the answer, but also to make sure the answer was understood correctly (Wolcott, 1994; Yin, 2003)[lxxvii]. Hereby aiming at insuring participant validation.

3.5 My Role as an Interviewer

In my role as a heterosexual female researcher examining chemsex among gay men, I do not have any personal experiences relating to it. I consider this an advantageous condition as it allows me to ask about things, the participant might take for granted as "common knowledge", thereby providing them with an opportunity to reflect on it. I have, however, worked with HIV/AIDS and healthcare related issues for more than a decade and given the fact that MSM are a high-risk group, I have worked closely with this group for many years and I am familiar with the jargon and the various gay life-styles. Sexualized drug use in its previous form – namely (any) drugs in conjunction with sex has been known to me for years.

Nevertheless, when applying "accounts" as a theoretical framework to analyze the chemsex engagement accounts, it is important to keep in mind that the honoring (represents the restoration of equilibrium) and non-honoring of an account depends on the shared background expectancies of the people interacting – in this case me as the interviewer and the participant. Background expectancies are those taken-for-granted ideas that permits the interviewer/researcher to interpret something as an explanation, or an account. Thus, vocabularies of accounts are routinized within groups, subcultures and cultures and are often exclusive to the circle in which they are employed (Scott & Lyman, 1968)[lxxviii]. Hence, not being gay or engaged in chemsex increases the likelihood that I, as an interviewer, will not honor the account given by the participant or at least question the socially distributed knowledge of what "everyone knows" within the community. The participants will also use a repertoire of accounts fit for the role they expect me to have (Ibid.: 53). As such, an interview can be characterized as a "negotiation" marked by "face work" where the interviewer should ensure that the participant "not lose face" (Järvinen & Mik-Meyer, 2005)[lxxix].

In certain situations, such as an interview, statements about behavior that would often require an account, is normalized without any interruption or request for account. This is both due to the value of sociability and information which supersede those that require excuses and accounts (Scott & Lyman, 1968)[lxxx]. Sociability requires each participant to weigh carefully whether an account may interrupt the entire engagement and consequently as an interviewer, I might overlook discrepancies or things I know not to be true, put forth by the participants in order to continue the interview. Hence, as an interviewer I might have a vested interest in accepting all the accounts and may even facilitate switches in identities. Participants may also decide to construct extravagant biographies depicting themselves as unsung heroes without fear of being called to account because the interview is a one-time event and as an interviewer, I am an outsider.

Steiner Kvale points out that in the interview situation there will always be an asymmetrical power-relationship because it is the interviewer who "sets the stage" and determines which questions to ask, the pace etc. (Steinar Kvale, 2006). However, I will argue that a reverse power-struggle of information also occurs. That as an interviewer dependent on the valuable insight/information co-created with the participant, one may have to hold back any request for accounts and take verbal statements at face value (as mentioned above). As such, the interviewer is in a vulnerable gridlock position. Information is the ultimate value in this context and it may be withheld altogether if the participant is interrupted, questioned in the wrong way or otherwise feels himself losing face. As Lyman and Scott formulates it "*Calling for an account in the midst of such disclosures, especially when the account would require a discussion of the speaker's morality, might cut off the hearers from obtaining precisely that kind of information which is in no other way available to them"* (Scott & Lyman, 1968)[lxxxi]. The possibility of refusing or accepting an offered account actively – primarily the former is determined by the mutual interest in the topic discussed and the overall goal of the interview for both interviewer and participant. If the participant has a stake in the matter and participates for his own benefit, it is likely that a dishonoring of an account will not defer the participant from further conversation as it became clear during the interviews. Thus, in practice, control of the interview is "*interactionally asserted*" (Gubrium & Holstein, 1998)[lxxxii].

3.6 Ethical Considerations

When dealing with sexuality and drug use, ethics are ubiquitous in the research process (from planning to publication). Due to the sensitive content of the interview questions, namely the issue of drug use and sexuality, a personal interview was a preferable option to focus groups where the participant(s) no longer can remain anonymous.

The study followed prescribed ethical standards for social science qualitative research (Flick, 2007). Participants were informed thoroughly verbally and in writing about the study (in email beforehand, handout at the interview and in-person). They were informed that they were free to decline participation or withdraw from the study at any time and that it was completely voluntary to participate in the research. Discretion, anonymity and confidential management of data was underlined. Declaration of informed consent (see Appendix 10) stating the above terms was signed at the beginning of each interview and a copy offered to the participant. This is in accordance with the law on personal data in Denmark[lxxxiii].

As a safeguard for the participants' anonymity, I have anonymized characteristics such as name, age, and profession, which could be used to identify the participants[lxxxiv].

3.7 Data Analysis (NVivo)

In line with interactionism, my data analysis had two objectives; a focus on what is told and how it is told (Holstein & Gubrium, 1995; Järvinen & Mik-Meyer, 2005). Consequently, I have conducted a thematic analysis (inductive) as well as an interactionist analysis (deductive) of the entire data material. As such, the analysis is double-layered.

The thematic and interactionist analysis was done using NVivo 11 (Welsh, 2002). The advantage of using a thematic analysis is that a large amount of material is more manageable. The mind maps provide an overview of the emerging themes and supports the analysis of the material. The disadvantage of using the thematic methodological approach is that it does not preserve a holistic perspective because text pieces become detached from their original context. To maintain a holistic perspective it is therefore important that information from every participant or situation is put into the context that it originated from (Thagaard, 2004)[lxxxv].

The analysis of the interviews proceeded in the following manner: First, the entire transcription (600+ pages) was coded thematically resulting in 74 nodes. This was followed by a second round of analysis identifying deductive codes related to "chemsex initiation accounts", ending up with 84 nodes in total[lxxxvi]. In a workshop with "node-cards" I then arranged the nodes according to basic and organizing themes and five global themes were deduced in line with the principles of Attride-Stirling (Attride-Stirling, 2001). Most text pieces have several basic themes that describe them (for examples see Appendix 12)[lxxxvii]. Then the thematic networks were visualized using NVivo mind map[lxxxviii] (see Appendix 13). The five global themes that

emerged from the thematic data analysis were: 1) The chemsex context, 2) Motivations for engagement in chemsex, 3) Risk assessments in relations to chemsex, 4) Harms associated with chemsex, 5) Handling drug use. Following this, the entire data material was re-read to ensure that the text pieces and nodes were indeed associated with the specified themes. Finally, the thematic networks were explored and described, summarizing the findings of the study. For the overall study a hybrid/abduction method was used (Thagaard, 2004)[lxxxix].

At this point, I realized that the data material contained much more than a description of the personal and social context, chemsex initiation accounts (identified using interactionist deductive codes) and recommended harm reduction services, which was the original research goal of the study (see Appendix 14: Timeline for Chemsex Study and 15: Epilogue). Therefore, I conducted a second round of deductive (interactionist) analysis of the data material and ended up with 94 nodes in total (see Appendix 11). I then rewrote the entire analysis focusing on the accounts used by the participants for the chemsex engagement (see Appendix 16 for a matrix coding of participants and nodes)[xc]. Of the five original global themes, the first four have been kept in the "accounting" analysis[xci].

Control is the all-pervading theme of the study. It is a theme brought up repeatedly by all the participants and is a theme in 38 of the 94 nodes (see Appendix 17). It is not a theme generated by the interview guide since no special focus has been paid to the issue of control and only two questions relate to control – namely the questions "Do you have control over the use of your drugs and how do you handle them?[xcii]" and "How do you control for the risk of HIV/STD?"[xciii]. Nonetheless, as Appendix 17 shows control is brought up in relation to all the global themes. In the thematic network visualization in Appendix 13, themes containing the issue of control are marked with a thick border width. Therefore, I will present the results in a manner that demonstrate how the participants, according to the interviews, use control strategies and practices in every aspect of their chemsex engagement. The findings from the analysis are described in the below chapter[xciv].

4. RESULTS (THEMATIC & INTERACTIONIST ANALYSIS)

Although chemsex takes place in many different countries and there are certain similarities in terms of the overall objectives of the activity it is a multifaceted phenomenon happening in widely different spaces, at

different times in the lives of the men engaging in chemsex, and for diverse reasons, with different initiation stories, with a great variety in drug use and miscellaneous consequences.

4.1 The Chemsex Context

This global theme is related to contextual/social aspects of chemsex – namely the settings in which chemsex happens; a description of the chemsex party including how parties were instigated and selection of chemsex partners; acquisition of drugs (price and sourcing); managing dosage; chemsex initiation; and prevalence of chemsex in Denmark[xcv].

4.1.1 The chemsex setting

Chemsex parties in Denmark were reported to take place in private homes, hotel rooms and at a gay sauna. The particular sauna has a no drug policy and taking drugs there did involve the risk of being thrown out[xcvi]. Another option and a reported place in which the chemsex parties originated, was a specific gay guesthouse operating as a sex-on-premises venue[xcvii].

Mostly chemsex parties, however, took place in private homes and the participants in the study described feeling comfortable and safe going to sex parties in the homes of strangers. To some, having the party at home was a preferred option because it allowed them to control who attended the party (and who other attendees invited) and to ask people to leave if the chemistry was not good: *"It happens a lot that we ask people to leave…I always try to say it as diplomatic and discreet as possible, because it's not so great to be thrown out when you are 4-5 people. "Fuck off". It's not so great…some react a bit ferocious and make a huge fuss…Those people who sometimes get very disappointed and almost sad that they are being rejected I think they are taking it way too personally. We have all been rejected occasionally. The times when I have been rejected. I haven't thought much about it. Okay we all have preferences and it does not matter, this is how it is."(Martin, 39)*[xcviii]

Martin made use of primarily social comparison (justification) by admitting that it was not a nice act (although he tries to do it as nicely as possible), but asserting its irrelevancy because others did similar things. According to this statement, it is normal for people to be asked to leave private parties. It is all controlled by the host. Nevertheless, private settings were preferred because they enabled a greater sense of social intimacy than public spaces.

4.1.2 The chemsex party

Private chemsex parties were reported to be instigated on geosocial apps or by SMS if it was a regular group who met. Geosocial networking applications such as Boyfriend, Gay Romeo (used mostly with tourist), Scruff, Grindr etc. were used to find potential sex partners and parties. Some users advocated the fact that they used chems by applying symbols to their profile such as a snow flake (symbol for crystal meth). Others wrote that they were "chems friendly" or PnP. In addition, it was customary to establish beforehand what type of drugs people used as well as the modes of delivery, whether they had drugs themselves and sexual preferences including whether sex was to be bare back or with condom.

Jacob accounted for his selection of men when on drugs: "*But I am still selective. I simply don't want to just fuck anybody I don't want to. It's like, there are some people, as long as they have a pulse and a dick, they can fuck them. I simply can't do that. No, there has to be an attraction.*"[xix]
Thus, he emphasizes by making a social comparison that despite being on drugs he is still in control and does not make compromises when choosing a partner for chemsex (unlike other men). Implicit he also underlines that he is not that type of person who will have sex with anyone. That it is not his personality.

Rasmus (40), on the other hand, accounts for his choice of partner by appealing to drug use**:** *"Well it doesn't take that much. He can be fat. He can be thin. He can be 60 years old. He can be 20 years old. Because of the drugs. Yes, yes. I become more relaxed. Whether it is because I am that kind of person, I don't know. That I am not judgmental. Because I don't hunt the six-pack or the model. But I am sure it's because of the drugs I become more (relaxed)"*[x]. Rasmus accounted for the fact that he could have sex with a big variety of men because he took drugs, but also underlines that it could be because his personality is non-judgmental. Thereby negotiating a preferred identity.

Several of the participants in the study had a steady group of people with whom they had chemsex parties. Some would meet once a month and others a few times a year. Even though regular chemsex party groups and partners did exist, new people were usually invited to the parties. In Denmark, the private parties were reported to be 5-10 men on average[ci].

The chemsex parties lasted anything from one hour to several days. Martin (39) underlined that he is able to control when to stop the party by comparing himself to people who party a lot longer than him: *"It cannot be done in a day. For us it lasts one to three days max because then I can simply not keep up with it anymore. I have these built-in stop blocks. But there are many who can easily continue five days."*[xii]

The sexual activities differed depending on the group and sex partners. It ranged from petting, anal intercourse and fisting to hardcore fetish. Although sexual longevity was aided and controlled substantially by drugs and viagra, not all the time was spent having sex. Private chemsex parties are very much a social gathering in Denmark. They watched porn, chit-chatted and had serious conversations with other men at the party, cuddled and watched other men having sex, chatted on online applications looking for more men to join, had a bit to eat and something to drink, and took more drugs. Moreover, when one party ended it was not unusual to look for another party online and continue onwards.

4.1.3 Acquisition of drugs for chemsex

Acquisition of drugs is a prerequisite for chemsex and played a central role in the selection of sex partners and the set-up for parties according to the participants. Before coming to a party or being invited, the men were usually asked whether they had drugs to bring and what kind or told how much they needed to pay for the drugs that were being supplied.

All the participants, except one, had their own supply source[ciii]. 3-MMC was bought on the internet on Polish or Dutch websites without track and trace (to minimize the risk of it being proven to be theirs without a bigger investigation by the police) and usually under 10 grams per order (which was considered as "personal use")[civ]. The biggest risk, according to the participants, was that it could be confiscated[cv]. GHB was purchased on the internet as well or smuggled over the border from either Poland or Germany[cvi]. Crystal meth and mephedrone was bought through dealers who were chemsex users themselves.[cvii]

Acquisition of drugs can be very expensive, particularly crystal meth, and hence it was necessary to find ways to finance drugs[cviii]. One way mentioned was to downsize all expenses to control the economy and another way was by selling drugs: "*And of course, we have also sold a few grams from time to time because if we have partied and have drugs leftover. Then someone writes to us. "Do you have anything?" "Yes, I have. Can you come over?" Then there is no doubt that of course we can make a little extra by selling it. It's a bit hardcore, but that's how you think. We have payed maybe 1800 for it and we sell it for 2000, 24 or 2500. People just pay it. Other times it has gone the other way too.""*[cix] (Martin, 39, uses crystal meth every week). Thus, Martin justified selling drugs by making a social comparison that other chemsex users also made a profit by selling drugs.

Another way of acquiring drugs was to try to get them from others without paying. This transaction usually entailed drugs for sex with younger or better-looking men according to all the participants. The supply of

drugs came with an expectation of sex and the receiver might have sex with men he would not find attractive when sober[cx].

When asked how he selected chemsex partners, and whether it was important what they looked like, Daniel (22) accounted using the appeal to biological drives: *"It doesn't matter. It is 50-year old men that I would have sworn I would never (have sex with). It's okay. Welllll and then you are, yeah, I can hear how that sounds. Yes, no, but often I search for chemsex after I have had it, when it's fading out…and in those periods, I don't care how people look because I am relaxed and horny. However, usually I go in well knowing who the person is (that they have drugs). That this is the set-up because otherwise I have to be very horny. Yes, then it has to be extra-ordinary. Yes, then I think I would return to some dating criteria. If I was in a position where I had to buy the drugs myself and I had to find a partner to do it with, then I would choose someone (I was attracted to)."*[cxi]

Although this "chemsex economy" seems to be an integral part of the phenomenon, it was very disliked by all the participants who had observed or experienced "paying with drugs for sex".

"It makes it feel like male prostitutes or people who want money…it becomes a trade right? It's like they should be paid for it"[cxii] (Lars, 56)

"I have met those types. They didn't care about me at all. It was what I had that was interesting. I knew one acted like this because he didn't have any money, but if I could supply then he would have sex with me, but if I couldn't supply then he wouldn't bother having sex with me"[cxiii] (Henrik, 44)

Not paying for drugs, however, could also be a means of controlling drug use: *"I don't pay for it. I haven't paid for it yet so that's pretty good. At least I try to imagine that it's a good mechanism to avoid doing it more frequently and because of this I don't have any dealers. I don't know how to get it. I could of course ask those guys I have been with, but I have purposely not done that."*[cxiv](Daniel, 22)

It is evident that the transaction of acquiring drugs is personal for each participant and carries a distinct meaning which is apparent to the individual user. Each one justifies his own ways of acquiring drugs.

4.1.4 Managing dosage

With the exception of Thomas, who was a recovering drug addict, none of the participants described themselves as a drug addict and they all replied "yes" to the question "Do you have control over the use of your drugs?" and described various ways to control risks. These included: deciding in advance how much of a drug to use at a party, and only bringing that quantity and thereby controlling availability when on drugs (where the likelihood of taking what is available is high); everybody attending the party do their drugs at the same time in order to control quantity and high; as well as keeping a strict written log on all attendees, in terms of who has taken what and at what time, to avoid overdosing.

Learning to control the dosage was done interactionally by observing and taking instruction from chemsex partners and then experimenting themselves. Nobody had experienced passing out from an overdose, but several had tried taking or getting too much – specifically GHB and when injecting crystal meth. Some stated that the fact they had tried taking too much meant they were more in control now or would not administer the drug in this way again. Martin (39) underlined being in control by making a social comparison to others who take more: "*We don't use very much, I think, at least not compared to a lot of other people. We use approximately 2g during (a party).*"[cxv]

In summary, control was asserted in relation to attendees (when hosting a party), selection of partners, economy (downsizing all expenses to finance drugs), not purchasing drugs (manage frequency of drug use), dosage brought to the party and taken (log). It is highly relevant to examine whether control also governed the participants' chemsex initiation accounts or perhaps it is only emphasized in stories about current drug use?

4.1.5 The chemsex initiation

Chemsex initiation accounts are extremely interesting, both because accounts are a way of controlling one's face in the interview situation[cxvi], but also because the participants in this study came from diverse socio-economic circumstances and yet the variety of initiation accounts used were fairly limited. When analyzing their excuses or justifications for their initial engagement in chemsex it became evident that the same accounts were used for participants with similar historic drug use characteristics (see Appendix 7: Participant Information Table). The two participants (Rasmus and Lars), who had a longer drug use history, mainly used the justification "*knowledgeableness*" when talking about their chemsex initiation and thus they accepted

responsibility but denied the pejorative quality of it. They basically wanted to know what it was like, what everyone was talking about.

When asked if he had always wanted to try slamming or how it came about (Lars,56) said: *"Slamming. It was in a group where I thought "this is safe and good" and here it can happen in a controlled way. It's a safe area with people who know how to do it. I know them and trust them and it's okay. So here, it could happen in a calm and safe manner. It was solely to find out how it is. What it is they are talking so much about."*[xxvii] As this quote exemplifies control was still an essential part of the chemsex initiation accounts, doing it in a safe place with people you know.

The four participants[cxviii], who had a brief drug history, meaning they started with chemsex drugs and hardly used any drugs prior to this, primarily used excuses about their chemsex initiation. It is important to note though that all participants made use of polythematic accounts (as opposed to monothematic accounts)[cxix], meaning they drew on two or more defensibilities.

Martin, who was strongly opposed to drugs before using crystal meth, utilized polythematic accounts to describe his chemsex initiation: *"My parents got divorced and it was a big shock because my parents have always taught me, you stick together. You don't just leave when you have problems…. And it was me who had to take care of it (the divorce). But also, the disappointment of realizing that everything they taught me was suddenly not like that anyway. So, I think that was a turning point for me. Well they have also said a lot about drugs (that it's bad). I definitely have to try that. And at the same time, I met my boyfriend who was in that environment so I practically got it served right? And I think it's very normal. The thing about making a quantum jump is, it is caused by something from the outside that has affected you or hit you. It has made you want to do something which is not normally you."*[xxx]

The aforementioned account combines the excuse *sad tale* (i.e. a series of stressful events) with *scapegoating* (the allegation that the act in question was the result of the behavior or attitudes of another person). However, there was also an element of justification in the *rebelliousness* account, namely wanting to do something they said he should not do. At the same time, Martin underlines that doing drugs is "not normally" him. Thus, this is not actually his identity.

The most used accounts for chemsex initiation in this group were the excuses scapegoating and defeasibility (not knowing what it was)[cxxi]. Henrik (44) emphasized that his chemsex initiation was actually done without his consent: *"It was actually uncomfortable...he had put coke in my ass and I was a bit like "you could have asked me about it."*[xxxii] Thus, appealing to accident and scapegoating.

Thomas (45), who was rehabilitating from drug use, utilized polythematic accounts of excuse that the 3-chems were introduced to him by a person who had bad intentions (appeal to loyalties – conforming to friend's expectations) and justification of knowableness: "*I started to slam. I was introduced by a bad friend I have, who says, "It's just amazing. You must do it, it's really (fantastic) and it disappears fast. It's just two hours and then it's out of the body. It doesn't stay. It's not heroin, you know." I knew it wasn't. I thought "let me try it".*"[cxxiii]

All the participants make use of accounts when describing their personal chemsex initiation – two of them (Lars and Rasmus) main justification lay in that they described chemsex activities as an act of self-fulfillment and one interpreted his action as being in complete control[cxxiv]. For the remaining participants, initiation accounts were not stories of control, but rather governed by excuses of not being in control.

It is important to remember that accounts are employed to bridge the gap between actions and socially situated expectations used by individuals who remain committed to the dominant normative system and this may explain the different use of accounts by participants with different drug use history. One could also say that logically it makes sense that people who were not very familiar with drugs would start engaging in chemsex because someone else introduced them to it and most likely they would not be familiar with the drugs (unless they had been exposed to information and harm reduction campaigns about it). People who were already experienced drug users would be more inclined to want to find out what the 3-chems were all about, what people were talking about.

SUMMARY

* Accounting was used constantly throughout the interviews to negotiate a preferred identity and the meaning of acts and events.
* Social comparisons were used when accounting for partner selection, party intensity, selling drugs and dosage taken
*Chemsex initiation accounts were dominated by the justifications "knowledgeableness" for long-term drug users (2) and the excuses "scapegoating" and "defeasibility" for unexperienced drug users. Risk assessments were minuet in the initiation stories and only one participant conveyed to be in control
* Control was asserted in relation to attendees (when hosting a party), selection of partners, economy (downsizing all expenses to finance drugs), not purchasing drugs (manage frequency of drug use), dosage brought to the party and taken (log)
*Risk assessments were made in relation to buying drugs on the internet without track and trace and a little at a time and in relation to slamming the first time in company of experienced users (for one participant)

Given the diversity of chemsex initiation accounts, it is highly relevant to examine what motivates them to continue the chemsex activities. This leads us on to the motivations for engagement in chemsex.

4.2 Motivations for Engagement in Chemsex

Motivations for engagement in chemsex were overlapping with motivations for using drugs during sex and included physical (bodily) motivations like enhancing sexual drive; mental motivations such as sexual adventure; and social motivations such as chemsex being an alternative way of socializing for people who had passed the age of clubbing.

4.2.1 Physical motivations

Drugs facilitated increased sexual drive, longevity (especially crystal meth) and it helped facilitate the kind of sex the participants wanted – e.g. drugs made fisting and being the receiving passive part a lot easier or even possible. Physical challenges such as hemorrhoids were no longer an obstacle for having anal sex and being passive.

Daniel justified using drugs by stressing it was beneficial to him: *"To me it means that I can relax and be able to be passive which I haven't been able to before. I have always been extremely tense. And then I found out that those drugs made me very relaxed. It just works really well. And this is also one of the reasons. It is the reason why I am still doing it."*[xxxv] (Daniel, 22, about using crystal meth and GHB)

4.2.2 Mental motivations

Mental motivations for engaging in chemsex and using chemsex drugs were many such as euphoria, fun, sexual freedom and adventures, avoiding loneliness, the disappearance of sexual inhibitions and living out sexual fantasies[cxxvi].

Several participants also described chemsex as an escape from reality. When having chemsex they did not have to think about problems, worries or even what they were doing. Rasmus (40) justified his use of drugs by stating they were beneficial and a way to sustain himself (that he has to take it to cope with an uncomfortable situation): *"When I take drugs, I am not present, I am not Rasmus. It gives me freedom. I experiment more and it also helps me hide behind something. Because I don't want to be doing this, but when I take these drugs then I do. Then I am not ashamed about it."*[xxxviii]He furthermore underlines that it is not really him taking the drugs and thereby negotiating a non-chemsex user identity.

Lars (56) also accounted for using chemsex drugs by underlining that it benefits him by adding self-confidence and enabled him to take upon himself the identity others expected him to have: *"It also removes a shyness which for my part, there are people who know me and they say, "Lars he is definitely not shy " but you know coyness – as in "I'm probably not as good as the others"*[cxxviii]

Being HIV-positive was also a significant motivation for engaging in chemsex or to continue engaging in chemsex if transmission happened during chemsex[cxxix]: *"It legitimizes that I sometimes think I can do it. One could say that the fact that I got HIV from it should have put an end to it (chemsex). A wake-up call that said, "stop". But maybe it had another effect because now that the damage was done, I might as well continue. The damage is done and then you might as well live out the fantasy you have.*"[cxxx] Daniel (22) justified continuing to engage in chemsex with the fact that it was a fulfillment of his fantasies[cxxxi].

4.2.3 Social motivations

Social motivations included the fact that chemsex was very common in certain communities such as SM and fetish according to the participants and the fact that you could always find a chemsex party made it tempting to participate.

Jacob (47) appealing to normality, that you can always find a chemsex party, accounted*: "You can always find a party where there are drugs involved, also in Denmark and it is becoming more and more widespread…nobody blinks if you take drugs and nobody looks weirdly at you, at least in our environment, the gay environment"*[cxxxii]

Increased sexual intimacy and connection was also mentioned as a motivation for taking chemsex drugs/engaging in chemsex. Lars (56) emphasized that it is beneficial for human intimacy and connection: *"It is very clear to see on the people I meet in these circumstances (chemsex parties), some of them take chems, not to have fun, but to have some trust and I think it becomes very very simple because the moment they are on drugs they can feel an intimacy that they might not dare when they are not on drugs …and that is what chems is all about for me."*[cxxxiii]

Last, but not least, chemsex was an alternative way to socialize and an easier way to get sex. Martin (39) accounted for the benefits: *"When you have reached a certain age you don't want to hang around a disco club and so it has become a new way of socializing with people. To meet at these sex sessions. It is also fun and not so hectic and you don't have to compete in the same way with the other young people at the disco and things like that. So therefore, it can become a substitute*

for going out…Now we want something cozy instead and we don't have to spend a whole night to pick up one guy. This is more hardcore and direct."[xxxxiv]

SUMMARY

* Physical motivations included facilitating sexual drive, longevity and overcoming physical challenges
* Mental motivations included sexual freedom, avoiding loneliness, living out sexual fantasies, escaping reality, giving self-confidence and being HIV-positive
* Social motivations included popularity in certain sex communities, increasing sexual intimacy and connection and an alternative way to socialize
* Motivational accounts were mainly justifications related to benefit and self-fulfillment
* Drugs are indicated to help one participant "become" who he is expected to be and it helps another to disassociate from the chemsex user role/identity

4.3 Risk Assessments in Relation to Chemsex

As described in the chapter "Study design & method" all the participants in this study were HIV-positive and three were infected during chemsex. Thus, it seems plausible that chemsex is a driver of sexually risky behavior and of HIV-infection among MSM in Denmark. It is, however, vital for the understanding of the chemsex phenomenon, to examine the risk assessments these men make in relation to chemsex.

4.3.1 Sexually risky behavior and transmission of HIV, Hep C and STI

Risky sexual behavior is commonly defined as behavior that increases one's risk of contracting sexually transmitted infections. It includes having multiple sexual partners, having sex while under the influence of drugs, and unprotected sexual behavior[cxxxv]. Following this definition chemsex is risky sexual behavior because it entails all the above stated characteristics. Unprotected anal intercourse was said to be the norm both for HIV-positive and HIV-negative gay men according to all the participants of the study[cxxxvi]. However, it was not only the case for chemsex.

Daniel (22) accounted for his own unsafe sex by appealing to normality: *"(Sex) without condom is definitely huge in Copenhagen also among people who don't engage in chemsex. Many people have unprotected sex. I will dare to say it is more the rule than the exception. Which is why I also did it in the fall (prior to getting HIV-infected)."*[cxxxvii]

Daniel's story is in many ways illustrative regarding the risks of chemsex and the different ways in which an interview or conversation both can be a way of coming to terms with one's situation in life, as well as presenting the preferred version(s). As Järvinen underlines "*there is no such thing as "life itself" only recalling and reconstruction, reproaches and resolution*"(Järvinen, 2001)[cxxxviii].

Daniel is a 22-year-old student in business administration. Until last year, he had never taken drugs before. *"First time I took drugs, I had seen my ex-boyfriend and was really sad and I met this guy who was sweet and I knew a little beforehand…and we go to a place where there is some gang-bang and some drugs. I have no idea what it is, but he offers it. And I am just a bit like okay whatever. So, I smoked T, got really high and horny and also got G and then there was gang-bang sex."…* "*The worst thing was that I asked him before we did anything, whether he was okay (HIV-negative) and he insisted that he was. I was just stupid enough not to put it on (the condom). I thought, I think I thought that nothing would happen. I mean it is one time I have unprotected sex. Or where I am passive, because usually I have been active. And with him I was passive and of course it was that one time it went wrong".*[cxxxix]*… "Chems were an important part of it for me, because it was the first time I could relax and be passive and if I had not been given them, then he probably would not have been allowed to enter me."*[cxl]

Throughout the interview, he shifts accounts of the event from defeasibility (not knowing what he took or being misinformed about HIV-status), to mitigating circumstances (that it was the fault of the guy who invited him), to sad tale (that he accepted the invitation because he was sad about his ex-boyfriend), to an appeal to accidents (that it was just this one time that he did it) and to drug use (that the chems were to blame). It is evident that accounts presuppose that "*individuals socially negotiate the meaning of events and can change them by reconfiguring their underlying meaning"*(Järvinen, 2001)[cxli]. Although I was there as a listener and occasionally co-creator of the data-material, it was clear to me that Daniel negotiated the meaning of (and tried to come to terms with) the events leading him to being infected with HIV and part of this was a variety of accounts.

The men who participated in this study were all HIV-infected and used to disclosing their status openly in chemsex settings. Their main worry was Hep C, which was openly discussed at parties (status). They all saw Hep C as an increasing risk in Copenhagen. Rasmus (40) who was HIV-infected said: *"So now one has become HIV-infected okay. Breath and then you can move on and you don't have to worry about that. But then comes Hep C, which is the new thing we go around fearing. A lot…. These days I am very conscious about using my own straw when I sniff with friends or fuck buddies or whoever. That we don't use the same (straw). I am very very conscious about it. More conscious about using my own straw than about having protected sex."*[cxlii]

Henrik (44), who worked in healthcare, stressed that Hep C was exploding in Copenhagen and when asked

why this was happening, he appealed to drug use: *"First of all there is a lot of bare back sex in Copenhagen now and a lot of drugs. This means that the indifference is huge. You share your tools because you don't care at all when you are high and mighty."*[xliii] Henrik himself was very careful though and had never had Hep C. Four out of the seven participants had had Hep C.

Lars (56), however, was very detailed in his description of the precautions he took: *"It's alcohol for the hands. You should be aware that Hep C is a virus that sits everywhere. That's also why I stress washing off dildos with hand sanitizer …there are also some people into fisting etc. for that, you need gloves. They have to be long."*[xliv]

It is also worth underlining that the participants in this study actually did use condoms occasionally even though they were all well treated (HIV-neutral) and HIV transmission was not a possibility. Condoms were used either because a sex partner insisted on it or because they themselves worried about Hep C. None of them were really concerned about STI's except in relation to bringing it home to one's partner and that it was a minor irritation. They all had regular check-ups.

That all being said, there was no doubt that they considered chemsex risky behaviour, the sex extreme, careless and sometimes dirty, active turning to be passive (and thereby increasing the risk of HIV, Hep C and STIs) and pos-sex a phenomenon which was not seldom.

Thomas (45) accounted for risky and careless sexual behaviour and for getting HIV-infected by appealing to drug addiction: *"There is a big over-weight of HIV-positive. And I think those who are a bit curious and come up and say, "I would like to try". They might have the attitude that they have safe sex when they come, but when they start taking the drugs, a lot of those ideas go down the drain. I mean I am not into piss or fisting or beat me sex, but I become into it when I take drugs because all the barriers disappear. Not just that, but also fuck me fuck me fuck me (i.e. even if you are normally active you turn passive)… What happened to the rubber? "But are you okay? You are not sick or anything, right? No, no no great then continue"…pos-sex you don't even think about it. It's just like "Yes yes it's fine, just come, come! It's really like that…and then it's only really afterwards that you think "God that was probably not a very good idea", but then it's too late. It becomes careless sex. It becomes extreme sex, where if you were not HIV-positive you would not be so extreme in your sexuality, because it is very dirty and with sperm up the ass. I know this from the times where I didn't do it (use drugs) where I was careful at least and said you have to put something on. But that went up in smoke and I was infected with HIV because I took drugs."*[xlv]

Risk assessments were conducted, however, when done under the influence of drugs like crystal meth, safety was impaired. Therefore, it had become customary in some close-nit chemsex groups to always have one or

two men who did not participate, but instead controlled that everything was okay with everyone else. Jakob (47) was speaking about his regular group of 10 who met a few times a year: *"so they were watchers and keep an eye on each other and see if anyone feels bad or need help or say, "hey we need a break now". Because what Tina does is that you lose any power of judgement and that is frightening."*[cxlvi] Thus, accountability is otherwise posited with the drug itself.

Sexually risky chemsex behaviors for HIV-infected men relates therefore primarily to Hep C infection, STI and adherence to HIV therapy. Accounting for risky behavior/events is evidently a way in which the participants socially negotiate the meaning of these and try to change them by reconfiguring their underlying meaning. In the following section, I will examine how the use of drugs affect adherence to therapy.

4.3.2 HIV treatment and adherence to therapy

The participants of this study all took HIV-medicine. They unanimously stressed that they took it rigidly and usually at the same time. All except Martin. When asked whether he always remembers to take his medicine, Martin (39) used the justification "denial of injury", by saying nothing happens when you forget taking the medicine a few days: *"Not always. We are two people helping each other to remember it, but it has happened sometimes that we didn't take it for two days, but that's also because we know that it accumulates in the body. That it is in the body and nothing major is going to happen from it (forgetting it). But of course, we take it within reasonable time. Yes, it happens that we simply forget it."*[cxlvii]

It had also become customary to remind each other at chemsex parties to take HIV-medicine which people bring with them. However, most participants were familiar with people in the chemsex environment who forgot to take their medicine many days in a row or no longer took it altogether. This was considered very problematic both in terms of the potential development of drug resistance, but also due to the potential risk of infecting HIV-negative chemsex users with HIV under the pretext of being HIV-neutral (well treated). Thomas (45) who had been the longest time in the chemsex space of the all the participants said: *"I know people who do not take their pills anymore or the HIV medicine because they forget. When did I take it last time? Because reality becomes very distant when you are fucking three days in a row… The system is that you take one pill every day when you are HIV-positive. I know a lot of people who have no control of this whatsoever and then 4-5 days have passed and then it's too late. The pill doesn't help anymore. What are you going to do then? So, we are looking at developing some kind of AIDS condition again, right?! Where everyone is running around and getting AIDS because the pill doesn't work on anyone because some fail to take it."*[cxlviii]

This leads us on to the risk assessments in relation to selection of chemsex partners.

4.3.3 Selection of chemsex partners

Risk assessment in relation to selection of chemsex partners was mainly a question about HIV and Hep C status. HIV-status was something, which was frequently discussed both in the selection process of a partner online, and various issues related to it such as medicine was discussed at parties. It was common for HIV-positive chemsex users to prefer a partner who was HIV-positive. This was due to several reasons. First, chemsex very often entailed unprotected anal intercourse and with HIV-positive partners, condoms were usually not a prerequisite. Rasmus (40) said: *"They are more open and personally I can say that if I were to have a gang-bang with six other guys and we all the time had to change rubber, it's just not as sexy."*[cxlix]

Second, although well-treated HIV was considered "HIV-neutral" some men still conveyed feeling uneasy about having sex with HIV-negative men and the risk of infecting them.

"It works out better (if they are HIV-positive) because I feel responsible for taking care of people who are not HIV-infected and I can have unprotected sex, but things like sperm in the ass. That doesn't really work for me." (Lars, 56)[cl]. Although Lars doesn't account for his sexual preferences, he is still negotiating a caring and precautious identity.

Third, despite good information campaigns in Denmark both stigma and ignorance still existed in relation to HIV and some HIV-negative men were said to be worried about having sex with HIV-positive men and thus a lot of explaining was needed before having sex. The fact that many questions were asked also means that HIV-negative men were trying to make risk assessments in relation to chemsex. Nevertheless, it was easier for HIV-infected men to have sex with men of similar status.

"It makes a lot of things easier in relation to not having to. Ahhh that HIV fright which is embedded in some people who don't have it. You don't have to act soothing and I just don't feel like giving HIV counselling when I am about to have sex." (Henrik, 44)[cli]

Fourth, there was a risk assessment in relation to drugs when choosing a partner. The participants all underlined the importance of not being the ones coaxing drugs onto others and thus some would give detailed instructions about the potential risks to new unexperienced partners or would not select a chemsex

partner who had no experience using the drug they used. Nevertheless, it was also evident that in the chemsex space some men were specifically selecting partners who were inexperienced with drugs.

Martin using a social comparison underlined that he is not the type of person who coaxes drugs onto others: *"We have a rule that people who haven't tried crystal meth before. We don't want to give them first time…There are unfortunately many who try to convince others to take it…The kick is in trying it on someone who hasn't tried it before."*[xlii] (Martin, 39)

This brings us on to the choice of drugs and modes of delivery.

4.3.4 Choice of drugs and modes of delivery

Risk assessments affected both the choice of drugs and modes of delivery very much for the participants of this study. Polydrug use was common – namely the use of crystal meth and GHB together. Others used only one drug (M or 3-MMC). Each participant in this study had his own favorite drug(s) that he always used (see Appendix 7: "Participant information table"). Although different drugs were used, the effects were very similar and varied only in intensity and duration. "Table of drugs" has a description of the modes of delivery, effects and side effects.

GHB was deselected by several of the participants because it was too difficult to control the dose and thus too risky. In addition, those who did use GHB would usually take it as a booty bump to avoid the nausea caused by drinking it.

3-MMC and Mephedrone were chosen by two participants because both were a lot cheaper and perceived to be a lot less addictive than crystal meth and provided a similar (although not as strong) sexual stimulation. The preferred mode of delivery was booty bump because it was considered the least harmful. Jacob (47) accounted for his use of booty bump by comparing it with other modes of delivery (but leaving out any side effect of his own preferred mode of delivery): *"There are three effects. If you slam you get 99% effect from the drug. You strain your liver and kidneys max. You smoke it – you get 60% of the dope. Ruin your teeth etc. And then you can booty slam it. There you get approximately 80-85% of the dope. It's not only crystal meth. It's all drugs."*[xliii]

Jacob, who had tried injecting crystal meth, furthermore justified his use of Miaw Miaw by comparing it to crystal meth (or denial of injury), which he perceived as being much more addictive: *"It was the coolest coolest coolest experience of my entire life. But it was so great that I definitely don't want to try again. I'd rather take it slow. Tina is*

highly addictive right. Both because of the chemical structure, no, so I will not gamble with it. I use the milder form of Tina sometimes. Miaw-Miaw"[xliv]

Rasmus (40) also justified using GHB, smoking weed etc. by "denial of injury" which seeks to break the link between an act and its consequences (Matza & Sykes, 1955)[clv]. He furthermore made a comparison with crystal meth: *"But now I have to be careful not to make myself worse than I am, because I think I might have a problem if I have to have GHB or MDMA every time or crystal in particular. Those that I have had sex with over the last four years in Copenhagen, some of them have ended in crystal (meth addiction) now and smoke it every day. Yes. They are addicted now. Smoke it and slam it. Then there's just not a long way back. Something happens to them up here (Rasmus pointing to his head). Much more than what happens if you smoke a joint and you take GHB. Crystal is definitely the most hardcore drug. "*[clvi]

Some participants also suggested that the use of many different drugs was an indication of risk and not being able to control drug use**.** Martin emphasized that his drug use was more controlled than others (social comparison) because he used two rather than five drugs at one time: "*As long as they can control it. I mean that they don't mix five six different. We do it this way. We take only two, my boyfriend takes three. He also takes mephedrone. But that thing about mixing all kinds… To me that's too much."*[xlvii]

Crystal meth was the most used stimulant for chemsex though and six out of the seven participants had tried it. Of the six, four had tried slamming it and except for Thomas who was in rehab, they all felt it was way too strong and that they couldn't control it. Thus, two of the men smoked it instead, because booty bump was also considered too strong. As Lars (56) said, *"I would like to have a switch on-off button"*[xlviii] (by smoking and not using booty bump). Additionally, slamming was considered socially unacceptable and a stigma was applied to this mode of drug delivery.[clix]

Daniel (22) attempted to control his risk of becoming addicted by purposely not learning to administer crystal meth. He said: *"Another practical issue is also that I don't know how to take them myself. It's not something I would just do. Just take them myself, I would need to have someone show me how. Yes, I have seen it relatively often anyway. I could probably figure it out, but that's still a border. I don't have a pipe either. That is also one (control strategy)."*[xlx]

Knowledge (or lack of it) played a significant part in the risk assessment and choice of drugs for several of the participants. Daniel (22) accounted by appealing to defeasibility that he thought the drug he accepted was less risky because he smoked it and not sniffed or drank it: "*I didn't know what I was saying yes to, so I just did it. I think they just called it Tina and I didn't ask more about it. Good branding and then I remember that I thought "it's not so*

bad because I smoke it the". The fact that I smoked it was a better thing than if I should have sniffed it. Or drunk something or taken it in some other way. I just remember thinking that since I was smoking it, then it's probably not that bad."[clxi]

Rasmus also recalled when he was introduced to crystal meth by a friend and accounted by using both appeal to loyalties (conforming to friend's expectations)[clxii] and appeal to defeasibility (not knowing what it is he is saying "yes" to): *"He said crystals. So I said "what is it?. "It's something you smoke". So, I thought it was a kind of hash, you know, they have different names, "black samba" etc. That's what I thought it was. So, I said "No, I haven't tried that". "Well you should try". "Well I will have to try that one day" (Rasmus, 40, has smoked weed since he was 20)*[clxiii].

Having knowledge about drugs and the potential risks and informing other chemsex users was also stressed as something very important to some of the participants[clxiv]. It was also used to lessen the risk for chemsex partners by introducing them to drugs perceived as less risky. One of Henrik's sex partners was unable to control GHB and experienced passing out from it several times. Henrik (44) justified introducing his friend to 3-MMC by emphasizing it was beneficial because he perceived it to be easier to control and less risky: "*Then you think, this is not working out. Either he will die or he will exclude himself and it has worked. He is able to control it and that's really good. So, you can say I became the bad wolf who presented him to something else, but otherwise he had continued with it. He has laughed about it after and said "Yes, it's your fault". I said "It's possible, but then it could also be my fault that you didn't die at Bispebjerg hospital. You choose yourself which angle you look at it. But he has been able to control it that way."*[clxv]
He furthermore accounted using social comparison that *"If it wasn't me who had, then it was the GHB or someone else who had done it. I didn't make him do it. He wasn't blindfolded on all four and had it in the ass like I did."*[clxvi]

Risk assessments were made both related to the choice of drugs and modes of delivery, but was impaired by lack of knowledge about the chemsex drugs by some of the participants. This brings us to the risk assessments related to being a drug user or a drug addict which by the participants was considered a parameter for determining whether someone was able to control drugs or not.

4.3.5 Drug user vs. drug addict

The participants presented different assessments of what it meant to be a drug addict or a drug user[clxvii]. To all of the participants, except Thomas, handling everyday obligations such as going to work without using drugs and being able to handle longer periods (weeks) without drugs (basically using it "to spice things up") was a central parameter to determine whether someone could/should be classified as a drug user or drug

addict and risk assessments were done in relation to this[clxviii]. By comparing himself to a drug addict, Henrik (44) underlined being a drug user: *"A drug addict can't function without. A drug user can function without, but chooses to use it… it's something we choose and something we choose to stop doing, all the time. I can function without it (the drugs) and I can function on it. But an addict down on Istedgade can't function without it."*[clxix]

Other risk signs reported by some participants were increased frequency of chemsex, not being able to have sex without chems, continuous increase in the quantity of drug(s) consumed, search for sexual partners with the sole criteria of using drugs, solitary use, isolation, work stoppages, financial problems, and occurrence of medical problems.

Having a perception of being able to control drugs, affected plans for future drug use, as we shall see.

4.3.6 Future plans for chemsex engagement

Chemsex was something all the participants, except Thomas, envisioned having in the future[clxx] Simultaneously they all made risk assessments related to their engagement in chemsex.

Henrik (44, used 3-MMC 1- 4 times for every 2 months) accounted: *"I would really really like to be able to say, "It's just a phase in my life and at some point, it will be stopped" and I don't think it will…I can imagine at some point I will have to say goodbye to it. Because if chems start to control more than I control then I stop it and then it shall no longer be a part of my life because I don't want that. If I can use it as a supplement, then it's okay. In that case, I have no problem being a drug user / drug addict at parties. To me that's like smoking a joint instead of getting wasted."*[clxxi] Thereby making a social comparison that taking drugs occasionally is like drinking alcohol or smoking weed.

They all stated that as long as they perceived to be in control, they would continue engaging in chemsex, but all swore to stop if it would affect their relationship, work, health or financial situation[clxxii].

SUMMARY

* For some participants, the interview and the accounts used were means to socially negotiate the meaning of chemsex events and come to terms with their current situation

* Social comparisons were used when accounting for selection of a chemsex partner, choice of drugs and modes of delivery (comparing with other drugs and denial of injury of own drug), recommending drugs to other users and for being a drug user and not a drug addict

* Risk assessments were made in relation to Hep C transmission (and precautions taken), being on drugs ("watchers" made sure no one was harmed), adherence to HIV treatment, selection of chemsex partners (HIV-positive partners were preferred and experienced drug users in order not to coax drugs onto inexperienced users), choice of drugs and modes of delivery, and future plans for chemsex engagement (depended on risk signs for being an addict: included not being able to have sex without drugs, increase of dosage used, not being able to work, chems over sex and financial problems)
* Risk assessments were compromised under the influence of drugs and three out of seven participants had contracted HIV during chemsex, one admitted forgetting to take his HIV medicine and they all knew people not adhering to treatment
* (Lack of) knowledge (appealing to defeasibility) played a significant part in risk assessments related to drug choice and to advising sex partners to use a drug perceived to be less harmful
* All participants, except Thomas, envisioned continued engagement in chemsex and underlined the risk parameters for stopping

This leads us to examine the harms associated with chemsex.

4.4 Harms Associated with Chemsex

All the participants had a perception of the potential harms associated with chemsex[clxxiii]. Some experiences were second-hand experiences apart from one participant, who as a self-described former drug addict had experienced both mental, physical and socio-economic harms. Most harms were related to drug use and not sexual activity.

4.4.1 Mental health harms

The participants all described short-term mental harms resulting from the use of chems. Irritability, negativity, lack of energy, aggressiveness followed chemsex parties as 1-2 day "hang-overs"[clxxiv]. Long-term mental harms such as paranoia, schizophrenia, unstable behavior, anxiety, and hallucinations were also attributed to drug use related to chemsex.

Thomas (45) explained: *"I started getting schizophrenic and hallucinated a lot. I was sure there were mice suddenly. And I thought I could see them down there around my legs. It was terrible…You build a scenario in your head which is so insane and you corroborate it every time you smoke. "I have to smoke because at least then I become myself", "I am so exhausted but I better take another drag right". And it just amplifies it"*[clxxv]. His explanation is interesting because he was a recovering drug addict and analyzed all the accounts he made himself as a drug addict. Moreover, he actively sought out the process of deviance avowal, meaning he actively called himself a "drug addict" (Turner, 1972) or rather ex-drug addict as something he felt proud to be called or accentuated as positive "having made it out"[clxxvi].

He sought to separate the condition from the role. Thus, taking upon himself the role of recovering "drug-addict" but underlining repeatedly to not be out of control.

Engagement in chemsex also resulted in feelings of guilt and worrying about becoming a drug addict which was felt by all the participants. An addict being someone who could no longer function without drugs without it causing severe harm.

Daniel was notably worried about becoming an addict, but soothed his own worry by making a social comparison with people partying longer than him, thus enabling him to distance himself from the perceived harms: *"I'm really scared about losing my teeth and becoming addicted. I can see some of them who have taken it since I started. Several of them have been either in rehab or been taking a break from it. But that's also because they party for several days"*[lxxvii] (in a row. Daniel usually parties 12 hours).
In the experience of some participants, addiction often commenced as chemsex engagement but eventually a drug addiction took over and sex played a minor or no part at all. If the men still attended chemsex parties, it was for the chems, not the sex[clxxviii].

Mental harms such as losing yourself and compromising own values were evident both in the repeated stories about having sex with men they were not attracted to facilitated by drug induced horniness, but also in stories about knowing better and yet overruling knowledge to engage in chemsex[clxxix].
"I use my professionalism and professional knowledge a lot, but sometimes I tuck it far away because if I have my professional knowledge with me, I wouldn't do what I do. Because to mix that with water and put it in the ass, it is a mucous membrane exposure that gives me a dramatic increased risk of cancer. So, there are some things I simply choose to say that I do not think along those lines, because I don't want to." [clxxx](Henrik,44, biochemist who used 3-MMC).

Being self-obsessed, not caring and sexually egoistic was a trait often attributed to other MSM taking crystal meth. It materialized in them constantly looking for more or new sex partners (even while having sex), only thinking about own pleasure and getting sexually "greedy" as Lars (56) said accounting for slamming while using a social comparison to underline an identity image he does not want to have attached to him: *"I've tried slamming and I won't do it again because I was too high, I think. Not that I was not in control, but it's more about how I feel in such a social context where I think I become too greedy and, you know, over-rutted, over-horny. I think in a social context and interaction with other people, I think it appears greedy. I see myself as greedy in this context and I don't think it's a flattering way to present oneself. Other people are completely wasted, greedy and just. Fine. But that's not how I see myself."*[clxxxi]

Sexual egoism in the extreme form were stories about men not taking HIV medicine so that they could purposely infect other men with HIV, as well as using dirty needles during chemsex risking Hep C (all because it was sexually arousing when on drugs).

4.4.2 Physical health harms

Physical harms often felt were sleeplessness, cramps, impotence (because of crystal meth use which made most participants passive), damage to the nose (from snorting crystallized drugs) and lungs (from smoking) and grinding teeth. Long-term use of crystal meth was reported to cause severe weight loss or weight gain due to poor nutrition, poor dental hygiene (no money for a dentist) and bad skin with abscesses.

Two participants reported having been spiked with GHB with the intention of getting them to pass out. One suspected rape intentions (it happened in a club in Berlin) and another suspected it was to avoid having sex with him after using his drugs.

Overdosing was reported as something frequently observed by all the participants – experiencing other chemsex users taking too much (especially GHB/GBL) and passing out or being completely disoriented and needing assistance. And so was indifference to other people.

Martin accounted using a social comparison: *"There are unfortunately many who try to convince others that they should take drugs. There is this really ugly side which is indifference. One is completely careless about other people. When someone is lying down and gasping for air or fall asleep. People don't care. I think that's really really disgusting and ugly. In that matter, my boyfriend and I very much agree that sex is not that important to us. So, we can put it a bit to the side until he is laid up on a bed and picked up by an ambulance. But we cannot just be indifferent so we can put our chems and sex a bit to the side. And there are many who just. They don't care."*[lxxxii]. Using a social comparison is also a means of distinguishing yourself from others – part of the negotiation of a preferred identity/image.

As mentioned in the chapter "Sexually risky behavior and transmission of HIV, Hep C and STI", three participants were infected with HIV during chemsex. Hep C and STI were also physical harms associated with engagement in chemsex although some felt "protected" by the HIV-medicine because they had gotten fewer STIs after they started taking it.

Finally, several participants knew of someone who had committed suicide in the chemsex milieu and one participant tried to kill himself because of chemsex related drug use.

4.4.3 Socio-economic harms

An often-cited harm related to chemsex was friendship and relationship harms. The participants reported seeing couples falling apart because drugs had made them socially "handicapped" in their relationship[clxxxiii] and several of the participants described losing old friends because of chemsex[clxxxiv]. Thus, chemsex users were often left with only friends who were also engaged in chemsex.

Coaxing drugs onto other was another frequently mentioned harm. This was usually done by chemsex partners – giving drugs to others during sex without their consent, and repeated recommendations to try a certain drug under the pretext that it had no side effects or GHB presented as "poppers-like". Several participants had been persuaded to try slamming and others had been pressured to try it so frequently that it became uncomfortable and they agreed that they would try slamming one day.

Jacob (47) accounted for introducing people to drugs by making a social comparison: *"But you gotta know the codes and a 16-year-old gay doesn't. I've seen a few types where it has gone a bit wrong i.e. where they have been lured into it by people who do not have good intentions where they have been persuaded to try Crystal and without getting the right information. We are probably a special group where we watch out (for one another). We care about people who want to try it and we are honest about it. No poking wool over the eyes of people "yes have this glass of juice it's good for you". We are damn honest about it. You get this effect, should expect this withdrawal and this you shouldn't take together with blah blah blah. We almost have a power point presentation before we get started with anything."*[clxxxv] Hereby also underlining that they are not like the people who coax drugs onto others.

Illegal import of drugs, selling drugs to other people and engaging in criminal acts to finance drugs are harms evident from the stories. One participant would make regular trips abroad to buy rim cleaner (GBL) and drive home across the border with it in a jerry and sell it onwards[clxxxvi]. GHB was often sold diluted to make a bigger profit, but this was at the health risk of regular users.[clxxxvii]

Stealing drugs from other men engaged in chemsex at parties was not unusual either: *"Someone has to finance this. And they do it different ways. It can be by selling yourself. It can also be by trying to sell. That's also a thing that I've noticed. It's this complete lack of morality that people can show. The thing about stealing a little from each other. It's very common... I can also admit that I have also have taken a stone (meth) and I felt guilty afterwards... now I tell it bluntly, but*

for me it would just be so embarrassing to be caught. but for some, they don't care. They get caught and so they just took it, aarrhh out, so I simply throw them out."[clxxxviii] Thus, Martin (39) justified stealing drugs from others because he had also had drugs stolen from him. By using the account "social comparison" he attempted to neutralize his own behavior by indicating that the stealing was not wrong in the light of the circumstances – that the act was a retaliation of previous times when people had stolen from him. It could also be understood as "appeal to the principle of retribution" and as Matza and Sykes phrases it "*by subtle alchemy the delinquent moves himself into the position of the avenger and the victim is transformed into the wrong-doer"* (Matza & Sykes, 1955).[clxxxix]

Time loss was a result of chemsex. Many reported taking 3-4 days to recover from a weekend and calling in sick was frequently heard of in circles of friends. This led to work related problems. Several participants had experienced friends losing jobs and ending up financially wasted. Two participants had lost their jobs and gotten in financial trouble because of chemsex[cxc].

SUMMARY

* Mental harms described by the participants included irritability, negativity, lack of energy, paranoia, schizophrenia, anxiety, hallucinations, guilt, self-obsession, greed and sexual egoism.
* Physical harms described were sleeplessness, cramps, impotence, damage to the nose, weight loss or gain, bad skin, poor dental hygiene, overdosing, HIV, Hep C, STI and suicide
* Socio-economic harms were loss of friendships and relationships, coaxing drugs onto others, time loss, work and financial problems
* Social comparisons with other chemsex users were made to disassociate themselves from the mentioned harms
* It was evident that engaging in criminal acts such as importing drugs via the internet, selling drugs to others and stealing drugs were harms unaccounted for as "harms" by the participants. As were the mental harms, losing yourself and compromising own values such as having sex with men they were not attracted to due to drug induced arousal and overruling professional knowledge about risks to engage in chemsex. No risk assessments were done to mitigate these harms.

5. DISCUSSION & CONCLUSION

Accounts were frequently offered by all the participants still engaged in chemsex[cxci]. The accounts were given for several reasons. First, they were a way of negotiating the meaning of behavior and events related to chemsex; second, they were negotiations of preferred identity; and third, they were offered to convince themselves (and perhaps me) of the meaning of a certain act (Poole, Martinez, & Pogrebin, 1992). Thus,

identities are negotiable, flexible and molded according to the preferred image. For some participants, the accounts used (and the interview) were also a means to come to terms with their current situation.

Chemsex users' accounts of their chemsex engagement included both excuses and justifications. "Excusers" expressed the belief that drug use was somewhat wrong. However, they explained themselves and their acts by appealing to forces beyond their control, forces that put them in a situation where it was hard to resist taking drugs. Two types of excuses predominated: appeal to defeasibility and scapegoating. The participants using excuses utilized them to negotiate a preferable identity for themselves by viewing the behaviour related to chemsex as behavior not typical for them. This allowed them to remove themselves from described characteristics of other chemsex users, and from the acts associated with these users and thus emphasize that this did not represent their "true" self.

In contrast, justifiers' accounts indicated that they engaged in chemsex to see what everyone else was taking about and saw no compelling reason not to do so. When previously having tried many different drugs, chemsex (sex with a new kind of drug) was not seen as something to shy away from. However, the participants using justifications still attempted to negotiate a preferred identity. Through justifications, mainly appeal to benefit, they endeavored to demonstrate how their engagement in chemsex served a purpose.

While utilizing justifications and excuses present different perspectives on chemsex, all participants emphasized being in control as a central parameter for their drug use. Control was underlined to be asserted in relation to attendees (when hosting a party), selection of partners, economy (downsizing all expenses to finance drugs), not purchasing drugs (managing frequency of drug use), dosage brought to the party and dosage taken (log). Emphasizing control (or pleasure) often function as a legitimization of participants' current use according to research done by Pennay and Moore (Pennay & Moore, 2010).

Being in control, however, is in sharp contrast to the chemsex initiation accounts which suggested that the participants (with a short drug use history) hardly made any risk assessments prior to engaging in chemsex and did not convey to be in control when they started chemsex. However, for the remaining parts of the interviews they underlined being in control and motivational accounts were mainly justifications related to benefit and self-fulfillment.

Chemsex initiation accounts were governed by the justifications "knowledgeableness" for long-term drug users (two participants) and for the unexperienced drug users by excuses which appealed to forces outside

their control – namely appeal to defeasibility, saying that they did not have full knowledge of the event and its consequences and had been misinformed from intentional or innocent misrepresentation of facts by others and scapegoating accounts, saying that the act in question was the result of the behavior or attitudes of another person. Thus, they were essentially saying that they had no responsibility for the interaction that happened and no control. They approached what Matza and Sykes called a "*billiard ball*" conception of themselves as being helplessly propelled into new situations (Matza & Sykes, 1955). They write: "*By learning to view himself as more acted upon than acting, the delinquent prepares the way for deviance from the dominant normative system without the necessity of a frontal assault on the norms themselves"* (Ibid.:667)[cxcii]. Thus, it paves the way for future engagement in chemsex, but does not correspond well with the claim of being in control. Claiming to not be in control or responsible for the chemsex initiation could also be a way to not lose face or to maintain a certain image of themselves[cxciii]. Accounts serves this purpose. Thus, face-work may explain the discrepancy. So perhaps they are in control despite initially starting to have chemsex at the whit of outside forces. Another potential explanation for the emphasize on control, could be to uphold an image of living a balanced life despite the occasional chemsex engagement.

This would also correspond to research conducted by South, which shows that the ideal of all recreational drug users is to balance drug consumption and the management of their everyday life (work, education, family, friends etc.) (South, 2004). In addition, talking about chemsex could in itself be considered as a sort of "unacceptable activity disavowal". Introduced by Davis (Davis, 1961) and utilized by Sagarin (Sagarin, 1975) in his study of visibly handicapped people, he found that they *"..did not deny or try to conceal the handicap but sought to normalize relationships and to deny awkward, embarrassing, or negative aspects of social interaction."* (p.204). Thus, in a sense trying to convince me as the interviewer that the questionable act was not a burden to a regular life, that in fact it is possible to live a regular controlled life like everybody else (typically defined as being able to hold a regular job and not take drugs daily to function) and take drugs occasionally.

When talking about unusual or problematic aspects of their lives, people often try to negotiate the meaning of the events and thereby present a more suitable self in the situation. This was also evident for the participants in this study. Occasionally they wanted to signal how they were similar to people not engaged in chemsex (having a job/career, only partying 6-12 hours, picky when selecting a partner, "just" using drugs instead of alcohol), while in other settings, wanting to differentiate themselves from people not engaged in chemsex or other chemsex users. *Social comparisons*, in particular, were used to distinguish their identity and acts from the other chemsex users. Thus, the men implicitly and explicitly categorize themselves comparatively. Social comparisons were by far the most dominant account in all the interviews and a major

component in the risk assessments conducted. They were used when accounting for selection of chemsex partner, party intensity, choice of drugs and modes of delivery (comparing with other drugs and denial of injury of personally used drug), dosage taken, selling drugs, recommending drugs to other users, for being a drug user and not a drug addict. By using this account, the men attempted to shift the focus from their own act to the alleged (worse) transgressions others make. This allowed the participants to portray themselves as less of a drug user, more in control, taking less risks etc. than other MSM engaged in chemsex. These accounts, made it possible to negotiate a non-drug user identity, while portraying what was really to be understood as problematic chemsex behavior/identity (of other users). Hence, social comparisons with other men perceived as less in control were used by the participants to underline that they were in control of their drug use. As long as they knew of someone who was "worse off", they underlined that they were not at risk and in control. Control is very much defined "in relation to others". Thus, it could be classified as ***"comparative control"*** which I would describe as "control defined by comparing yourself to other people". Thus, accounting, as a linguistic strategy, enabled most of the participants to view themselves as in control of their drug use. Moreover, they used a wide variety of control rituals and practices when engaging in chemsex in an attempt to actually keep themselves safe. This might explain why they did not see themselves personally, as needing harm reduction services.

However, it is evident that there are potential severe consequences of chemsex. Nevertheless, the risk assessments made do not cover the harms accounted for. Risk assessments were typically made in relation to buying drugs on the internet without track and trace and a little at the time, slamming the first time in company of experienced users (for one participant), Hep C transmission (and precautions taken), being on drugs ("watchers" made sure no one was harmed), adherence to HIV treatment, selection of chemsex partners (HIV-positive partners were preferred and experienced drug users in order not to coax drugs onto inexperienced users), choice of drugs and modes of delivery, and future plans for chemsex engagement (depended on risk signs for being an addict: included not being able to have sex without drugs, increase of dose used, not working, chems over sex and financial problems).

The harms specifically accounted for was not being able to manage everyday life – mainly going to work without taking drugs. It was evident that engaging in illegal acts such as importing drugs via the internet, selling drugs to others and stealing drugs were harms unaccounted for as "harms" by the participants (perhaps they were not considered harms?). As were the mental harms losing yourself and compromising own values such as having sex with men they were not attracted to due to drug induced arousal, as well as overruling professional knowledge about risks to engage in chemsex. No risk assessments were made related

to these harms and no control strategies and practices done to mitigate them. Rather accounts were used to disassociate the chemsex user from the mentioned harms.

Thus, it is evident that in order to continue engaging in chemsex, the participants operate through ***"Risk bracketing",*** implicating that they concentrate on certain risks while ignoring others. This was the observed mental strategy practiced by the participants in the study. Essentially, it means that the MSM engaged in chemsex are aware of potential harms, make risk assessments according to them and set up control strategies and practices, but fail to acknowledge certain drug-focused lifestyle risks. This is in line with research from Mackenzie et. al which shows that some users do succeed in keeping a drug use-life balance and some are not able to control it and develop a drug-focused lifestyle with drug-dealing etc. (Mackenzie, Hunt, & Joelaidler, 2005; South, 2004). While focusing on the risk of becoming a drug addict defined by not being able to work, they ignore risk factors like compromising own values, importing drugs from abroad etc. My point is that contrary to some research which defines "recreational drug use" as "occasional use of certain substances in certain settings and in a controlled way" (Parker, 2005), it is possible to use drugs in a controlled way and yet develop a drug-focused lifestyle with harms that the risk management strategies do not hinder.

In conclusion, findings from this study indicate that control, underlined by social comparison, is emerging as the most important marker in their stories/accounts, but also a central part of chemsex as a social phenomenon.

My errand here is not to make the claim that all MSM engaged in chemsex make erroneous risk assessments in relation to chemsex. Rather what this study shows is that within the framework of chemsex, the MSM engaged in it, attempt to control drug use and risks as much as possible through various strategies and practices. They verbally underline being in control by using statements of *"comparative control"* – that is the use of social comparisons with other men perceived as less in control to emphasize that they themselves were in control of drug use. Nevertheless, in order to continue engaging in chemsex *"risk bracketing"* occurs – namely that they purposely pay attention to certain risks while ignoring others.

5.1 Implications for Policy and Practice

This research contributes to the existing knowledge on chemsex by focusing on how the men themselves account for chemsex, thus providing a broader picture of the chemsex phenomenon and the MSM engaged

in chemsex. It places chemsex within interactionists studies applying an accounts framework, and has thus generated new theoretical concepts to the emerging body of knowledge about chemsex. Knowing how the MSM themselves account for chemsex can potentially inform future strategies to prevent harms associated with chemsex and help educators, harm reduction practitioners, policy makers and legislators develop harm reduction interventions, which serve the needs of MSM engaged in chemsex. Harm reduction measures that are attuned to the users' own experience of risks and harms have the potential of serving their needs better (Ritter & Cameron, 2006)[cxciv].

Based on the accounts about the personal and social context of chemsex put forward by the participants, it is recommended to:

- Provide matter-of-fact non-judgmental information in folders, posters, public events, counselling and on the internet about: Safer drug use guidelines (like for alcohol consumption): Effects, modes, quantities, substitutes, consequences, precautions, emergency procedures, the road to addiction (warning signs to be aware of), location of drug abuse centers that treat 3-chems[cxcv]; transmission of Hep C and HIV (easy information about access to PeP etc.), and sexual satisfaction without drugs.

- Corporate with geo-social networking apps that target gay men to provide harm reduction information and guidelines to understand what the online symbols mean (such as a snow crystal, a drop, PnP etc.) because they are unknown to a lot of young men and new users.
- Corporate with commercial gay party- and sex-on-premises venues (such as H.C. Ørstedsparken, Cozy, Bodybio and SLM) to have used needle disposal containers. Because although the venues have a no-drug policy, people use drugs on the premises and safe disposal facilities as well as information on emergency procedures for an overdose are critical.

Another important implication of the theoretical concepts generated by the study is the need to focus on "interaction" in harm reduction practice for chemsex users who wish to stop or downscale their engagement in chemsex. Evidently, personal control is assessed comparatively ("comparative control"). This has consequences for the susceptibility to existing harm reduction interventions, which are mostly information campaigns. Since control is defined comparatively, it would be recommendable that risk and harms should be prevented interactionally by using peer-education/peer-prevention as it has been done with group level interventions for stimulant users (Colonna, 2012)[cxcvi]. Chemsex is, almost by definition, a social/interactional activity and harm reduction legislators and workers need to incorporate the social element into harm

reduction strategies and interventions. Listening to peers talk about their experiences with addiction going from chemsex to drug addiction and including all the subtle risk signs, which are ignored through "risk bracketing" could potentially have a harm reducing impact on men engaged in chemsex[cxcvii].

5.2 Limitations & Strengths

The study presents some limitations inherent to the methodology used. First, the participants were not a representative sample of the gay community or maybe even MSM engaged in chemsex. Nonetheless, since the study has in no way sought a representative sample, this fact does not pose a problem. The participants were selected because of their ability to provide information (and consequent theory development) about chemsex (Horsburgh, 2003)[cxcviii]. However, accepting to be interviewed poses a bias because stories are gathered from people who wish to share their experience. All those who do not wish to talk about their drug use and engagement in chemsex are omitted. It is possible that MSM engaged in chemsex and a drug use "out of control" (no longer recreational) are less likely to sign up for these types of studies. However, the participants who participated in this study covered the whole spectrum of drug use – from recreational to serious drug addiction and thus manages to capture the nuances of chemsex.

Second, the sample on which the interview study was based was small (seven participants).[cxcix] Popay et al., however, comments on the subject of sample and generalizability, that *"the aim is to make logical generalizations to a theoretical understanding of a similar class of phenomena rather than probabilistic generalizations to a population"* (Popay, Rogers, & WIlliams, 1998). Furthermore, all the participants were HIV-positive. It would have been preferable to also include HIV-negative chemsex users in order to understand whether their accounts were different from the HIV-positive men (comments given by participants indicated that risk assessments and control strategies and practices would be)[cc]. Yet, even with more interviews, the aim was as mentioned not to collect representative data. Rather, the aim was to illustrate and examine the variety and range of accounts, risks, harms etc. associated with some aspects of chemsex and this was done on the basis of a diversity of profiles in terms of age, social background, drug use and chemsex engagement (not HIV-status). Moreover, given the fact that all existing studies on chemsex suggest that the majority of MSM engaged in chemsex are HIV-positive, the study still provides valuable insights.

The third limitation is caused by the very short timeframe of a thesis (five months to conduct the entire study) that did not allow time to send the findings to the participants for verification, which according to some qualitative researchers, is important (Gullestad, 1996). Others, such as Morse (1998), argues that verification is problematic

and inappropriate, because the researcher and the participants will, to a lesser or greater degree, have different agendas and perspectives (Morse, 1998)[cci].

The fourth limitation is that the study was conducted by one researcher and the themes identified were not cross-validated by a second researcher in order to reduce subjectivity and increase the validity of the identified themes[ccii]. Thus, nodes and themes were the invention of one person[cciii]. This is a potential "researcher bias" because I, as a researcher, select the focus and analyze the empirical data from my own presuppositions and theory choice (Skovdal & Cornish, 2015)[cciv]. Thus, any role and focus is both an opening for certain types of information, while missing out on other types (McCall and Simmons 1969)[ccv].

In line with this, is the fifth limitation (or strength) which is related to being a female interviewer and not engaged in chemsex. This increases the likelihood that I will not honor the accounts given by the participants or at least question the socially distributed knowledge of what "everyone knows" within the community because vocabularies of accounts are routinized within groups, subcultures and cultures and are often exclusive to the circle in which they are employed (Scott & Lyman, 1968)[ccvi]. The participants will also use a repertoire of accounts fit for the role they expect that I have (Ibid.:53). Hence, the "preferred" version of chemsex and the identity that goes with it is likely to be matched to the interviewer (me).

Sixth, the study does not include or analyze the macro level – namely the social, economic and cultural processes that may be central to the (understanding of the) engagement in chemsex. This first Danish academic study can unfortunately not, in the time and format given, include a broader societal analysis. Nor was this the goal[ccvii].

Finally, I must comment on the consequences of allowing one perspective to dominate thought on a social item. Chemsex, like any complex continuum of behavior, has multiple causes and is influenced by a number of social factors. Yet, existing research has been dominated by harm reduction advocates wanting to offer services to the MSM, that the users themselves see limited need for, the underlying assumption being that men engaged in chemsex must be facing problems. Although intentions have been to prevent problems from arising, it is problematic to want to solve problems of people who do not believe they have a problem. Following this line of thought, the current undertaking of examining "accounts" related to chemsex does not in any way complete the research on chemsex, but rather adds a different perspective by focusing on users own accounts, risk assessments and control strategies and practices. In this way, it can draw some tracks and set milestones for possible follow-ups to this study[ccviii].

5.3 Future Research

Future studies should aim at investigating patterns, contexts and risks over longer periods of time, attending to drug use discourses in the gay community and the ways in which these influence meanings, engagements, interactions and responses to chemsex. Additionally, as a further follow-up to this study on the accounts of chemsex users – hereunder their accounts of risks, it would be highly interesting to address why these men take risks.

Furthermore, the results of this study indicate that there are several readily identifiable accounts MSM engaged in chemsex offer for the activity. This raises an important question: Do these accounts play a direct role in the initiation and maintenance of patterns of chemsex, or are they simply post hoc rationalizations for past behavior? Future research addressing this question would be worthwhile. Moreover, it would be useful to determine whether these accounts are the creation of the individual chemsex user or whether they are learned interactionally (by talking with and listening to other chemsex users).

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7. APPENDICES

Appendix 1: Table of Accounts (Scott & Lyman, 1968)

Excuses	Modal form/techniques	Description	Examples
	Appeal to accidents (*Denial of intent)	The person didn't deliberately do something, so no-one can hold the person responsible. It was unexpected, unintentional, uncontrollable, unusual. These excuses are likely to be honored because the accident is infrequent	"It was an accident", "I didn't know you would take my remark personally", "Someone put GHB in my drink"
	Appeal to defeasibility (*Denial of volition) All actions contain will and knowledge	The person admits the action was wrong, but believes he is not at fault because he claims not to have full knowledge of the event and its consequences. Or he may have been misinformed from intentional or innocent misrepresentation of facts by others. Or social circumstances make the person do it. Will and knowledge may also be impaired due to intoxication	"I didn't know what it was", "They didn't tell me what it was"
	Appeal to biological drives (*Denial of agency)	The person admits to doing it, but excuses it with a natural and uncontrollable sexual appetite. It is applied to explanations claiming emotional forces or personality characteristics led to the use of drugs. Fatalistic force	"Men are like that", "It's part of nature. You can't change your sex drive no matter what you do", "I'm weak when it comes to drugs",

	Scapegoating (* Appeal to mitigating circumstances)	The person admits to what he has done, but he passes the blame back at someone else's behavior or attitude as the reason for what he has done.	"He pressured me to do it", "I wasn't the only one who did it"
	#Appeal to social pressure	The person admits to doing something, but attributes responsibility for it to personal, social or environmental stresses	"In the few hours I take drugs I don't have to think about my stressful life"
	#Appeal to drug use / addiction	The person admits to doing something, but accountability is posited with the drug itself	"The drugs make me act like that", "Because of my drug addiction, I treat myself really bad"
Justifications			
	Denial of injury (*Claim that the effect has been misrepresented) …… **The claim of benefit** Added by (Friedman, 1974)	The person acknowledges that he did a particular act but proclaims that it was permissible to do that act since no one (including the person doing it) was harmed by it or done for the persons own good …… The person acknowledges that he did a particular act, but proclaims that it was beneficial to him	"No harm done", "I have taken lots of drugs and I have never experienced any problems" …… "I feel that the drugs set me free", "I am able to connect better with people", "When I use the drugs I don't have pain during sex"
	Denial of the victim (*Appeal to principle of retribution)	The person takes the position that the deed was permissible because the victim deserved the injury/act	"He got what he deserved"

	Condemnation of the condemners (*Social comparison)	The person admits performing a bad act but asserts its irrelevancy because others commit these and worse acts, and these others are either not punished, not condemned, not caught, unnoticed, or even praised. Discrediting the accusers	"Other people get away with it", "The others take a lot more drugs than me"
	Appeal to loyalties (*Appeal to higher authority)	The person asserts that his action was permissible or even right because it served the interests of another to whom he is obligated, loyal to or loves. Also, to conform with friends' expectations. It supersedes the consequences	"My boss ordered me to do it", "I take drugs at parties because it is expected"
	Sad tales	A selected (often distorted) arrangement of facts that highlight a miserable past/unfortunate circumstances, and thus "explain" the person's present situation/state	"I grew up with parents drinking and that influenced me to drink"
	Self-fulfillment	The person uses the notion that he did what he did because he had to be true to himself.	"I did it because it felt right", "it sets me free sexually using drugs"
	BIRGing: Basking in the reflected glory of related others	The person uses as a justification for his act, that e.g. several famous people etc. are doing the same act	"We always have a few ambassadors and politicians at the parties"
	#Appeal to normality	The person uses as a justification for his act, that the practice is found in all known cultures or common in his social context	"Everybody is taking drugs in the gay community", "people have

			taken drugs in all centuries"
	#Self-sustenance	The person uses as a justification for his act, that he must do it to cope with uncomfortable situations	"To get through the day"
	#Knowledgeablene ss	The person uses as a justification for his act, that he wanted to find out what it was like, try what everyone else is trying	"I just wanted to try what it was everyone was talking about"
	#Rebelliousness	The person uses as a justification for his act, that he wanted to defy the people/ law that said they should not do it	"My parents always told me not to use drugs, and so I wanted to try"
	#Philosophizing	Here responsibility might be accepted and wrongdoing denied depending on the experience	"I wanted to try to go beyond my control to gain control"

* Adapted from (Cupach & Metts, 1994)

Adapted from (Weinstein, 1980)

	The claim of hurt, personal discomfort (own modal form)	The person takes the position that the deed was permissible because otherwise he would himself get hurt or feel personal discomfort	"I don't want to invite people to the party who doesn't take drugs because it makes me feel uncomfortable",

Appendix 2: Semi-Structured Interview Guide (Danish)

INTERVIEWGUIDE

Dato for interview:

Tid for interview:

Interviewer: Tina Noga Bjerno

Type af interview: Semi-Struktureret Interview

Interview sted:

Længde af interview:

Deltager:

Kommentarer omkring konteksten:

Tusind tak fordi du har lyst til at deltage i undersøgelsen. Som du ved er jeg interesseret i at undersøge Chemsex i Danmark. Jeg ved, at det er et sensitivt emne. Du må endelig ikke føle, at du skal svare på alle spørgsmål medmindre du ønsker det og du kan på ethvert tidspunkt stoppe interviewet. Alle indsamlede informationer fra interviewet vil blive behandlet fortroligt og anonymt. Intet materiale vil fremgå med dit navn eller personlige detaljer der kan identificere dig. Du vil fra start være helt anonym. Interviewet vil tage mellem 60 og 120 minutter. Din deltagelse er meget vigtig og den information du bidrager med, er med til at belyse chemsex i Danmark. Denne undersøgelse er den første af sin art i Danmark. Så igen tusind tak fordi du deltager.

Har du nogen spørgsmål før vi starter?

1. BAGGRUNDSINFORMATION

- **Hvor gammel er du?**

- **Hvor bor du?**

- **Er du født i Danmark?**

- **Hvad er din højest opnåede uddannelse?**

- **Hvad beskriver bedst din seksuelle identitet?**
  - Homoseksuel
  - Biseksuel
  - Andet_____

- **Bor du alene eller bor du sammen med nogen?**

- **Har du en fast seksuel partner på nuværende tidspunkt? (kvinde, mand, trans*)**

- **Hvor gammel var du første gang du drak alkohol?**

- **Hvor gammel var du første gang du tog stoffer og hvilke stoffer?**

- **Stoffer prøvet/brugt?**

- **Favorit stof?**

- **Har du været i stof behandling?**

2. TEST HISTORIK

Nu kommer der nogle spørgsmål om test og igen vil jeg understrege at du ikke behøver at svare hvis du ikke har lyst.

- **Har du taget en HIV test? Hvor og hvornår?**

Hvis nej, hvorfor ikke?

- **Hvad var resultatet af din sidste HIV test?**

Vil du fortælle lidt om, hvordan det skete, at du blev smittet? Pga. Chemsex?

- **Er du blevet testet for andre kønssygdomme?** (gonorré, klamydia, kondylomer, herpes, hep C). Status?

- **Er du vaccineret imod Hep B?**

- **Er du blevet behandlet med PreP. og PEP (post exposure prophylaxis)?** Kan du fortælle mig lidt om det?

Hvor hentede du PEP henne?

Hvis du kunne vælge, hvor ville så være dit foretrukne sted at hente PEP?

Hvis ikke – tror du det vil være tilgængeligt hvis du har brug for det?

3. SEKSUELLE ERFARINGER

- **Hvornår startede du med at have sex med mænd?**

- **Hvilken betydning har din seksuelle identitet?**

- **Hvilken betydning har sex i dit liv på nuværende tidspunkt?**

Kan du uddybe det?

Har det ændret sig over tid? Hvad tror du kan være grunden til det?

Hvor stor en del af din fritid bliver brugt på at have sex eller lede efter sex?

Hvor ofte har du sex?

Er nogen af disse en fast partner?

Hvor lang tid har I kendt hinanden/været sammen?

Er din partner HIV-positiv? Hvis I ikke har samme HIV-status hvordan forholder I jer til HIV-smitte?

➢ Ingen -> *Kan du fortælle mig lidt mere om det? Valg? Omstændigheder?*

• **Hvor meget tænker du på HIV eller andre kønssygdomme når du har sex?**

Er det noget der bekymre dig?

Hvis nej, hvorfor ikke? (*Behandlingsoptimisme)*

Hvordan beskytter du dig imod risikoen for HIV/for at smitte andre?

Bruger du kondom? Hvor ofte?

Spørger du om/bekender HIV status overfor dem du er sammen med? Sero-sort? Andre måder at reducere risiko?

4. HISTORISK BRUG AF STOFFER

• **Hvordan vil du beskrive dine oplevelser med stoffer da du voksede op?**

Alder, hvor, hvorfor? God/dårlig oplevelse?

Kan du fortælle mig om den oplevelse?

Hvordan kan det være at du besluttede dig for at tage stoffer?

Hvor meget vidste du om stoffer, da du begyndte at tage dem? Hvor fra?

Hvilke stoffer har du taget i tidens løb? (...receptpligtig medicin, viagra, poppers, hash,)

• **Hvilke stoffer har du brugt mest?** (*meth, mephedrone, GHB/GHL, heroin, ketamin, LSD, kokain, ecstasy, amphetamin, viagra, poppers..*)

Hvor længe har du taget de stoffer?

Har det ændret sig over tid?

Hvor ofte tager du det?

Hvordan tager du det (og har det ændret sig over tid?)

Under hvilke omstændigheder tager du dem?

Tager du nogen af stofferne sammen?

• **Prøv at beskrive hvad stofferne gør for dig?**

Hvilken effekt har de på dig?

Er det nogen gange nødvendigt/ en fordel at være påvirket? Hvis ja, i hvilke sammenhænge?

Har du en konkret erfaring du har lyst til at dele med mig?

• **Synes du, at du har kontrol over brugen af (dine) stoffer/Hvordan håndtere du dem?**

Korrekt dosering og timing? Hvordan har du lært det?

Bruger de rigtige kombinationer/mix af stoffer

Sikker kanyle/intravenøse praksis (hvis det er relevant)

- **Har du nogensinde brugt stoffer med kanyle (intravenøst, "slammet")?**

Hvis ja, hvilke, hvor henne og i hvilken sammenhæng/omstændigheder?

Hvordan vidste du hvordan man gjorde?

Hvor fik du udstyret fra?

Efter hvor lang tid kunne du finde ud af at bruge dem?

Hvis nej, hvorfor ikke? Hvordan kan det være at du ikke ville gøre det?

Hvad synes du om mænd der bruger stoffer med kanyle (intravenøst, "slammer")?

- **Er der nogen stoffer du ikke vil bruge/ som du undgår?**

Hvorfor? Hvorfor ikke?

Hvordan er de anderledes end de stoffer du bruger?

Kan du se dig selv bruge dem i fremtiden?

- **Betragter du dig selv som stofbruger/narkoman? (Hvordan karakterisere du dig selv i forhold til stoffer?)** Medtages for at klargøre meningstilskrivelsen omkring stofbrug…eg. Hvorfor man "slammer" og ikke "sprøjter"

Hvis ja, på hvilken måde?

Hvis nej, hvad er en narkoman/stofbruger?

- **Hvem ved at du tager stoffer?**

Hvorfor?

- **Hvis du overvejer at holde op med at tage stoffer – hvad skyldes det?**

- **Hvis du ikke længere tager stoffer – på hvilket tidspunkt og hvad skete der som gjorde at du stoppede?**

Hvilke grunde? (personer, arbejde, penge…)

Hvilke konsekvenser/indflydelse har det haft på dit liv (positive/negative)?

- **Kan du fortælle mig lidt om hvordan du mener bøsser bruger stoffer disse dage?**

Hvor normalt er brugen af stoffer i bøssemiljøet?

Hvilke stoffer er populære nu?

Hvordan har stofbruger og stofferne ændret sig over tid?

Har du mange venner der bruger stoffer?

5. CHEMSEX

Som du ved så handler undersøgelsen om MSM der bruger stoffer sammen med sex – specielt crystal methamphetamine, GHB/GBL og mephedrone.

- **Hvornår startede du med chemsex?**

  Hvordan skete det?

  Hvad fik dig til at have lyst til at prøve chemsex? Og blive ved at have det?

  Hvad vidste du/ved du om stofferne?

- **Hvordan vil du beskrive din erfaring/oplevelse med chemsex?**

  Hvem har du sex med- kendt/ukendt person?

  Hvilken slags sex har du?

  Hvor meget sex har du?

  Hvor/ i hvilke omgivelser har du sex?

  Din nydelse af sex

  Mere eller mindre intimitet

  Frigørende/ flytter grænser

Hvordan kontrollere du risikoen for HIV/kønssygdomme?

- **Hvordan beslutter du hvor og hvordan du vil bruge stoffer?**

  Synes du det er nemt at få adgang til chemsex? (hvor sker kontakten)

  Hvor ofte har du chemsex?

  Hvor deltager du i chemsex henne?

  Hvordan bliver det aftalt med en seksuel partner? I hvilket forum?

  Hvem skaffer stofferne?

  Hvordan bliver I enige om hvilke stoffer I skal bruge?

  Hvordan bliver stofferne introduceret/inkluderet I den seksuelle sammenhæng?

  Dyrker du nogensinde chemsex i grupper?

Hvilke stoffer bliver typisk brugt og hvem sørger for dem?

Hvor udbredt tror du chemsex er i LGBT-miljøet?

Har du anderledes sex til chemsex fester end sex under andre omstændigheder (de ting du gør eller den risiko du er villig til at løbe)? Hvorfor? Har du nogle konkrete erfaringer du har lyst til at dele med mig?

Påvirker stoffer brugen af kondom?

Hvilken rolle spiller chemsex for de sociale relationer i din omgangskreds?

Diskutere i sikker sex? Hvorfor/hvorfor ikke?

Sero-sorting?

- **For HIV positive mænd:**

  Tager du HIV medicin?

  Har du oplevet problemer med at tage din medicin når du tager stoffer? *Hvis ja, kan du fortælle mig noget mere om det?*

- **Hvor meget af den sex du har er på stoffer?**

  Har du sex uden stoffer og stoffer uden sex? Hvis ja, hvornår har du sidst haft sex ædru/uden stoffer?

  Hvad gør stofferne for dig? Har det ændret sig over tid?

  Hvordan har du det med det?

  Er det noget du gerne vil ændre på?

- **Er sex på stoffer anderledes end sex uden stoffer?**

  Hvis ja, hvordan?

  Hvorfor tror du det er på den måde?

  Hvis nej, hvilken betydning har stofferne så?

- **Hvem ved at du dyrker chemsex? Hvorfor?**

- **Hvad ønsker du fremadrettet i forhold til chemsex?**

  Ser du sig selv have chemsex om 10 år?

  Hvis ja, hvorfor?

  Hvis nej, hvorfor?

- **DEN SIDSTE GANG DU HAVDE CHEMSEX: Hvordan havde du det bagefter?**
  Kunne du tænke dig at have sex med den samme person/ samme sted igen?
  Vil du gerne vil have sex på de samme stoffer igen?
  Var der en risiko for at du blev udsat for HIV eller en kønssygdom eller udsatte den anden person for HIV eller en kønssygdom?

6. PROBLEMER MED STOFFER

- **Har du nogensinde oplevet problemer/haft dårlige erfaringer med at bruge stoffer?** (*fysisk helbred, venskaber, parforhold, økonomi, arbejde, psykisk helbred, afhængighed, overgreb, overdosis, fysisk skade (penis/anal skade), trusler mod din personlige sikkerhed)*
  Hvis ja: på hvilken måde? Hvordan og hvorfor tror du disse problemer er opstået? *Har du lyst til at fortæller mig om det?*
  Hvis nej: **Har du oplevet bøsse venner have problemer med stoffer?** Kan du give mig nogle eksempler på det?
  Hvis du eller venner har haft psykiske problemer som følge af stoffer - Har du/de været i kontakt med psykiatrien?

- **Har du søgt professionel hjælp/rådgivning i forhold til dit stofbrug?**
  Hvorfor/ Hvorfor ikke? *Fortæl mig lidt om det?*
  Har du kigget efter information om stofbrug på internettet?
  Hvor gik du hen?
  Hvorfor gik du derhen?
  Hvilken støtte kunne de yde?
  Hvor tilfreds var du med den støtte/hjælp de kunne give?

- **Hvilken slags tjenester vil du gerne se til rådighed til at støttepersoner der dyrker chemsex til at mindske eventuelle skader i forbindelse med deres stofbrug?**
  Hvordan ville sådan en service se ud?
  Hvilken service skulle det tilbyde?
  Skulle det være skræddersyet til bøsser?
  Hvem skal tilbyde denne service (AIDS-Fondet, Misbrugslinien etc.)

7.SIDSTE SPØRGSMÅL

Hvad motiverede dig til at komme og blive interviewet i dag/ deltage i undersøgelsen?

Har du nogen spørgsmål til mig eller mere du har lyst til at fortælle? Er der noget du synes, jeg skulle have spurgt om for at belyse emnet, som jeg ikke spurgte om? Er der noget jeg kunne have gjort anderledes?

Tusind tak for din deltagelse og tid. Vil det være okay, hvis jeg kontakter dig i forbindelse med analysen, hvis jeg har opklarende spørgsmål?

Du er selvfølgelig også altid meget velkommen til at kontakte mig. Mit nummer og e-mail står på samtykkeerklæringen.

STOFFER

- ☐ Receptpligtig medicin
- ☐ Viagra
- ☐ Poppers
- ☐ Cannabis (hash, marijuana)
- ☐ Ecstacy (E, XTC, MDMA)
- ☐ Amphetamin (speed)
- ☐ Crystal methamphetamine (crystal, meth, Tina)
- ☐ Heroin (fentanyl, poppy straw, kompot)
- ☐ Crack kokain
- ☐ Kokain
- ☐ LSD (acid, syre)
- ☐ Ketamin (special K)
- ☐ Mephedrone (4-MMC, meow, methylone, bubbles)
- ☐ GHB (liquid ecstasy)
- ☐ GBL (liquid ecstacy)

Appendix 2b: Semi-Structured Interviewguide (English)

INTERVIEWGUIDE

Date of interview:

Time of interview:

Interviewer: Tina Noga Bjerno

Type of interview: In-depth Semi-Structured Interview

Interview location:

Length of interview:

Participant:

Comments about the context:

Thank you so much for wanting to participate in the study. As you know, I am interested in examining Chemsex in Denmark. I know that this is a sensitive topic. Please don't feel obligated to answer all the questions and you can stop the interview at any time. All information collected from the interview will be treated confidentially and anonymously. No material will appear with your name or personal details that can identify you. You will be completely anonymous. Your participation is very important and the information you contribute with helps to illuminate chemsex in Denmark. This study is the first of its kind in Denmark. So again, thank you so much for your participation.

Do you have any questions before we start?

1. BACKGROUND INFORMATION

• How old are you?

• Where do you live?

• Were you born in Denmark?

• What is your highest level of education?

• What best describes your sexual identity?

o Gay

o Bisexual

o Andet_____

• Do you live alone or do you live with someone?

• Do you have a steady sexual partner at present? (Woman, man, trans *)

• How old were you the first time you drank alcohol?

• How old were you when you first took drugs and what drugs?

• Drugs tried / used?

• Favorite drug(s)?

• Have you been in drug treatment?

2. TESTING

Now comes some questions about the tests and again I want to emphasize that you do not have to answer if you don't want to.

• **Have you taken an HIV test? Where and when?**

If not, why not?

• **What was the result of your last HIV test?**

Do you want to tell a little about how it happened that you got infected? Due to Chemsex?

• **Have you been tested for other STDs?** (Gonorrhea, chlamydia, genital warts, herpes, HEP C). Status?

• **Are you vaccinated against Hep B?**

• **Have you been treated with PrEP and PEP (post exposure prophylaxis)?** Can you tell me a little about it?

From where did you get PEP?

If you could choose, where would be your preferred place to get PEP?

If not - do you think it will be available if you need it?

3. SEXUAL EXPERIENCE

• **When did you start having sex with men?**

• **What significance does your sexual identity have?**

• **How important is sex in your life now?**

Can you elaborate on that?

Has it changed over time? What do you think can be the reason?

What percentage of your time is spent on having sex or looking for sex?

How often do you have sex?

Are any of these a steady partner?

How long have you known each other / been together?

Is your partner HIV-positive? If you do not have the same HIV status how do you deal with potential HIV-infection?

No -> Can you tell me a little more about it? Choice? Circumstances?

• How much do you think of HIV or other STDs when you have sex?

Does it worry you?

If not, why not? (treatment optimism)

How do protect yourself against the risk of HIV / infecting others?

Do you use condoms? How often?

Do you ask about / profess HIV status to the ones you are with? Sero-sort? Other ways to reduce risk?

4. HISTORICAL USE OF DRUGS

• How would you describe your experiences with drugs when you grew up?

Age, where, why? Good / bad experience?

Can you tell me about that experience?

How come you decided to take drugs?

How much did you know about drugs when you started taking them? Where from?

Which drugs have you taken in the course of time? (... prescription medication, Viagra, poppers, marijuana)

• What drugs have you used the most? (meth, mephedrone, GHB / GHL, heroin, ketamine, LSD, cocaine, ecstasy, amphetamine, viagra, poppers ..)

How long have you taken those drugs?

Has it changed over time?

How often do you take it?

How do you take it (and has it changed over time?)

Under what circumstances you take them?

Are you taking any of the drugs together?

• Try to describe what the drugs does for you?

What effect they have on you?

Is it sometimes necessary / beneficial to be on drugs? If yes, in what context?

Do you have a concrete experience you want to share with me?

• Do you have control over the use of (your) drugs / How do you handle them?

Correct dosage and timing? How did you learn it?

Using the right combination / mix of substances

Secure needle / injecting practices (if applicable)

• Have you ever used drugs with a needle (intravenously, "slammed")?

If yes, what, where and in what context / circumstances?

How did you know how to do it?

Where did you get the equipment from?

After how long did you figure out how to use them?

If not, why not? How come you wouldn't do it?

What do you think about men who use drugs with a needle (intravenously, "slamming")?

• Are there any drugs you will not use / that you avoid?

Why? Why not?

How are they different from the drugs you are using?

Can you see yourself using them in the future?

• Do you consider yourself as a drug user /drug addict? (How do you characterize yourself in relation to drugs?) Included in order to clarify the "meaning" / Why "slam" and not inject?

If yes, in what way?

If no, what is a drug addict / drug user?

• Who knows that you take drugs?

Why?

• If you are considering to stop taking drugs - what caused it?

• If you stopped taking drugs - at what time and what happened that made you stop?

What reasons? (People, work, money ...)

What impact / consequences has it had on your life (positive / negative)?

• Can you tell me a bit about how you think gay men use drugs these days?

How common is the use of drugs in the gay community?

What drugs are popular now?

How have drug users and drugs changed over time?

Do you have a lot of friends who use drugs?

5. CHEMSEX

As you know this study is about MSM who use drugs together with sex - especially crystal methamphetamine, GHB / GBL or mephedrone.

• When did you start chemsex?

How did it happen?

What made you want to try chemsex? And continue to have it?

What did you know/ know about drugs?

• How will you describe your experiences with chemsex?

Who you have sex with - known / unknown person

What kind of sex you have

How much sex you have

Where / in what environment you have sex

Your enjoyment of sex

More or less intimacy

Liberating / pushes boundaries

How to control the risk of HIV / STDs?

• How do you decide where and how you want to use drugs?

Is it easy to find chemsex? (Where does the contact happen?)

How often do you have chemsex?

Where you participate in chemsex?

How is it agreed upon with a sexual partner? In what forum?

Who procures the drugs?

How do you agree which drugs to use?

How are the drugs introduced / included in the sexual context?

Do you ever have chemsex in groups?

What substances are typically used and who provides them?

How widespread do you think chemsex is in the LGBT community?

Do you have different sex at chemsex parties than under other circumstances (the things you do or the risk you are willing to take)? Why? Do you have any specific experience you want to share with me?

Does drug use affect the use of condoms?

What impact does chemsex have on the social relations in your social circle?

Do you discuss in safe sex? Why / why not?

Sero-sorting?

• For HIV-positive men:

Do you take HIV medicine?

Have you experienced problems with taking your medicine when you take drugs? If yes, can you tell me more about it?

• How much of the sex you have is on drugs?

Do you have sex without drugs and drugs without sex? If yes, when did you last have sex sober / without drugs?

What does drugs do for you? Has it changed over time?

Is it something you would like to change?

• Is sex on drugs different than sex without drugs?

If so, how?

If not, what does the drug do?

• Who knows that you have chemsex? Why?

• What do you want going forward in relation to chemsex?

Do you see yourself having chemsex in 10 years?

If yes, why?

If not, why?

• The last time you had chemsex: How did you feel afterwards?

Would you like to have sex with the same person / same place again?

Do you want to have sex on the same drugs again?
Was there a risk that you were exposed to HIV or a sexual disease or exposed another person to HIV or a sexual disease?

Did you discuss safe sex? Why/why not?
Sero-sorting?

6. PROBLEMS WITH DRUGS

• **Have you ever experienced any problems / had bad experiences using drugs?** (Physical health, friendships, relationships, finances, work, mental health, addiction, abuse, overdose, physical damage (penile / anal injury), threats to your personal safety)
If so, in what way? How and why do you think these problems occurred? Do you want to tell me about it?
If no: Have you experienced gay friends have problems with drugs? Can you give me some examples?
If you or friends have had psychological problems because of drugs - Have you / have they been in contact with psychiatry?

• **Have you sought professional help / advice in relation to your drug use?**
Why / Why not? Tell me a little about it?
Have you looked for information about drug use on the internet?
Where did you go?
Why did you go there?
What support did they offer?
How satisfied were you with the support / the help they could provide?

• **What kinds of services would you like to see available to support people who have chemsex in order to reduce the harm associated with their drug use?**
What would such a service look like?
What services should it offer?
Should it be tailored to gays?
Who should offer this service (AIDS-Fondet, Abuse counselling etc.)

7. LAST QUESTION

What motivated you to come and be interviewed today / participate in the study?

Do you have any questions for me or more you want to tell? Is there anything you think I should have asked in order to understand the topic that I have not asked? Is there anything I could have done differently?

Thank you so much for your participation and time. Will it be okay if I contact you while I am doing the analysis if I have clarifying questions?

You are always welcome to contact me as well. My number and e-mail is written on the informed consent form

DRUGS

- ☐ Prescription medicine
- ☐ Viagra
- ☐ Poppers
- ☐ Cannabis (hash, marijuana)
- ☐ Ecstasy (E, XTC, MDMA)
- ☐ Amphetamin (speed)
- ☐ Crystal methamphetamine (crystal, meth, Tina)
- ☐ Heroin (fentanyl, poppy straw, kompot)
- ☐ Crack kokain
- ☐ Kokain
- ☐ LSD (acid, syre)
- ☐ Ketamin (special K)
- ☐ Mephedrone (4-MMC, meow, methylone, bubbles)
- ☐ GHB (liquid ecstasy)
- ☐ GBL (liquid ecstasy)

Appendix 3: Email Invitation to Chemsex Study (Danish)

Kære deltager i AIDS-Fondets chemsex studie

Tusind tak for din deltagelse i AIDS-Fondets spørgeskemaundersøgelse om chemsex i perioden marts til juni 2016.

Jeg skriver til dig, fordi vi på AIDS-Fondet er i gang med en mere dybdegående undersøgelse om chemsex, og ville være meget taknemmelige, hvis du har lyst til at deltage, og dele dine erfaring omkring chemsex (helt anonymt).

Undersøgelsen består af individuelle interviews med mig (kvindelig forsker) og løber fra september til november 2016. Det er den første af sin art i Danmark, da intet (udover AIDS-Fondets spørgeskema) på nuværende tidspunkt vides om karakteren eller omfanget af chemsex i Danmark.

Formålet med denne undersøgelse er, at undersøge den personlige erfaring og sociale kontekst omkring chemsex i Danmark.

Interviewet tager ca. 60-120 minutter og deltagelse er helt anonym, jeg har tavshedspligt og intet materiale vil blive gengivet med dit navn. Vi kan mødes når det passer dig og også hvor det passer dig (morgen, eftermiddag, aften, hverdag og weekend). Vi har personlige rådgivningsrum på AIDS-Fondet i KBH K (Vestergade 18, gården på 4. sal), som vi sagtens kan bruge, hvis det er okay med dig. Ellers aftaler vi bare et andet sted.

Hvis du har nogen spørgsmål - så er du hjertelig velkommen til at kontakte mig pr telefon: 60770708 eller e-mail: tina@aidsfondet.dk
Vi håber meget, at du har lyst til at deltage, da din deltagelse er afgørende for studiet. På forhånd tusind tak.

De varmeste hilsner
Tina Noga Bjerno (MPH, Københavns universitet) /AIDS-Fondet

Appendix 4: Orientation about the Chemsex Research (Danish)

DET SUNDHEDSVIDENSKABELIGE FAKULTET
KØBENHAVNS UNIVERSITET

Orientering om forskningsprojektet: "Chemsex: Sexual behaviour and drug use among Danish MSM "

2016

Mit navn er Tina Noga Bjerno. Jeg er cand.mag. i international pædagogik og udviklingsstudier og arbejder på mit afsluttende forskningsprojekt til min Master of Public Health (MPH) ved Københavns universitet. Projektet er et studie af chemsex i Danmark.

Chemsex beskriver seksualiseret stofbrug (typisk GHB/GBL, mephedrone, ketamin eller crystal methamphetamine). Brugen af stoffer i forbindelse med sex synes at være steget kraftigt i Amsterdam, London og Berlin, men der findes kun få studier fra udlandet, som undersøger fænomenet. Intet vides på nuværende tidspunkt om karakteren eller omfanget af chemsex i Danmark.

Formålet med denne undersøgelse er således, at undersøge den personlige erfaring og sociale kontekst omkring chemsex i Danmark. Det vil blive belyst vha. kvalitative interviews med danske mænd (MSM).

Jeg behandler alle oplysninger strengt fortroligt og de ting, du siger til mig bliver kun videregivet i anonymiseret form. Det vil sige, at dit navn ikke vil stå nogen steder i min afrapportering.

Du er meget velkommen til at kontakte mig, hvis du har nogen spørgsmål til undersøgelsen.

Jeg håber meget, at du har lyst til at deltage. På forhånd tusind tak.

De varmeste hilsner
Tina Noga Bjerno (MPH, Københavns universitet)

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Appendix 5: Chemsex Information Letter (Danish)

Informationsbrev

For deltagere der skal interviewes

Hvad er formålet med dette interview?

Jeg vil gerne interviewe dig, fordi vi forsøger at forstå den personlige erfaring og sociale kontekst omkring chemsex i Danmark.

Behøver jeg at deltage?

Nej. Deltagelse er helt frivillig.

Hvad sker der hvis jeg deltager?

Hvis du accepterer at blive interviewet, vil du blive spurgt omkring dine seksuelle erfaringer, samt dine erfaringer med brug af stoffer og chemsex. Du vil blive interviewet af en kvindelig forsker. Interviewet vil blive optaget. Du kan til enhver tid stoppe interviewet eller sige at du ikke ønsker at svare på et spørgsmål. Alt hvad der bliver sagt er fortroligt og intervieweren har tavshedspligt.

Hvor lang tid vil det tage?

Din deltagelse i interviewet vil tage mellem 60 og 120 minutter.

Vil min deltagelse i studiet være fortrolig?

Ja. Alle indsamlede informationer fra interviewet vil blive behandlet fortroligt og anonymt. Intet materiale vil fremgå med dit navn eller personlige detaljer der kan identificere dig. Du vil fra start være helt anonym.

Hvilken betydning har min deltagelse?

Din deltagelse er meget vigtig og den information du bidrager med, er med til at belyse chemsex i Danmark. Denne undersøgelse er den første af sin art i Danmark. Tusind tak fordi du deltager.

Tak fordi du læste dette informationsbrev. Dine synspunkter er meget vigtige for os, så vi sætter virkelig pris på din tid.

Hvis du har nogle yderligere spørgsmål er du meget velkommen til at kontakte Tina Noga Bjerno (ansvarlig for studiet)
e-mail: tina@aidsfondet.dk, telefonnummer: 60770708

Appendix 6: Chemsex Study Flyer (Danish)

CHEMSEX STUDIE

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Er Meph, Ketamin, methamfetamin eller G en del af dit liv eller noget du har prøvet flere gange sammen med sex?

Hvis ja, har du lyst til at deltage i et studie om chemsex?

Undersøgelsen består af interviews og samtalen er naturligvis strengt fortrolig og du vil være helt anonym.

Vi håber meget, at du har lyst til at deltage.

Mere information om deltagelse kan fås hos Tina.

Hav en skøn dag

De varmeste hilsner
Tina Noga, AIDS-Fondet

AIDS FONDET

Appendix 7: Participant Information Table

Pseudonym	Age	Relationship Status/living together	Profession	Work	HIV-status/ Reason: drug+ sex	Hep C status	Age started drug use	Drugs tried	Age started 3-chems	Current use of 3-chems	Sex
Rasmus	40	Single	Electrician	+	+2009/ yes	+2011-2014. Got medicine. Gone	Age 20 - weed	Coke E. speed. Crystal meth. MDMA. ketamin	35 (GHB) 40(Crystal meth)	GHB. ketamine a few times a month mix w. speed. weed	Always with weed + sometimes speed
Jacob	47	In a relationship/+	Engineer	+	+2016/no	-	Age 20- weed (3 times). Then break until 42	Miaw-miaw. amp., speed. crystal meth (1). E. GBL	42 (GBL. Miaw-Miaw. speed)	Miaw-miaw. GHB. speed once a month	Mostly clean
Henrik	44	In a relationship/ -	Bio chemist working in public health	+	+1999/no	-	40 (coke)	Coke. 3-MMC. GHB (*2)	42 (3-MCC)	3-MCC. 1-4 times for every 2 months	Mostly clean
Lars	56	In a relationship/ +	Chief MD	+	+ 1990/no	+ cleared	27 (poppers)	E. MDMA. Crystal meth. GHB. MXE. ketamin. coke. ketamin	51 (Crystal meth)	Crystal meth. GHB once a month	Mostly clean
Martin	39	In a relationship/ -	Insurance salesman	-	+ 2010/no	+ cleared	36 (crystal meth)	Crystal meth. GHB. MDMA. M	36 (Crystal meth)	Crystal meth. GHB every week	Always on 3-chems
Thomas	45	In a relationship/ -	Store manager (Fona)	+	+2010/yes	+ cleared	20 (speed). then break until 30	Everything except heroin	35 smoke crystal meth. 43 slamming crystal meth	Recovering chemsex drug addict	Always on drugs the past 15 years until rehab
Daniel	22	Single	Student in business administration	+	+2015/yes	-	21 (crystal meth)	Ketamin (1). coke (2). GHB. crystal meth	21 (crystal meth+ GHB)	Crystal meth every 10-14 days	Weekends: on drugs. week day: without drugs

Appendix 8: Picture of Interview Setting

Appendix 9: Transcription (Danish)

INTERVIEW GUIDE

Dato for interview:	15.09.16
Tid for interview:	15 – 18.20
Interviewer:	Tina Noga Bjerno
Type af interview:	In-depth Semi-Structured Interview
Interview sted:	AIDS-Fondet rum 2
Længde af interview:	03.20.11
Informant :	Henrik

Kommentar omkring kontekst: (udeladt for at sikre anonymitet)

Henrik fortæller mig om sin første erfaring med stoffer. Dette fører os videre til at tale om en række emner, herunder motivation for brug af chemsex narkotika, parforholdsregler for chemsex, hvordan man kan kontrollere stof brug og nogle af de skader der er relateret til stofbrug:

Henrik: Hvor jeg jo synes jo 3-MMC virker meget mere for mig end coken gør fordi jeg synes jeg bliver sådan mærkelig en.

Tina: ja men det var sandsynligvis en sexpartner?

Henrik: Jeg mener det var der. Der introducerede det. Jeg kan ikke huske hvordan det men jeg mener det var der den dukkede op

Tina: Men efterfølgende er det også sammen med faste partnere?

Henrik: Ja

Tina: Og hvad med kæresten, manden?

Henrik: Ikke ikke sammen med ham. vi gør det ikke. vi gør det ikke. jeg ved at han gør det med dem han men vi. jeg har valgt at sige at det er ikke noget der skal ind i den del af mit liv men det bliver parkeret derude med de her to og tre kærester

Tina: Ja

Henrik: Ja

Tina: Ja

Henrik: og det er fint. for det er også noget med at sætte nogle grænser op og prøve nu at sige hvor må den være og hvor må den ikke være. Fordi den er jo afhængigskabende på et plan. så den skal sådan kunne holdes for ikke at tage over synes jeg. og jeg ved der er nogen der har problemer med den. Sådan er det jo med alle

Tina: Ja ja

Henrik: Så

Tina: Ja og hvad med G? Hvornår blev du introduceret for det?

Henrik: Det var sådan in between på et tidspunkt hvor det så var en anden sexbuddy der introducerede det og jeg prøvede det to gange og så. det gider jeg simpelthen ikke det her. også fordi jeg sætter alt jeg sætter alt for meget pris på et rigtig godt glas rødvin eller en god drink og så dur det ikke. hvis man lige pludselig har fået et par flasker. et par glas rødvin og så render sammen med en man skal have sex med og så G. så holder det jo ikke. Det gider jeg simpelthen ikke det der. for man skal lige pludselig tænke sådan meget ud i "jamen hov jeg skal ikke have noget som helst alkohol for det kunne jo være jeg skal ha noget derhenne. nej så vil jeg hellere have min rødvin altså (Tina griner) det er også fordi jeg synes G' en jeg bliver sådan lidt svimmel på den og sådan blir addd

Tina: Ja

Henrik: Og og så har jeg oplevet folk, en af mine faste sexvenner som fik taget for meget. det gider jeg simpelthen ikke det her. fordi og ham og jeg har altid opfattet ham meget fornuftig og sådan meget kontrolleret i det han gør. også selvom han har et misbrug i den boldgade og bruger forskellige andre ting også, men lige pludselig så kunne han ikke med G´en styre den fordi han fik taget for meget for hurtigt og du ved så midt i et eller andet så skulle man være læge og køle ham ned og

Tina:(griner) Det er meget ophidsende det hele

Henrik: Der er godt nok ikke meget stiv pik tilbage vel, for lige som at sige det lige ud

Tina: Nej

Henrik: Når man sådan i halvanden time har skulle ligge og holde om og køle ned og kolde klude og appelsinjuice og den ene gang var det simpelthen så slemt at jeg måtte tage ham ud under den kolde bruser. Altså så står man der ikke, med sådan en derude (laver fagter som om han holder en). Ej hold op det er jo ikke sjovt

Tina: Nej

Henrik: Og så var han jo fit for fight da der var gået en time. så var han klar til at fortsætte så sagde jeg "det kan du godt glemme"

Tina: Ja

Henrik: Ja "jeg er pisse kold nu og jeg her ikke noget som helst lyst til at have sex lige nu. du kan godt gå hjem"

Tina: Ja

Henrik: Den gider jeg ikke at have noget med at gøre. jeg synes den er rigtig rigtig træls

Tina: Ja

Henrik: Man møder den i byen. jeg kommer meget i XXX (sex club) og det er det er til en hver gang der er en stor fest eller sådan så er der 1 eller 2 eller 3 der ender med at stå eller sidde et eller andet sted og være totalt væk og det synes jeg ikke er sjovt

Tina: Nej

Henrik: Også fordi andre sådan jo bare går forbi og er irriteret over den der idiot der står og ikke kan styre sig ellers også er der nogen af os der synes at vi jo også lige skal være der og gøre noget og det er vi jo heldigvis en del af os der så gør, men det synes jeg er sådan lidt træls at skulle bruge sin tid på når man jo i virkeligheden går i byen for at have en fest

Tina: Ja ja klart

Henrik: Ja eller går i byen for at have en sexfest eller hvad det nu er. at så skal man bruge tid på at være læge. og jeg kan ikke lade være altså selvom jeg har været på alkohol eller 3-MMC. jeg kan simpelthen ikke lade være. heldigvis jo kan man sige. Så meget mister jeg ikke mig selv. det har jeg i hvert tilfald ikke gjort endnu. så de der historier om at man skubber folk ind under sofabordet fordi de har fået for meget. Det har jeg ikke oplevet

Appendix 9b: Transcription (English)

INTERVIEWGUIDE

Date of interview:	15.09.16
Time of interview:	15 – 18.20
Moderator(s):	Tina Noga Bjerno
Type of interview:	In-depth Semi-Structured Interview
Date of transcription:	26.09.2016 - 25.10.2016
Interview location:	AIDS-Fondet room 2
Length of interview:	03.20.11
Interviewee(s):	Henrik

Comments about the context: (left out to ensure anonymity)

Henrik is telling me about his first experience with drugs. This leads us on to talking about a number of topics including motivation for the use of chemsex drugs, relationship rules for chemsex, how to control drug use and some of the harms related to drug use:

Henrik: I think 3-MMC works a lot more for me than the coke because on that I become really strange

Tina: Yes, but it was probably a sexual partner?

Henrik: I think it was there. Who introduced it. I cannot remember how but I think it was there it appeared

Tina: But since then you have used it with steady partners?

Henrik: Yes

Tina: And what about your boyfriend, the husband?

Henrik: Not with him. We do not use it together. I know he uses it with them (his boyfriends). I have chosen that this is not something that shall be included in this part of my life, but it will be parked out there with my two and three lovers

Tina: Yes

Henrik: Yes

Tina: Yes

Henrik: and that's fine. Because it's also about putting up some borders and decide where it can be and where it can't be. Because it is addictive at a certain level, so you have to keep it tight in order for it not to take over, I think. And I know that some people have problems with it. That's how it is with everyone

Tina: Yes yes

Henrik: So,

Tina: Yes, and what about G? When were you introduced to that?

Henrik: It was kind of in between. It was another sexbuddy who introduced me to it and I tried it two times. That is just not my thing. Also, because I appreciate a good glass of red wine very much or a good drink and hence it is not working. If you have suddenly drunk a few glasses of wine and then you meet up with someone to have sex and then G. It doesn't work. I am really not into that because then you have to think all the time "I really shouldn't have any alcohol because maybe I will have G later at someone's place". No seriously, I will rather have my red wine. (Tina laughs). It's also because G make me dizzy and addrgg

Tina: Yes

Henrik: And, and I have seen people, one of my regular sex buddies who took too much. I am simply not bothered with that because I have always seen him as very sensible and very controlled in the things he does, even if he has an abuse and uses several other things also. But suddenly, he couldn't control it with G because he took too much, too fast and then suddenly in the middle of everything I had to play doctor and cool him down and

Tina: (laughs) It's very arousing the whole thing

Henrik: There is definitely not much hard on left, to be quite frank (laughs)

Tina: No (smiles)

Henrik: When you have had to lie down and hold around and cool down and cold cloths and orange juice for 1,5 hours and one time it was so bad that I had to give him a cold bath. It is not standing when you are holding someone (mimics to be holding someone). It is not fun

Tina: No

Henrik: And then he was fit for fight after one hour. So, he was ready to continue, but I said, "it is not going to happen"

Tina: Yes

Henrik: Yes "I'm fucking cold now and I do not have any desire for sex right now. You can go home "

Tina: Yes

Henrik: I don't want to have anything to do with that (G). I think it is really annoying

Tina: Yes

Henrik: You run into it in the city. I see it at XXX (club name). Every time there is a big party there will be 1 or 2 or 3 people who end up standing or sitting somewhere totally gone and I don't think it's fun **Tina: No**

Henrik: Also, because other people just walk past and are annoyed by the idiot standing and not being able to control themselves or some of us thinks we have to be there and do something and luckily quite a few of us think like that, but it is a bit annoying to spend your time like that when you go out to have a party

Tina: Yes, yes definitely

Henrik: Yes, or going into town to have a sex party or whatever and then you have to act doctor. And I can't help it even if I have drunk alcohol or taken 3-MMC. I simply cannot help it. Fortunately, one can say. I don't lose myself that much. At least I haven't done so far. So those stories about pushing people under the sofa table when they have taken too much. I haven't experienced that.

Appendix 10: Declaration of Informed Consent (Danish)

DET SUNDHEDSVIDENSKABELIGE FAKULTET
KØBENHAVNS UNIVERSITET

Samtykkeerklæring

til deltagelse i forskningsprojektet:

"Chemsex: Sexual behavior and drug use among Danish MSM "

Formålet med undersøgelsen er, at undersøge den personlige erfaring og sociale kontekst omkring chemsex i Danmark.

Studiet er etableret i samarbejde med AIDS-Fondet og projektansvarlig er cand.mag.pæd, MPH Tina Noga Bjerno. Undersøgelsen løber fra maj 2016 til december 2016.

Projektet består af en kvalitativ interviewundersøgelse med mænd (MSM), der har taget stoffer før eller under sex (GHB/GBL, mephedrone, ketamin eller crystal methamphetamine) indenfor de sidste fem år. Projektet vil resultere i en rapport og muligvis en forskningsartikel med basis i interviewene.

Ved at underskrive denne erklæring, samtykker jeg til at deltage i undersøgelsen. Jeg vil blive interviewet af Tina Noga Bjerno, som også har informeret mig omkring projektet, deriblandt at hun vil skrive videnskabelige artikler på baggrund af undersøgelsen. Tina Noga Bjerno har tavshedspligt mht. de informationer, jeg giver hende, og min medvirken er anonymiseret og mit navn vil ikke stå nogen steder i afrapporteringen.

Jeg kan på ethvert givet tidspunkt trække mit samtykke tilbage.

Interviewpersonen:

--- ---
Dato Navn

Projektansvarlig:
Tina Noga Bjerno
Tlf. 60 77 07 08
MPH, Cand.mag.pæd.

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Appendix 11: NVivo Nodes

Source Name	Nodes	References
Thomas	58	195
Daniel	48	143
Rasmus	58	161
Jacob	61	172
Martin	75	280
Lars	52	148
Henrik	55	163

Node name	Source	Reference
Account accident	2	2
Account appeal to defeasibility	4	11
Account Appeal to drug addiction	3	3
Account appeal to loyalties	2	2
Account appeal to normality	2	2
Account appeal to social pressure	1	1
Account appeal to the principle of retribution	1	1
Account Benefit	5	11
Account biological drives	2	3
Account BIRGing	1	1
Account hurt, personal discomfort	3	5
Account knowledgeableness	5	7
Account normality	3	4
Account philosophizing	2	2
Account rebelliousness	1	1
Account sad tales	3	6
Account scapegoating	6	16
Account self-fulfillment	2	3
Account self-sustenance	3	5
Account Social comparison	7	55
Acquisition of drugs	7	34
Addiction	5	12
Alternative socializing age relevant	4	10
Amount of drugs taken	6	21
Chems over sex	7	27
Chemsex initiation accounts	7	31
Chemsex is a secret	4	5
Chemsex party	6	25
Choice of drugs for chemsex	5	23
Coaxing drugs onto others	6	25
Control over drugs	7	96
Coping with physical challenges	2	4
Death or suicide	3	4
Drug user or drug addict	6	31

Duration of chemsex	1	2
Engaging in criminal acts to finance drugs	2	5
Enhances sexual drive	5	7
Escape from reality	5	8
Euphoria	1	1
Exclusion due to lack of control	1	2
Experiences with care providers	4	15
Financial problems	3	5
Freedom	2	4
Friendship and relationship harms	6	13
Fun	1	2
Future plans for chemsex	7	13
Guilt of taking drugs	7	18
Harm reduction intervention services needed	5	22
Helping addict friends	5	10
Hep C transmission on drugs	5	10
HIV stigmatizing	2	3
HIV transmission on drugs	6	19
HIV treatment and adherence to therapy	6	10
Identity Role	7	29
Importance of sex	3	7
Increasing sexual intimacy and connection	2	5
Informal rules for chemsex	6	23
Information needs	5	18
Inhibitions disappear	3	3
Instigation of chemsex party	5	9
Internal control over drugs	2	3
Interview interaction	7	47
Knowledge about drugs and chemsex	4	9
Line of impression management	2	2
Live out fantasies	3	3
Loneliness	3	4
Losing yourself and compromising own values	4	11
Mental health harms	6	17
Modes of drug delivery	6	16
Motivation for engagement in chemsex	2	2
MSM chemsex user profile	4	11
Norm	1	2
Overdosing	4	13
Paying for drugs	7	19
Physical health harms	7	20
Prevalence of chemsex in Denmark	4	10
Price of drugs	5	15
Reason for participation in interview	6	14
Relationship rules for chemsex	4	9
Relationship significance for chemsex	4	16
Risk perceptions and sexually risky behavior	7	37
Selection of chemsex partners	6	27

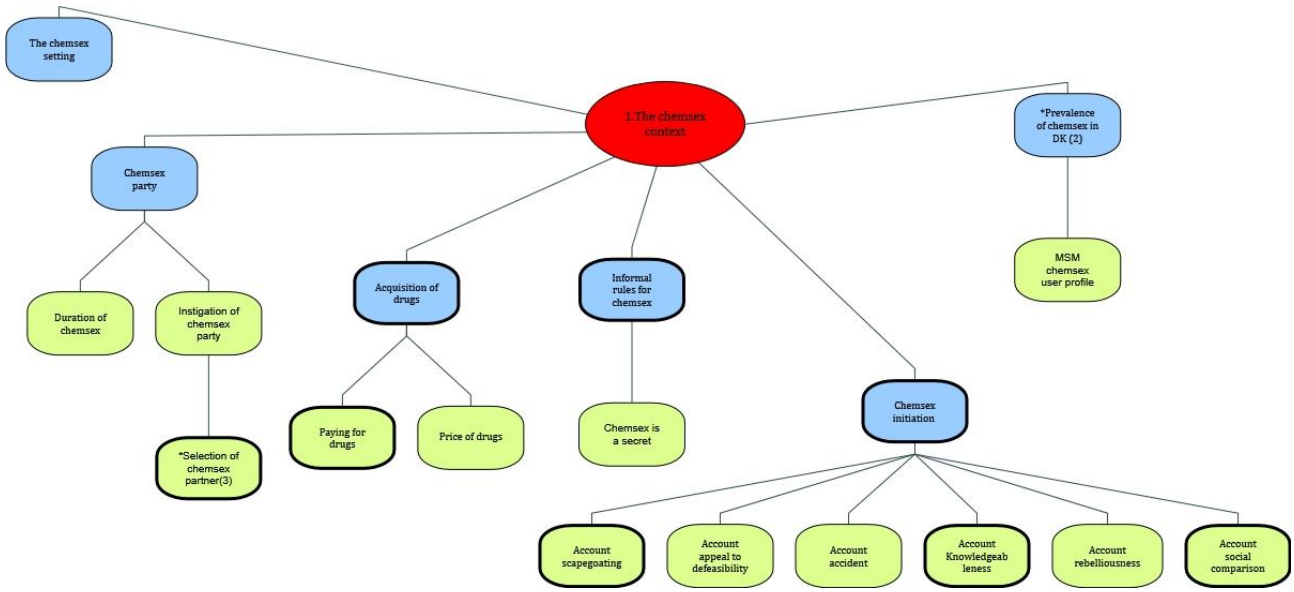
Self confidence	3	6
Self-absorbed	3	5
Separation chemsex and life	5	7
Sexual abuse	2	2
Sexual adventure	5	12
Sexual egoism	5	13
Sexual longevity of contact	1	1
STI transmission on drugs	5	7
The chemsex setting	4	7
The significance of a HIV diagnosis	7	15
Time loss	4	5
Work-related problems	5	7

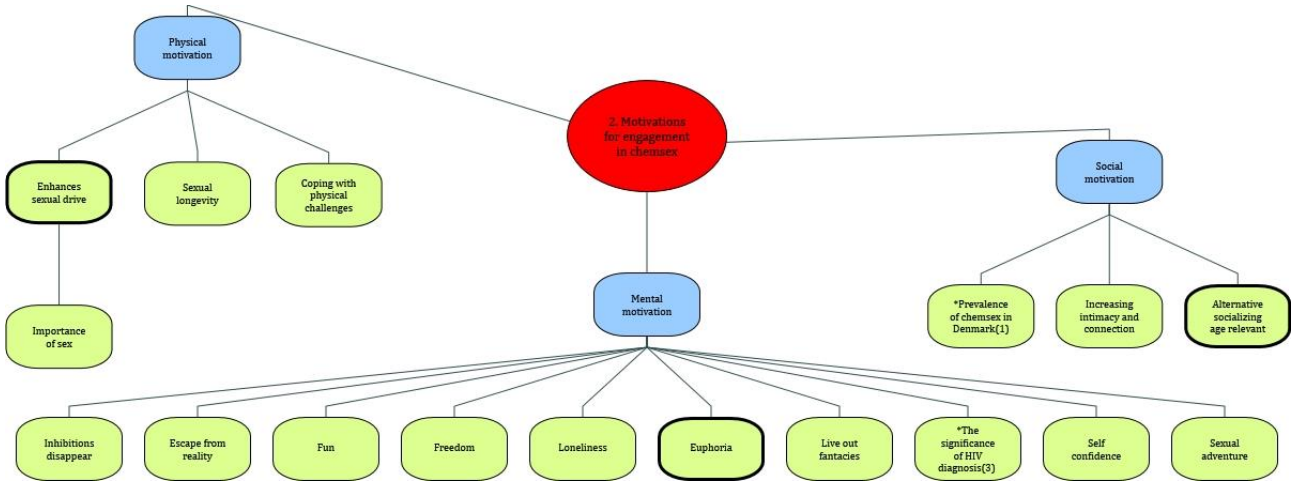
Appendix 12: Creation of Themes from Nodes

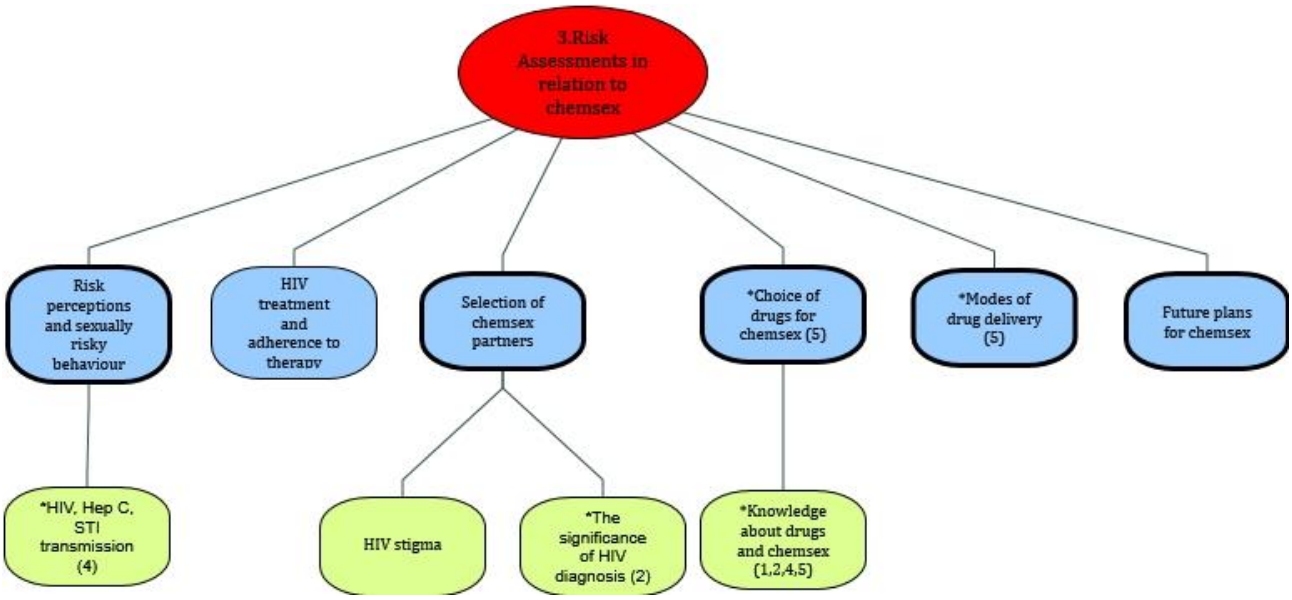
Global Themes	**Organizing themes**	**Local Themes**	**Illustrative text segments from transcripts**
The chemsex context	Chemsex party/instigation of chemsex party	Selection of chemsex partner/Account appeal to drug addiction/ Identity Role	*"Well it doesn't take that much. He can be fat. He can be thin. He can be 60 years old. He can be 20 years old. Because of the drugs. Yes, yes. I become more relaxed. Whether it is because I am that kind of person I don't know. That I am not judgmental. Because I don't hunt the six-pack and hunt for the model. But I am sure it's because of the drugs I become more".*
Motivations for engagement in chemsex	Mental motivation	Freedom / escape from reality/Guilt of taking drugs/ sexual adventure/ Account Hurt, personal discomfort/Account Benefit/ Account self-sustenance	*"When I take drugs, I am not present, I am not Rasmus. It gives me freedom. I experiment more and it also helps me hide behind something. Because I don't want to be doing this, but when I take these drugs then I do. Then I am not ashamed about it."*
Risk assessments in relation to chemsex	Risk perceptions and sexually risky behavior	Knowledge about drugs and chemsex/Information needs/ Account appeal to defeasibility	*"If I had known what Michael handed me in that pipe. If I had known that it was something really shit that I might be addicted and lose my teeth. Come on. All the terrible things that are about drugs. If I had been aware of it before. I think that I would have been able to say no. But I didn't know what I was saying yes to, so I just did it. I think they just called it Tina and I didn't ask more about it. Good branding and then I remember that I thought "it's not so bad because I smoke it the" The fact that I smoked it was a better thing than if I should have sniffed it. Or drunk something or taken it in some other way. I just remember thinking that since I*

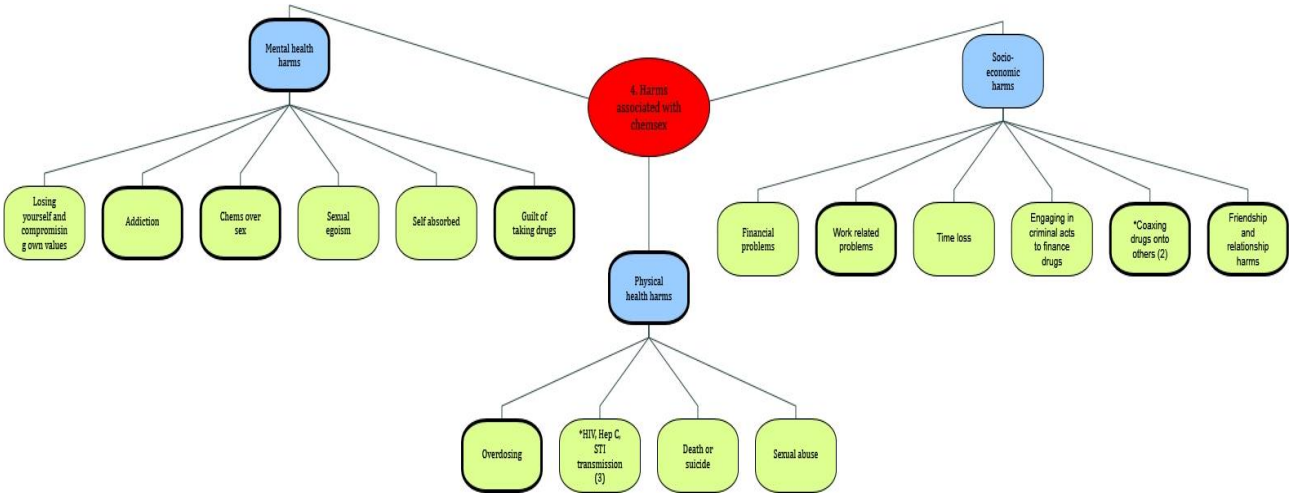
			was smoking it, then it's probably not that bad."
Harms associated with chemsex	Mental health harm	Sexual egoism/Control over drugs/ Identity Role/ Account Social comparison	*"I've tried slamming and I won't do it again because I was too high, I think. Not that I was not in control, but it's more about how I feel in such a social context where I think I become too greedy and, you know, over-rutted, over-horny. And I think in a social context and interaction with other people. There, I think it appears greedy. I see myself as greedy in this context and I don't think it's a flattering way to present oneself. Other people are completely wasted, greedy and just. Fine. But that's not how I see myself."*

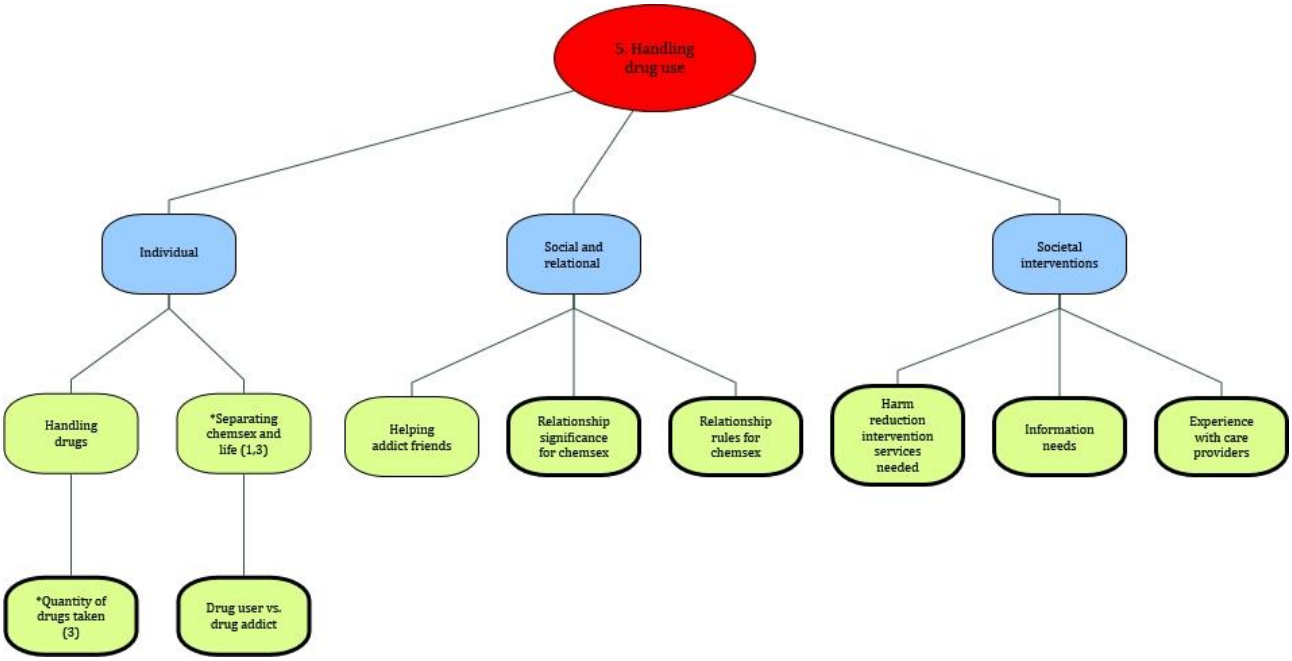
Appendix 13: Thematic Network (visual Mind Maps)



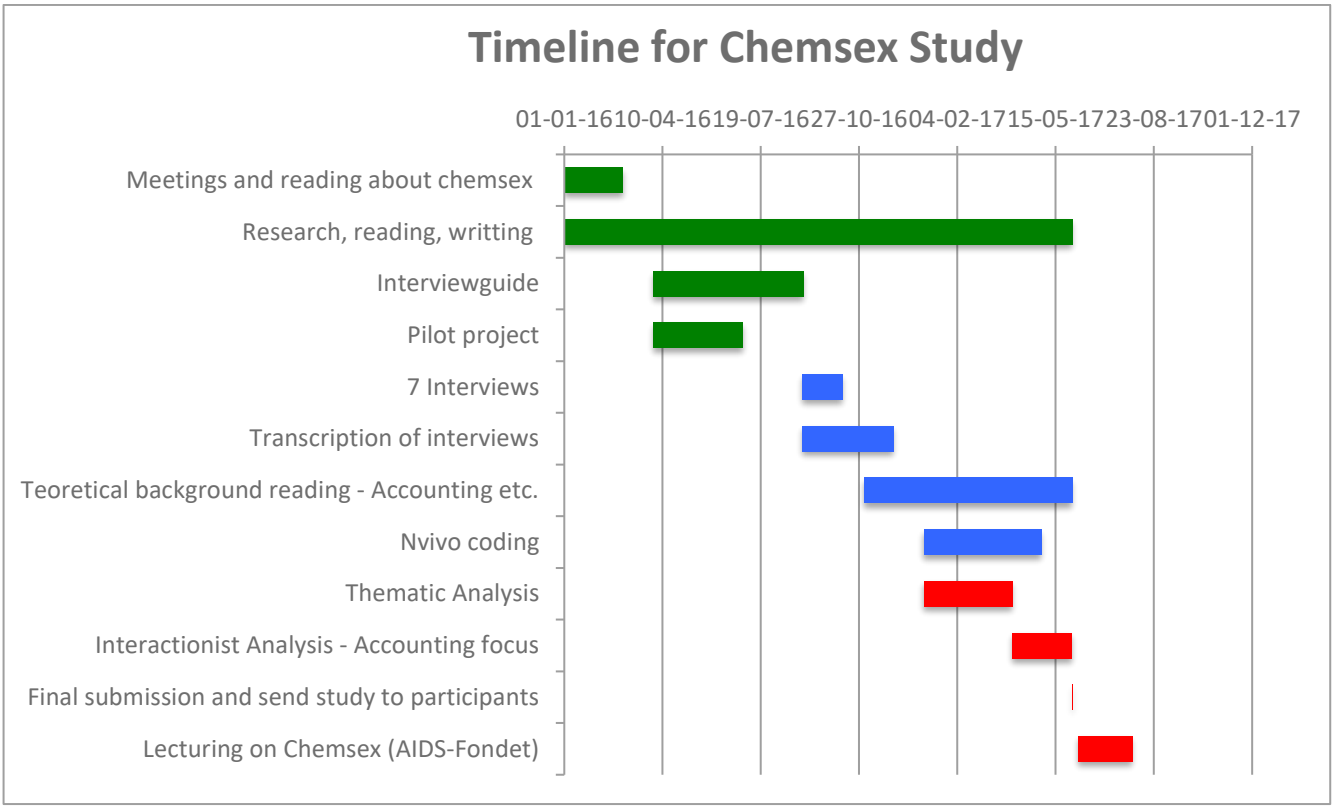



3.Risk Assessments in relation to chemsex
Risk perceptions and sexually risky behaviour
HIV treatment and adherence to therapy
Selection of chemsex partners
*Choice of drugs for chemsex (5)
*Modes of drug delivery (5)
Future plans for chemsex
*HIV, Hep C, STI transmission (4)
HIV stigma
*The significance of HIV diagnosis (2)
*Knowledge about drugs and chemsex (1,2,4,5)


Mental health harms
4. Harms associated with chemsex
Socio-economic harms
Losing yourself and compromising own values
Addiction
Chems over sex
Sexual egoism
Self absorbed
Guilt of taking drugs
Financial problems
Work related problems
Time loss
Engaging in criminal acts to finance drugs
*Coaxing drugs onto others (2)
Friendship and relationship harms
Physical health harms
Overdosing
*HIV, Hep C, STI transmission (3)
Death or suicide
Sexual abuse


5. Handling drug use
Individual
Social and relational
Societal interventions
Handling drugs
*Separating chemsex and life (1,3)
Helping addict friends
Relationship significance for chemsex
Relationship rules for chemsex
Harm reduction intervention services needed
Information needs
Experience with care providers
*Quantity of drugs taken (3)
Drug user vs. drug addict

Appendix 14: Timeline for Chemsex Study



Appendix 15: Epilogue

Originally the goal of this study was to "examine the personal and social context of chemsex in Denmark and the potential need for harm reduction services". It provided information on the context of chemsex in Denmark, but mirrored international studies by focusing on the risks associated with chemsex and the harm reduction measures to prevent these risks.

After several meticulous readings of the data material and conducting the entire thematic analysis related to the above stated goal (including mind maps as seen in Appendix 13), I realized that accounting was a core part of the entire data material (interviews) and it compelled me to apply this theoretical framework although it was with "hesitant feelings". It meant I had to critically analyze the verbal strategies (the *"how")* utilized by the participants throughout the entire data material. To analyze the *"how"* is somewhat more "undressing" to use the word of Catherine Riessman from "A thrice-told tale: new readings of an old story" than analyzing the *"what"* and it positions me as a "fully dressed" distant observer (Riessman, 2004)[ccix]. However, I felt obliged to pursue what I had discovered because no research had analyzed the users own "accounts" about chemsex. My study provided the opportunity to fill this knowledge gap because my participants used "accounting" as a verbal strategy. Thus, I decided to analyze the participants own personal accounts of their engagement in chemsex embedded in the personal and social context.

Appendix 16: Matrix Coding for all Participants and Nodes

Node	A: Daniel	B: Henrik	C: Jacob	D: Lars	E: Martin	F: Rasmus	G: Thomas
1: Account accident	1	1	0	0	0	0	0
2: Account appeal to defeasibility	8	0	0	0	1	1	1
3: Account Appeal to drug addiction	1	0	1	0	0	1	0
4: Account appeal to loyalties	0	0	1	0	0	0	1
5: Account appeal to normality	1	0	1	0	0	0	0
6: Account appeal to social pressure	0	0	0	0	0	1	0
7: Account appeal to the principle of retribution	0	0	0	0	1	0	0
8: Account Benefit	2	3	0	3	0	2	1
9: Account biological drives	1	2	0	0	0	0	0
10: Account BIRGing	0	0	0	1	0	0	0
11: Account hurt, personal discomfort	0	0	0	0	3	1	1
12: Account knowledgeableness	1	0	3	1	0	1	1
13: Account normality	1	0	2	0	1	0	0
14: Account philosophizing	0	0	1	0	1	0	0
15: Account rebelliousness	0	0	0	0	1	0	0
16: Account sad tales	1	0	0	0	1	0	4
17: Account scapegoating	2	2	4	0	3	1	4
18: Account self-fulfilment	0	0	0	0	2	0	1
19: Account self-sustenance	1	0	0	0	0	3	1
20: Account Social comparison	4	5	7	10	18	7	4
21: Acquisition of drugs	2	12	6	3	7	1	3
22: Addiction	0	2	3	2	4	0	1
23: Alternative socializing age relevant	0	1	3	4	2	0	0
24: Amount of drugs taken	0	1	2	4	8	3	3
25: Chems over sex	3	4	1	5	1	11	2
26: Chemsex initiation accounts	4	4	6	2	6	5	4
27: Chemsex is a secret	1	2	0	0	0	1	1
28: Chemsex party	0	1	5	6	7	4	2
29: Choice of drugs for chemsex	0	6	2	4	7	4	0
30: Coaxing drugs onto others	2	2	5	0	3	6	7
31: Control over drugs	11	10	13	18	18	7	19
32: Coping with physical challenges	3	0	0	1	0	0	0
33: Death or suicide	0	0	0	2	0	1	1
34: Drug user or drug addict	4	4	0	4	1	4	14
35: Duration of chemsex	0	0	0	0	2	0	0
36: Engaging in criminal acts to finance drugs	0	0	0	0	2	0	3
37: Enhances sexual drive	0	1	2	1	2	0	1

38: Escape from reality	1	0	0	1	1	3	2
39: Euphoria	0	0	1	0	0	0	0
40: Exclusion due to lack of control	0	2	0	0	0	0	0
41: Experiences with care providers	1	3	3	0	0	0	8
42: Financial problems	0	0	1	0	1	0	3
43: Freedom	0	0	0	0	2	2	0
44: Friendship and relationship harms	1	1	1	0	4	2	4
45: Fun	0	0	0	0	2	0	0
46: Future plans for chemsex	5	1	1	2	2	1	1
47: Guilt of taking drugs	5	2	2	3	2	3	1
48: Harm reduction intervention services needed	1	3	5	0	2	0	11
49: Helping addict friends	0	4	3	1	0	1	1
50: Hep C transmission on drugs	0	2	0	2	2	3	1
51: HIV stigmatizing	0	0	2	0	0	0	1
52: HIV transmission on drugs	9	3	1	0	1	2	3
53: HIV treatment and adherence to therapy	0	3	1	1	1	1	3
54: Identity Role	3	3	1	10	6	2	3
55: Importance of sex	0	0	4	1	0	2	0
56: Increasing sexual intimacy and connection	0	0	1	4	0	0	0
57: Informal rules for chemsex	1	5	4	3	9	1	0
58: Information needs	6	0	4	2	4	0	2
59: Inhibitions disappear	1	1	0	0	0	0	1
60: Instigation of chemsex party	1	0	2	1	3	2	0
61: Internal control over drugs	0	2	0	0	1	0	0
62: Interview interaction	13	2	7	1	17	4	3
63: Knowledge about drugs and chemsex	3	0	2	0	1	3	0
64: Line of impression management	0	0	0	0	1	0	1
65: Live out fantasies	0	1	0	0	1	0	1
66: Loneliness	0	0	0	0	1	2	1
67: Losing yourself and compromising own values	1	0	0	0	4	1	5
68: Mental health harms	1	3	0	2	2	3	6
69: Modes of drug delivery	0	2	3	4	5	1	1
70: Motivation for engagement in chemsex	0	0	1	0	1	0	0
71: MSM chemsex user profile	0	0	4	0	4	2	1
72: Norm	0	0	0	0	2	0	0
73: Overdosing	0	2	2	0	7	2	0
74: Paying for drugs	2	1	1	1	5	6	3
75: Physical health harms	2	3	2	4	2	2	5
76: Prevalence of chemsex in Denmark	0	4	3	0	1	2	0
77: Price of drugs	0	5	3	1	3	3	0
78: Reason for participation in interview	3	2	2	1	3	3	0
79: Relationship rules for chemsex	0	2	2	1	4	0	0

80: Relationship significance for chemsex	0	7	4	1	4	0	0
81: Risk perceptions and sexually risky behavior	3	2	14	5	4	4	5
82: Selection of chemsex partners	3	1	3	7	10	3	0
83: Self confidence	0	2	0	2	2	0	0
84: Self-absorbed	0	0	0	0	2	2	1
85: Separation chemsex and life	0	1	3	1	1	0	1
86: Sexual abuse	0	0	0	1	1	0	0
87: Sexual adventure	2	3	0	1	5	1	0
88: Sexual egoism	0	0	1	1	3	5	3
89: Sexual longevity of contact	0	0	1	0	0	0	0
90: STI transmission on drugs	1	3	1	0	1	1	0
91: The chemsex setting	1	2	0	2	0	0	2
92: The significance of a HIV diagnosis	4	1	1	1	2	4	2
93: Time loss	0	0	2	1	1	1	0
94: Work related problems	0	0	1	1	2	1	2

Appendix 17: Control over Drugs (cross reference)

Node name	Source	Reference
Account accident	2	2
Account appeal to defeasibility	4	11
Account Appeal to drug addiction (1)	3	3
Account appeal to loyalties	2	2
Account appeal to normality	2	2
Account appeal to social pressure	1	1
Account appeal to the principle of retribution	1	1
Account Benefit	5	11
Account biological drives	2	3
Account BIRGing	1	1
Account hurt, personal discomfort	3	5
Account knowledgeableness (2)	5	7
Account normality	3	4
Account philosophizing (1)	2	2
Account rebelliousness	1	1
Account sad tales	3	6
Account scapegoating (1)	6	16
Account self-fulfillment	2	3
Account self-sustenance	3	5
Account social comparison (12)	7	55
Acquisition of drugs (4)	7	34
Addiction (3)	5	12
Alternative socializing age relevant (2)	4	10
Amount of drugs taken (7)	6	21
Chems over sex (1)	7	27
Chemsex initiation accounts (3)	7	31
Chemsex is a secret	4	5
Chemsex party	6	25
Choice of drugs for chemsex (3)	5	23
Coaxing drugs onto others (2)	6	25
Control over drugs (96)	7	96
Coping with physical challenges	2	4
Death or suicide	3	4
Drug user or drug addict (16)	6	31
Duration of chemsex	1	2
Engaging in criminal acts to finance drugs	2	5
Enhances sexual drive (1)	5	7
Escape from reality	5	8
Euphoria (1)	1	1
Exclusion due to lack of control	1	2
Experiences with care providers (2)	4	15
Financial problems	3	5
Freedom	2	4
Friendship and relationship harms (1)	6	13

Fun	1	2
Future plans for chemsex (2)	7	13
Guilt of taking drugs (1)	7	18
Harm reduction intervention services needed (2)	5	22
Helping addict friends	5	10
Hep C transmission on drugs	5	10
HIV stigmatizing	2	3
HIV transmission on drugs	6	19
HIV treatment and adherence to therapy	6	10
Identity Role (2)	7	29
Importance of sex	3	7
Increasing sexual intimacy and connection	2	5
Informal rules for chemsex (3)	6	23
Information needs (1)	5	18
Inhibitions disappear	3	3
Instigation of chemsex party	5	9
Internal control over drugs	2	3
Interview interaction (5)	7	47
Knowledge about drugs and chemsex	4	9
Line of impression management (1)	2	2
Live out fantasies	3	3
Loneliness	3	4
Losing yourself and compromising own values	4	11
Mental health harms (1)	6	17
Modes of drug delivery	6	16
Motivation for engagement in chemsex	2	2
MSM chemsex user profile	4	11
Norm	1	2
Overdosing (3)	4	13
Paying for drugs (1)	7	19
Physical health harms (1)	7	20
Prevalence of chemsex in Denmark	4	10
Price of drugs	5	15
Reason for participation in interview	6	14
Relationship rules for chemsex (2)	4	9
Relationship significance for chemsex (4)	4	16
Risk perceptions and sexually risky behavior (1)	7	37
Selection of chemsex partners (2)	6	27
Self confidence	3	6
Self-absorbed	3	5
Separation chemsex and life (4)	5	7
Sexual abuse	2	2
Sexual adventure	5	12
Sexual egoism (1)	5	13
Sexual longevity of contact	1	1
STI transmission on drugs	5	7
The chemsex setting	4	7
The significance of a HIV diagnosis	7	15

Time loss	4	5
Work related problems (1)	5	7

(*Number of references related specifically to control)

8. ENDNOTES

[i] HIV/AIDS is an abbreviation of the Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV) that causes it. The concept HIV is used both for healthy carriers and people who have developed AIDS or ARC ("AIDS Related Complex" which is a condition in which a person has developed certain signs of ailment caused by HIV, but which according to the international definition is not classified as AIDS). HIV is understood to cause disease through an attack on the body's immune system and the use of certain cells of the immune system to reproduce itself. The HIV-positive person with no symptoms is thus understood to be an "asymptomatic carrier", a human being whose immune system has surrendered to the incubation of the virus, but who displays no exterior signs of infection. To be the "carrier" of a fragile virus that cannot subsist outside the body implies that the HIV-positive person must "act" in order to spread the virus. Transmission occurs through sexual relations, giving birth or breastfeeding a child and sharing a syringe, because only direct exchange of body fluids (blood, breast milk, aqua fortis, pre-semen and semen) provides the virus with the accurate pathway into another body (Aggleton, Hart, & Davies, 1995) (p.30). In nearly all writings on HIV/AIDS it is agreed that the disease was discovered in 1981 in America. The American Centre for Disease Control (CDC) found that it was a new illness that was obliterating the immune system. The affected patients were all juvenile homosexual men. To begin with the physicians thought that it was a rare cancer that merely struck gay men, and since the disease is also coupled with a frail immune system, it was suggested that it was connected with the life-style of the homosexual men. Having anal-sex and the use of amyl-/butyl nitrate (also known as "poppers") was suspected of playing a significant part. Thus, the disease was initially named the "Gay Related Immune Deficiency", but more commonly known as the "gay plague", as associated with the infected person's sexual behavior. Only towards the end of 1982 when the disease was reported among drug-users, hemophiliacs and people who had received blood transfusion, doctors started considering the existence of a transmitting agent (McCombie, 1990)(p.10-11).

[ii] I define crystal meth, mephedrone, and GHB/GBL in the table (and not all the other recreational drugs) because chemsex in this study, is defined as the use one or several of these drugs alone or in combination with other drugs immediately before or during sex. The table is composed of information from several websites: http://dk.drugfreeworld.org/drugfacts/crystalmeth.html; https://netstof.dk/leksikon/methamfetamin; https://en.wikipedia.org/wiki/Mephedrone; http://www.medicalnewstoday.com/articles/184233.php ; https://psychonautwiki.org/wiki/Mephedrone ; http://www.release.org.uk/drugs/ghb-and-gbl ; https://www.gmfa.org.uk/ghb-and-gbl ; https://psychonautwiki.org/wiki/3-MMC

[iii] Recreational drug user has been defined by Parker at the "*occasional use of certain substances in certain settings and in a controlled way*" (Parker, 2005)(p.206). Mackenzie et. Al defines recreational use of illegal drugs as being *"pleasurable and predictable without the severe health, familial and social consequences associated with drugs"* (Mackenzie, Hunt, & Joelaidler, 2005)(p. 25)

[iv] Sometimes the name "Party and play", abbreviated to "**PnP**", is used. A large number of studies have been published on "party and play" (or PnP); "party" for the use of drugs and "play" for sex. Although "party and play" is often used as an expression in the gay scene, it applies to any type of drug used during sex between people of all sexual orientations. "Chemsex" refers only to sex between MSM with the use of specific drugs (see 1.1. The Chemsex Concept).

[v] Research on recreational drug use have previously shown that use of illegal drugs does not necessarily lead to drug addiction, but can also be a controlled activity. However, seeing that crystal meth, GHB and Mephedrone are highly addictive drugs, it remains to be seen whether this will also be possible with these drugs.

[vi] Potential interventions would not only have to address the drug addiction, but also a possible addiction to sex or a sex-life that doesn't function anymore without the use of drugs, which is also highly problematic.

[vii] One of the reasons why it is defined this way, is for harm reduction purposes. In order to reduce the harmful impact of drug use, in particular crystal meth, GHB and mephedrone (3-chems), AIDS-Fondet recommends 6 weeks breaks from chemsex from time to time. If chemsex is only defined as the use of the 3-chems, users could in principle think they were taking a break from chemsex for 6 weeks while engaging in sex under the influence of all other drugs.

viii (Foureur et al., 2013:16)

[ix] The number of **research studies** related to chemsex is fast growing. At the onset of this study in January 2016, one was able to find 4 articles on PubMed related to chemsex. A year later 28 articles are available. Literature search also included CINAHL where 177 post were found (mostly articles from magazines and newspapers such as "Daily Mail", London, UK); The Cochrane Library with 8 articles on chemsex; Wiley Online Library: 13 (included poster abstracts); Elsevier: 6; Drug Wise: 4; Harm reduction Journal: 2; The Body/The Complete HIV/AIDS Resource: 51 (included Talk, conference materials etc.) and Google with 500.000 results related to chemsex (mostly private blogs, movie reviews of e.g. Vice' movie "chemsex". SveMed+ had no articles on chemsex. The large number of post on google and small number on PubMed could indicate that a lot is being said and written about chemsex, but not much research has been done yet.

The following research studies, which is not a complete list because more studies are done all the time, have focused specifically on chemsex: One peer reviewed qualitative research with 30 interviews on chemsex has been conducted in London (Adam Bourne et al., 2014), one study on the use of crystal meth and chemsex in Amsterdam based on 27 interviews (Knoops et al., 2015), one PhD study using observation and informal interviews in Barcelona (Dávila, 2016), one qualitative research on chemsex and slamming with 23 interviews in Paris (Foureur et al., 2013) and one PhD study from Hong Kong based on 30 interviews and 18 months participant observation (Hoi-leung, 2014) to shed light on the phenomenon. AIDS-Fondet in Denmark has also conducted a small internet survey on chemsex, but it has not been published.

[x] The European MSM Internet Survey (EMIS) conducted in 2010 in 38 countries with 174,209 participants also researched drug use within the past 4 weeks (using GHB/GBL, ketamine, crystal meth or mephedrone). Data from 55,446 MSM living in 44 urban cities were included and showed that city of residence was the strongest demographic predictor of chemsex-drug use. UK cities of Brighton (16.3%), Manchester (15.5%) and London (13.2%) had the highest use, followed by Amsterdam (11.2%) and Barcelona (7,9%). Of the 696 MSM from Copenhagen who participated, 2,6% had used one or several of the 4-chems in the last 4 weeks. Overall the research found that men older than 40 years had a 31% reduced odds for chemsex during the last 4 weeks. Furthermore, being HIV-positive was strongly associated with chemsex-drug use (AOR =4.96), as was having 10+ sexual partners in the previous 12 months (AOR=4.73). The odds for chemsex steadily increased with the number of sexual partners. The survey also confirmed the previous anecdotal evidence that European MSM are increasingly engaging in chemsex (Schmidt et al., 2016; The EMIS Network, 2013). EMIS data is limited, however, because it refers to drug use in general and is not specifically tied to use within sexual contexts.

[xi] In the UK chemsex drugs are crystal meth, GHB/GBL, mephedrone and, to a lesser extent, cocaine and ketamine (Adam Bourne et al., 2014) (p.8)

[xii] Research related to drug use in Denmark does not include people above the age of 44 because they are assumed to be a small group (Sundhedsstyrelsen, 2015) (p.3). However, international research and the survey conducted by AIDS-Fondet suggest that MSM engaged in chemsex are often older than 44 (Bonell et al., 2010; Bracchi et al., 2015). Worldwide, most countries do not collect data according to sexual orientation (Melendez-Torres & Bourne, 2016). This means that estimates of drug use prevalence are reliant on clinical and community surveys of MSM. Thus, it is difficult to measure prevalence of drug use among MSM due to several methodological limitations: limitations in the range of settings in which the data is collected, lack of established sampling frame and varied time periods of reporting (7 days, 1 months, 6 months, 12 months, ever, etc.)

[xiii] Polydrug use is very common (Dávila, 2016) and the mode of ingestion vary depending on the substance. Some drugs are smoked, snorted, drunk, swallowed, inserted anally or injected (Adam Bourne et al., 2014; Dávila, 2016). The 3-chems are frequently used in combination with Viagra (pill) and Kamagra. Both are medications for erectile dysfunction (Knoops et al., 2015). In the UK chemsex study most participants were uncomfortable with the idea of injecting drugs. To them it resembled addiction or a lifestyle of chaos (Adam Bourne et al., 2014). However, David Stuart from Antidote Dean street 56, a London clinic that treats MSM with drug abuse problems, underlines that "slamming" and the use of crystal methamphetamine is rising rapidly in London (Kirby & Thornber-Dunwell, 2013). According to Foureur's study of chemsex and slamming practice, the primary avenue for this mode of delivery is a sexual partner (Foureur et al., 2013).

[xiv] Research has shown a clear correlation between drug use and unprotected anal intercourse. Using data from an internet-based longitudinal survey of MSM, Melendez-Torres, Hickson, Ford et.al tested the association between drug use by participant and by partners and unprotected anal intercourse (UAI), pleasure and control over sexual activity. Overall participant substance use was significantly associated with increased odds of UAI (Melendez-Torres, Hickson, Reid, Weatherburn, & Bonell, 2015a, 2015b).

[xv] Research indicate that amphetamine use by HIV-infected men is associated with increases in viral replication and viral load (Ellis et al., 2003), but this is most likely from non-adhering to ARV treatment (Pinkham & Stone, 2015)

[xvi] STD transmission is a regular occurring event and is not perceived as serious according to existing chemsex studies (except Hepatitis C).

xvii In line with this, drugs did not seem to influence decision on unprotected anal intercourse among HIV-positive men, but it did facilitate longer sexual encounters with more men (A Bourne et al., 2015). Adam Bourne suggests that MSM engaged in chemsex can be divided into 3 groups related to chemsex: those that maintain safe sex behavior; those that engage in pre-determined unprotected anal intercourse (serosorting); and those that engage unintentionally in risk behavior while under the influence of drugs (Stuart et al., 2016).

[xviii] Several deaths as a result of GHB/GBL use in conjunction with sex have been reported in Europe (Dávila, 2016; Fieguth et al., 2009)

[xix] Characteristic for amphetamine overdose is behavior which is agitated, irrational, restless, and aggressive and may show signs of psychosis, paranoia and hypervigilance (BMJ Evidence Centre, 2011; Curtis & Guterman, 2009).

[xx] Except for sexual assault and rectal trauma, the harms and negative experiences associated with chemsex are similar to those associated with drug use.

xxi Harm reduction services typically focus on opiate users and is not geared to handle the complex needs related to polydrug use in a sexual setting. There is a lack of methamphetamine misuse treatment professionals with relevant skills and training which is a major obstacle to provide the service needed by MSM engaged in chemsex who uses crystal meth. Research efforts to develop medications to relief in the treatment of methamphetamine related disorders are at an early stage and unavailable globally (Adam Bourne & Weatherburn, 2017; Colonna, 2012; Knoops et al., 2015).

[xxii] Statens Serum Institute together with STOP AIDS have conducted six quantitative research projects (questionnaires) on sexual habits among MSM in Denmark and one qualitative research (personal interviews). These were conducted in 2000, 2001, 2002, 2006, 2009 and 2010 and the qualitative research in 2003.
xxiii In 2015, 208 people were newly-infected in Denmark. 101 were MSM. Since the 1990s the number of newly-HIV-infected MSM has been stable around 100 each year (Statens Serum Institut, 2016).
[xxiv] The estimates for drug use are likely to be over-estimates compared to all MSM in Denmark since the participants were recruited on gay social networking and dating sites and drugs per definition are associated with gay socio-sexual scenes (Axel J. Schmidta et al., 2016). However, large representative samples of MSM are practically unfeasible (Prah et al., 2016).
[xxv] Interpretative phenomenological analysis (IPA) acknowledges a debt to symbolic interactionism "*with its concern for how meanings are constructed by individuals within both a social and a personal world"* (Smith & Eatough, 2016). Thus, there is an overlap in objects of analysis. However, this study is based on (symbolic) interactionism, not IPA.
[xxvi] (Järvinen & Mik-Meyer, 2005:37)
[xxvii] For a few of the participants, their chemsex initiation account was a direct causal explanation "I started having chemsex because…" and for the other participants it was embedded in a story answering another question.
[xxviii] I have used interactionism as a theoretical framework in my previous master thesis and several academic assignments.
[xxix] For individuals engaged in socially unacceptable behaviour or activities, their most important concern is "*the protection of their identity and self-image from possible destruction"* (Kelly, 1996) (p.484) Strategies to circumvent are often verbal interaction. Besides the mentioned sociologist who have addressed the phenomenon with theories, others should be mentioned: "vocabularies of motive"(Wright Mills, 1940), "deviance disavowal" (Davis, 1961), "deviance avowal"(Turner, 1972),"vocabularies of adjustment" (Cressey, 1973) and "tertiary deviation"(Kitsuse, 1980)
[xxx] I will not use the word "**deviant"** because like other social acts, I believe that what is considered "deviant" changes according to culture, time, context etc. Thus, I will use the term "socially unacceptable" or questionable to underline that the act in question is not generally accepted by the society in which it occurs. The classic theories often referred to in this study uses the word "deviant" and I will quote them using their words, but underline that I dissociate myself from using the word "deviant" about drug users or men engaged in chemsex.
[xxxi] (Järvinen & Mik-Meyer, 2005:31)
[xxxii] (Weber, 1947:98-99)
[xxxiii] (Buttny, 1993:1)
[xxxiv] (Scott & Lyman, 1968:46-47)
[xxxv] As Matza and Sykes note, the techniques of neutralization may not be powerful enough to protect the person from the force of his own internalized values, because he often seem to suffer from feelings of guilt and shame when called into account for his behavior (Matza & Sykes, 1955) (p.669)
[xxxvi] (Scott & Lyman, 1968:46)
[xxxvii] (Matza & Sykes, 1955:667).
[xxxviii] A successful excuse could reduce the tendency of others to hold the individual responsible for the behavior in question or to judge his character in a negative manner (Schwartz, DeLamater, & Michner, 1986).
[xxxix] Justifications usually involves an *"attempt to change the audience's perception of the act"(p. 496)* (Gidwani, Riordan, & Marlin, 1988)
[xl] Once identities have been established and an account presented, the person is committed to an identity with the assets and liabilities it entails for the period of the interaction. The characteristics of the identity that a person is trying to negotiate, will therefore determine which accounts to use. Scott and Lyman also believes that human beings have many different identities, enabling strategic identity shifts, but also makes people vulnerable to involuntarily being attributed a particular identity (Scott & Lyman, 1968) (p.59-60)
[xli] Sykes and Matza (1955) described techniques of neutralization at an individual level and did not include the social context of the techniques.
[xlii] (Weinstein, 1980:578) The manner in which the chemsex users talk about their drug use up until now is reflected in the manner they anticipate their relationship to drugs in the coming years. This is similar to studies done on drug narratives among young cannabis users in treatment (Ravn & Järvinen, 2015). Explanation of current use is the outcome of anticipated future use. In Järvinen's words *"Narratives about the past are always simplifications of things that actually happened; they are stories that single out a limited number of factors, actions and incidents from a wide range of possibilities"* (Ibid:4). The past we choose to speak about, is a past that is important to our present activities (Järvinen, 2004) (p.47). "What was" and "what will be" is stablished through "what is". The past and the future endeavours are always seen through the lens of the present.
[xliii] My point of reference is "Interaction Ritual: Essays on Face-to-Face Behavior", Pantheon Books, New York (1967)(Goffman, 1972). I have to a lesser degree taken inspiration from: "The Presentation of Self in Everyday Life", Anchor Books, Doubleday. U.S.A. (1959)(Goffman, 1959); "Stigma – Notes on the Management of Spoiled Identity", Touchstone Books, Simon & Schuster Inc. USA (1963)(Goffman, 1963); and "Anstalt og Menneske", Jørgen Paludans Forlag. Denmark (1967)(Goffman, 2001)

One can criticize Erving Goffman for the fact that he perceives everything to be a stage show and has an almost patronizing supercilious-perspective that accounts for the show which is taking place. Ethically he might be provoking to read because his use of examples can seem manipulating compared to the context the individual is acting in and he is using the over-determined and is very categorical in his rejection of the possibilities to avoid the grab of the power (Gregersen, 1975)(p.101). This has also

caused Harold Garfinkel to state that Goffman reduces the human being to "a cultural dope", a being with no willpower who mechanically follows the rules and conventions (Album, 1995)(p.1995).

In regard to identity he makes the allegation that everybody in society holds identical opinions. This manifest itself in two ways: everybody supports the broad norms and ideals concerning identity in society and everybody feels like a "normal" person. This allegation seems wrong in the modern society, because a characteristic which stigmatizes one type of carrier, may serve as a confirmation of another person's normality, and therefore it is neither positive nor negative. The condition for interplay is routine for the "normal" person, but is a problem for the deviant individual who as a result becomes aware of the interplay rules, and this is a valuable prerequisite to consciously work on altering the conditions of the role-play. This aspect does not seem to interest Erving Goffman who is more occupied with the preservation of the public order than the alteration of it.

Additionally, using the acting-metaphor, Goffman describes the human being as calculated and as manipulating every situation so that he/she gets the biggest possible benefit. Goffman has left out non-intentional actions (actions that are not thought through or actions that do not have a clear purpose) in his reflections about the actors' interaction with the audience. He does not deal much with pre-reflective action and this is due to the method he is using. By solely using observations it becomes difficult to know the human intention and thought behind a certain behavior. In a symbolic interaction perspective, there is little space for reflection about the past or the future and the influence they might have on the repertoire of performances. It is only possible to see the present when we observe the human interaction. Furthermore, he uses both qualitative and quantitative sources without any evident systematic (Pranter & Bynum, 1984) (p.99)and generally mentions nothing about method and data-collection. In "Asylums" Goffman claims to seek knowledge about the social world of the mental patients, how they experience it subjectively, but hardly anything is written on the methodology and methodological considerations. Despite the mentioned points of critique of the theory and methodology of Erving Goffman, he still serves as a central source of inspiration for sociologists in the 20th and 21st Century: Harold Garfinkel in his ethnomethodological position; Jürgen Habermas in his theory of communicative interaction; the system-theory of Niklas Luhmann; the reflective sociology of Pierre Bourdieu; and Anthony Giddens in his structuration theory (Jacobsen & Kristiansen, 2002) (p.204).

[xliv] Goffman describes this as a "line"

[xlv] (Goffman, 1972:5)

[xlvi] Wrong face, out of face and being shamefaced must be avoided because these situations are embarrassing and disconcerting for the actor as well as the audience. They are often avoided by not paying attention to it.

[xlvii] (Goffman, 1961:51)

[xlviii] (Jacobsen & Kristiansen, 2002:197) Goffman emphasizes that the self-image is something people form about other people. The social interaction thus enables us to interpret a person's self-image (Rasborg, 2004)(p.366). As such the self is not an inner core, but a self-image shown in different ways depending on the social circumstances.

[xlix] According to Jacobsen and Kristiansen "*Goffmans teori om selvet er dermed ikke en teori om det totalt autonome og kontekst uafhængige selv, men derimod om de måder, hvorpå selvet præsenteres, udprojiceres, dannes og forandres ved hjælp af på forhånd givne tegnsignaler og i samarbejde med det tilstedeværende publikum. Selvet er, hvad Goffman kalder en dramatisk effekt.*"(Jacobsen & Kristiansen, 2002b)(p.195). And thus, in the end it is society, the social system which commands people to take upon themselves different roles, to appear trust worthy, honest and tactful and therefore it is society that makes us actors (Jacobsen & Kristiansen, 2002b)(p.199).

[l](Goffman, 1959:22)

[li] I acknowledge that it is also very important to understand the prevalence of chemsex in Denmark – namely how many MSM are engaged in this activity (a quantitative study), but given the fact that no research has been done in Denmark to describe chemsex yet, I am finding this more important at current point in time.

lii (Høyer, 2007)(p.18). My ontology is versatile since I definitely don't think age, gender and sexuality is the same in different settings (Vallgårda & Koch, 2015).

[liii] (Järvinen & Mik-Meyer, 2005:9)

[liv] They are what George Herbert Mead calls symbolically reconstructed pasts (Mead, 1959) or "a line designed for impression management"(Goffman, 1972)(p.5).

[lv] Baker formulates it the following way: *"Accounting, then, is more than reporting or responding; it is a way of arranging versions of how things are or could be"* (Baker, 2004). I consider this analysis strategy suitable for my data material because I am examining how MSM engaged in chemsex account for their engagement in chemsex.

[lvi] *"* (Silverman, 2003:343)

[lvii] (Järvinen & Mik-Meyer, 2005:40-41)

[lviii] (Järvinen & Mik-Meyer, 2005:30)

[lix] Goffman divides roles into four different categories: role affiliation, role commitment, role embrace and role distancing. Role affiliation is the role a person wants to play. Rolle Commitment is an assigned role the person plays, because one has to. Role embrace is a role taken upon oneself by the person because he wants it. Rolle Distance is the distance between two roles one play. The role one has and the role of the social setting (Jacobsen & Kristiansen, 2002)(p.114). For example, the participant being interviewed about his drug use may be awarded the role of "drug user", but distances himself from this role in the interview situation.

[lx] Which is a meaningless concept in a frame of interactionism.

[lxi] As Gergen formulates it: *"Interessen for personers…sande identitet" og „faktiske karakter" kan da udskiftes med en interesse for, hvilken synsvinkel der er afgørende for, hvordan de konstrueres"* (Gergen, 2006)(*p.*169).
[lxii] (Skovdal & Cornish, 2015:71) According to Erving Goffman we all exercise image control in the interaction. The problem with general standardized research is that it might not pay much attention to the importance of having a proper public behavior (Brummelhuis & Herdt, 1995)(p.133).
[lxiii] (Gubrium & Holstein, 1998:165)
[lxiv] Semi-structured interviews cover a procedure in which a general structure is set up in advance by deciding what ground is to be covered and what main questions are to be asked. The detailed structure will be worked out during the interview. The participant can answer at whatever length he/she wishes and the interviewer can ask follow-up questions to expand on or clarify the answers (Drever, 1995)(p.1).
[lxv] (Steiner Kvale & Brinkmann, 2009)(p.151)
[lxvi] The interview guide was amended after the first interview according to the issues and themes it brought up. Questions related to the post-HIV-test counselling were removed because they were beyond the scope of the study. The wording of some questions was also modified during the interview to fit the conversational context. This is essential for the flow of the interview because as an interviewer I demonstrate my involvement in the ways my questions and utterances fit the participants particular situation (Suchman, Jordan, & Lucy Suchman, 1990)(p.233-235).
[lxvii] My initial contact was established through a friend of mine, who works at AIDS-Fondet. I have known him since 2002 when I was an HIV volunteer counselor myself. When I started thinking about a topic for my thesis, I contacted him, to ask whether there was any topic they needed examined at AIDS-Fondet (this was 1. January 2016). He suggested the chemsex topic and I went on to discuss it with him in person and following had a phone conversation and a personal meeting with sexologist and social worker Tonny Bønløkke Hertz who works with MSM engaged in chemsex at AIDS-Fondet. This was on the 5.2.16. Beginning of March 2016, I decided I would do it as my master project.
[lxviii] The estimates for drug use are likely to be over-estimates compared to all MSM in Denmark since the participants were recruited on gay social networking and dating sites and drugs per definition are associated with gay socio-sexual scenes (Axel J. Schmidta et al., 2016). However, large representative samples of MSM are practically unfeasible (Prah et al., 2016).
[lxix] *"Sp32: Har du erfaringer med Chemsex, og må AIDS-Fondet kontakte dig for yderligere spørgsmål med henblik på at få dyberegående indblik i brugen af chemsex, angiv venligst din e-mail. (AIDS-Fondets henvendelse vil være 100 % anonym). Hvis Nej tak, tryk blot på 'Næste'"*
[lxx] In addition to the seven participants, I was contacted later in the process (after I had conducted the 7 interviews) by five men who wished to participate. One I spoke to in person at AIDS-Fondet, another one called me by phone and three wrote back to me by email (but unfortunately too late to participate). Four of the five additional contacts had gotten the email invitation to participate. The last one had picked up a flyer about the study at AIDS-Fondet.
[lxxi] Sampling decision was purposive, in that the selection of participants was made on the basis of their ability to provide relevant data about chemsex.
[lxxii] Being HIV-positive was not a criterion for participating in the study, but the first seven men who contacted me to participate in the study were included and they were all HIV-positive. Three of them contracted HIV during chemsex.
[lxxiii] The participants reported that most MSM engaged in chemsex were HIV-positive or using PreP (if they were HIV-negative). The prevalence of chemsex in Denmark had increased rapidly according to all participants in the study. Ketamin had been used a lot in the fetish and fisting setting for years, but the 3-chems had now entered the scene as well. MSM engaged in chemsex was a diverse socio-economic group. Studies about drug users in general have also shown that they are often successful in their professional lives and that experimentation is a way to counterbalance the high demands from regular life. As such they are not necessarily part of a subculture or deviant or marginalized in any way (Duff, 2005; Parker, Williams, & Aldridge, 2002).
Jacob (47) talked about his regular group of chemsex partners and emphasized that chemsex users were a diverse: *"One is a white-collar project manager employed in a high position in DSB, one has his own company, another one is unemployed and I am an engineer. Half of us are academics and the other half are…I know a few politicians and some famous hairdressers, entrepreneurs etc. and also people working in the public service who are total chem whores. So, if you look at the social distribution Then yes, it is everywhere. Although not so much in the bottom because it's damn expensive."*
[lxxiv] The outlay of the counselling rooms is very suited for interviews, because it is cosy, discrete and has a central location in Copenhagen. I proposed it as a possible place to conduct the interview and they each agreed to it. Four out of the seven participants had been to AIDS-Fondet before and thus were familiar with the setting for the interview. I did not sense any difference in openness and talkativeness between the participants familiar with the setting and those not familiar with the setting.
[lxxv] For the sake of the participants, AIDS-Fondet, and myself it was important to stress that although I corporated with AIDS-Fondet to find participants for the study, and used their facilities to conduct the interviews, there was no affiliation between the study and AIDS-Fondet (which was also underlined in "Orientation about the Chemsex Research (Danish)" sent out to the participants. Because the chemsex flyer and the email account from which the chemsex study invitation came was an AIDS-Fondet email, I had to make sure that the participants understood that they were partaking in my own independent research. AIDS-Fondet is in no way responsible for the outcome of the research – it has not been validated or approved by AIDS-Fondet and does not in any way reflect the work or opinion of AIDS-Fondet.
[lxxvi] Not all questions were asked all participants, as the questions asked in each interview depended on answers to the previous questions and the circumstances of the participant.
[lxxvii] (Wolcott, 1994:347; Yin, 2003:155)

[lxxviii] (Scott & Lyman, 1968:52-53)
[lxxix] (Järvinen & Mik-Meyer, 2005:30)
[lxxx] (Scott & Lyman, 1968:55)
[lxxxi] (Scott & Lyman, 1968:55)
[lxxxii] (Gubrium & Holstein, 1998:175) Several of the chemsex interviews took the form of an intimate conversation and although I "dishonored" accounts of being in control of drug use, it was perceived as an opening for further personal exploration by the participant. This, however, was mainly possible because I had collected a lot of experience and information from the remaining interviews and thus could communicate in a casual style governed by intimacy and knowledge. The interviews were mainly a mix of casual and consultative style because I was familiar with the slang of chemsex and had a theoretical background knowledge, but a lot of the personal knowledge related to chemsex parties in Denmark, drug purchasing etc. was unfamiliar to me. Scott and Lyman operates with five linguistic styles: intimate (socially sanctioned linguistic form employed among people who share a very personal relationship), casual (used among insiders, inside group members and peers – slang is part of it), consultative (usually employed when the amount of knowledge available to one of the interactants is unknown or problematic to the others), formal (usually used to address a group bigger than six) and frozen (used when total strangers need to interact such as pilot to passengers over the intercom) (Scott & Lyman, 1968)(p.55-57).
[lxxxiii] https://www.datatilsynet.dk/erhverv/studerendes-specialeopgaver-mv/ Students collecting and recording sensitive personal information in connection with their project and thesis writing, etc. are exempt from the law about reporting to and getting a permission from the Data Protection Agency (Datatilsynet) provided they have obtained a declaration of informed consent.
[lxxxiv] In order to secure the anonymity of the participants I can't provide more details here because a detailed description of the anonymizing procedures would make it possible to identify participants. But it has been a thorough systematic process in which I have aimed at containing the participants' socio-economic contour in a none-recognisable profile.
[lxxxv] Even when aiming to do so, the thematic approach can have a tendency to separate the text piece from the context which it was said in. This may cause the participant to feel alienated from the material when reading it and is an ethical dilemma for the researcher.
[lxxxvi] Picking a name for nodes, then merging, splitting and re-naming repeatedly.
[lxxxvii] This is one of the limitations of simple indexing (Mason, 2007).
[lxxxviii] Red is global themes, blue is organizing themes and yellow is basic themes. I have not been rigid in defining all the basic nodes and hence some themes only have very limited basic themes visualized (such as risk assessment in relation to chemsex). Many of my initial nodes (shown in Appendix 11) were organizing themes and it could be argued that they should be divided further into basic themes. In Appendix 12 I have shown examples of the creation of themes from nodes.
[lxxxix] Abduction uses data collection to explore a phenomenon, identify themes and patterns, locate these in a conceptual framework and test this through subsequent data collection and so forth. The analysis will switch backwards and forwards between data and existing theory – incorporating existing theory where appropriate, to build new theory or modify existing theory. Although often associated with "grounded theory", I will not call my study grounded theory because Morten Skovdal specifically has underlined that no student can call their research/study "grounded theory".
[xc] Due to space limitations and concerns for anonymity, I have not been able to analyze the accounts individually for each user and give a portrait of each one (I would want/need to include more background information). Instead I examine the overall themes of chemsex through illustrative accounts.
[xci] The items in the global theme "Handling drug use" have been partially merged into the analysis under the heading "managing dosage" in "The Chemsex Context" and "Drug user vs. drug addict" in "Risk assessments in relation to chemsex". Because the focus of this particular report (thesis) is to describe the personal social and personal context for chemsex in Denmark and analyze the accounts of MSM who regularly engage in chemsex, the discussion and conclusion will relate primarily to this and not to harm reduction interventions.
[xcii] Synes du at du har kontrol over brugen af (dine) stoffer/Hvordan håndtere du dem? Korrekt dosering og timing? Hvordan har du lært det? Bruger de rigtige kombinationer/mix af stoffer. Sikker kanyle/intravenøse praksis (hvis det er relevant)
[xciii] Hvordan kontrollere du risikoen for HIV/kønssygdomme?
[xciv] Due to limitations on the length of this rapport, I will describe as many important details as possible. However, the description and analysis will be shorter than I would ideally want it to be. Much more could be said.
[xcv] Prevalence is normally understood as the proportion of disease found to have been affecting a particular population (epidemiology). I use the term here to describe how widespread the participants describe chemsex to be. Thus, it is in no way a measure of the number of MSM engaged in chemsex – merely an indication of social interaction they engage in and the prevalence within their environment (according to them).
[xcvi] Nevertheless, to one respondent it was a preferred option to meeting at his home because of the anonymity of the setting.
[xcvii] The venue has operated for several years as a gay accommodation with constant chemsex parties going on. It is a huge apartment in a central location in Copenhagen and the rooms are decorated with slings, sex toys etc. To many gay men interested in chemsex or new to chemsex, it offers the perfect combination of privacy and anonymity at the same time.
[xcviii] Martin (39): *"Det er også sket rigtig tit hvor vi har bedt folk om. De bliver altså nødt til at gå igen. Jeg prøver altid at sige det sådan diplomatisk og diskret også, fordi det nok ikke er det fedeste at blive smidt ud hvis vi er fire fem stykker. Fuck af ikke? Det er ikke så fedt…Så er der nogen der reagerer lidt voldsomt. Og skaber sig helt vildt…De her mennesker som nogen gange bliver meget skuffet og ked af det nærmest over at de bliver afvist.*

Jeg synes de tager det alt for personligt. Altså vi er allesammen blevet afvist engang imellem. De gange hvor jeg er blevet afvist. Jeg har ikke sådan tænkt videre over det. Okay vi har alle sammen præferencer og sagt "fint det gør ikke noget", så sådan er det".

[xcix] Jacob (47): *"Men jeg er simpelthen stadigvæk selektiv. Jeg gider simpelthen ikke at kneppe med noget jeg ikke gider. Altså jeg ikke finder tiltrækkende. Det er også ligesom der er nogen altså bare de har en puls og en pik så kan de kneppe med dem. Det kan jeg simpelthen ikke. Nej, der skal være en tiltrækning."*

[c] Rasmus (40): *"jamen altså der skal ikke så meget til. Han kan være tyk. Han kan være tynd. Han kan være 60 år. Han kan være 20 år. Pga. stofferne. Ja ja. Jeg bliver lidt mere afslappet. Om det så er fordi jeg er sådan som person, det ved jeg ikke. At jeg ikke er så dømmende. Fordi jeg går jo ikke efter sixpacken og jeg går ikke efter modellen. Tværtimod. Men jeg er sikker på at det er chemsen der gør at jeg bliver mere."*

[ci] However, a party was reported to be anything from two people to several thousand people (the commercial chemsex parties held in Berlin and attended by several of the participants).

[cii] Martin (39): *"Det kan ikke foregå på en dag. Det foregår over for vores vedkommende en til tre dage max for så kan jeg simpelthen ikke følge med mere. Jeg har de her indbyggede stopklodser. Men der er der er mange, som sagtens kan fortsætte fem dage".*

[ciii] As a safety measure and a means to control the quality and availability of drugs, the men brought their own drugs from Denmark when attending chemsex parties abroad. *"We get our drugs from Germany and if we go to Germany for a holiday, then we actually import the drugs back again. Because we don't want to buy in Germany because we don't know where it comes from etc."* (Jacob, 47, uses Mephedrone)

[civ] Online drug trade and acquisition seems to be growing, and the potential for expansion of online drug trade appears considerable (European Monitoring Centre for Drugs and Drug Addiction, 2016)(p.15).

[cv] 3-MMC cost around 60 kr for 1 gram

[cvi] 1/2 liter in retail cost around 700 kr, but was sold in Copenhagen in 30 ml bottles for 500 kr. The participants in this study used 2-10 ml in a party.

[cvii] Crystal meth cost 2000 kr for 1 gram in Copenhagen (1300 kr in Jutland) and mephedrone cost 300 kr for a gram in Copenhagen (240 kr in Jutland).

[cviii] This issue is also dealt with in the chapter "Harms associated with chemsex"

[cix] Martin (39): *"det er en måde man prioriterer på og så også fordi så holder man lige pludselig op med måske at købe kaffe og gå ud og spise så meget. Og man køber ikke så meget tøj og går ikke så meget op i de der ting mere. For manges vedkommende, jeg kan huske i starten der røg jeg også ud i det økonomisk, hvor det er ude af kontrol. Men heldigvis har jeg en god økonomi der kunne redde mig ud af det kan man sige. Men der er mange der til sidst er så dybt ude i det økonomisk, at de ikke kan se sig ud af det… Og selvfølgelig har vi også solgt et par gram en gang imellem fordi hvis vi har festet og haft noget liggende. Så er der en der skriver til os. "Har du noget liggende?" Ja det har jeg. Kan du komme over? Så er ingen tvivl om at okay kan vi tjene lidt ekstra på det. Fordi det er lidt hardcore men sådan tænker man lidt. Vi har givet måske 1800 for det og vi vil have 2000 eller 24 eller 2500 omkring eller så noget. Det betaler folk jo så bare. Andre gange er det gået den anden vej også."*

[cx] Drugs are both one side of a transaction and the transaction's facilitator (Ahmed et al., 2016).

[cxi] Daniel (22): *"Det er underordnet. Det er 50-årige gamle mænd som jeg havde svoret at jeg aldrig ville. Det er fint nok. jaa og så er man jo, ja. Ja, jeg kan godt høre det selv. ja nej men altså ofte så søger jeg egentlig også mere sådan noget Chemsex efter jeg har haft det, altså i den der udfasning af det…, Og så er det i de perioder jeg sådan er ligeglad med hvordan folk er fordi jeg er afslappet og liderlig. Men som regel vil jeg sige at jeg går ind i det velvidende hvem personen er (at de har stoffer). At det er det der er set uppet for hvis ikke så så skal jeg være meget liderlig eller. Ja så skal det være sådan helt ekstraordinært. ja så tror jeg ville vende tilbage til nogle dating kriterier. Sådan noget med hvis jeg var en position hvor jeg selv skulle købe stoffet og jeg skulle finde en partner og gøre det sammen med, så ville jeg jo vælge en".*

[cxii] Lars (56):*"Det får det til at føles som trækkerdrenge eller folk der gerne vil have penge…. Dem der hiker på, hvor det er lige som bliver sådan en trade ikke? Det bliver ligesom at de skulle have penge for det. Et eller andet sted så kan jeg ikke frasige mig at det også påvirker mig. Fordi det påvirker mig i en retning der hedder. Altså det er sådan noget med selvtillid i betydningen. "Sig mig lige, tror du at det er nødvendigt at jeg skal betale for det?"*

[cxiii] Henrik (44): *"Dem er jeg da også rendt på hvor de decideret har søgt. De har været skrub ligeglad med mig, men det var det, at jeg havde noget, der var interessant, og det har da været fordi. Den ene af dem vidste jeg. Det var simpelthen fordi han havde ikke nogen penge, men hvis jeg kunne supplere, så ville han gerne have sex med mig, men hvis jeg ikke kunne supplere så gad han ikke og have sex med mig…. Det er derfor jeg tænker hvordan fanden kan man få sig selv til. Men så har man jo et afhængigheds-issue for så er det jo stofferne der tæller. Det er jo ikke sexen der tæller."*

[cxiv] *Daniel (22): "Jeg betaler ikke for det. Jeg har ikke betalt for det endnu, så det er sådan en ret god. Det forsøger jeg i hvert fald at forestille mig, at det er sådan en god mekanisme til ikke at gøre det oftere og fordi jeg ikke har nogen dealere. Jeg ved ikke hvordan jeg skal få fat i det. Jeg kunne selvfølgelig spørge dem jeg har været sammen med, men det har jeg bevidst ikke gjort"*

[cxv] Martin (39): *"altså vi bruger ikke så meget i forhold til. Synes jeg i hvert fald ikke i forhold til mange andre. Vi bruger cirka 2 g på sådan en."* He also accounted for his experience slamming crystal meth (administered by other people) by philosophizing that having taken too much kept him from trying again: *"It was way way too much for me. I cannot control my thoughts. I tried it that one time and most likely I had too much, but I am happy I had so much that time, because it has put me off trying it again."*

[cxvi] Although accounts are likely to be invoked when a person is accused of having done something wrong, bad, inept or unacceptable to society or the person they are talking to, they are also used by people expecting to be accused or when accounting for an act generally viewed as bad – e.g. drug use.

[cxvii] *Lars (56): "Og slamme. Det var et forum hvor jeg tænkte "det er sikkert og godt" og der kan det godt for godt foregå kontrolleret. Det er et sikkert område med mennesker som der kan. Kender dem og stoler på dem og det er fint nok. Så her kunne det foregå stille og trygt. Det var udelukkende for at finde ud af hvordan er det egentligt. Hvad er det de taler så meget om."*

[cxviii] See Appendix 7: Participant Information Table. The following 4 participants have a short drug use history: Daniel, Henrik, Jacob and Martin.

[cxix] (Nichols, 1990) argues that there is a distinction between monothematic and polythematic accounts. (Simons & Melvin, 1987) operationalised these theoretical concepts when examining accounts from convicted murderers.

[cxx] *Tina: hvad tror du der fik dig til at dreje? Jeg ved godt at det var din kæreste der gjorde det men du var alligevel så meget modstander af det inden at du trods alt i en alder af 38*
Martin: ja
Tina: ikke havde taget noget som helst
Martin: jeg tror at det er var. Mine forældre blev skilt på det tidspunkt
Tina: okay
Martin: og det kom som et meget stort chok for os fordi at mine forældre de har altid lært mig at man sådan skulle holde sammen. Man går ikke bare når der er problemer og sådan nogen ting
Tina: ja
Martin: Og så var det ligesom mig der blevet nødt til at tage mig af det. Men også den her skuffelse over at alt det at de havde lært mig. Det siger de lige pludselig at sådan er det ikke alligevel altså. Så så så det tror jeg var et vendepunkt for mig der gjorde at. Nå jamen de har jo også altid sagt alt det med de der stoffer. Det skal da også prøves. Samtidig med at jeg så mødte min kæreste også som
Tina: som også var
Martin: som også var i det miljø så jeg fik det serveret nærmest ikke også?
Tina: så det er var. Det var også omkring det samme tidspunkt hvor du bliver hiv-smittet?
Martin: ja ja ja det har været sådan de her ting som ligesom
Tina: ja
Martin: som har gået lidt i. Og det tror jeg er meget almindeligt. Det er der med at hvis man laver sådan et kvantespring som man kan sige så var det noget udefrakommende der har påvirket dig eller ramt dig. Der har gjort at Nu vil du gøre noget. Noget som slet ikke normalt er dig

[cxxi] Daniel (22) accounts for his chemsex initiation by using the appeal to defeasibility and sad tale: *"First time I took drugs, I had seen my ex-boyfriend and was really sad, and I met this guy who was sweet and I knew a little beforehand…and we go to a place where there is some gang-bang and some drugs. I have no idea what it is, but he offers it. And I am just a bit like okay whatever. So, I smoked T, got really high and horny and also got G and then there was gang-bang sex."*

[cxxii] Henrik (44*):"Det var faktisk lidt ubehageligt... han havde puttet coke i røven på mig så bliver jeg sådan lidt "det kunne du måske godt lige have spurgt mig om""*

[cxxiii] Thomas (45): "*Jeg begyndte at slamme. Blev introduceret af en kedelig kammerat som jeg har, som siger "det er bare fantastisk. Du skal gøre det, det er helt og det forsvinder hurtigt. Det er bare 2 timer og så er det er ude af kroppen. Det er ikke sådan noget der bliver hængende. Det er jo ikke heroin" det vidste jeg det ikke var. Jeg tænkte "lad mig prøve det".*

[cxxiv] Furthermore their "line" was coherent and the information they provided carefully pieced together to display a consistent face.

[cxxv] *Daniel (22): Men for mig har det gjort at jeg slapper af og derved kan være passiv som jeg ellers ikke har kunnet være. Ja så det har jeg altid været meget anspændt omkring. Og der fandt jeg ud af at de der stoffer gjorde bare at jeg blev helt vildt afslappet og bare sådan. Det fungerede rigtig godt. Og det er også en af grundene. Det er grunden til at jeg også gør det stadigvæk*

[cxxvi] A lot could be written about the motivations for engaging in chemsex, but due to limitations on the size of this report, I have focused my description on the motivations which were perhaps a bit controversial and not self-evident in terms of understanding what it entailed. Should my readers have interest in reading examples of the motivations I have not explained, I will be happy to provide this on request. One controversial fantasy mentioned, which in other chemsex studies has been described as sexual assault (Adam Bourne et al., 2014), was the desire to take too many chems and get used and filmed by a stranger and then see the movie afterwards. Martin (39) explained: *"There are some who really want to try to take a lot of chems, take so much that they almost faint or just fall asleep and then someone has sex with them. It's a thing that has become more and more…I think you should try to put yourself in their shoes. If it was me who had this fantasy, maybe I wouldn't tell people "I actually talked with someone about it. We agreed that I would pass out and then he would use me". It's probably not something you dare to admit because it's your deepest fantasy and so you just say "No, I didn't know anything about it" or "it was without my consent". But in the vast majority of times it is with the consent of the person."*

[cxxvii] *Rasmus (40): "Når jeg tager stoffer, så er jeg ikke til stede, så er jeg ikke Rasmus. Det giver mig en frihed. Jeg er mere eksperimenterende og så gør det også det, at jeg gemmer mig bagved et eller andet ikke. Fordi jeg har ikke lyst til at være i det her, men når jeg tager de her stoffer så har jeg. Så skammer jeg mig ikke over at være i det."*

[cxxviii] Lars (56): *"så handler det også om ligesom med altså det tager måske også en generthed som selv i. for mit vedkommende er der altså folk der kender mig de siger "Lars han er sgu da ikke genert" men du ved sådan en blufærdighed en "jeg er sikkert ikke lige så gode som en af de andre"*

[cxxix] Being HIV-infected has a significant influence on the perception of risk and sexual behavior, but also on the interaction between human beings and thus *"HIV/AIDS is reconfiguring social thought and reality*" (Messersmidt & Long, 1998). Thus, HIV can potentially change the way people perceive themselves as well as their intimate and social relations. It may also be fueling the sexual behavior of MSM.

HIV-infected MSM were also more likely to be invited to chemsex parties because well treated HIV was considered HIV neutral. "*Suddenly you go from being HIV-infected and having to have safe sex to being one of those who get selected very fast (to come to a chemsex party). I am invited just because I am HIV-infected getting treatment."* (Lars, 56)

[cxxx] *Daniel: så så det legitimerer også at jeg nogen gange synes at jeg kan gøre det. Man kunne sige at det at jeg fik hiv på det burde jo nok have sat en stopper for det. Altså et wake up call som bare sagde stop. Men det havde måske også bare en anden effekt for nu var skaden ligesom sket*
Tina: ja det har jeg hørt før

Daniel: så kunne jeg lige så godt fortsætte. Det er lidt
Tina: det tror jeg faktisk er en ret normal reaktion I virkeligheden. I hvert fald
Daniel: ja
Tina: fra hvad jeg har hørt
Daniel: ja
Tina: ikke fordi der er noget normalt og noget ikke normalt, men det er ja
Daniel: skaden er sket og så kan man jo lige så godt få lov til at udfolde den der fantasi som man på en eller anden måde har.

[cxxxi] This is also the case for Rasmus (40): "*I think there is more chemsex among HIV-positive than HIV-negative. You feel freer. HIV-infected are more open-minded I think. They experiment more. That fear is gone. The fear of getting infected, yes…You feel freer. You feel more open because you don't have to be afraid. So, you can allow yourself to live out fantasies.".*

[cxxxii] *Jacob (47): "Det bliver spredt fra mund til mund og for folk som gerne vil prøve det, de kommer jo stadigvæk ind i det. De skal sgu nok altså man kan altid finde en fest hvor der er stoffer involveret, også i Danmark og det bliver mere og mere udbredt… Der er overhovedet ikke nogen der blinker eller noget som helst hvis man tager stoffer eller sådan noget. Det er der jo heller ikke nogen der kigger mærkeligt på en mere, i hvert fald i vores miljø, i bøssemiljøet"*

[cxxxiii] *Lars (56): "og det er helt tydeligt at se dem jeg møder i sådan nogle sammenhænge, der er altså nogen af dem som tager chems for at, ikke for at have det sjovt, men for at have noget tillid og jeg tror faktisk det bliver meget. Jeg tror faktisk det går hen og bliver meget meget simpelt fordi i det øjeblik de er er på nogle chems og så kan de mærke en intimitet som de måske ikke tør når de ikke er på chems og en intimitet og en nærhed med et andet menneske. det vil vi jo alle sammen gerne have lige meget hvem vi er og intimitet kan være altså bare det at holde om nogen....den her varme følelse får man sådan rækker ud af efter hinanden og kan fornemme hinanden og mærke hinanden og anerkende hinanden i et eller andet plan og det er også meget det det handler om for mig med chems….*
Tina: Så du tager simpelthen chems for at opleve den der stærke intimitet eller connection?
Lars: ja ja ja ja

[cxxxiv] *Når man når en vis alder så gider man ikke stå på et diskotek og så er det blevet en ny måde at interagere med folk på. At så mødes man til de her sex sessions. Det er også sjovt og ikke så hektisk og man skal ikke på samme måde konkurrere med de andre unge mennesker på diskoteket og sådan nogen ting*
Tina: ja
Martin: så derfor kan det godt blive en slags substitut for det at gå ud
Tina: så det er en ny måde at være sammen på virkeligheden?
Martin: ja det er det helt sikkert. Det er meget en social ting
Martin: Nu vil man faktisk gerne have noget hygge i stedet for og hvor man ikke skal bruge en hel aften på at score en fyr. Det er mere hardcore og direkte.

[cxxxv] Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5905a1.htm

[cxxxvi] In order to be able to engage safely in unprotected anal sex more and more HIV-negative men were using PreP (bought abroad) to avoid getting infected with HIV according to the participants. But some HIV-negative men took the chance: *"I also run into people who are not infected with HIV but who have chemsex. I have had to get used to this because some of them are very active. And have unprotected sex. Some of them take PreP. Some say they take the chance."* (Lars, 56)

[cxxxvii] Daniel: *Uden kondom er i hvert fald helt sikkert eksplosivt i København også blandt folk der ikke dyrker chemsex.*
Tina: så rigtig mange dyrker Bare Back?
Daniel: rigtig mange dyrker ubeskyttet sex. Jeg vil vove at påstå at det er mere reglen end undtagelsen
Tina: folk der dyrker ubeskyttet?
Daniel: ja hvorfor jeg også selv gjorde det i efteråret

[cxxxviii] (Järvinen, 2001:266-267)

[cxxxix] Daniel (22): *"Første gang jeg tog stofferne. Jeg havde set min ekskæreste og var rigtig ked af det og mødte en fyr som var sød og som jeg lidt kendte på forhånd… og så tager vi hen et sted hvor der er noget gang-bang og nogen stoffer. Og jeg aner ikke hvad det er, men han tilbyder det. Og jeg er bare sådan lidt ja ja Whatever? Så røg jeg T og blev rigtig høj og liderlig og også fik G og ellers var der bare sådan noget sex på kryds og på tværs… "Det værste var at jeg spurgte ham bare sådan inden vi gjorde noget. Om han var okay og det insisterede han på at det var han. Hvor jeg bare var dum nok til ikke at tage det på. Jeg tænkte. Altså jeg tror jeg tænkte det sker der jo ikke noget ved. Altså det er en gang. Jeg har ubeskyttet sex. Eller hvor jeg er den passive, altså normalt har jeg været aktiv. Og så med ham her var jeg passiv og så var det selvfølgelig den ene gang det gik galt"*

[cxl] Daniel (22): *"chems jo var en vigtig del af det i hvert fald for mit vedkommende. fordi det var første gang jeg kunne slappe af og være passiv og hvis jeg ikke havde fået dem så havde han nok ikke fået lov til og trænge igennem"*

[cxli] (Järvinen, 2001:267)

[cxlii] Rasmus (40): *Så nu er man blevet Hiv-smittet okay. Træk vejret og så kan du komme videre, så behøver du ikke at gå og være nervøs for det. Men så kommer hepatitis C, som så er den nye vi går og frygter over. Meget…. Altså den dag i dag er jeg jo meget opmærksom på hvis jeg og når jeg sniffer og hvis jeg gør det med venner eller bolle venner eller hvad jeg gør med. At vi ikke bruger det samme. Jeg er meget meget bevidst om det. Mere bevidst om at bruge mit eget rør fremfor beskyttet sex.*

[cxliii] Henrik (44): *For det første er der rigtig meget bare back sex i København nu. Der er rigtig mange stoffer. Det vil sige ligegyldigheden bliver også kæmpe kæmpe stor. Man deler sine værktøjer man bliver jo skrub ligeglad når man er High and mighty*

[cxliv] *Lars (56): "Det er hånd sprit. Det du skal være opmærksom på det er at hepatitis C er en virus der kan sidde over alt. Det er også derfor jeg siger lige at vaske dildoer af og hånd sprit på…. der er også nogle der er til fist til og sådan. Hvor man taler om at det at man skal bruge handsker. De skal være lange"*

[cxlv] Thomas (45):"*Der er en stor overvægt af positive. Jeg tror at dem som har en lille smule nysgerrighed omkring de her stoffer, som for eksempel gruppen der kommer op og siger: jeg vil egentlig gerne prøve. De kan godt have en holdning om at de dyrker sikker sex, når de kommer, men når de så begynder at tage stofferne så ryger rigtig mange af de her holdninger. Altså jeg er jo ikke til pis eller fisting eller tæsk mig sex, men det bliver jeg, når jeg får taget stofferne så ryger alle de her barrierer ned og sådan noget. Bare for det men også knep mig knep mig knep mig knep mig. Hvad blev der lige af det her gummi? Men er du okay? Du fejler ikke noget vel? Nej nej nej godt nok så kør….pos-sex du tænker slet ikke over det. Pos hiv aids du tænker slet ikke over det nej nej overhovedet ikke. Det er bare sådan noget "Ja ja det er fint nok bare kom kom". Og det er sådan virkeligt. Det foregår sådan…Og så er det egentlig først bagefter man tænker nå men gud det var måske ikke så heldigt gjort, men så er det for sent altså. Så jeg tror at størstedelen af dem, og det er så også, fordi de bliver bare sådan. Det er noget sløset sex. Det bliver noget ekstremt sex, hvor hvis du ikke er hiv positiv så ville du ikke være så ekstrem i din seksualitet, fordi det er meget beskidt og med sperm og op i røven og det. Og der er det. Der ved jeg selv, fra dengang jeg ikke gjorde det, hvor jeg var påpasselig i hvert fald, hvor jeg sagde du skal lige tage noget på. Men det røg som i røg og jeg blev smittet fordi jeg tog stoffer."*

[cxlvi] *Jakob (47): "så var de watchers og holder øje med hinanden og se om der er nogen der får det dårligt eller har brug for hjælp eller skal lige sige "hov nu stopper vi". Eller fordi det Tina gør er, at du mister jo enhver dømmekraft og det er sgu skræmmende."*

[cxlvii] Martin (39): *"ikke altid. nej der kan godt gå. Vi er to der hjælper hinanden med at huske det, men det er sket nogen gange hvor der er gået to dage hvor vi ikke har taget det, men det er også fordi vi ved. At de ophober sig i kroppen. At det er i kroppen så der sker ikke på den måde det vilde ved det. Men vi tager det selvfølgelig indenfor rimelig tid, jo det sker at vi. At vi simpelthen glemmer det. Vi glemmer det er simpelthen"*

[cxlviii] Thomas (45): "*Jeg kender folk som ikke tager deres piller mere eller det der Hiv medicin for de glemmer det. Hvornår har jeg sidst taget det? Og fordi virkeligheden bliver fjern når du ligger og knalder i tre dage. Er det søndag i dag eller mandag eller hvad fanden er det? Og hvornår har jeg sidst taget en pille? Jeg aner det ikke så det er ikke her. Systemet med at man tager en pille hver eneste dag når man er hiv positiv. Det kender jeg rigtig mange som overhovedet ikke har nogen styr på og så har de været altså du ved og så er der gået fire fem dage og så er det for sent. Så hjælper pillen ikke mere. Hvor er I så henne? Så er vi ude i at vi udvikler en eller anden form for aids tilstand igen ikke også?! Hvor alle render rundt og får aids fordi der ikke nogen der bider på pillen til sidst fordi de har misligholdt deres."*

[cxlix] *Rasmus (40): "de er mere åbne og det er bare et eller andet sted så for mit vedkommende vil jeg da sige, at skulle jeg have en gang-bang med 6 andre fyre og hvor vi hele tiden skulle skifte gummi og, så bliver det ikke lige så frækt."*

[cl] *Tina: så det så det er i virkeligheden mere afslappende for dig hvis de er hiv-smittede og velbehandlede vel at mærke eller hvad?*
Lars: ja det er det. Det går bedre. Det går altså bedre det gør det fordi alt andet lige er. Ja men jeg føler et ansvar for at jeg skal passe på folk der ikke er hiv-smittede og jeg kan godt dyrke ubeskyttet sex, men alt sådan noget med sperm i røven. Det kører ikke rigtig godt

[cli] *Henrik (44): "Det gør mange ting meget nemmere altså i forhold til ikke at skulle. Åh den der hiv forskrækkelse som også kan ligge hos nogen som ikke har…. Det gør at man ikke sådan skal være beroligende og jeg gider bare ikke i øjeblikket når man skal ind på en sexakt så er det jo ikke en hiv vejledning man skal ud i."*

[clii] Martin (39):*"Vi har også en regel om at folk der ikke har prøvet Crystal Meth. Dem vil vi ikke give de første gang. Jeg siger til dem "vi kan godt mødes igen, men du skal gå hjem og læse om det her. Hvad det er og hvis du så har lyst til at prøve det. Men så kan vi godt arrangerer det". Men jeg vil ikke. Der er desværre også mange som prøver på at overbevise andre om at de skal tage det. De her stoffer….De blev set lidt som de er rigtig gode, det er dem som ikke har prøvet det før, Førstegangsoplevelsen. Selvfølgelig stadig også dem der har prøvet det før, men det er. Kicket ligger i at prøve på en som ikke har prøvet det før*" I will examine this more closely in the chapter "Harms Associated with Chemsex".

[cliii] *Jacob (47): "Der er tre effekter. Hvis du slammer det så får du 99 % virkningen af stoffet. du belaster også din lever og nyrer på max måde. Du ryger det - Du får 60 % af stoffet - Ødelægger dine tænder og alt muligt. Og så kan du booty slamme det. Der får du cirka 80-85 % af stoffet og det. Det er ikke kun Crystal. Det er faktisk alt."*

[cliv] *Jacob (47): "Det er jo ubeskriveligt. En eufori som jeg aldrig har oplevet siden og jeg vil heller ikke altså fordi det var for meget. Det var simpelthen for meget for mig. Altså jeg kunne ikke altså. Det var den fedeste fedeste fedeste oplevelse I hele mit liv. Men den var så fed at jeg overhovedet ikke vil prøve igen. Så vil jeg hellere tage det stille og roligt. Tina er jo ret kraftigt vanedannende ikke. Både på grund af den kemiske struktur, nej så det vil jeg ikke gamble med. jeg bruger jo en mildere form af Tina engang imellem. Miaw-Miaw."*

[clv] It has been found to be a frequently used justification among marijuana users that hashish is less harmful than many other drugs (Weinstein, 1980)

[clvi] Rasmus (40): *"Men nu skal jeg også passe på at jeg ikke gør mig selv værre end det er, fordi at jeg tror at jeg måske går ind og begynder at få et problem hvis jeg skal have GHB hver gang, hvis jeg skal have MDMA eller crystal især. Dem som jeg har haft sex med igennem de sidste 4 år i København, nogen af dem er jo endt ude i crystal nu ikke og ryger det hver dag. Ja. Og så har jeg jo oplevet. De er afhængige nu. Ryger det og så slammer det. Så er der altså bare ikke lang vej tilbage. Det er der ikke. Så og de bliver, der sker noget med dem heroppe (Rasmus peger på sit hoved). Meget mere end der sker hvis du ryger en joint og du tager GHB og du tager. Crystal det er absolut den som topper af hardcore drugs."*

[clvii] Martin (39): "*Så længe at de kan styre det. Jeg mener, at de for eksempel ikke blander fem seks forskellige. Vi har det på den måde. Vi tager kun to, min kæreste tager tre. Han tager også mephedrone. Men det der med at de blander alle mulige…for mig er det for voldsomt".*

[clviii] *Lars: "Jeg vil gerne have en tænd-sluk knap"*

[clix] Thomas (45), who used to be a drug addict said: *"You often hide that you slam. It's not something you do in front of other people. You wrap it in and say, "have you ever seen it?" or "have you ever seen anyone doing it?". "Do you mind we do it?" or "Will you just step just outside the door while we do it because then we can do it fast?" you know like that. Because one knows that it is transboundary to see people with a needle in the arm. It is also transboundary to do it and let other people watch. Some people get turned on by it. They want to get filmed while doing it and want to film other people getting slammed etc."*

[clx] Daniel (22): *"Et andet sådan praktisk spørgsmål er at jeg heller ikke kan finde ud af at tage dem selv. Altså jeg. Det er ikke noget jeg sådan umiddelbart vil bare sådan gøre. Bare tage dem selv, jeg ville ligesom skulle have en der skulle vise mig hvordan. Ja, jeg har jo set det relativt mange gange alligevel. Jeg kunne nok godt finde ud af det, men det er stadigvæk sådan en grænse. Jeg har heller ikke nogen pibe kan man sige. Det er også en"*

[clxi] Daniel (22): *"Hvis jeg nu havde vidst hvad Michael, stak mig i den pibe der. Hvis jeg nu havde vidst at det var noget rigtig møg, at jeg kunne blive narkoman og miste mine tænder. Kom nu. Alle de forfærdelige ting der er ved stoffer. Hvis jeg nu havde været klar over det inden. Så tror jeg at jeg havde været i stand til at sige nej. Men jeg vidste jo ikke hvad jeg sagde ja til, så det gjorde jeg jo bare. Jeg tror de bare kaldte det Tina og så spurgte jeg ikke indtil det. Godt brandet kan man sige og så kan jeg huske at jeg tænkte "det jo ikke er så slemt for jeg ryger det jo" Det at jeg skulle ryge det var en bedre ting end hvis jeg skulle have sniffet det. Eller havde drukket noget eller på anden måde havde indtaget det. Jeg kan bare huske at jeg tænkte at jeg skulle ryge det, så er det nok ikke så slemt."*

[clxii] By appealing to loyalties *"internal and external social controls may be neutralized by sacrificing the demands of the larger society for the demands of smaller social groups."*(Matza & Sykes, 1955) Thus, taking drugs is an act of curtesy in relation to other chemsex users and the suggested account used to maintain a positive self-image.

[clxiii] *Rasmus (40): "Han sagde crystal, krystaller". Så siger jeg "Hvad er det egentlig for noget?". "Det er noget man ryger". Så troede jeg faktisk at det var en form for pot, hash, du ved, de har forskellige navne, så er der "Black samba" og dit og dat. Det troede jeg at det var. Så siger jeg "nej, det har jeg ikke prøvet". "Nå, men det skal du tage og prøve". "Nå men det må jeg da prøve en dag".*

[clxiv] "*I preach to people who slam, I tell them you can achieve the effect in another way instead of slamming. The problem is those who like the danger in slamming. They think it's cool to watch movies with people who slam. The drug you use (crystal meth) it is and remains dirty. You heat it up. But what will you heat it in? How will you remove it from there? Those bacteria that might enter, they travel directly up and sits on your heart valve and you really don't want that and to lie and have a long scar on your chest and listen to some click, click sound for the rest of your life. It's not cool."*
(Lars, 56)

[clxv] *Henrik (44): "Så så tænker man, det dur ikke det her. Enten så dør han eller så skubber han sig selv ud og det det har virket. han har kunnet holde det på det plan og det er rigtig godt. Så det ja det man kan sige det var sådan lidt jeg blev sådan lidt den stygge ulv der præsenterede han for noget andet. eller så var han jo blevet ved med det altså. Han har grinet lidt af det bagefter og sagt "ja, det er jo din skyld" jeg sagde "det er meget muligt, men så kunne det jo også være min skyld at du ikke er afgået ved døden. På Bispebjerg hospital. Det må du jo selv vælge hvad du vil. Hvilken vinkel du vil ligge an på det". Men han har kunnet styre det på den måde."*

[clxvi] Henrik (44): *"Men hvis det ikke var mig der havde, så var det det er jo GHB'en eller så var det en anden der havde gjort det. Jeg tvang ham ikke til det. Han var ikke blindfolded på alle fire og fik den i røven ligesom jeg gjorde."*

[clxvii] Although one question specifically asked, "Are you in control of (your) drugs? the theme of control/lack of control and whether they considered themselves a drug addict were brought up by the participants repeatedly during the interviews – often as a question into the void "I wonder where I am on the drug addiction scale?". It seemed that some had agreed to participate in the hope to clarify this question.

[clxviii] Thomas (45), who used to be a crystal meth chemsex addict, described how he was able to have a controlled drug use until he started using crystal meth (have a career, control over economy etc.) and summed up a row of questions to ask drug users (or they could ask themselves) to determine whether they lost control over drugs: "*Nobody can control it (crystal meth). They are imagining something and you do that to justify your own abuse. You have no control at all. Try asking 5-6 questions about when have you last been to the dentist? how is your economy? work? Friends? Is there plus or minus on your account? Have you paid your rent? What about your bills? And your phone? Work. What do you do? How many hours a week? Do you come on time? Have you had any issues with it? When have you last eaten? What did you have? When have you last cooked? A long time passes where people are saying "I can control it, I can control it". They can't!"*

Selv-evaluering for stof brugere givet af Thomas (45): *"Der er ikke nogen der kan kontrollere det. De bilder sig selv noget ind og det gør man for at retfærdiggøre sit misbrug. Du har ikke styr på en skid. Prøv lige at stille 5-6 spørgsmål:*
Hvornår har du sidst været til tandlægen?
Hvordan går det med din økonomi?
Nå okay arbejde? Nej vennekreds?
Er der plus minus på kontoen?
Har du betalt din husleje?
Hvad med dine regninger?
Og din telefon?
Arbejde. Hvad laver du? Hvor mange timer om ugen? Møder du til tiden? Har der været noget?...
Hvornår har du sidst spist? Hvad fik du sidst at spise? Hvornår har du sidst lavet mad?
...Der går lang tid og det er der hvor folk siger "jeg kan styre det, jeg kan styre det". Det kan de ikke".
According to Järvinen it is common for regular users to look back at "temporary loss of control" from the perspective of the present and not consider it a trivial episode, but part of a more general loss of control over one's life situation (Järvinen & Ravn, 2011) (p.564).

[clxix] Henrik (44): *"En narkoman kan ikke fungere uden. En stof bruger kan fungere uden, men vælger at bruge det…det jo noget vi vælger og noget vi vælger at gå ud af. Sådan hele tiden. Men jeg kan godt fungere uden og jeg kan godt fungere på det. Men en narkoman nede på Istedgade kan ikke fungere uden".*

[clxx] Each participant answered the question "How do you see yourself in relation to chemsex 10 years into the future?"

[clxxi] Henrik (44): *"altså nu vil jeg jo rigtig rigtig gerne være den der kan sige "jamen det er bare en fase i mit liv og så på et tidspunkt bliver det stoppet" og det tror jeg ikke det gør. Når man først har opdaget det der peak der kan være så meget større så meget mere wum så tror jeg ikke man slipper det igen når man først har været der. Med mindre man tager ligesom med rygning en beslutning at nu fordi det er så kammer over måske. Og det kunne jeg godt forestille mig at på et tidspunkt at jeg så er nødt til at sige goodbye fordi at. At hvis chems begynder at styre mere end jeg styrer så bliver den lukket og så så skal den ikke være en del af mit liv fordi det vil jeg ikke. Hvis jeg kan bruge det som et supplement så er det okay. Så har jeg ikke*

noget problem med at være stof bruger stof misbruger sådan til festlige lejligheder. For så vil det for mig at se svarer til man ryger en joint i stedet for at drikke sig ud i hegnet."

[clxxii] Each one had his own assessment of risks associated with chemsex. To Martin it was losing his house, life or boyfriend; to Rasmus it was having chemsex every weekend; to Lars it was using crystal meth; to Daniel it was slamming and looking like a junkie; to Henrik it was not defined, but merely noted "if chems take control"; and to Jacob it was not being able to go to work.

[clxxiii] With harms, I mean physical or mental damage or injury. Things that causes someone or something to be hurt, broken, made less valuable or successful, etc.

[clxxiv] Ramus (40): *"I have experienced when you have been to a party from Friday to Sunday and you start up Monday again. You just feel depressed and mentally sad, unwell, tired, guilty consciousness"*

[clxxv] Thomas (45)*:"Jeg begyndte også at få skizofreni og hallucinationer rigtig meget. Jeg var sikker på at der var mus lige pludselig. Så synes jeg at jeg kunne se at dernede omkring benene. Det var frygteligt… Du bygger simpelthen et scenarie oppe i dit hoved og som er så vanvittigt og du bestyrker det bare hver eneste gang du ryger. Jeg bliver nødt til at ryge for så bliver jeg i hvert fald mig selv igen. Jeg er simpelthen så træt ja så træt men så må jeg hellere tage et hvæs mere ikke? Og det forstærker det bare".*

[clxxvi] Thomas (45): "*Jeg er ikke. Jeg skammer mig ikke over det. Tvært om skulle jeg til at sige. Ikke at jeg er stolt over hvad jeg har lavet kan jeg sige, men jeg er stolt over hvor jeg er nået hen til nu. Og med det i rygsækken, så er jeg ikke bange for at stå frem og sige ja. Jeg er misbruger. Jeg ville gerne kunne sige jeg er tidligere misbrugere og det synes jeg ikke der er noget flovt i på den måde. Der er jeg heldigvis nået til. Det er en kæmpe proces man skal igennem før man egentlig når til det mål. Et er at man godt er klar over sit misbrug".*

[clxxvii] Daniel (22): *"jeg er da pisse bange for at miste mine tænder og altså blive afhængig. Jeg kan se nogle af dem der har taget det siden jeg startede. Flere af dem har ligesom enten været på afvænning eller taget pause fra det. Men det er også fordi de kører i flere dage*."

[clxxviii] As Thomas (45), who used to be addicted to crystal meth, said: *"I didn't actually feel like having sex with anyone because there was always something going on (in his head). So, I had to slam to have sex and then I could lie down in a sling and get used but I never came. There have been periods if I didn't have the drugs for a week then there was minus sexual activity. There wasn't a shadow of horniness or anything that even remotely resembled it. Sex? Without drugs, no way sugar."*

[clxxix] A few also said they felt bad about buying drugs because it reminded them of drug addiction and had personal rules of never selling their own drugs in order to avoid the self-stigma of being a drug dealer.

[clxxx] *Henrik (44): "altså jeg bruger rigtig meget min faglighed og faglig viden, men en gang imellem pakker jeg den også langt langt væk for hvis jeg har min faglige viden med mig, så gjorde jeg jo ikke det jeg gør. Fordi at blande det der med vand og køre det i røven. det er jo en slimhinde påvirkning er der alt andet lige give mig en voldsom forhøjet risiko for cancer. så der er nogle ting jeg simpelthen vælger og sige jeg tænker ikke i de baner, fordi det har jeg egentlig ikke lyst til."*

[clxxxi] Lars (56): *"Jeg har selv prøvet at slamme og det og det gør jeg ikke igen fordi jeg blev for høj af det, synes jeg. Ikke at jeg ikke var i kontrol, men altså det er mere sådan hvordan jeg føler mig selv sådan i den sociale sammenhæng hvor jeg synes at jeg bliver for grådig og sådan, du ved, bliver sådan over-opkørt, overliderlig af det. Og det synes jeg i en social sammenhæng og interaktion med andre mennesker. Der synes jeg det virker, det bliver sådan grådighed. jeg ser mig selv som grådig i denne sammenhæng og det synes jeg ikke er nogen flatterede måde at fremstille sig selv på. Andre er jo fuldkommende ude at køre, grådige og bare er. Fint nok. Men sådan ser jeg ikke mig selv."*

[clxxxii] Martin (39): *"Der er desværre også mange som prøver på at overbevise andre om at de skal tage det. De her stoffer. Og det synes jeg. Der er den der rigtig grimme side som er ligegyldighed. Man bliver fuldstændig ligeglad med andre mennesker. Når nogen nærmest ligger ned og gisper efter vejret eller falder i søvn. Folk er ligeglade. Det synes jeg er rigtig rigtig ulækkert og grimt. Og der er min kæreste og jeg meget enige om, at så vigtigt er sex altså ikke for os. Så kan vi godt sætte det er lidt til side indtil vedkommende er lagt op på en seng og afhentet af en ambulance. men vi kan ikke bare være ligeglade så kan vi godt sætte vores chems og sex lidt til siden. Og der og der er der mange der bare. De er ligeglade."*

[clxxxiii] Not being able to have sex with each other and infidelity was also common and two participants thought it was difficult to have a relationship and be engaged in chemsex.

[clxxxiv] It was often a mutually excluding process in which the person engaged in chemsex didn't maintain the friendships because time was spent with chemsex and recovering from chemsex, but they also didn't feel comfortable with people not taking drugs because it made them feel stressed and guilty about taking drugs. Old friends not engaged in chemsex felt let-down from the lack of contact and uncomfortable being around someone on drugs and could not relate to it according to the participants. Goffman notes that stigma has a tendency to "spoil" the social identity of the carrier (Goffman, 1963). Social interaction can be made difficult by the fact that the attribute they possess can evoke negative responses from others. Becker underlined that the process leading from a recreational drug use to a more regular use is a socialization process in which the person learns to appreciate certain kinds of experiences and to participate in a social group of people organized around these experiences (Becker, 1963) (p.38)

[clxxxv] Jacob (47): *"men du skal jo kende koderne og det kender en 16-årig homo sgu ikke. Jeg har set et par typer hvor det er gået lidt galt ikke. altså hvor de er blevet lokket ind i det her af folk som ikke har gode intentioner altså hvor de er blevet overtalt til at prøve det her Crystal og uden at få den rigtige information. Der er vi nok en lidt speciel gruppe hvor vi passer på. Altså vi care omkring folk som gerne vil prøve det og vi er ærlige om det. Ikke noget med at stikke noget blår i øjnene på folk om at "ja men tag det her glas juice det er godt for dig". Altså vi er sgu ærlige om det. Det her det får du af effekt. Og det her kan du forvente af withdrawal. Og det her skal du ikke tage sammen med bla bla bla. det er lige før vi har en power point præsentation før vi går i gang med noget som helst."*

[clxxxvi] In the description of "denial of injury" as a technique of neutralization, Matza and Sykes underlines that for a person engaged in a socially unacceptable act, the wrongfulness may turn into a question of whether or not anyone has definitely been hurt by his act. This is in line with the criminal law which distinguishes between crimes that are *mala prohibita* and *mala in se* – acts that are illegal but not immoral (such as personal drug use) and acts that are wrong in themselves (such as exposing another person to

HIV-virus or forcing them to take drugs) (Matza & Sykes, 1955)(p.667). Thus, behavior was often accounted for as causing no great harm despite running counter to the law.

[clxxxvii] Thomas (45): *"Some have gotten an overdose. Before they used 1.5 ml, then they have used 2 ml when it was diluted. Damn smart and you can't see it at all. The same people have then gotten it from someone else. They ask "how much do you usually take?" "I usually get 2". Then you get 2" and they have OD because it's pure."*

[clxxxviii] Martin (39): "*Der er også nogen som skal finansiere det her. Og det gør de på forskellig måde så. Det kan være ved at sælge sig selv. Det kan være ved at prøve at sælge også. Der er også en ting som jeg har lagt mærke til. Det er den her fuldstændig manglende moral som folk kan få altså. Det der med at folk stjæler lidt fra hinanden. Det er meget udbredt... Jeg kan også godt indrømme at jeg da også selv har taget en sten engang og der havde jeg da dårlig samvittighed bagefter…nu fortæller jeg det lige ud af posen, men for mig ville det bare være så pinligt at blive taget i. men for nogen de er ligeglade. De bliver taget i det og så, de tog det lige, rrrhh ud, så smider jeg dem ud simpelthen ja."*

[clxxxix] (Matza & Sykes, 1955:668) Techniques of neutralization thus place "*deviance in an acceptable framework by convincing the deviant that the norm does not apply to them."*(Meier & Clinard, 1985) *(p. 28)*

[cxc] Thomas (45): *"It is killing me and I simply can't afford to lose my life. And I will lose my life doing it. You lose yourself. Lose your friends. You lose everything. I have a debt of 600.000 kr build over the last few years. Before that complete top marks and an apartment costing 12.000 kr a month. It wasn't a problem. Mortgaged above my head (now)".*

[cxci] Thomas, who was a recovering drug-addict used very few accounts – in fact only related to his chemsex initiation.

[cxcii] Deviance is a form of stigma symbol, a symbol which, if appropriately interpreted either by society or the person himself, may result in profound changes in the self-conception (Plummer, 1975)(p.25). Deviants are not deviant by virtue of themselves, but rather because they by the surroundings are perceived as anomalous (based on the societal norms), and thus deviancy is a social predicament. Definitions of sexuality and deviancy differ widely from culture to culture and within the same culture, and have significant consequences on the nature of sexual experience (Plummer, 1975) (p.46).

[cxciii] Drugs are indicated to help one participant "become" who he is expected to be and it helps another to disassociate from the chemsex user role/identity. Life stories can be analyzed as presentations of the participants preferred interpretation of the events rather than representations of the events (Järvinen, 2001) (p. 263)

[cxciv] It is imperative to note though, that a strategy of complete abstinence – either immediately or over a period of time is probably inadequate in relation to many of the MSM engaged in chemsex. Apart from one participant, who is already getting help for his drug addiction, the remaining participants did not see their drug use as a problem, nor did they have any intention of quitting drugs altogether or contacting harm reduction services for that matter.

[cxcv] It is advisable that some programs would be tailor made for the group of recreational users who have no intention to stop using drugs. These programs need to supply information about lighter drugs with similar effect as the 3-chems as a way to avoid these very harmful drugs; a decrease of drug use (instead of taking every two weeks – try once a month); and information about safe modes of delivery so that the most harmful ways of using drugs are avoided.

[cxcvi] The primary goal of Group Level Intervention for Stimulant Users (GLISU) is to reduce drug and sexual risk behaviors among users of stimulants such as methamphetamine. It also aims to increase understanding of drug-use patterns in relation to HIV infection risk and other harms. It is a cognitive behavioral, peer education intervention which uses structured groups over a period of 12 weeks. It provides a risk reduction educational format that supports changing social norms within the community. GLISU seeks to change individual behavior within the context of a group setting. An important component of the program is the partnership with the participants. The users are required to participate as peer educators to help improve the health of themselves, their friends and people they love. By means of appropriate training and support, the participants become active players in the educational process rather than passive recipients. They exert significant control over the direction and strategies of the intervention. GLISU also links participants to syringe exchange (if they are intravenous drugs users (IDUs) or have IDUs in their community/group), HIV/AIDS prevention and treatment services, and other services (Colonna, 2012)

GLISU was first used in the US with IDUs and MSM-IDUs who use methamphetamine (2004-2007). Later it was introduced as a pilot project for stimulant using IDUs and Non-IDUs in three Ukrainian cities in early 2009 by the AIDS of Alliance of Ukraine. In 2009-2013 it was tested in Australia and announced successful in 2013 under the name of Group Intervention for Amphetamine Type Stimulant use (GIATS). The intervention has also been tested for effectiveness and feasibility in the US, but is still at its infancy.

[cxcvii] The MSM engaged in chemsex can also benefit from this study, by paying attention to the subtle harms ignored through "risk bracketing". These harms should be taken into account when self-evaluating whether one is in control or not.

[cxcviii] See "3.3 Sampling & Participants"

[cxcix] There is no way to know whether the men who volunteered to participate are typical chemsex users. Nevertheless, the study is important because it represents the first study of accounts used by men engaged in chemsex. Furthermore, previous research paid no attention to the risk accounts done by the chemsex users themselves which is slightly paradoxical in an era where the focus on the "patient", consumer etc. is underlined as the ideal. Therefore, this study can serve as a useful supplement to the existing knowledge on chemsex.

[cc] It could have been relevant to include HIV-negative chemsex users to shed light upon the phenomenon, but participants were included in the study when they made contact and within the admission period no HIV-negative chemsex users volunteered to participate. One explanation for this could be that there seemingly is an over-weight of HIV-positive men engaged in chemsex.

[cci] Morse argues that since theory is developed from a synthesis of the perspectives of several participants, it is not appropriate to expect that individual participants will have the ability to "validate" the findings of the study as a whole. However, as Thagaard

notes, the need for verification from participants also depends on the goal of the research. If the goal is to understand the participants understanding of themselves, their verification of the interpretation can be important for validation. But she ads that the participants are usually not aware of the researcher's theoretical perspective and therefore cannot evaluate the relevance of the framework (Thagaard, 2004) (p.189).

[ccii] Intercoder reliability refers to "*the extent to which content classifications produces the same results when the text is coded by more than one coder"* (R. P. Weber, 1985) (p.17) The greater the level of agreement between the coders, the more likely it is that the meaning of the text is not based on subjective perceptions of the individual coder (Joslyn & Johnson, 1986)

[cciii] This can also be characterized as a positioned experience as it was shaped by the outlook made possible by one person's position in the social space (Warming, 2005) (p.153)

[cciv] (Skovdal & Cornish, 2015:93) If one were to mention a potential limitation of the theoretical framework of "Accounts", it would most likely be related to the fact, that the perspective does not relate to the content of the conversations, but only to their context (how), which is a typical criticism of interactionism and, in particular, of social constructionism. The perspective gives us knowledge about something else than what is communicated about. In order to be interesting and relevant, interactionist should always turn their contextualization towards the content/include the content as well (thus a focus on how it is said, as well as what is said).

[ccv] (McCall and Simmons 1969: 29). Sometimes omissions is of equal or greater significance to inclusions, although they by default are unlikely to be identifiable in publications (Horsburgh, 2003) (p.309).

[ccvi] (Scott & Lyman, 1968:52-53)

[ccvii] Although it would be interesting to include a broader structural analysis, it would never be the goal with an interactionist perspective.

[ccviii] It is my hope that the proposed interactionist analytical perspectives on chemsex will inspire a broader perspective on chemsex. I will not argue that my way of analysing the data, is the right way or truer than other research approaches. It is entirely possible to analyse the data material in other legitimate ways. As Riessman writes in the article "A thrice-told tale: New readings of an old story" "There is never a single authorized meaning, but interpretation cannot exclude from analysis the structure and patterns of the text itself – reading is not unmitigated free association"(Riessman, 2004)(p.321) An interview, as an ordinary language procedure, will always be "inherently available for multiple interpretations of the meaning of both questions and answers (Suchman et al., 1990)(p.232).

[ccix] (Riessman, 2004) (p.309-310) A lot could be written about this dilemma, but unfortunately this thesis is very limited in space and "analytical bracketing" has set the framework.