VU VRIJE UNIVERSITEIT AMSTERDAM

MAINline

Chemsex Amongst Transgender People in Amsterdam

An Ethnographic Research Report

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Introduction

The following research report is part of the culmination of a research project of the Master's in Social and Cultural Anthropology at the Vrije Universiteit Amsterdam (VU) – the other part being the Master's thesis. The researcher collaborated with Mainline on a mutually chosen topic, for the Professional Anthropology Track of the Master's programme. Collaboration entailed the researcher exploring a "problem statement" by Mainline; crafting a research plan based on this statement; conducting fieldwork; and producing a "Fit-For-Practice-Product" (i.e. the report on the findings). The resulting findings and recommendations are presented in this report written for Mainline.

Problem Statement

One of Mainline's focusses is on the harm reduction of people who participate in chemsex, which they define as the intentional use of any drug (excluding alcohol, cannabis and poppers) by anybody in combination with sex. In practice the target group is directed at men who have sex with men (MSM) and transgender people, with more experience on the former. Many people working in healthcare and addiction care are not familiar with chemsex and lack the resources to help those who need it (Knoops et al., 2022: 572). The outreach team of Mainline had already received various "signals" indicating problematic chemsex among transgender people in the Netherlands, indicating a need to better understand the situation. Current interventions such as support groups, educational programs, and individual consultations require adaptation to better serve the transgender community.

Leon Knoops stated that "all subgroups are melting together" and it does not make sense to differentiate terminologies of chemsex for LGBTQIA+ people versus sexualized drug use (SDU) for heterosexual people, nor does it make sense to fixate on the specific original substances that David Stuart proposed (personal communication, 2023). It is vital to view chemsex not only from the perspective of MSM, but from other populations as well. Healthcare professionals are also not adequately equipped to care for chemsex-related problems yet.

This report addresses the research gap, by attending to the experiences of transgender people. Specifically this report is focussed on chemsex amongst transgender people in Amsterdam and the research question is:

How do the embodied and lived experiences, narratives and perspectives of transgender people in Amsterdam shape the way they engage in chemsex and vice versa?

Two sub-questions were used to answer this question:

1. "*Which risk and protective factors exist for transgender people in Amsterdam?"* refers to aspects of a person's life that could either contribute to risky drug and sexual practices, and which aspects support a healthy relationship with chemsex.
2. "*In what ways does the transgender identity influence the way chemsex is practiced and why (if at all)?"* helped analyze if gender identity shaped chemsex interactions.

Literature Review of Transgender Chemsex

The reason chemsex has received attention in research and specifically on its use among MSM, is because of the HIV risks associated with injecting drug use (IDU) as well as condomless anal intercourse (Hibbert et al., 2021: 2). Chemsex has also been linked with a higher likelihood of engaging in "risk behaviors" (in relation to sexually transmitted diseases and infections) such as group sex, fisting, and the sharing of sex toys (Jaspal, 2022: 11). Despite the fact that reasons attributed to chemsex– such as internalized homophobia and HIV risk– may apply to other LGBTQIA+ people, there is less research and focus on transgender women and virtually no research on transgender men, women who have sex with women (WSW) and non-binary people (ibid: 7), although a prevalence of substance use in sexual settings has been noted amongst these groups (Pienaar et al., 2020: 1).

While there is little research that specifically uses the term "chemsex" concerning transgender persons, there is however research on transgender people and HIV risk behaviors, as well as studies on transgender SDU and also sexwork (see Hibbert et al., 2021; Hoffman, 2014; Khan et al., 2022; and Reisner et al., 2016 for overviews). A lot of this research is quantitative, focuses on drug abuse in relation to HIV transmission, or includes transgender people as part of a gender diverse sample.

Pienaar and colleagues (2020: 5) suggest in their Australian study that drugs among their participants were used to explore sexual boundaries outside of the heteronorm. Trans and gender

diverse people in particular explained how the consumption of substances allows them to profoundly shift their connection with their bodies. Likewise in Australia Freestone and colleagues (2022: 5) note that across all gender identities in their sample including transgender, GHB facilitated sex with less inhibition and more connection. Further LBQ women, transgender, and gender diverse participants had more confidence in their bodies during sex due to GHB, however were very selective of their sexual partners due to the level of trust they felt necessary for sex on GHB. Chemsex among this sample took place mostly in residential settings, because it enabled people to regulate their use better and more privately (2022: 5). A study in the same year by Freestone and colleagues' (2022: 3) identified how GHB helped gender diverse people heal trauma – sexual or otherwise. Globally, methamphetamine has been noted as the drug of choice among MSM and transgender women, due to easy access and low prices (Khan et al., 2022: 5). This drug is seen by MSM and transgender women to enhance their sexual lives by extending the length and broadening the diversity of sexual encounters (ibid: 8). In countries where certain sexual relations are considered criminal (e.g. Bangladesh, Iran, Singapore), MSM and transgender women experience emotional distress from societal isolation and harassment (Ibid: 9). Logie and colleagues' (2020, as cited in Khan et al., 2022: 9) posit that such stressors from stigma indeed can lead to substance abuse, while Khan and colleagues' claim this constructs fertile ground for participation in chemsex (ibid: 9).

Hoffmann (2014: 1050) also suggests that transgender people are more likely to engage in sex work, because of workplace discrimination and economic necessity. The author notes that substance use globally is a common trend among sex workers and that HIV and other STIs are more prevalent where drug use and sex work are concerned, as drugs can lead to risky sexual behaviour – by which they mean behaviour that disregards STI health risks. Reasons for chemsex/SDU in transgender SW suggest that– similar to MSM–underlying internalized homophobia may play a role, as well as the various ways in which sex work is made easier, more pleasurable and more profitable through the use of drugs such as methamphetamine (Khan et al. 2022: 10-14).

Through this research, the goal was to help improve current approaches to the interventions of chemsex for transgender people. Working with Mainline as a student of the PAT trajectory, this report is a reflection on how best to perform outreach amongst transgender people

who practice chemsex in Amsterdam. This report is a more concise, and less theoretical version of findings from the researcher's thesis.

Methodology

During the course of the fieldwork period (January 2 - March 29), the researcher was provided assistance and feedback from the internship supervisor at Mainline, Ingrid Bakker. Regular meetings were scheduled at Mainline's office to discuss methodology. Additionally two meetings with the researcher's thesis supervisor, Ellen Bal, at the VU were scheduled to assist in the ethnographic aspects of the study. The researcher collected extra data after the official period of the fieldwork as well.

Sampling

As the population studied is a hidden one, it made little sense to conceive of an elaborate sampling design. Relevant organizations involved in work with transgender people were reached out to; queer friendly venues were visited; and queer collectives as well as personal connections to the researcher contacted; to find initial participants. From there connections were snowball sampled. The research was advertised online on social media, Grindr, through friends and peers, between the networks of organizations/collectives reached out to, and on Whatsapp group chats. The researcher had also been to 10 chemsex-related events to advertise the research. Due to the manner of sampling, the research does not represent a particular chemsex group, but more different experiences from various ones. Triangulating information was not as effective as it could have been were the interlocutors to speak of the same events, locations, people even. The group researched is not a cohesive one and come from different chemsex communities than each other. One text message response received while distributing flyers, underlines the difficulty of defining gender for research:

> "How is trans defined in the research? Does it include all forms of gender deviance/in opposition to cisgender or is it a more medicalized view?"

Questions and comments along these lines came up often during fieldwork. The researcher decided to define transgender to denote all people that do not identify with their assigned sex at birth. Beau, a social worker, was incredibly helpful in rethinking the gender aspect of the research, and solidified reflections on the inclusion criteria: namely that gender-variance as a whole encapsulates transgender. Identity was approached in conversation and interviews sensitively. In the end, only one participant did not completely fit the medicalized perspective of transgender.

Types of methods used/ data collection strategies

Qualitative Interviews (8 interviews)

For this research project qualitative interviews were the most valuable method with which to gather data. Drug use and sex are both quite private affairs, which limited the actual exposure that the researcher had to the practices themselves. Thus the core of this report stems from the eight qualitative interviews that were obtained. Most interviews – with the exception of those of Irene, May, and Linda were limited by a self-imposed time limit of around an hour for logistical reasons (e.g. people's schedules) and because the incentive to be interviewed might have been reduced by a longer scheduled interview.

A guiding question list[1] was made for these interviews, which were divided into themes. During the course of the interviews, the researcher gauged which questions would be more valuable to use on different interlocutors. This was done intuitively based on their answers to previous questions, and because it allowed more to probe into their stories. The themes of the the interview questions were labeled as the following:

- Demographics
- Free Association: e.g. Which words do you think of when I say "chemsex"?
- Drug Sensations: e.g. Can you describe the way the different drugs you use make you feel? Why do you like taking them for sex?
- Drugs and Relations: e.g. Can you describe to me a typical chemsex party?
- Control Strategies: e.g. What do you do when somebody is not feeling well during chemsex? Or what do others do when you are not feeling well?

[1] See appendix for the question list.

- Risks: e.g. Has it ever been difficult to communicate consent to sexual partners? Is this different during chemsex?
- Healthcare

These themes were created with attention to Mainline's online "Harm Reduction School" module on chemsex and in conversation with the researcher's theoretical framework and other literature on chemsex and drug use. The logic behind the question list was to have a somewhat similar structure to every interview and thus strengthen the reliability of the study. The researcher aimed to achieve a mixture of questions that were grounded and practical in the information they produced (i.e. concrete findings for Mainline), as well as questions that allowed more space for interpretation and analysis (as needed for the researcher's thesis). The themes of "Drug Sensations'" and "Drug Relations" were the most relevant for the analysis. The "Free Association" theme turned out not to be so useful for the study as it had been suggested by Page & Singer (2010: 118-119); and the "Healthcare" theme proved to be somewhat unrelated to chemsex among the participants of this study. In place of the latter, closing questions were asked about what the participants think chemsex harm reduction should look like and what information about chemsex they would like to know more about. The participants of this study were given pseudonyms and they are referred to as:

- Linda: trans woman (she/her), self-employed
- Irina (67 years old): trans woman (she/her), sex worker (and activist for sex workers)
- Nina (23 years old): trans woman (she/her), student
- Ben (28 years old): trans man / feminine man (he/him), employed
- May (36 years old): queer femme / gender fluid (she/her), sex worker (mainly pornography performer and director)
- Elaine: trans woman (she/her), self-employed and sex worker
- Patricia (25 years old): trans woman (she/her), student
- Emma (35 years old): trans woman (she/her), unemployed

Of the eight interviews four were in person and the other four were carried out online. All interviewees except Linda signed a written consent form from Mainline adjusted to meet the

needs of the researcher (i.e. thesis and possibility to publish in research contexts). Linda did not end up responding to messages about signing the consent form, but had given verbal consent for her interview and numerous times had stated having “no shame” in participating. Of the in-person interviews, Irene and Emma’s interviews were done at their respective homes; Linda’s at a cafe/bar; and May’s was done at what will be referred to as a community center for anonymity reasons. May and Irene’s interviews were recorded with their permission, while Emma was firmly against being recorded. Nina, Ben, Patricia, and Elaine’s interviews took place on Zoom. The online-interviewees had all opted to be recorded with the exception of Ben and Nina. Afterwards the interviews were transcribed verbatim.

Linda and Irene are the only Dutch participants, whereas everyone else is a first-generation migrant to the Netherlands. Additionally, the researcher decided not to explicitly state their nationalities for purposes of anonymity. While their experiences prior to the Netherlands do come up, it is not necessary to know exactly where these take place to understand the impact that these experiences have on their lives now. Without attributing a participant to the precise nationality, the nationalities of the migrant participants were diverse and included people from: Western Europe, Eastern Europe, the Middle East and Southern Africa.

Informal Conversations (14 conversations)

Informal conversations are defined as meetings that could stand on their own as interviews, but either are not conversations with the target group or were conversations with people who had refrained from being formally interviewed. These conversations were with healthcare professionals, social workers, sex workers, and people who work in the nightlife. The informal conversations served the purpose of providing context for the interviews and receiving advice on approaching this fieldwork. These people are also anonymous in this report, as most of them requested to be. Notably Lora, a sex worker, served as one the first contacts in the field and provided critical background on transgender sex work. Kay, who works in the nightlife, helped advertise the research through a flier and explained aspects about “darkroom” management that were useful. Irma granted access to a monthly gathering with many transgender sex workers which were attended twice.

Events

Among the events that the researcher attended were two queer nightclubbing events where research flyers were on a stand; an event for auteur pornstars and porn filmmakers; and a sex show and benefit in a nightclub. Observation of sexual activity in nightclubs could not be interpreted as chemsex as it would require assuming intoxication and gender. Attending events mainly functioned as attempts at sampling, as well as observing so called “awareness teams”[2]. Through these events nothing can be concretely stated about transgender chemsex specifically, but sparked ideas and recommendations for harm reduction and outreach.

Ethics and Data Management

One healthcare professional in particular, Francis, was very critical of research (e.g. Stutterheim et al., 2021) that overestimates problems in the transgender community and generalizes these. It should be noted that this study was not carried out with the goal of representing transgender people in Amsterdam or generalizing their experience. The context of each individual participant was taken into account when analyzing the data. Results of this study should be taken simply as “signals" to take into consideration when designing new interventions. Furthermore, this report should be kept for research purposes only, as was communicated with participants.

All participants including people who had been in an informal conversation were given pseudonyms that match their gender. The pseudonyms do not match people’s nationalities, as this information remains anonymous. Additionally, locations and organizations also remain anonymous for this report. While a few employees of Mainline, such as Ingrid Bakker, are aware of organizations and people that the researcher spoke to, this report leaves this data out. Naming locations, organizations, and professionals in writing requires different ethical considerations than spoken word information. Naming the person who had organized gatherings for transgender sex workers for example, would breach the anonymity of the people at the gathering. Raw data (i.e. interview transcripts) was stored in a secure hard drive of the researcher, and will remain inaccessible to any other parties, as this data contains information that could likewise breach the anonymity of participants.

[2] Typically volunteers at queer nightlife events and clubs that are responsible for the social safety of the crowd. Their duties often overlap with taking care of non-critical drug-related situations.

Results

Self-Medication

The use of drugs during sex was mentioned by multiple participants as a means of managing mental health. Mental health often was mentioned in relation to anxieties, the most relevant of which to transgender people being body dysphoria:

> "My simple theory from the information I gathered throughout my life is that, for example, cis-gay men usually use drugs during chemsex to like, boost the performance while, for example, gender-queer people that I know have similar reasons to me that is like gender connected anxiety and gender roles during sex and so on. And I don't know, like body dysphoria."
>
> - Patricia

This finding is in line with previous literature (see Pienaar et al., 2020), that associated chemsex amongst transgender people with being more connected to their gender identities. Interestingly, Patricia notes that the men she has encountered seem to have less anxiety concerning chemsex. In her perspective, it is gender-queer people who engage in chemsex, because of mental health issues related to their gender. Nina's motivations for chemsex similarly underscored this finding, when asked how she started having chemsex:

> "I was very anti-drugs. I thought 'all drug use is bad'. But at the time I was rebelling against my old self and that's how it changed. Then I was meeting people who did it too."
>
> - Nina

Her "old self" that she mentioned is herself pretransition. She further explained that drugs made her "able to have sexual relationships in the first place". She attributed her inability to have sex pre-drugs to social anxieties, inhibitions and a critical attitude towards people. Ecstasy gave Nina

“instant charisma” and less anxiety, permitting her to be more flamboyant and confident in sexual settings. Now that she is sober, she struggles to have sex.

When mental health issues were mentioned by participants, they always mentioned more than one. Patricia for example also had untreated ADHD, which until recently she had not received medication for. One reason for her having chemsex, was that stimulants like amphetamines and cocaine gave her the ability to focus and have energy during sex. Stimulants helped her “stay more present mentally” during sex, which her ADHD did not allow her to do. Due to the mental health system in her home country, it took her a while to get diagnosed and even longer to be prescribed medication. A couple of years ago Patricia was prescribed bupropion, which was the only time she was not using stimulants (except for MDMA). Now that she is prescribed methylphenidate, she also does not feel the need for stimulants, as she feels energized during the day. Patricia directly correlated her own drug use with a lack of psychiatric medication. Patricia was reappropriating illicit amphetamines for the licit ones that were unavailable to her. Sex was one aspect of her life that was aided through such self-medication. With a lack of medical support, she took illicit amphetamines in place of state-sanctioned ones.

It is worth mentioning that half of the participants (Nina, Linda, Elaine and Patricia) had mentioned having ADHD and being on medication for it. Not all of them use illicit amphetamines as self-medication. Linda for example uses prescribed dexamphetamine, but specifically never mentioned its usefulness to her as prescribed medication. For her it helps her dance better and longer. May also spoke of self-medication, albeit for more situational matters than mental health. Her philosophy concerning chemsex is: “chemsex is all about balance and proportions. I don't perceive it as a negative phenomenon. For me this is just a tool”. To her, chemsex was xanax or an opiate painkiller here and there to deal with anxiety, stress or discomfort before a pornography shoot. It does not happen often, but she uses these substances to make sure that she is able to perform. In her perspective, pornstars could use substances to address physical or mental problems that could be a harm to their sexual partners or themselves during filming.

Connection

“Connection” came up multiple times throughout the fieldwork and chemsex drug use was mostly used in its capacity to form or modify a relation with another. Some substances enable

disinhibition, some endurance, and others connection, yet they are all used to foster interactions with others. Common tropes of connection were mentioned often together with MDMA, such as Emma's description of it: "you get love and you give love." Chemsex was used to make connections stronger or create connections, where it was not so apparent:

> "I guess I just didn't really like reality (during sex). It felt very awkward. I feel like this is often a reason for people to take drugs when having sexual encounters: they don't want to experience all the realness. That can be awkward, because then you need to communicate and you're maybe overthinking and then not getting an erection. So it's like a cascade effect. And a lot of the time it's not possible to just get over it. Drugs can be useful with that."
>
> - May

May reflected that not being relaxed or confident affected the body and the ability to perform. Drugs helped by making a stronger connection than there might have been without them –which Elaine attributes as a reason for using them for sex— and they can help bypass the "realness" of vulnerability. Overthinking during sex can lead to unpleasant sexual experiences, where substance sometimes allows the influence of such thoughts to be less.

Furthermore deeper connections to sexual partners could be fostered in a collective manner. Effy, a gender-fluid person, told in an informal conversation of a method they[3] used to monitor the time between their GHB doses. Effy and their sexual partners would take screenshots on their phones to note down the time they took each dose. They would do this collectively so that the cycle of their high would synchronize with each other, and that they would need to redose at the same times as everybody else. Ingesting substances becomes a collective activity, where the decision making process is facilitated by group sensations. Linda pointed out the same effect, explaining that at chemsex parties everybody enters the same "frenzy and rhythm". To her, hooking up with people outside of the party is not the same, because this collective effect is lost. Most of the time connection was spoken of in terms of a collective or a community:

[3] "They" in this report can refer to a person's chosen pronouns.

> "In my home country I didn't do drugs at all and I thought I didn't like going out. And then I moved here, and started meeting queer people and became part of a community. It was very different where I'm from. The community here really broadened my horizons, and I've felt this fulfillment and happiness which I didn't know before [...] I didn't expect to feel so included, seen and heard. Before I'd never met anyone else in an open relationship like me, never met anybody who was sexually like me as well. Here it's a whole community."
>
> - Ben

Ben specifically refers to the people that he has chemsex with as a community. Moving to the Netherlands was accompanied by the discovery of drugs, a queer network, and other people in an open-relationship. Chemsex is entangled in and inseparable from his life in this country. Some people from Ben's sex network are also his friends in "real life", as he calls it, who regularly meet up with him to play board games. Similarly, Patricia used chemsex to discover her identity and through this a community. Patricia's chemsex initially had started with alcohol, weed (both of which she includes as chemsex) and stimulants to help her figure out her gender identity while hooking up with cis-identifying people. She stated that she did not like the dynamics that were assumed during cisgender-heterosexual sex and did not understand how they functioned. As mentioned earlier, chemsex initially helped her with her anxieties concerning heteronormative sexual scripts. Through chemsex she was able to feel more secure in her gender identity, and thereafter find a community of other gender-queer people whom she is more comfortable with. Now she does not need drugs to forge or continue her connections.

The Role of Community

As these narratives have already shown, strong networks of support are important for people who participate in chemsex. Ben is one of the more controlled and recreational users of the participants, because he is not only part of a chemsex community, but maintains those relationships outside of chemsex as well. May and Patricia were also part of strong communities of people that regulated their chemsex.

May had used more substances like cocaine, MDMA and amphetamines for sex prior to becoming part of a sex worker community. Being part of a community of sex workers and

making pornography had a "guardian angel" effect on her life, as she phrased it. Working as a pornstar and director, she has to be "fresh and effective". According to May, substance does not have a place in her line of work. The act of making pornography is empowering to her and her network, and provides a space where she does not need to conform to expectations of femininity. Contrary to the image of vulnerable people that are at risk of using drugs irresponsibly (Lorvick et al., 2012), May argues that sex workers use drugs more responsibly because of the type of physicality that their labor requires. In her experience and among the people she knows, substances interfere with being an effective sex worker.

Likewise, Patricia's story best highlights the role of community. When asked about the difference between the people she used to have chemsex with as compared to her chemsex life now, Patricia explained:

> "I think there's a completely different scene. Of course I mean the closest people about whose sexual lives I know a bit more, they generally don't use drugs during sex, except for weed or occasional drugs like you know: MDMA, LSD, 2CB or something like that. You party and then you go home and have sex. But also this community is different in the way that it's younger people and also not many cis, gay men. I would say this is quite a bit different, but also the people in the community are almost 100% gender-queer, and they also mostly see other gender-queer people. In my experience the cis, gay sex is quite often heteronormative in certain ways, and I would claim that the sex that people in my community have is not that much so. I know they feel more comfortable."
>
> - Patricia

Patricia's words highlight a trajectory of self-medication in chemsex towards a less prominent chemsex life as she found more support in a community. The network she surrounds herself with now is based on gender identification and not on chemsex itself. The chemsex scene she was part of did not serve as her community, in fact it reproduced the "dynamics" of cis-heteronormativity within her sex life. When she was having more regular chemsex, she presented in a masculine way rather than how she identifies now. Figuring out her gender identity and setting the boundary for herself that she is transgender and cares that people in turn perceive her that way,

was an important step towards using less drugs for sex. The people in her gender-queer community have further enabled Patricia to be more comfortable with sex and thus not need drugs as a tool to have it:

> “As I said, it's not only because I don't use drugs, but also I don't use drugs because I am in a more comfortable sexual setting to begin with. So only seeing queer people, I mean practically only seeing gender-queer people”
>
> - Patricia

When she has chemsex now, it is more situational than deliberate: She goes to parties and she will have chemsex if she feels like it, rather than using substances to help her have sex. Patricia’s gender identity being recognized by herself and those she surrounds herself with, has also given her the space to incorporate a healthier relationship with chemsex into her life. According to her, LSD and 2-CB were the only substances she really enjoyed during chemsex. Patricia now uses them instead of the amphetamines and alcohol which she later realized would only make her sexual experiences worse. Patrica’s story highlights how recognizing the protective factors in her life (such as a gender-queer community) opened the door to healthier connections with people as well as substances.

The Role of Space

During fieldwork, “space” or “safe space” was mentioned frequently as crucial for transgender people in Amsterdam. At the gatherings of transgender sex workers, they would talk openly about their lives only because they were at a regular location with familiar faces. This was a safe space for them to open up about the challenges they faced in relation to sex work. As an example, one transgender sex worker spoke about using drugs to “stay skinny”, to which others reassured her that she should not worry about body standards. Crucially, these people know each other through this space, enabling peer support as well as support from social workers. They listen to each other, because information sharing comes also from people in their community. One transgender sex worker in particular mentioned that the most effective way to talk about chemsex, is to allow transgender people to speak to each other in a non-hierarchical fashion. Indeed, it is only during the non-formal part of the gathering that a couple of the sex workers

would speak in smaller groups about using cocaine for sex or how they have friends who are addicted. Safe space facilitates trust, which in turn was very important for all the participants and within all the informal conversations. Elaine highlighted how transgender people need to be aware of their environment, because they do not trust people (men in particular) so easily.

The concept of safe space also applied to places in which chemsex might occur. For some of the people spoken to in interviews and other conversations, chemsex in private settings was an extension of the nightclub often referred to as the "after" (after-party) when nightclubs close. In a casual conversation with Effy, they explained that they view chems in residential space as a way of bringing the club home and what they find beautiful about the club is that it is loaded with sexuality. For them, what ties sexuality and the club together is that the space in combination with chems makes people more gender-fluid. "Straight people are not as straight as they think they are when they are on drugs in the club", they clarified. Effy further gave the example of GHB which makes them feel like the boundaries of gender disappear. Emma expounded on this by saying that in her opinion there is more drug use at queer events than straight ones. She explained that queer people like to connect with each other and "straight people are still learning how to do this."

In the perspective of both Emma and Effy queerness is accessible to people more easily on substances, which is part of the appeal. Some substances foster experiences that directly relate to queer community-building and embodied feelings of genderlessness or being queer. They see the predominance of chemsex among LGBTQIA+ people as a form of connection that "straight" people do not understand. Indeed, multiple times the term "normie" would be used by participants to describe and poke fun at straight people who do not use drugs. A "normie" being shorthand for "normal" and indicative of a person that follows strictly social norms. According to Effy, queer nightlife spaces adopt anti-normativity and reproduce the dissolution of gender-norms while people are in those spaces.

How to manage safe space in sex-positive nightclubs is a regular conversation amongst people who work there. Kay explained how "darkrooms" are typically –as the name suggests– too dark. They function in a way that is more inviting for men, where transgender people are less inclined to feel safe participating. Simple features like the addition of pillows and different lighting, enable different experiences. Kay actually theorized that it is "veterans" of darkrooms that are best able to communicate consent, where young people that are new to sex-positive

spaces often end up breaking boundaries. In their opinion it is important that people with a lot of experience with chemsex are present at an event.

Furthermore, Patricia elucidated how safe space practices from nightclubs could be transferred into residential space in the form of "awareness teams" and the management of space:

> "They organize it (sex party) and then they invite people who they know and that they can trust. And usually there is a limit for how many people can attend based on the space. Usually the space is divided based on the level of intimacy or something. So there is like zone where – i don't know people cannot fuck; there is a zone where people can fuck. There is a zone where people can make out or whatever but cannot have sex. Some of them have these like awareness teams or something, let's say where like some of the people who participate have a shift for like one hour or something. And people who participate can, like, come to them if they're not feeling good or whatever is happening [...] People who use drugs can have something that displays they use drugs like a dot on their hand or something like that with the marker. Or they are supposed to tell the person with whom they are doing something. And there are also certain areas where you are not allowed to use drugs. I would say it is more controlled in this way. Like if it's in the house, people have to go to drugs in the kitchen. They cannot be in the living room where there are people around them having sex and you know."
>
> - Patricia

It is in the zoning of space that Patricia's chemsex network is able to self-regulate their use, as well as have a better oversight of safety during their sex parties. People at the sex parties are also made directly responsible during certain hours, when they are made to function as "awareness team" members. This is a practice adopted from queer nightlife, which simply entails a volunteer being extra aware of possible drug-related situations or with harassment. The next section of this report addresses these types of situations.

Chemsex Issues

Nina and Patricia were the only participants to describe themselves as having had a chemsex problem. Nina for instance would say:

> "I only used drugs in the context of sex, which is one of the reasons I stopped. At some point I slowly stopped being able to have sex outside of drugs. That's where the problems started [...] At some point I started getting aggressive; I would lash out and be mean to people. Twice in a row I was very aggressive and that's the last time I used… I used to run away from certain qualities of myself. So chemsex was not about pleasure for me."
>
> - Nina

Patricia on the other hand noticed that she did not enjoy the sex she was having on drugs anymore. Patricia has since lessened her use, and Nina has been sober. The other participants have nevertheless also been in problematic situations.

Breaking Boundaries

One way in which boundaries could be broken is in the lack of STI communication, as Linda expressed:

> "We had suspicions about one guy, but couldn't tell. It became clear when everybody was infected with gonorrhea. He profusely apologized for infecting us. I said 'fuck you, I remember the gift you gave the last time.'"
>
> - Linda

Linda went further to explain that "viral load sorting is a personal responsibility" and that nobody would actually be truthful of their STI status if they show up to a sex party. To her, it is pointless to ask about serostatus. This was not an uncommon sentiment amongst the participants of this study, who conveyed that STI testing monthly or PreP is the most they could do for sexual health safety.

In a different fashion, the only component of chemsex that Ben thought was harmful to himself, was the way he could not always be aware of the passage of time. “Time gets warped.” he said of a feature of chemsex that he felt broke his own boundaries. He often found himself going home much later than he had anticipated. Chemsex can “literally go on forever”, he said. Space is essential in the discussion of time, because it is the residential space that facilitates chemsex ability to go on endlessly. Nina differentiated between chemsex at home as opposed to public space:

> “A typical night would be going to events taking ecstasy, my main drug. And then I got into the “home-dating” scene. Chemsex on a night out is about losing inhibitions and that stuff, but chemsex at home is about using the drugs and not as much about the sex. It was all about Ket, GHB, LSD, balloons even. It was also about the length. I got pushed into doing two-day binges –which normally I’m not that kind of person. I would come out with a broken nose, bleeding lip, bruises on the body, and I couldn’t walk…. The people I met were about pushing the limits a lot, and acts were being done to me I would not have approved of otherwise.”
>
> - Nina

Chemsex on a night out to Nina had more of a recreational character, wherein she would use ecstasy to become disinhibited. When she started also having chemsex in home-dating scenarios, she would not be in control of the practice anymore. Substances had a more prominent role, because in residential space she would not have to hide her use. Nightclubs and party events often regulate drug use, because people have to line up for the bathroom cubicles in which they can (re)dose without being monitored (Azbel, 2023: 889). Residential space also does not have a closing time, whereas events and nightclubs do. Residential space is also meant for living, hence people do not necessarily have to leave as they have access to water and food and a place to sleep if they wanted to. As Linda likewise noted: “With chemsex at the club it’s easier to go home. In gangbangs at home you’re in it 24/7”. These attributes of the space of the home-dating scene promoted “two-day binges”, on top of harder substance use in Nina’s experience. She stressed that partaking in a “binge” was not in her character, but she still would end up doing them. Space as a technology “pushed” her into longer chemsex sessions, in which people did

things to her without her consent. Residential space as a site for chemsex is less restricted, with the safety measures relying on the people who are in that space.

Nina revealed that her chemsex network was detrimental to her health. The chemsex scene she was a part of solely knew each other in relation to substances. She described chemsex as a practice that would make her break her own boundaries and be around people she did not want to be around. She would remember something that she did or something that was done to her during chemsex and feel ashamed. When asked if she used any paraphernalia for drugs, she could not recall. She said: "I was in states where I barely knew where I was, so I don't know. People around me may have used equipment, so maybe I did too." In essence, because Nina was using chemsex as a means of escape, only the use of substances mattered to her. All safety and health concerns relied on the people around her: from whether she dosed GHB with a syringe, to whether she would be bruised, wounded and used during sex. Up to this day she has trouble remaining sober. She describes life as having been "more free" while she was still participating in chemsex, and often craves for it.

GHB for many participants was seen to cross a boundary, after having done it or had an experience around somebody who has done it (or even just by reputation). Elaine believed it to change people's personalities too drastically. Elaine's attitude and precautions towards chemsex changed after having been sexually abused by somebody who had taken GHB without telling her:

> "It was kind of first like partying and then going home and then having sex with someone [...] So for me it was kind of like that. Then it changed. I'll go over and then see how the vibe is with one another. I'm not just gonna get high with anyone. I definitely wanna *sus* the vibe out, because especially with some men you don't really know how they are. You don't just trust these guys, especially when you're trans. You need to be wary of the environment [...] And if I'm like, 'okay, cool. I don't feel like there's anything wrong here' then I can go about my thing and 'let's do the lines' or whatever. But yeah, I'm definitely someone that is always cautious with it [...] Yeah, for me personally I had a bad experience a while ago —before I transitioned—with someone that was on G that I didn't know he was on G and then he like…Well, rape. And that I think changed the way I

> was about things [...] Cause like once you're in it, you're in it. You're in a different mindspace and a different dimension I guess so I'm always just careful."
>
> - Elaine

Elaine went from having a very casual and spontaneous relationship with chemsex to one that required more trust and for her to be more suspicious of people (to "sus" people out). Since Elaine's sexual abuse, she has become more cautious around not only people who use GHB, but around men who want to do drugs with her in general. Elaine needs to "sus" situations around men, especially ones that involve her being in a different mindspace, as she has too often found reasons to distrust men. She feels that trans people in general cannot just assume an environment with men is safe. Despite Elaine's traumatic experience with GHB, she still regularly encounters the drug, revealing its predominance in the chemsex scene. Her boundaries are arguably also violated by needing to take care of people who overdose on GHB:

> "Actually one of my girlfriends used a lot of G all the time. A lot of the time I would have to help her, because she'd collapse. So how do I deal with that? [...] It's horrible. It's very scary and it's not nice to see people that you love in those situations, especially if they do it a lot of the time. If you leave them, then they're just going to fall down and then you don't know what's gonna happen."
>
> - Elaine

Elaine is genuinely conflicted from a moral standpoint of what her responsibility in these situations is and what is expected to do in them. As she notes, walking away from a situation and rejecting responsibility in a way is a choice as to the outcome of somebody's GHB overdose. Responsibility then is forced unto her. It is not a consensual choice. More than that, it is not a casual responsibility, but entails a lot of quick decisions and attentive care.

While giving the above example of a friend overdosing, Elaine described how she handles similar situations. She listed down the methods she uses to keep a person on GHB from falling asleep. The first method: asking the person on GHB questions as if they were a child so that they do not panic. This requires a lot of mental activity: remaining calm, projecting calmness, and being attentive to topics that could possibly trigger them. The other method she

mentioned is to give them speed: “It’s really important to re-kick their heartbeat. The G is sedating them and their heart is trying to shut down and you wanna keep them awake”, she justified. Elaine acknowledged that people might say this method is not the best, but in this situation it is an ethical self-questioning: according to Elaine, speed is a surefire way to keep somebody awake, which is the most urgent action. Elaine mentioned wakefulness and “waking up” and not falling asleep over and over to emphasize this danger. Irina has also had to manage this situation with the looming implication of danger to herself:

> “That was a nasty situation. It was a guy who was a dealer. We had been partying all through Saturday night. He’s like ‘can I take some GHB?’ The first dose was still okay. There was a little behavior that I saw after his second dose and with it, it all went wrong. Really wrong. He started to freak out and run around the house. ‘Oh, I love you, you're so pretty’ he would say. Then: ‘Oh gottverdamme!’ That, back and forth. I told you he was a drug dealer and he had talked about when he just came in about how he deals with his competition. And that was not so pleasant. So when he started to flip out, I got scared that he was going to do what he does with his competition….And then, luckily, he fell asleep.”
>
> - Irina

After a long night and with some help from a taxi driver she had called, Irina was able to get the dealer out of her house. This experience has led to Irina’s hard stance on GHB being at its core a drug of violence that “rips lives apart with two doses”.

Lack of Connection

> “People around me started suffering a bit…. I actually met my husband at a gangbang on drugs, but we started talking outside of that. My close connections don’t come from drugs. He made me want to stop. My one or two genuine relationships are not from drugs, but were endangered by them. I have trouble forming relations in general.”

Nina's experience with people with whom she had chemsex does not reflect a community. It is revealing that a stable relationship is what helped in stopping chemsex, showing that a positive network of support is crucial when getting into chemsex. Although Nina met her husband in a chemsex setting, her husband was one of the few connections that helped her realize she had a problem. Ideally one's network would consist of people also outside of the chemsex scene so that it is easier to distance oneself from it when needed. In Nina's case, it has been difficult for her even now to meet people who do not take drugs. The people she encounters stigmatize her for *not* using drugs. Having a network like hers that is made up only of drug users normalized problematic drug use and sexual behaviors that she took part in or was regularly exposed to. For somebody like Nina –who has trouble forming relations in the first place due to anxieties –it had not been so straightforward to curate a supportive social network for herself. Elaine further substantiates this point when speaking of come-downs:

> Elaine: "I think trans women are very vulnerable with these kinds of things. If someone says certain things. For us, we don't really experience love a lot so if there's something that is like, what we consider something related to love or affection, we can sometimes be very soft and fall into these traps. Doing those cycles. That's why I'm always trying to be cautious with these men because they'll play you. It's gonna feel different if you're sleeping with someone and you have a come down and that person leaves. We (transgender) love when men stay over: we really wanna have a lot of physical affection and connection. If I'm having a come down, I really would like that person to stay with me. I feel emotionally more vulnerable if that person leaves, because then I'm just associating it with the lifestyle, the kind of life story that all of us go through, which is like: men will fuck you and leave."
>
> Santiago: "I guess it could also be a nice validation that it wasn't just a drug connection."
>
> Elaine: "Yeah, exactly. I think like for a lot of us, the common thread is that we just wanna feel something by someone. I think for a lot of the girls we are all

> really sensitive and this subject matter, this theme – like sleeping with men– is such a vulnerable thing. A lot of the time we really, we can be high or whatever, but at the end of the day, like when it's done, you still really want to have someone there like cuddling, you know, like giving you affection. That's like something we don't experience all the time. So when you do have it, you want to hold onto it as much as you can."

Elaine's distrust in men is reaffirmed by a lack of connection after chemsex. To her, it confirms what she considers to be a universality for (trans)women: "men will fuck you and leave". To Elaine, this experience is intrinsically linked to the transgender and sex worker experiences. Elaine spoke of distrust in men as a common theme in her life and the lives of the people around her. A common experience amongst her network is of clients requesting chemsex, becoming vulnerable and treating sex workers as their therapists, and thereafter being secretive and ashamed about sleeping with a transgender person. Further sexual partners who are not clients also take advantage of Elaine and other transgender people she knows. The "traps" Elaine mentioned are in reference to situations in which men will take financial advantage of her and people she knows, because they pretend to show affection. To be rejected and essentialized as a fantasy during Elaine's personal sex life is a reification of her distrust in men, shown in how she regularly referred to the girls (her friends) not receiving affection very often and the "theme of sleeping with men" being one riddled with disappointment. It is not a given that people can create a regular sex network of people whom they trust, as Elaine's need to "hold on to it" when shown love and affection exemplifies. Trust regarding sex may come easier to men than it does to transgender women, because men inhabit a less precarious position. Specifically while coming down from substances after sex, she described that the come down could sometimes feel quite horrible. The theme of distrustful men is only heightened during a come down, when she feels more sensitive and she is more emotional.

Tone of Approach

Firstly, it is important to recognize that most of the participants of this study had concerns other than chemsex. When speaking to transgender people who participate in chemsex, it is important to address the social factors that could potentially contribute to problematic chemsex. Many of

their concerns that appeared during fieldwork were not directly mentioned in relation to chemsex, yet represent aspects which specifically affect transgender people. When asked if she ever experienced mental health issues from chemsex for example, Emma stated: “Mental health from life here, yes. From drugs, no.” Emma immigrated from a country more conservative in matters of gender. Seeking asylum from conflict in her home country, she had imagined that the Netherlands would be the ideal country to provide sanctuary to a transgender woman. Her enthusiasm was quickly overturned by an unsupportive asylum procedure and systemic discrimination in the workplace.”

> “I don’t feel like myself here. I tried to work in a few companies, but they don’t accept me for who I am. I left my home country for who I am. I left *everything*. I had my own workplace, *even* in a masculine scene.”
>
> - Emma

Elaine had likewise spoken of the difficulty of finding employment and acculturating to the Netherlands, as she said: “It feels very individualistic. It's quite difficult sometimes to feel protected or safe or there's not a lot of work.” She had “glamourized” an idea of what life in this country would be like, and quickly encountered discrimination such as transphobia. Nina furthermore mentioned when she first moved to Amsterdam, people throwing rocks at her and her other queer flatmate. The social gatherings of sex workers consisted of non-Western transgender migrants, most of whom were keen to transition into careers beyond sex work but have had difficulty working elsewhere. Transphobia and difficulties finding employment have been recurring themes in the fieldwork. Despite having clear vulnerabilities however, the participants did not like speaking of their chemsex practices as being related to the vulnerabilities of being transgender. Linda spoke of “not damaging the brand”, when explaining that transgender people who need first aid at chemsex events are “inexperienced dumbasses”. The transgender people met during this study were very aware of the position that they occupy and not stigmatizing themselves further. Hence it is crucial to approach language in a very sensitive manner.

For example, while creating a flier to advertise the research, the decision was made not to refer to “chemsex among transgender people” but to frame the title as “drugs and sex among

transgender people." Before making this slight, yet crucial change, a meeting was held with Kay, who works in the nightlife industry. Kay repeatedly referred to people who practice chemsex as individuals from "that scene". After explaining to Kay that chemsex concerns all drugs except alcohol, cannabis and poppers, Kay started to realize that they knew more people who had chemsex than they thought. Experiences from this and other conversations showed that speaking about "chemsex" would narrow the topic, whereas discussing drugs and sex opened the door to more possibilities. People did not second-guess their knowledge on the subject when phrased as "drugs and sex". Chemsex became less of a distant "scene" and more related to people's own experiences. Elaine interview substantiates this finding:

> "I mean, I think I wouldn't be like 'oh yeah, we had chemsex.' I'd be like 'yeah, we were just getting high.' Like for me, like chemsex also, I don't know…I don't wanna be like, sounding rude, but I really associate that with the gay world a lot of the time. And I feel like when I think about that term, I fully get the association of - Okay, *Chemsex party* [...] If I'm gonna to have chemsex, it's me and the guy I'm talking to, and not necessarily a group of people. I know let's say a lot of gay friends of mine will talk about it and then have an orgy later. Not really interested in that. It's different for me."
>
> - Elaine

Elaine acknowledged in her choice of words ("rude") that there is a specific image attached to chemsex for her and that there is a social gray area in associating that image with a group of people. This image was embodied in the "chemsex party", being an orgy of MSM. Elaine's response, however, also acknowledged the implicit affiliation of chemsex as part of a group activity. Nina's interview further highlights different associations with the term "chemsex":

> "I don't use that word very much. For me it's just drugs and not chems. Chems has a very sexualised meaning to me. It's immediately in the context of sex, but drugs are not always in the context of sex although it does often end up that way. And like you said about the research on gay and bisexual men, chems didn't feel like it applied to me."
>
> - Nina

Although Nina had often found herself in the heart of many chemsex parties and thinks of herself as somebody who actively participated in chemsex, she distances herself from the term. To her, chemsex belongs to MSM. May included the controlled and prescribed use of licit substances (i.e. Xanax as recommended by her doctor), while Patricia often spoke of chemsex in relation to alcohol. This is not to say that all of the participants did not use the term itself (Ben and Irina for example know the term well and use it), but that there is enough variation in people's understanding of the term and their association with it, that it warrants more consideration into how to use it.

Internalized Homophobia

Pienaar and colleagues stress that when chemsex is framed as a response to vulnerabilities such as trauma or stigma, it dismisses a whole range of other experiences such as intimacy and connection (2020: 2-5). More than that, such a framing sets the tone not just for future research but also depictions in popular media (ibid). When an activity like chemsex is associated with pathology or stigma, it makes people less likely to seek help, because they do not want to receive this same stigma (Jaspal, 2022: 12). Speaking about chemsex chemsex through the lens of internalized homophobia for example, shifts the focus to the individual level, whereby it is assumed that by overcoming the internalization you can have a better relationship with sex (Mowlobacus, 2021: 594). Chemsex was never mentioned to participants as a practice that some people engage in due to internalized homophobia, however words like "trauma" and "internalized stigma" are readily put together on sites online where people can look for more information about chemsex. When Patricia was asked about her thoughts on how chemsex is communicated, she said:

> "In my opinion, sometimes putting these certain labels on this activity is detrimental compared to just saying 'Do you use drugs during sex? Would you like to talk about it?' instead of 'Oh, do you practice chemsex? It's this and that.' It already seems like something more than just the activity."
>
> - Patricia

Patricia is communicating that the concept of chemsex is actually quite simple, but the definition can make it seem more complicated than that. Chemsex being "more than just the activity" distances people from the act, because it becomes a phenomenon.

Intention

Integrating "intention" into the flier proved difficult because phrasing chemsex as intentional could alienate people from associating with the act. Therefore, the flier stated that participants who "regularly" had sex on drugs were being sought to filter out very casual users. While in a nightclub, it was mentioned to Gill (a patron at the club) in casual conversation that chemsex is seen as an intentional act. Gill shared that having sex on drugs initially happened by accident, as it occurred when they hooked up with someone met at the club. When Gill went clubbing after that first experience, knowing there might be further hookups while on drugs, the accidental nature of the event came into question. Gill still made a distinction between going to the club while being open to the potential for sex and intentionally going clubbing to have sex on drugs. Most participants of this study would distinguish concretely that their drug use was not always linked to sex, yet a few participants admitted to only ever using drugs in a sexual context. Their intention is different from what happens in practice. When mentioning "intention" to a few participants they would distance themselves from this word.

When probed about not testing, Nina quickly responded that "spontaneity was part of the thing" for her and that she "did not care what would happen" to her. She went further to describe risky using techniques such as "eyeballing" her doses (i.e. not measuring them and guessing the amount based on what it looked like), as well as not checking what substances people gave her — where once she had taken crystal methamphetamine instead of MDMA. Likewise when asked about the ways in which she regulates her chemsex, Patricia said that she did not do anything to this end. Although she had worked in the field of harm reduction prior to moving to the Netherlands and possessed information that she could apply to her chemsex life, she did not employ them. The reason, she explained, was that she was a "very impulsive" drug user. Despite being aware of practices that could make her chemsex life more safe, she "did not really care about it". The participants of this study do not test their drugs, because to do so would require planning and systematizing their use. They further all mentioned that they do not necessarily always choose occasions to do drugs or which drugs they will do, nor do they necessarily plan

those occasions to become a chemsex interaction. This takes away from the fun, and the improvisational character of a night out (or in). Despite a lack of intention, the participants of this study definitely participated in chemsex, sometimes to problematic (and possibly addictive) degrees.

Interpreting all chemsex interactions as intentional, overlooks a "consideration of the collective arrangements in which they take place."(Hakim & Race, 2023: 580). Many participants were influenced by factors they would consider to be more spontaneous. When speaking to different people who participated in chemsex, a lot of them would feel that problematic use was trying to be discussed, as soon as "intention" was mentioned. Participants did not like to discuss (or recognize) problematic use, unless they explicitly brought it up themselves.

Conclusion and Recommendations

In this report the most important aspect of chemsex is community both within and outside of the practice. Mowlobacus (2021: 599) concluded from his own research: "It would seem that once outside the collective intimacy of the chemsex party, that shared experience of time, space and affect is replaced by an intense focus on the self, and on managing the after effects of prolonged partying." In his study the individual finds themselves alone post-chemsex, and the care found within their sex networks dissipates. This was true in the lives of some of the participants of this study, whereas for others it was not. Ben, with a supportive chemsex community, has been able to integrate the practice healthily into his life and his connections further into "real life" beyond chemsex. Patricia and May highlight how community can be empowering in journeys of self-discovery. Elaine in contrast reveals the challenges transgender people face in building trust, due to vulnerable social positions as well as fetishization and abuse by men. Her encounters with drugs and sex have left her often with unreliable men who only show intimacy while intoxicated, and feeling alone afterward. Nina's story shows a lack of proper community being a risk factor in her use. Her meaningful connections –which mediated and stopped her participation in chemsex– aren't drug-based though, which emphasized the need for supportive networks outside chemsex.

How can the "collective intimacy" of chemsex be nurtured? Community-led Care and community-based participatory research approaches seem to be the most promising harm

reduction tools for further interventions. Intervention and education brought to PWUD through peers has been shown to be very effective and fosters social inclusion, due to the level of trust entailed, the ability to disseminate information in a safe and familiar environment (Transform Drug Policy Foundation, 2020: 281-282). Collective care means taking seriously the skillsets of PWUD. Lora spoke passionately about sex workers as people who can spread knowledge on safer sexual practices to their clients (who initiate chemsex). May advocated for the "guardian-angel" function of pornography in keeping her chemsex and drug use in general in check. Patricia's network self-organized "awareness teams" in residential sex parties. These practices of care already present in certain communities can be strengthened and informed by evidence rather than experience. As Dee, an awareness team member, notes on the responsibility of awareness teams on the dancefloor: at a certain point the crowd looks after each other and the awareness team is not as necessary as before, because a culture of care has been established. Notably for her the culture extends beyond the dancefloor. Awareness team members like her check up on people in their private residences. They are intimately involved in queer sex-positive nightlife spaces that are more accessible for outreach than residential space.

A study from Pires and colleagues' in Lisbon displayed the effectiveness of peer-based and community-led chemsex harm reduction, in which they created a "transdisciplinary collaborative network" involving professionals and non-professionals, NGOs and queer venues (2022: 446). Amsterdam's chemsex harm reduction could benefit from including the voices and expertise of transgender collectives, awareness teams, and other *unofficial* networks of people. Page and Singer (2010: 114 - 117) likewise delineate a method of "network studies" that relies on the personal connections of PWUD, that has allowed drug ethnographers to help PWUD who are harder to reach. Network studies involve the selection of a few individuals from a particular chemsex network/scene and training them. They act as the first peer-to-peer outreach workers, who then recommend further ones from their group to be trained. By finding more recreational and controlled transgender chemsex PWUD at first, hidden populations who have lost control could also be found more easily. This study mostly had participants who were in control of their use, yet all of them know people who have more severe chemsex problems. These people would not seek out help themselves, or participate in research. The training of transgender people who participate in controlled chemsex is possible however, and can facilitate that harm reduction reaches the hidden populations too. When approaching the transgender chemsex population in

this way, it may not be as "hidden" as expected and lightens the workload of establishing trust between outreach and community. Additionally such training should also emphasize teaching consent and how to communicate consent to others. Instances of non-consensual chemsex were often by people within the chemsex network of a participant. This indicates that they themselves may not always be aware of the impact of their actions. Patricia for instance noted that having had BDSM for a large portion of her life, the people she was around all knew how to navigate it. Kay also highlighted the importance of experienced people in places where chemsex occurs.

Further the collaboration of transgender collectives is essential in fostering trust. Certain access to transgender spaces is facilitated through organizations that work with transgender people, as well as collectives of transgender people who organize community events. Meetings and focus groups about chemsex can be organized more efficiently with these collectives. Moreover, information about chemsex practices are shared more readily in safe spaces amongst transgender people. Focus groups with the goal of finding more information on chemsex practices, should be organized in a non-hierarchical fashion so that the people attending the focus groups speak more openly. Having peer-to-peer outreach workers organize such focus groups could potentially be the most effective way to do this. Additionally online sessions can provide a secure platform in which PWUD can feel more secure and in control of their environment. Online space allows for more anonymity, as well as the comfort of home and the ability to leave the meeting if they were to feel uncomfortable.

Interventions should also be sensitive to the fact that emphasizing certain vulnerabilities amongst transgender people may further exacerbate stigma amongst them. Communicating chemsex as a practice of transgender people, possibly born out of internalized stigma/shame has consequences on the perception of chemsex as well as the future direction of chemsex research, which ultimately plays a role in shaping their realities (Pienaar et al., 2020: 3). This study proposes to attune to the multiplicity of motivations that transgender people have for participating in chemsex. Although internalized stigma is a very real concern, the label does not help transgender people seek out care for chemsex. Furthermore on the topic of transgender vulnerability, it is essential to recognize the intersectional aspects of their social position which could contribute to problematic chemsex. This study found that a lack of employment due to discrimination is a big concern. Further concern that future research could look into is the possible relationship between not receiving gender-affirming medical care (GAMC) and mental

health. This was communicated as “life-saving” treatment, without which transgender people cannot focus on anything else.

Finally, there has been a shift in recent years of how people define and engage with “transgender”. For older participants it still was the medicalized view. The younger participants had a more fluid understanding, wherein transgender is an umbrella term for being in opposition to gender binaries. This is an important distinction for future research, as people who transition have different experiences than people who do not. This depends on the focus of the research project of course (e.g. a focus on hormone interaction with substance).

References

Azbel, L. (2023). Narcofeminist 'chemsex': Rethinking sexualised drug use in a shifting queer landscape marked by public health emergency. *The Sociological Review*, *71*(4), 881–901. https://doi.org/10.1177/00380261231175728

Hibbert, M. P., Hillis, A., Brett, C. E., Porcellato, L. A., & Hope, V. D. (2021). A narrative systematic review of sexualised drug use and sexual health outcomes among LGBT people. *International Journal of Drug Policy*, *93*, 103187. https://doi.org/10.1016/j.drugpo.2021.103187

Hoffman, B. R. (2014). The interaction of drug use, sex work, and HIV among transgender women. *Substance Use & Misuse*, *49*(8), 1049–1053.

Jaspal, R. (2022). Chemsex, Identity and Sexual Health among Gay and Bisexual Men. *International Journal of Environmental Research and Public Health*, *19*(19). https://doi.org/10.3390/ijerph191912124

Khan, S. I., Irfan, S. D., & Khan, M. N. M. (2022). Methamphetamine use and Chemsex: An emerging threat for gender and sexually diverse people. In *Handbook of substance misuse and addictions: From biology to public health* (pp. 1–26). Springer.

Knoops, L., van Amsterdam, J., Albers, T., Brunt, T. M., & van den Brink, W. (2022). Slamsex in The Netherlands among men who have sex with men (MSM): Use patterns, motives, and adverse effects. *Sexual Health*, *19*(6), 566–573.

Lorvick, J., Bourgois, P., Wenger, L. D., Arreola, S. G., Lutnick, A., Wechsberg, W. M., & Kral, A. H. (2012). Sexual pleasure and sexual risk among women who use methamphetamine: A mixed methods study. *International Journal of Drug Policy*, *23*(5), 385–392. https://doi.org/10.1016/j.drugpo.2012.07.005

Mowlabocus, S. (2023). Fucking with homonormativity: The ambiguous politics of chemsex. *Sexualities*, *26*(5–6), 585–603. https://doi.org/10.1177/1363460721999267

Page, J. B., & Singer, M. (2010). *Comprehending drug use: Ethnographic research at the social margins*. Rutgers University Press.

Pienaar, K., Murphy, D. A., Race, K., & Lea, T. (2020). Drugs as technologies of the self: Enhancement and transformation in LGBTQ cultures. *International Journal of Drug Policy*, *78*, 102673. https://doi.org/10.1016/j.drugpo.2020.102673

Pires, C. V., Gomes, F. C., Caldas, J., & Cunha, M. (2022). Chemsex in Lisbon? Self-reflexivity to uncover the scene and discuss the creation of community-led harm reduction responses targeting chemsex practitioners. *Contemporary Drug Problems*, *49*(4), 434–452.

Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., Holland, C. E., Max, R., & Baral, S. D. (2016). Global health burden and needs of transgender populations: A review. *The Lancet*, *388*(10042), 412–436.

Rolles, S., Slade, H., & Nicholls, J. (2020). *How to regulate stimulants: A practical guide*. Transform Drug Policy Foundation.

Stutterheim, S. E., van Dijk, M., Wang, H., & Jonas, K. J. (2021). The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis. *PloS One*, *16*(12), e0260063.

Appendix: Guiding Question List

Demographics

- Tell me a bit about yourself → work, study, etc.
- How do you identify?
- Where are you from? → *probe* (e.g. What was your experience moving to the Netherlands like? How did you imagine moving to the Netherlands to be?)

Free Association

- Are you familiar with the term “chemsex”? Which words do you think of when I say “chemsex”
- How do you define chemsex?

Drug Sensations

a) Pleasure:
   - Which drugs do you use? Which do you use for sex? How often?
   - Can you descibe the way the different drugs you use make you feel? Why do you like taking them for sex? → (Which are your favourite drugs for sex? Why?)
   - Which drug combinations do you like? Why?
   - Which way do you take <u>(insert drug)</u>? What is the influence of this method on the high?

b) Displeasure:
   - Which sensations from drugs are you not that fond of?
   - Have you had any unpleasant experiences on drugs in relation to sex? How did that feel?
   - Have you taken any measurements to prevent unwanted effects in your future use?

Drug and Relations

a) Community:

- How were you introduced to chemsex and chemsex drugs? Why did you get into chemsex?
- Where do you get your drugs?
- Can you describe "the chemsex scene" in the Netherlands as you know it?
- In which settings do you like to do chemsex? What is important to you in these settings? (i.e. objects, stimuli, etc.)
- How do you meet and choose sexual partners?
- What does your chemsex network look like? How often do you see each other? How close are you? → (Are your chemsex friends your main friend group?)
- Can you describe to me a typical chemsex party?

b) Relationship with others:

- What do drugs do for your sexual relationships?
- How do chems influence your emotional connection to sexual partners?
- Do you also experience negative effects on your relationships by the sex and drugs combo? if yes, can you describe what?

c) Relationship with self:

- What do drugs add to your sex life? What does chemsex add to your life in general?
- How is your sex life without drugs?

Control Strategies:

a) Drug regulation

- Do you do things to regulate your drugs use? if yes, what?
- Where do you get your drug information from?
- Can you tell me a bit about the equipment you use to take drugs? Where do you get it? → (if slamming: Do you administer yourself or does somebody do it for you?)

- How do you manage your come-downs?

b) Sexual Health

- Do you take any precautions to prevents STDs? if yes, which?

c) Relations

- What do you do when somebody is not feeling well during chemsex? Or what do others do when you are not feeling well?
- Do you feel comfortable talking about chemsex with (queer) people who don't do it? If not, why not?
- How do you communicate consent prior, during chemsex? → e.g. Do you use verbal signs or are there any other ways?

Risks (these questions can also be phrased as "Have you ever seen *somebody*…")

a) Sexual boundaries

- Has it ever been difficult to communicate consent to sexual partners? Is this different during chemsex?
- Have you ever crossed personal boundaries during chemsex?

b) Physical health

- Have you ever had any negative physical reactions during or after chemsex? (i.e. passing out, nausea/vomitting, bruises) If yes, can you elaborate?

c) Mental Health:

- Do you suffer from any negative effects from chemsex on your mental health? and if yes, please elaborate.
- Have you ever wanted to stop chemsex or drug use in general?
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Health-Care

- Do you know a bit about the drug services in the Netherlands in general? Have you ever been? What was your experience like?

  → How is your experience accessing care for chemsex related issues (if any)?

  → Is there anything about drug-related care you've experienced, you would wish to see improved?

- Can you tell me a bit more about your experience, if any with GAMC? GP? Sexual healthcare?

- In your opinion, what is needed in the harm reduction of chemsex among transgender people?
- Is there any information about chemsex/chemsex drugs you would like to know more about?