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SHORT REPORT

Chasing the rainbow: pleasure, sex-based sociality and consumerism in navigating and exiting the Irish Chemsex scene.

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Abstract

Club drug use among gay, bisexual and other men who have sex with men is increasingly normalised within sexual contexts and is associated with increased sexual risk behaviours. The term Chemsex is used to describe sexualised drug use lasting several hours or days with multiple sexual partners. A small pilot study, underpinned by Interpretative Phenomenological Analysis (IPA), was conducted in Dublin, Ireland. Interviews were conducted with ten men who were experiencing physical and emotional health problems as consequence of their participation in sexualised drug use and wished to exit the Chemsex scene. Interviews explored experiences of sexualised drug use, motives to partake, organisation of Chemsex parties and group connectivity, drugs used, harm reduction, pleasure and consequences of participation over time. Four basic themes emerged from the analysis; social and cyber arrangements within the Dublin Chemsex scene; poly drug use and experiences of drug dependence; drug and sexual harm reduction within the Chemsex circle of novices and experts; and sexualised drug use, escapism and compulsive participation. Two higher order themes were also apparent: first, the reinforcing aspects of drug and sexual pleasure; and second, the interplay between excess drug consumption and sex, and drug dependence.

Keywords: chemsex; Party N Play; gay, bisexual and other men who have sex with men; sexually transmitted infections; gonorrhoea; HIV

Background

Club drug use among gay, bisexual and other men who have sex with men is observed to be situated and to some extent normalised within sexual contexts and associated with increased sexual risk behaviours (Melendez-Torres and Bourne 2016; Hakim, 2018; Halkitis and Singer 2018; Graf et al. 2018; Pollard, Nadarzynski and Llewellyn 2018). The term Chemsex has been used in the UK to describe sex between gay and other men who have sex with men lasting several hours or days involving multiple sexual partners (Bourne et al. 2015a, 2015ab) while under the influence of psychoactive drugs (Pakianathan et al. 2016; Melendez-Torres and Bourne 2016). This phenomenon is sometimes described Party and Play (sometimes abbreviated to PnP) in North America and intensive sex partying in Australia (Hurley and Prestage 2009).

Drugs commonly used within sexualised drug taking repertoires include: 3,4-methylenedioxy-N-methylamphetamine (MDMA, or ecstasy), methamphetamine (crystal meth), gamma-hydroxybutyrate (GHB), gamma-butyrolactone (GBL), mephedrone (4-MMC), erectile dysfunction drugs and ketamine (Hickson et al. 2010; Heiligenberg et al. 2012; Hammoud et al. 2018; Bakker and Knoop 2018). They enhance sexual experience by reducing inhibitions, feelings of stigma and negative feelings about HIV status; increasing pleasure, facilitating sustained arousal and feelings of connection between partners; and facilitating long sexual sessions with multiple partners over several days (Page and Nelson 2016). Recent research has highlighted the need for a more nuanced understanding of the context and meaning of sexualised drug use within gay, bisexual and other men who have sex with men's networks (Giorgetti et al. 2017; Graf et al. 2018; Hakim 2018; Hickson 2018).

We report here on a small pilot study conducted as a follow up to a recent Irish national Internet survey of gay, bisexual and other men who have sex with men (O'Donnell et al. 2016), which described the sexualised use of drugs in Chemsex parties in the capital Dublin. Chemsex activity and parties are a relatively new phenomenon in the capital, with sexual health services only recognising this phenomenon amongst GBMSM since 2013. A 2016 survey conducted in Ireland's only GBMSM-specific sexual health clinic, the Gay Men's Health Service (GMHS) in Dublin reported a rise in problematic sexualised drug use among GBMSM, and increased rates of help-seeking for the negative social and health impacts of Chemsex participation (Glynn et al. 2018). The study was conducted by the GMHS, to explore sexualised drug use pathways among gay, bisexual and other men who have sex with men experiencing physical and emotional health problems as consequence of their engagement with the sexualised drug use culture in Dublin, and who were seeking service supports to exit the Chemsex scene.

Methods

Ethical approval for this pilot study was granted by the Health Service Executive (HSE), Ireland. The study protocol adopted a definition of Chemsex as the use of drugs specifically for or during sex, and which included ketamine, GHB/GBL, crystal methamphetamine, cocaine, novel psychoactive substances (NPS) such as mephedrone, and other stimulants such as MDMA (Glynn et al. 2018). Interviews aimed to explore experiences of Chemsex, motives for participation, the organisation of Chemsex connectivity, drugs used, harm reduction, pleasure and consequences of participation over time. An interview guide was designed by the GMHS team who had research, clinical and health professional expertise in

the management and care of drug dependence, STI, nursing and public health, and additionally based on a literature review conducted for the 2016 survey study (Glynn et al. 2018).

The study was advertised using posters and leaflets, and online using Apps displaying the times and dates when the research team were present in the GMHS. GMHS outreach staff acted as gatekeepers to identify potential participants and support recruitment. Convenience sampling measures were used over a 12-week period in 2017. Men over the age of 18 years attending for support concerning their participation in the Chemsex scene were invited to participate in the study. Following interview, participants were asked to refer additional interview participants. This form of snowball sampling was capped at two participants per individual to avoid over representation from one particular social network in Dublin. Within the 12-week period, ten individuals agreed to be interviewed.

Informed consent was sought from interviewees prior to study participation. Participants were assured of confidentiality, anonymity and the ability to withdraw from the study should they so wish. The interviews were conducted in a consultation room at the GMHS and at HSE clinics and lasted between one and one and half hours each. At the end of the interview the interviewer provided the participant with support material and referral to outpatient addiction services if necessary. Digital recordings of the interviews were made and were later transcribed verbatim for data analysis.

All participant data was anonymised¹ and stored in accordance with Irish and European data protection laws. Audio recordings were stored on a password-protected encrypted hard drive and destroyed following transcription. Transcripts were coded for anonymity and stored on a password-protected encrypted hard drive, following the removal of any personal identifiers. Transcripts were imported into QSR International's NVivo 10 software (NVivo qualitative data analysis Software 2012) .

Interpretative Phenomenological Analysis (IPA) (Smith, Flowers and Larkin 2009) underpinned the analysis of narratives. It combined psychological, interpretative and idiographic components to explore and understand men's experiences, their lived realities and "sense-making" of their sexualised drug use pathways. A balance was struck between the description of phenomena and interpretative insights, being cognisant of both participants' experiential phenomena and the authors' interpretation of associated meanings of sexualised drug use. The analytical strategy commenced with several reads of the interview transcripts, followed by simple and axial coding to generate macro groupings, emergent themes, and categories. Transcripts were then coded in detail with a focus shifting back and forth from the key claims of the participant to the researcher's interpretation of the meaning of those claims. Identified groups, paragraphs and sentences were broken down into several codes of key incidents, concepts and relationships. Codes were then catalogued into themes, which are recurrent patterns of meaning, ideas, thoughts and feelings throughout the text. These were then grouped into broader superordinate themes and illustrated with quotes from the narratives.

Four main themes emerged from the analysis; social and cyber arrangements within the Dublin Chemsex scene; poly drug use and experiences of drug dependence; drug and sexual harm reduction within the Chemsex circle of novices and experts; and sexualised drug use, escapism and compulsive participation. Two additional higher levels of abstraction could be identified above theme level: first, the mutually reinforcing aspects of drug use and sexual pleasure ("It was just kind of like a sexual wonderland all of a sudden") and secondly the interplay between excesses of drugs and sex and dependence ("It's the same being

addicted to the apps, you're chasing, you want that adrenaline, you want to feel good, but you feel fucking shitty after it"). All raw data were finally re-read with these two abstract concepts in mind.

Findings

Participant characteristics are as detailed in Table 1.

Insert **Table 1** about here

Social and Cyber arrangements with the Dublin Chemsex Scene

Chemsex was described as emerging in the past five years within a small sub-cultural network of men in Dublin. A relatively small number of men were perceived to be involved by participants.

"It is a much smaller scene, a very much smaller clique." (Adam)

"I think Dublin is still quite reserved because of scale of it. Dark rooms haven't been available until recently, and now they're forming sex parties." (John)

Some described accessing "club dark rooms" for anonymous sex as an initial introduction to sexualised drug use in Dublin clubs. A certain "blurring" of club drug use and sex party drug use was described by all participants.

"For me clubbing was clubbing and then I got introduced into clubs where they had dark rooms, and clubbing got kind of mixed up with sex." (John)

"After club" parties also appeared to set the scene for sexualised drug use after clubs closed.

"Chemsex will start when the club closes if someone has a place to go. There is a lot of chem going on, and it will transform to sex because everyone is high." (Michael)

Some described their initial experiences of sexualised drug use with partners in one-to-one relationships, and also in group sex settings. Several men had experienced Chemsex parties abroad in other major cities such as London, Berlin, Brussels, Barcelona and Amsterdam. The recent in-migration of Brazilian, African and Polish men into Dublin was described as expanding sexualised drug activity and related social networks in Dublin.

"You have a lot of immigration coming in and that made things explode because it's just increased the numbers of people on the scene and the variety ... people have different types." (Adrian)

Advertising of participant involvement in Chemsex known as “4/20”, and Chemsex parties on websites and social media location-based apps such as Gaydar, Grinder, BareBackRT, and Scruff were common. The access made possible by social technologies and geo-locational devices was described by many as changing the face of men’s relationships.

“I think the dating apps make it extra difficult to find partners because everybody wants the instant <clicks fingers>. Instant sex. This is the gay life on social media - you are only ever two sentences away from sex or to getting sex. You know what you are getting, as it is already agreed from the profile or the pictures.” (Harry)

In addition to advertising interested participants and the location of parties (“sex party”, “group sex”, “hotel party”), the use of such technologies was described as expanding sexualised drug use connectivity, choice and availability of drugs.

“I was on Grinder last night for four hours. That can be quite addictive as well. The same with Bareback. (James)

Informed decision-making on whether to engage with the advertiser or attend a sex party was supported by social media profiles advertising HIV status and sexual preferences.

“Say I get a message last night ‘group sex’, I say ‘yeah, who’s there?’, ‘Ah it’s two other people, two bottoms’, ‘who are they? Send us their profile’. If I don’t get that information, that’s it I don’t go.” (Harry)

Organisation of parties appeared somewhat controlled or semi-closed with restrictions on who was allowed to attend.

“Usually because it’s organised in someone’s apartment, numbers are kept low...to basically be able to manage what’s going on.” (Patrick)

Dynamics between young and older participants in sex parties were described by several, with younger more attractive men manipulating older ones into providing drugs in return for engaging in group sex sessions. Over time Chemsex party attendees formed their own closed networks.

“Most of them would be familiar faces. In my experience it’s not always a complete and utter anonymous stranger.” (Adam)

Poly Drug Use and Drug Dependence

Participants reported using drugs such as alcohol, mephedrone, MDMA, cocaine, GHB, ketamine, benzodiazepines, THC, crystal methamphetamine, Viagra®, Cialis®, Cimagra®, Kamagra®, and amyl nitrite (“poppers”). One individual described buying novel psychoactive substances (NPS) in Northern Ireland called “Energy 1, 2 and 3”. Drugs were smuggled into clubs and circuit parties, often in underwear, or rectally. The choice of drugs available at Chemsex parties was generally observed to be related to the host’s preferences. All

observed how drugs such as MDMA, crystal methamphetamine and GHB enhanced confidence to engage in what was perceived by them as risky but pleasurable euphoric activity. The use of drugs was seen as central to successful and pleasurable participation in group sex activity, enhancing euphoria, sexual arousal and powerful sexual experiences, and useful in overcoming inhibition and lack of self-confidence to engage in particular sexual practices.

“To reduce my inhibitions. Otherwise, I am too self-conscious. Especially G [GHB], your inhibitions are gone, and you can just be who you want to be. You go with the flow and enjoy yourself. Plus, the sex is perfect.” (John)

“It gets them to do things that they wouldn’t dream of doing if they were in sobriety, it gives them confidence, they’re ‘chem-ed’ up.” (Jim)

All described the practice of re-dosing with erectile dysfunction drugs in the Chemsex scene, in order to prolong participation in lengthy sex sessions.

“I only take quarter (‘Cimagra’) before sex, 20 mins before and if I going to have sex with somebody else, I’ll take another little quarter and that’s how I go through the night.” (John)

Participants described how prior club drug use could impact negatively on their experience by leading to reduced sexual performance. Difficulties reaching an erection due to the level and combination of drugs consumed were described as contributing to a “Chem session” or “floppy dick party” where physical sex became impossible, and what was intended to be “Chemsex” essentially became a drug session.

“They need to stop calling that Chemsex. It’s Chem sessions’, because they don’t get erections. ... they all just sit there.” (Jim)

“Someone who wants to have sex arrives there and basically there’s no one to have sex with because... everyone’s too out of it... or exhausted. You see zombies.” (Patrick)

Common routes of drug administration included rectal, oral, intranasal and smoking. Only one individual described stimulant injecting, when injected by a peer. Comedown involving depression and lethargy was common, with many reporting having to take several days off work, and often remaining indoors until feelings had abated.

“[You feel] literally run down... because you’re feeling a little bit vulnerable. Then the next day is total depression, feeling worthless, feeling shitty, feeling ‘What did I do?’. You don’t actually question what you’ve done, but you have no self-worth for what you’re actually after doing.” (Jim)

Physical and psychological dependence on GHB and crystal methamphetamine was described by several individuals. Some described progression of their GHB use from compulsive use to daily dependent use as consequence of their participation in several days

of sexualised drug use. Sourcing GHB was viewed as particularly easy given its online availability.

“I am a functional addict, on G[GHB], and it’s a sex thing and also a general addiction thing”. (Adrian)

One regular user described using street methadone to wean himself off GHB.

Drug and Sexual Harm Reduction within the Chemsex circle of novices and experts

All described how certain drug types appeared to impact on judgement and safe decision-making according to the drug specific pharmacological effect. Poly substance use took place to counteract and enhance certain desired effects.

“Some of them would lower inhibitions further down than others, and if you’re using a combination of both ... if you’re on ecstasy [MDMA] it’s more of a friendly, lovey, happy euphoric, you still have relatively good judgement, but when you go down the scale from G [GHB] that next step beyond that, all the way down to crystal meth, your judgement goes out the window, you will partake in things that you wouldn’t normally think of, it really stimulates that primal and sleazy side of your brain.” (Adam)

Harm reduction practices in Chemsex communal folk pharmacology centred on informed individual control over drug dosing (particularly GHB) with more experienced drug users “looking after” more novice users. This generally involved not sharing rectal syringes when administering crystal methamphetamine and the use of individual straws provided at the party for the snorting of drugs. All appeared aware of injection risks and chose not to engage, despite observing others injecting (“slamming”) at parties.

“Never inject, I’m fairly open minded when it comes to drugs, but that’s where I draw the line, if I see a needle, I’m out of there.” (Adam)

“There are more and more people slamming but it’s just a step I don’t want to take. I don’t want to be looking at it too much and normalising it too much for myself either.” (Adrian)

Several individuals exercised personal control over their drugs and dosing schedules in Chemsex contexts. Some described using phone timers (“G timers”) to alert them to individual and group GHB dosing intervals. All were aware of the drug’s cumulative effect, and risk of severe dissociation and overdose.

“I know how to dose G [GHB], I am very strict about it and I don’t increase the dose no matter what, and if it stopped working for me at that dose, I would just stop taking it altogether.” (Harry)

Concern was expressed about individuals who ignored advised dosing schedules.

“During group Chemsex, people are afraid to say no at dosing time as they feel they might miss out even though they are high enough.... [and] that is how overdose happens”. (Harry)

Many voiced concerns around the leaving a glass with GHB in it, and the risks for others perceiving it to be water.

“GHB is liquid form and people tend to pour it in a glass and then think it is water, and swallow.....” (John)

One participant who had experienced an overdose said:

“I felt very warm, and I was like ‘no, I can’t stay here, I need to go out’, and then I started feeling very dark in my eyes, and then I...” (Michael)

Awareness of STI transmission at Chemsex parties was described. A certain degree of sexual harm reduction was evident whereby personal awareness of the presence of an STI impacted on whether one partook in the Chemsex party.

“Hate to use the word ‘regulars’, but we know each other. They’re fairly mature ... if they think they have something they won’t go.” (Adam)

For some men, perceptions of harm appeared detached from the realities of risk of HIV and other STI transmission, and harm for partners in relationships. Participants described how individuals in relationships would sometimes attend Chemsex parties incognito, and without their partner’s knowledge, with participants commenting on the potential for the acquisition and onward transmission of STIs.

“There were a couple of guys arriving at sex parties and they are saying at the beginning of the party <chuckles> “I’m not here”. And they engage in unprotected sex with five/ten guys... basically the partner was unaware that he was engaging in unprotected sex and was putting his partner in danger.” (Patrick)

Some parties were described as advertising for participants with a particular HIV status while others had a “don’t ask, don’t tell” policy.

“We’ve four HIV+ and three HIV- and we need another HIV-. Some advertise that. There would be bare-backing. They don’t use condoms, they’re not interested so that’s why it’s “don’t ask, don’t tell”. If you’re not happy with that, don’t go. I’m inclined to go for the sites where I don’t have to explain my status [HIV].” (Jim)

Sexualised Drug use, Escapism and Compulsive Participation

The escapist nature of Chemsex was described by participants who reflected on their experiences of others.

“They love being in this whole bubble. They don’t want to address the issues that they might have in real life.” (Patrick)

Sexualised drug use in the context of Chemsex parties was viewed by some as a reaction against contemporary life stressors and the void of intimacy and emotional connection with sexual partners.

“It’s part of the attraction. Drugs definitely lower your inhibitions. There is a sort of freedom in it; you know it is against the convention. You are all there for the same purposes, so there is no awkward shyness or being judged kind of thing. It’s quite liberal and there is a fun element to it.” (Adam)

“The intensity of the experience is very rewarding. Take the drugs and have the sex to release the stresses of life. You don’t have to have much intimacy because everyone wants to do someone.” (Patrick)

For some men, participation was about extending their own personal boundaries. Chemsex enabled them to overcome problems of intimacy (and to some degree internalised homophobia) and supported their ability to engage in sex. One participant said:

“I’ve also noticed that some have serious intimacy issues they wouldn’t be able to have sex with someone else without drugs.” (Patrick)

Drugs use additionally contributed to sex practices not engaged in when sober, such as “fisting”. When entrenched in group sexualised drug use, enjoyment of sex and sexual performance pressures whilst sober became problematic.

“I start feeling ‘if I don’t take chem, I don’t enjoy sex’. People want sex for all night, for days, ... so then the only way to help you last that long, you need to go on drugs.” Michael

Some strove to moderate their poly drug use in order to fully appreciate sexual activity within Chemsex group norms of lengthy sex sessions with multiple partners.

“I’ll try to control whatever combination of stuff I’m taking and make sure it’s going to be conducive to sex.” Adrian

Sexual positioning in terms of being a “top” (penetrating) or “bottom” (receiving) were said to be dependent on certain drug effects.

“in a one to one sometimes one person takes drugs the other person doesn’t, normally the person who takes drugs is a bottom, the person with no drugs is a top.” (Harry)

The disconnect between sex participants, particularly those who were using GHB was described. Within this context, problems of consent when intoxicated were common.

“An interaction doesn’t always happen in chemsex parties. It would be like fucking a corpse. They go out of it for two to three minutes and they come around a little bit.” (Jim)

“They won’t remember that they had sex with that guy, or that guy, but at the same time they will have the idea that they had sex. With no faces.” (Patrick)

Several individuals described seeing the exchange sex for money or drugs at Chemsex parties.

“Their thing is ‘use me, abuse me’, ‘turn me into a slut’, ‘abuse me’. It’s gone to another level. These are guys that are prepared to pay the money for it, prepared to get somebody that’s slutty enough to engage with what they engage with.” (Jim)

Others worried about the fast paced and all-consuming nature of the Chemsex scene.

“The whole Chemsex [thing] does shock me. I’m walking out of that apartment and they’ll be on Grindr, Bareback looking for the same thing that I’ve just left.” (Julian)

“A kind of horrible where people are just sitting there awake for days and taking drugs and banging away on Grindr on their phone. All the time, ‘look at this guy, look at this guy’ ... It’s the kind of monkey brain on a slot machine.” (Adrian)

Participants described how participation in sexualised drug use networks could become compulsive over time and observed how the addictive properties of drugs and the social connectivity supported by technologies were central to the link between sex and drugs.

“If you experience Chemsex you will never stop having Chemsex because it is so intense and gives so much instant pleasure. You can reduce but not stop.” (Harry)

When questioned about help-seeking and service access for those with problematic drug use, many described the difficulties in exiting the scene, and ceasing the compulsive use of social technologies and geo-locational devices facilitating ‘hook ups’ for access to drugs and sexual partners. They described the need for professional help spanning sexual health, harm reduction and drug dependence.

Discussion

Findings from this study provide an in-depth and unique snapshot of Chemsex participation in Dublin, a late adopter city experiencing this phenomenon later than other major cities such as London, Berlin, Brussels, Barcelona and Amsterdam. Given Ireland’s relatively conservative and religious background, combined with global travel (and the growth of a global Chemsex culture), and the recent increase of migration by a variety of ethnicities and new cultures into Ireland, this is not unexpected. Together, these factors have changed the

dynamics of Dublin's gay social networks. Our study builds on the existing literature on Chemsex elsewhere but is unique by virtue of its illustration of experiences from the perspective of those fatigued with their participation, seeking to exit the scene and accessing services for support for drug dependence and compulsive participation. Whilst we recognise the study's small-scale nature, we hope it can support further understanding of the practices involved, and design of appropriate and sensitive services for those seeking help.

Limitations of this study include its small sample size and relatively short time frame. The small sample is perhaps reflective of the small-scale nature of Chemsex networks in Dublin at the time of the research, participant concerns about confidentiality, and the study methodology of recruiting participants attending GMHS for help. The high representation of HIV positive men may have occurred due to snowballing. Despite the small number of interviews, data saturation was reached in terms of shared commonalities in sexualised drug use experiences and social contexts, physical and emotional consequences, decisions and efforts to exit, and experiences of help seeking.

Our study builds on previous research which illustrates how Chemsex is underpinned by drug and sex related pleasures. Sexual and drug-related pleasurable aspects within Chemsex activity in this small study of individuals navigating Dublin GBMSMS networks appeared centralised within a liberating non-judgemental recreation framed physical and cyber space (Hickson 2018; Hakim 2018). For our participants reflecting on their trajectory of immersion in the Dublin scene, Chemsex parties in Dublin initially appeared exclusive, fun, and liberating, supported by ethnically diverse and attractive participants, and counteracted the stress of modern life by providing a so called Chemsex wonderland. Participants described the pursuit of euphoria, sexual arousal, and sensory powerful sexual experiences underpinned by stimulant and dissociative drug use, with long sexual sessions with multiple partners lasting several days. Of note was the identified blurring of Chem session and Chemsex in terms of the sexual and drug related social connectivity, the social relations that underpin Chemsex events (whether 'hook ups'; 'sessions' or 'parties') and the expectations and understandings that anchor those relations. This appeared equally fuelled by social media and app based geo-locational devices supporting choice and disclosure.

The Chemsex experience is situated within inner group connectivity engaging together in this unrestrained group activity (Duff 2008). Sexualised drug use within the group confines of Chemsex parties appeared to be understood as a distinct experience of difference and one containing a unique practice of self by participants. Within this context, expanded forms of drug and sex risk taking took place, alongside active involvement in harm reduction. Our study underscores the complexities associated with situational risk negotiation, rational decision-making, reasoned action, and diverse sexual values and choices about drug/sex related risk-taking behaviours within socially constructed boundaries and discourses of risk and morality.

We recognise the contemporary moral panic concerning discussion of Chemsex. Our study is distinct in terms of illustrating the reinforcing aspects of drug and sexual pleasure, escapism and the interplay between excess of drug and sex consumption, as well as the problems associated with dependence and attempts to cease participation. Participants in our study revealed that over time, there was little joy, pleasure and intimacy in their practices, and contextualised Chemsex as compulsive, disconnected, devoid of intimacy, and out of control. They were fatigued by the scene and wanted out. This points to the darker side of Chemsex in terms of lack of emotional intimacy, the unintended loss of control, the

inability to make safe decisions, sexual manipulation, and the difficulty of dealing with drug and psychological dependence.

Conclusion

Bryant et al. (2018) argue that our understanding of Chemsex must move beyond a focus on risky and biopsychologically determined drug and sex practices, and beyond that of a “sex-based sociality” in which drugs and sex are used as social resources with which to build identities and relationships within gay communities.

While we recognise the pleasures intertwined within the Chemsex phenomenon, our study reports from the other side of Chemsex via the experiences of people wishing to cease Chemsex participation. It describes some of the complexities underpinning problems arising from Chemsex participation, difficulties in ceasing participation, and the challenges of exiting Chemsex networks in Dublin.

Services in Ireland are not yet fully equipped to deal with the sexual health, dependency, trauma and mental health aspects linked to Chemsex. A National Interventions Group to address for the increase in STIs among gay, bisexual and other men who have sex with men, and a multi-disciplinary Chemsex Working Group have however been established. These two groups are working together to implement targeted harm reduction, tailored education and outreach support for those engaging in Chemsex. In moving forwards, a holistic multidimensional, non-judgemental and culturally sensitive approach, which brings together sexual health, dependency and addiction, sexual trauma and community organising is clearly needed (Stevens and Forrest 2018).

Footnotes

1. Pseudonyms are used throughout this paper to protect confidentiality and anonymity

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Conflict of Interest

The authors declare no conflict of interest.

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Table 1 Participant Characteristics

Participant Pseudonym	Age Range in Years	Nationality	HIV Status	Hepatitis C status	Using PrEP
John	35-39	European	Negative	Negative	Yes
Adrian	35-39	Irish	Negative	Negative	Yes
Michael	35-39	Non-European	Neg	Negative	Yes
Adam	35-39	Irish	Positive	Negative	N/A
Jim	55-59	Irish	Positive	Negative	N/A
Harry	40-44	European	Positive	Positive	N/A
Patrick	35-39	European	Positive	Negative	N/A
Julian	45-49	Irish	Positive	Negative	N/A
Mark	35-39	Irish	Negative	Negative	Yes
Thomas	30-35	Irish	Negative	Negative	Yes