

# **Gay dating apps and sexual practices, a mixed-method study into the normalisation of chemsex in London.**

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**3<sup>rd</sup> Year – Dissertation**

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**June 2020**

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## ACKNOWLEDGEMENTS

I would like to extend my gratitude to my dissertation supervisor Dr Gerbrand Tholen for all his support and engagement throughout my sociology project. I would also like to thank David Stuart at 56 Dean Street Clinic in London who inspired me with his passion to help others and his great knowledge into the issues surrounding chemsex. Thanks too, to all those that have been part of the research and who have ensured this dissertation is based upon a robust data set. Finally, I would like to thank my family and friends who have encouraged me at every step of the journey. In particular Adrian and Marcus who have been shining lights and who believed in me to complete this important life achievement.

Thank you also to Marcus (and his mother tongue English) for proof-reading this dissertation.

## ABSTRACT

This study explores the role of ‘gay dating apps’ (GDAs) such as Grindr, Gaydar, Hornet, SCRUFF, etc., in sexual practices with a focus on the normalisation of ‘chemsex’ among the community of men who have sex with men (MSM) in London. The term ‘chemsex’ refers to the use of specific drugs before and during sexual encounters, which enhance, prolong and stimulate the sexual experience.

The smartphone revolution has redefined the way in which people connect from finding friendship, building social networks to sexual encounters. Whilst GDAs have enabled these practices, the sociological motivations differ from one person to another. The primary objective of this research is to understand the role of gay dating apps on sexual practices and in particular provide insight as to how vital or not gay dating apps are in normalising chemsex among the MSM population in London.

A review of the growing body of academic research related to the topic will be conducted. Much of this research either looks at specific sexual practices of chemsex or the prevalence and usage of gay dating apps, whilst few look at the connection between the two.

Therefore, to examine the relationship between GDAs and sexual practices, a mixed methods research approach will be carried out based on interviews and surveys of three different groups related to the topic. These groups are a) gay dating app users b) experts such as academics and medical experts and c) the corporate owners of gay dating apps or their representatives.

The study concludes by acknowledging the relationship between GDAs and the incidence of sexual practices. However, it does not find blame with GDAs for simply facilitating something that the MSM community desire. Instead the research finds, that whilst the GDA owners are engaged to a degree, they can and must do more. Not only to stop illegal practices but work to help address some of the structural issues in society such as stigmatisation. An agreed definition of chemsex is also called for, as is greater non-judgemental support to address the drug endemic associated with chemsex.



## ABBREVIATIONS

BDSM Bondage/domination/sadism/ masochism (umbrella term)

CAI Condomless anal intercourse

GDA Gay dating app

GBL Gammabutyrolactone

GHB Gammahydroxybutrate

GSE Group sex event

GSN Gay social networks

HCV Hepatitis C

HIV Human immunodeficiency virus

HNH High and horny

HPV Human papillomavirus

IDU Intravenous drug user/Slamming

LBRTD Location based real-time dating

MDMA Ecstasy/Molly

Meph Mephedrone (MCAT, Miaow, 4-mmc)

Meth Methamphetamine (Cristal meth, Tina)

MSM Men who have sex with men

PNP Party and play

PrEP Pre-exposure prophylaxis

PEP Post-exposure prophylaxis

POPPERS Alkil nitrites

SREC Senate Research Ethics Committee

STD Sexually transmitted disease

STI Sexually transmitted infections

SOPV Sex on premises venue

DS David Stuart

LG Luis Guerra

AG Alex Garner

## CHAPTER 1: INTRODUCTION

Life among the community of men who have sex with men (MSM) is intertwined with digital media, especially smartphone technology (Goggin, 2006). This technology allows all kinds of interactions, from friendship to sexual and intimate relationships (Light, 2014). A feature of this revolution are gay dating apps (GDAs), “services that support the search for romantic and sexual partners are increasingly developed for mobile devices” (Albury, 2017:1).

“These developments are bringing renewed popular and mainstream scholarly attention to the technological mediation of sexuality” (Albury, 2017:1). This reflects the popularity of GDAs or hook-up apps, which “connect users to others in close geographic proximity and often in real time”, to facilitate sexual encounters (Wu & Ward, 2018).

GDAs have created a new and easy hook-up culture. “The cultural shift that moved gay sex from public parks and cruising grounds from public toilets and cottages, to online sexual networking was nothing less than seismic” (Stuart, 2019:7). Through GDAs, users are exposed to not only a wide range of sexual preferences (from a simple date to BDSM and everything in between) but also to the world of drugs. Gay men are no strangers to drugs, and they have been part of the gay culture and used as social lubricants, sexual enhancements and coping strategies for decades. (European ChemSex Forum, 2018). A relatively new phenomenon, linked specifically to drug-enhanced sex, is chemsex. A term well known within the MSM community, and yet a practice that sits on the margins of society.

“Gay and bisexual men are the most likely group by sexual orientation to use illicit drugs in the UK, and [...] are highest in London” (UK Home Office 2014, as cited in Ahmed et al., 2016:29). Since 2011, public health organizations in the UK have noted the growth in chemsex among the MSM community, principally in London (Hakim, 2019).

In this study the definition used for chemsex is “intentional sex under the influence of psychoactive drugs, mostly among men who have sex with men. It refers particularly to the use of and mephedrone, hydroxybutyrate (GHB), butyrolactone (GBL), and crystallised methamphetamine” (McCall et al., 2015). This combination of sex and drugs typically involves long sexual sessions and can involve multiple partners. Some studies have demonstrated the health implications of chemsex which include mental health issues (anxiety, depression), erectile dysfunction, as well as an increase in the number of cases of sexually transmitted infections (STIs) such as hepatitis B and C (Giorgetti et al., 2017; McCall et al., 2015). In London, “chemsex-related crimes are increasing” (Stuart 2019:9), including increased reports of rape. Despite the negative effects of chemsex, it has become a widespread and near normalised sexual practice in the gay scene in London.

This dissertation plans to explore the role of GDAs (such as Grindr, Gaydar, Hornet, Recon, SCRUFF) on sexual practices with a focus on the normalisation of ‘chemsex’ among the community of MSM in London. The primary objective of this research is to understand how vital or not GDAs are in normalising chemsex among the MSM population in London.

A mixed methods research approach will be carried out based on interviews and surveys to three different groups (giving specific method to each group to obtain as much information). These include:

- a) Gay dating apps users represent the core of this study. They provide the key to unlock the relationship between gay dating apps and sexual practices, including chemsex.
- b) Experts such as academics and medical experts contribute to the understanding and awareness of chemsex, but also the impact of this phenomenon on the lives of people who engage in this sexual practice.
- c) The corporate owners of GDAs or their representatives provide a different perspective. To what degree are they willing to engage in corporate social responsibility in this field.

Following this introduction, the outline for the chapters is as follows.

Chapter 2: Literature Review will take in account studies available with regard to ‘chemsex’ and GDAs. Analysis of these studies will create the foundations upon which the main argument will be built.

Chapter 3: Methodology will focus on the methods which will be used in order to complete the research:

- 3.1 Introduction
- 3.2 Sampling
- 3.3 Methodology
- 3.4 Survey & Question Design
- 3.5 Ethical Concerns.

Chapter 4: Findings from the quantitative and qualitative research will be presented.

- 4.1 Quantitative Research
- 4.2 Qualitative Research.

Chapter 5: Discussion and analysis will be made using insight from the literature review, combined with the findings of the research. A discussion of key themes is given in comparison to other studies. Limitations will be noted and suggestions for further research will be offered.

Chapter 6: Conclusion. Concluding remarks with regard to the relationship between GDAs and sexual practices, in particular the normalisation of chemsex among the MSM in London.

The Appendix contains key elements of the research, as well as confirmation of the approval by the Senate Research Ethics Committee (SREC) and all related paperwork such as consent forms, participation sheets, etc.

Finally, the bibliography section contains a list of all the academic resources, academic journals, books and websites that were used in this project.



## **CHAPTER 2: LITERATURE REVIEW**

In this section, a review of the literature will be undertaken across several relevant fields of study namely, GDAs, chemsex and sociological frameworks. Within the review of GDAs, focus will be on the impact that apps have had on individuals, and especially on the MSM community. The growing body of literature on chemsex will be reviewed in terms of cultural studies and health (both public and individual). The studies will then be assessed against sociological frameworks. Finally, an original angle of research will be proposed that explores the relationship between GDAs and sexual practices including chemsex.

### **2.1 GDAs**

#### **Impact on MSM community**

The shift of gay culture away from the public gay scene as the centre of identity, politics and social action, as a result in the rise of GDAs, was the focus of research for Davis et al. (2016). Research was carried out to explore these changes among MSM living on the geographic and economic margins of large urbanisations. Findings include how sexual sociality/connectivity is often with someone who is neither a stranger nor a friend, chosen through choices about safety as well as location, class, generation and the venue for the hook-up. The paper argues that the rise of such hook-up apps facilitates participation for those living on the margins. “The formation of digitally mediated social worlds that do exercise features of a notional gay community” (Davis et al., 2016:849).

Lorimer et al. (2016) argued that the increase of consumption of GDAs is a result of social changes in modern societies, where gay young men are looking for identity and individual life pursuits through consumption, in this case via gay social networks (GSNs).

Zervoulis et al. (2020) challenged the view that GDAs provide a sense of community through a study of 191 MSM living in the UK. They found that on the contrary, respondents reported a “lower sense of community, higher levels of loneliness and lower levels of satisfaction with life” (88).

## **Impact on individuals**

Fitzpatrick and Birnholtz (2016) identify three stages of interactions that are facilitated by GDAs namely. 'Negotiation' refers to the choices made when building an individual's profile, where choices as to what to include or not - leave some ambiguity for the face-to-face meeting. 'Interactive self-presentation' refers to the chat element of the exchange, where users strategically decide whether responses are immediate or not, follow or change the flow of conversation or up or down-weight expectations. The third stage of 'face-to-face meetings' is where users either live up to the impression that had been built up or not.

Lorimer et al (2016) carried out an online survey in both the UK and the Republic of Ireland. The research identified the reasons for young gay men using GSN websites and apps to identify sexual partners, pass time by reviewing profiles and finding dates (as supposed to just sex). The study found that the longer users spent on GSN and/or the lower the education level, correlated with increased odds of high-risk condomless anal intercourse (CAI). Conclusions from the survey showed a need to tailor healthcare messages based upon digital literacy, social class, and a need to target all young men early on before venturing into the world of chemsex.

Griffin (2016), studied the consumption of media and how this affects the formation of identity, freedom and the sense of belongingness in the LGBT+ Community. It also refers to how media is produced and consumed by this community, on the one hand propagating ideological norms and on the other offering different narratives among different audiences. In chapter 5 'Wanting Something Online', the author addresses the subject of the user interface of GDAs.

The interface uses pull down menus and text boxes, which requires the user to self-select from a pre-determined range that match both what they are seeking and how they self-define themselves. Griffin also noted that users still managed to exchange information through subtle amendments such as capitalizing T in ParTying – to connote their use of Methamphetamine.

## **2.2 Research on Chemsex**

### **Cultural Studies**

Stuart (2019) sees a direct correlation between the rise of GDAs and the increased prevalence of chemsex on the London scene. His paper addresses the issues of referring to gay men and their engagement in chemsex, as non-problematic. Simply by categorizing chemsex participants as ‘addicts’ or ‘problematic’ can act as a deterrent to them accessing healthcare advice.

Ahmed et al. (2016) focuses on the social context of chemsex. The results of this study highlighted the pervasiveness of chemsex on the gay scene in South London, mostly arranged online or through GDAs. It also pointed out the expectations of participants in chemsex from disinhibiting effects to taking disinhibited decisions about behaviours during chemsex (unprotected sex, uncontrolled intake).

Race (2015) conducted a study in Sydney Australia with a focus on technological advancements. GDAs provide the ability to understand someone’s HIV status, sexual preferences and availability, providing a fundamental shift from the incognito, egalitarian days of cruising. Race’s findings provide a valuable comparison to the London scene for this particular research project.

### **Health (public)**

Sewell et al. (2019) conducted a longitudinal study among MSM in London and Brighton. This cohort study aimed to provide data on chemsex participation rates over time. From 2015 to 2018, 622 MSM were recruited, with 400 participants still participating at the end (64.3%). The initial chemsex participation rate was 31.8% but decreased significantly to 11.1%. The data also provided insight into the reduction in the drugs associated with chemsex as well as an overall reduction in sexual activity. However, it was noted that the only measure that did not reduce significantly was CAI. The implication from the data, is that for the period of time that MSM are likely to enter

into the world of chemsex, it would be highly beneficial for awareness and usage of both PEP and PrEP to be promoted. This would have long-term benefits for HIV and STI.

### **Health (individual)**

Maxwell et al. (2019) conducted a review of all relevant studies carried out in different high-income countries, including the UK, concerning chemsex behaviours among MSM. The findings underline the need to tackle the negative impacts of chemsex including the repercussions on the health and well-being of chemsex users. Risky sexual behaviours are repeated, often facilitated by GDAs, such as multi-partner sexual encounters, CAI and injecting drugs. It was also noted that chemsex users are more likely to access to Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP) as a strategy for HIV/AIDS prevention.

The study carried out by Smith et al. (2018), aimed to understand the psychological impact of chemsex and its role on identity. Qualitative interviews among chemsex users in London were undertaken. The study found that chemsex provided an introduction into their own gay identity and provided access to the gay community. Whilst early experimentation into chemsex helped deepen their own identity, many reported of quickly becoming out of control and indeed led to a feeling of isolation. Even though respondents noted a desire to reduce the negative consequences many struggled to imagine a gay identity that didn't include chemsex. The study also suggests that social media and online date apps facilitate the practice of chemsex, but a lack of evidence dwindle this argument.

## **2.3 Sociological Frameworks**

From a Functionalism approach the structures and behaviours of individuals in society are maintained through institutions such as family, legal systems, the church, health services and so on. If this order is challenged by behavior that goes against social norms it is considered deviant (Durkheim, 1894). Some practices that went against the norms of society have over time become accepted such as premarital sex, homosexuality and

abortion. This was the focus of a study by Best (2020). “Many taboos of the past, behaviours that inspired anxiety and outrage have been normalized” (Best, 2020:915).

Many aspects of chemsex could be considered as deviant including the selling, buying and consumption of drugs, sex with strangers, group sex, and particular sexual acts. Some of these are considered ‘risk behaviours’ that could have a direct impact on society. For example, a drug overdose puts strain on the health care system. These can give rise to negative attitudes among members of society, which reinforce the stigma and marginalization of participants. Which challenges “social norms as social attitudes of approval or disapproval that specify what ought and ought not to be done and are in the context of health (Sunstein 1996, in Ahmed et al., 2016:30)

Bauman (2003) provides a theoretical framework to understand contemporary societies. Bauman stated that we are living in liquid modern times, where the scientific and technological development over the last centuries have had repercussions on modern societies. This progress is linked to modernity and social change, but also involves new forms of socialization and connectedness among people. Bauman noticed that human relations are going through an age of decadence, as technology changes the way people relate to each other. While GDAs make it easy for people to communicate with someone with confidence and without fear or rejection, they also make it easy to do the opposite. Large sections of the MSM community, are living a liquid modernity where human bonds are very fragile. Sex, and to a degree love, have a totally different meaning and lack of commitment. Modern human relationships are ephemeral and filled with insecurity. The relentless progression of modernity continues to push consumer choices, and this extends to how people access and engage in sexual practices.

## **2.4 Original Angle**

As demonstrated above, there is quite a considerable body of research into GDAs, sexual practices in general and chemsex. However, there is little in the way of research that looks at the relationship between the usage of GDAs and particular sexual practices. In a bid to understand this, and to provide an original angle to this research, understanding that relationship is the focus of this study. To understand how vital or not GDAs are in triggering specific practices, and in particular chemsex.



## CHAPTER 3: METHODOLOGY

### 3.1 Introduction

To understand how vital or not are GDAs in triggering particular sexual practices, in particular chemsex, primary mixed-method research has been undertaken among three different groups related to the topic. The use of mixed-method research allows a broader and deeper insight into a research topic than simply researching either qualitative or quantitative alone (Creswell and Plano Clark, 2007).

The three groups were chosen for very specific reasons, these are:

- a) GDA users represent the core of this study. They provide the key to unlock the relationship between GDAs and sexual practices, including chemsex.
- b) Experts such as academics and medical experts contribute to the understanding and awareness of chemsex, but also the impact of this phenomenon on the lives of people who engage in this sexual practice.
- c) The corporate owners of GDAs or their representatives provide a different perspective. To what degree are they aware of the impact that their apps have had both on the MSM community and facilitating sexual practices. Understanding their willingness to engage in corporate social responsibility could enable new ways of promoting health policies.

The primary objective of this research is to understand the role of gay dating apps on sexual practices. Through the triangulation of both qualitative and quantitative data along with the literature review, it will strengthen and enhance the robustness of the findings (Hesse-Biber, 2010).

### 3.2 Sampling

First, consideration as to the design of the study, including the sampling approach was given. For the qualitative research, purposive sampling was undertaken. Bryman (2012) describes “the goal of purposive sampling is to sample cases/participants in a strategic way, so that those sampled are relevant to the research questions that are being posed” (p.418).

For this particular part of the research ‘typical case purposive sampling’ as described by Patton (1990) and Palys (2008) is used, in order to secure representative insight of the topic (Bryman, 2012). For the quantitative research, deliberate priority was given to select a sample with a high degree of insight into the topic, rather than a sample that was statistically representative of the MSM population in London.

Consequently, a non-probability approach was used to recruit a convenience sample. Where a sample “has some units in the population that are more likely to be selected than others” (Bryman, 2012:187).

Bryman (2012) defines a convenience sample as one that is easy for the researcher to access. It is noted that whilst the sampling approach for both quantitative and qualitative was chosen for the above reasons, it does give rise to issues of sample bias.

The *sample* used for the follow-up in-depth qualitative interviews among GDA users, came from those who self-identified as willing to do so at the end of the qualitative survey. “The researcher uses findings from the quantitative study [...] in order to more readily generalize from in-depth research findings. This is especially the case when the researcher samples directly from the quantitative sample; in this way both studies are directly linked” (Hesse-Biber, 2010:65).



Table 3.2.1 Target, likely and actual respondent numbers for qualitative and quantitative research:

	NUMBER OF RESPONDENTS		
	TARGET	LIKELY	ACTUAL
QUANTITATIVE			
GDA USERS (ROUND 1)	80	50	100
QUALITATIVE			
GDA USERS (ROUND 2)	15	5	5
EXPERTS	3	3	2
APP OWNERS	2	0	1

### 3.3 Methodology

The second consideration when it came to research design, involved the methodology and the collection of data. A qualitative approach was chosen for all of the target audiences because it offers “deeper, more genuine expressions of beliefs and values to foster a more accurate description of views held” (Howe, 2004:54). This approach allows inductive reasoning to generate and explore theories, but also provides a view of

social reality (Bryman, 2012). A quantitative approach was additionally chosen for one specific group namely, GDAs users. Where quantitative is defined as “a research strategy that emphasizes quantification in the collection and analysis of data” (Bryman 2004:19). Using deductive reasoning will allow analysis of “the relationship between theory and research” and allows the testing of theories (Bryman 2004:8) and the enhancement of qualitative findings (Hesse-Biber, 2010).

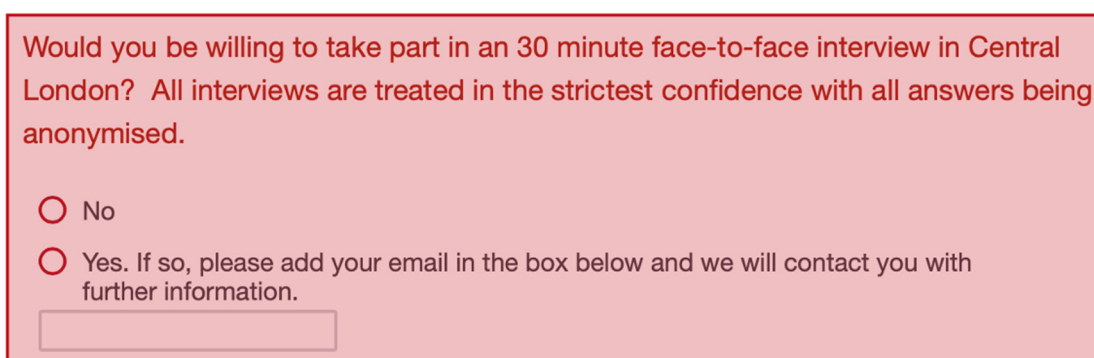
Both qualitative and quantitative research have limitations. For example, qualitative research can be too subjective whilst quantitative can give a false sense of accuracy. In part and to overcome these issues, sequential use of mixed methods was used. Silverman (1985) argued that by quantifying outputs from qualitative research can help provide insight as to the scale of the topic under-research. But also, analysis of quantitative data “offers opportunities for the generation of theories and concepts” (Bryman, 2012 :621). By integrating the findings from both research methods, it allows comparison, “especially if the two studies have utilized similar questions of interest to the research question” (Hesse-Biber, 2010:72).

### **3.4 Survey & Question Design**

The design of the questions was based upon a combination of the literature review and the researcher’s own insight from attending welfare programmes and LGBT+ educational events. The literature review provided both direction as to the questions to be asked, as well as the comparison as to which the research findings are held. In which “the literature should not be used to impose a point of view on the data but rather should function as a *consultant*” (Hesse-Biber, 2010:39). Also, pre-testing and pilots were conducted for the surveys and the interviewer’s questions for the three different groups, in order to improve the wording and avoid misunderstandings, especially given the sensitive nature of the topic. An important consideration given the need to conform to the advice and requirements of the University’s Senate Research Ethic Committee (SREC) approval (See appendix 1).

For the quantitative research, it was decided to use an online survey. Reasons included, the ability to reach a significant number of people in short period of time, at minimal cost and the ability to ask personal questions without the presence of a moderator. For the qualitative research face-to-face, structured interviews were planned. Whilst such interviews are time consuming, they provide rich insight into the topic. For the research amongst GDAs users an online survey was first distributed, with the final question asking respondent whether they would be willing to participate in a face-to-face follow up interview (See fig. 3.4.1).

Fig. 3.4.1 Last question of quant survey inviting participation to qualitative round of interviews below:



Would you be willing to take part in an 30 minute face-to-face interview in Central London? All interviews are treated in the strictest confidence with all answers being anonymised.

☐ No

☐ Yes. If so, please add your email in the box below and we will contact you with further information.

Ten people responded to this request and were contacted in a bid to either schedule a video/telephone interview (given the COVID-19 pandemic) or to respond to open questions in a written format. A number of respondents chose the latter, for their own reasons, something that benefited the researcher in terms of time saved.

The on-line survey was divided into three parts (See appendix 2). Section 1 ensured respondents met the required selection criteria, as well as provide their consent to take part in the research. Section 2 focused on profile metrics such as age, relationship and employment status, as well as their behaviours with regard to gay dating app usage and sexual practices. Section 3 focused on chemsex, their understanding, experience and perceptions. Regarding the experts, corporate owners/ representatives and those online survey respondents who volunteered to take part in the qualitative research, bespoke sets of questions were prepared.

Example quantitative questions via online survey are shown in figure 3.4.2 below:

Which of the following positive comments about Chemsex have you heard described?  
Please tick all that apply...

- ☐ It's a typical part of the gay scene
- ☐ It's fun
- ☐ It's sexually gratifying
- ☐ It makes you feel horny
- ☐ None - Not heard of any positive comments
- ☐ Other - please explain by typing in the box below

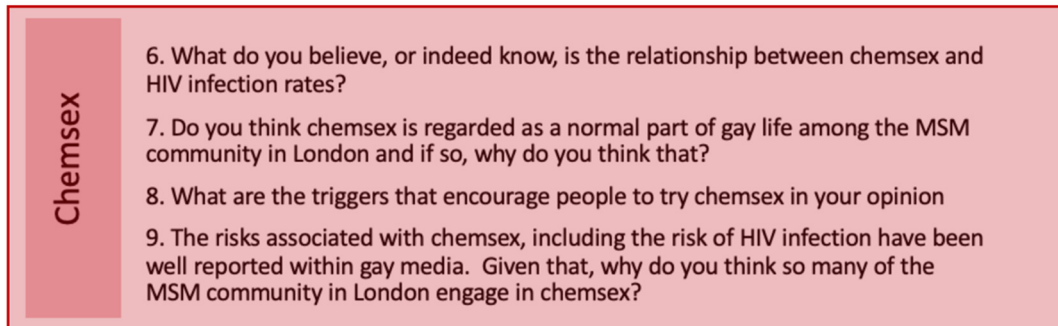
Thinking back over the last six months, which of the following scenarios have you experienced? Please tick all that apply...

- ☐ It was just me and my hook-up
- ☐ It was me and a group of men having sex together
- ☐ My hook up and I. We then invited more men to join us
- ☐ My hook up and I. We joined another group of men having sex
- ☐ None of the above/other

See appendix 3, where the moderator question guides are included specifically: 3i) Experts (David Stuart and Luis Guerra); 3ii) GDA owners/representatives (Alex Garner); and 3iii) GDA users.

For the experts, questions were grouped into four areas. To start with questions were asked of the interviewees around their professional background, experience and current role. Secondly their perspective on GDAs were explored before thirdly talking about chemsex specifically, before finally exploring the relationship between GDAs and sexual practices in particular chemsex (See appendix 3i). Whilst five experts were approached for interview, only two finally took place. The spread of the COVID-19 pandemic meant not surprisingly their focus was elsewhere. Nonetheless, the two interviews secured were with globally recognised experts in this field. David Stuart of the Dean Street Clinic in London (a world leading sexual health clinic) and who coined the term 'chemsex'. Luis E. Guerra is Lead of the HIV Commission to end new HIV transmissions in England by 2030.

Example questions to Experts are shown in figure 3.4.3 below:



Regarding the corporate owners/representatives a similar semi-structured interview was created, in which “the researcher has a list of questions or fairly specific topics to be covered, often referred to as an interview guide, but the interviewee has a great deal of leeway in how to reply” (Bryman, 2012:471). Great care was given to ensure that the questions asked, and the order in which they were posed, allowed the owners to showcase the positive contribution of GDAs. This had the desired effect of reassuring the respondent that the interview was going to be free from bias. Asking them about the positive contribution of their particular app was among the early questions. After that, similar questions around GDA usage, sexual practices and the role that apps play in facilitating specific sexual encounters (See appendix 3ii). Whilst over five app owners/representatives were approached, in the end, only one replied and agreed to the telephone interview. The corporate side is represented by Alex Garner, Senior Health Innovation Strategist at Hornet Gay Social Networks.

This low response rate was expected as App owners often see such research as a ‘set-up’ that leads to bad publicity. Also, the fact that their owners are either based in China (e.g. Grindr is owned by Beijing Kunlun Tech Co Ltd) or in the USA (e.g. Hornet is based in San Francisco or Scruff is based in New York) meant unfavourable time differences acted as a barrier (See table 3.2.1 as presented earlier).

Example questions to App owners/representatives are shown in figure 3.4.4 below:

Gay Dating Apps	<p>The Hornet mission is to empower gay men to come out and join in the fun and fabulous of the gay community.</p> <p>2. Gay dating apps have revolutionised and liberalised the gay dating scene since their introduction. Given your job title what do you see as the positive and healthy role of gay dating apps in the gay community?</p> <p>3. Are there any other areas of healthy practices that hornet is doing? How does this compare to other gay dating apps?</p> <p>4. Is there something that the gay dating app industry should be doing more of? For example, promoting safe and safer practices and if so how?</p>
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For the follow up qualitative research among GDA users, again a semi-structured interview approach was taken (See appendix 3iii).

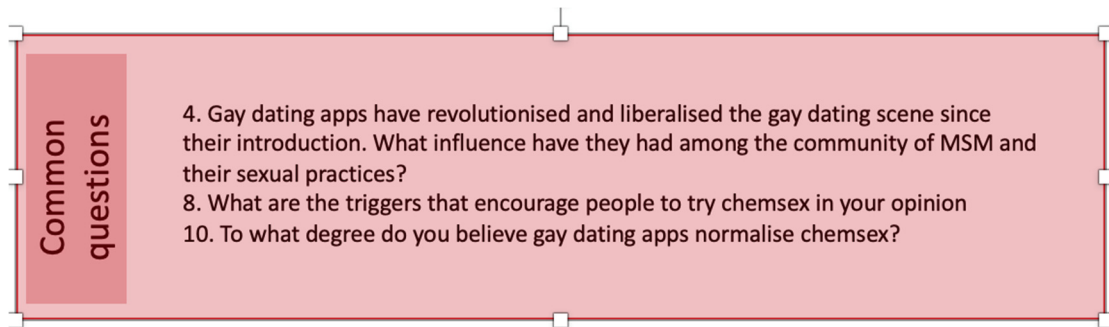
The interviewer can use the session to both confirm initial assumptions and explore areas that are unknown (Bryman, 2012). Which makes the process of interviewing more flexible and insightful, but also it “provides some degree of reciprocity between the researcher and participant” (Galletta and Cross, 2013:95).

Example questions to GDA users are shown in figure 3.4.5 below:

Chemsex	<p>2) Beyond the sexual gratification, what are the other attractions of chemsex for you?</p> <p>3) Have you had any bad or worrying experiences whilst doing chemsex? If so what?</p> <p>4) Can you think of any downsides to chemsex and if so what?</p> <p>5) Have you had any problems in engaging ‘sober’/drug free sex? Please elaborate.</p> <p>6) Since engaging in chemsex – Have you ever thought that your usage has gone beyond your boundaries/stop being pleasurable? If so, did you do anything about it? Such as seek help online or otherwise. Please describe</p> <p>7) Thinking about your social life and work, has chemsex had a positive or negative impact and can you share your reasoning for that?</p>
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Indeed, given certain question were the same across the three different target audiences, comparisons can be made holistically.

Example common questions across all three target audiences in qualitative research are shown in figure 3.4.6 below:



### 3.5 Ethical Concerns

Given the nature of the research, which explores individual's sexual practices, there were a number of ethical considerations to take in account. An ethic application form was submitted with a initially negative response from the University's SREC (See appendix 4), as a result, the direction of the research was modified (high risk). Also, the methodology and the principles of the research were improved, which ensured the safeguarding of the participants and the researcher.

Once the approval was received from the University's SREC (See appendix 1), the gathering of information started. All participation (for the three different groups) were voluntary with a participation sheet and informed consent (See appendix 5). Respondents were reassured that all information given would be anonymous and confidential, with the exception of experts or gay dating app owners/representatives. "The issue of confidentiality raises particular difficulties for many forms of qualitative research" (Bryman, 2012:136). This was particularly true for this study, as confidentiality was the key to achieving quality primary research. Without such a rich dataset, understanding the relationship between GDAs and sexual practices would be impossible to analyse.

## CHAPTER 4: FINDINGS

The findings reported in this chapter are from audiences providing either *opinions* or responses based on *actual experiences* researched through two research methodologies (quantitative and qualitative), to provide data and the opportunity to complement, connect and compare against the literature review and previous research conducted in this area. In this chapter the results from both qualitative and quantitative research will be presented, starting with the quantitative online survey conducted among GDA users.

### 4.1 Quantitative Research

The online survey (See appendix 2) reached 100 respondents (N) of which 91 completed the survey in its entirety, whilst nine were missing (See table 4.1). With 91 respondents, the survey explored different variables across a spectrum from age to frequency of logging into a GDA, to frequency of sexual encounters, to chemsex (See appendix 6). The table below shows the statistical parameters.

**Table 4.1 Statistical Parameters**

#### **Statistics**

N	Valid	91
	Missing	9
Mean		3.55
Median		4.00
Std. Deviation		1.118
Skewness		-.346
Std. Error of Skewness		.253
Percentiles	25	3.00
	50	4.00
	75	4.00



### 4.1.1 Profile Respondents

The first three questions explored the profile of the respondents, in terms of age, relationship status and employment. The table 4.1.1a (Age) shows the distribution of the respondents in relation to their age. Whilst is noted that each age group was represented, the frequency varies from under five percent for 18-34-year-olds and up to 30% for 45-54-year-olds.

**Table 4.1.1a Age**

**How old are you? Please select the box that applies to you.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 – 24 years old	3	3.0	3.3	3.3
	25 – 34 years old	15	15.0	16.5	19.8
	35 – 44 years old	23	23.0	25.3	45.1
	45 – 54 years old	29	29.0	31.9	76.9
	55 – 65 years old	21	21.0	23.1	100.0
	Total	91	91.0	100.0	
Missing	System	9	9.0		
Total		100	100.0		

The table 4.1.1b (Relationship Status) shows the current relationship status of respondents. Most strikingly almost 55% are ‘single – not in a permanent relationship’ whilst those that are in a relationship total only 31.9 % (‘married or in a civil partnership’ 15.4% or ‘dating / in a relationship 16.5%).

**Table 4.1.1.b Relationship Status**

<b>How would you describe your current relationship status? Please select the one that best applies... – Selected Choice</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single – not in a permanent relationship	50	50.0	54.9	54.9
	Married or in a civil partnership	14	14.0	15.4	70.3
	Separated / Divorced / Dissolved	4	4.0	4.4	74.7
	Widowed / surviving partner from a civil partnership	1	1.0	1.1	75.8
	Dating / In a relationship	15	15.0	16.5	92.3
	Prefer not to say	2	2.0	2.2	94.5
	Other – please explain by typing in the box below...	5	5.0	5.5	100.0
	Total	91	91.0	100.0	
Missing	System	9	9.0		
Total		100	100.0		

The table 4.1.1c (Employment Status) shows the vast majority of respondents are employed 78%, (either full-time 68.1% or part-time 9.9%)

**Table 4.1.1c Employment Status**

**What do you do in life? Which of the following best describes your current employment status? Please select the one that best applies... – Selected Choice**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Work full-time	62	62.0	68.1	68.1
	Work part-time	9	9.0	9.9	78.0
	Unemployed	2	2.0	2.2	80.2
	Retired	4	4.0	4.4	84.6
	Permanently disabled	2	2.0	2.2	86.8
	Homemaker	2	2.0	2.2	89.0
	Student	4	4.0	4.4	93.4
	Other – please explain	6	6.0	6.6	100.0
	Total	91	91.0	100.0	
Missing	System	9	9.0		
Total		100	100.0		

### 4.1.2 Gay Dating Apps Usage

This section displays preferences, usage and habits of respondents regarding GDAs. The Figure 4.1.2a (Gay Dating Apps) illustrates the wide variety of GDAs that have been downloaded by the respondents. ‘Grindr’ is the most popular (22.6%). A low figure was given to this app, which is considered by many synonymous with GDAs and hook-up culture in the MSM community. Almost as popular at 19.2% is Scruff, followed by Recon at 12.2%. There is a similar percentage of downloads (between 6% and 8%) for Growlr, Gay Romeo, Squirt and Tinder where each of these specialty apps “often cater for different target audiences and come with their own social norms” (Zervoulis et al., 2019:89).

**Figure 4.1.2a Gay Dating Apps**

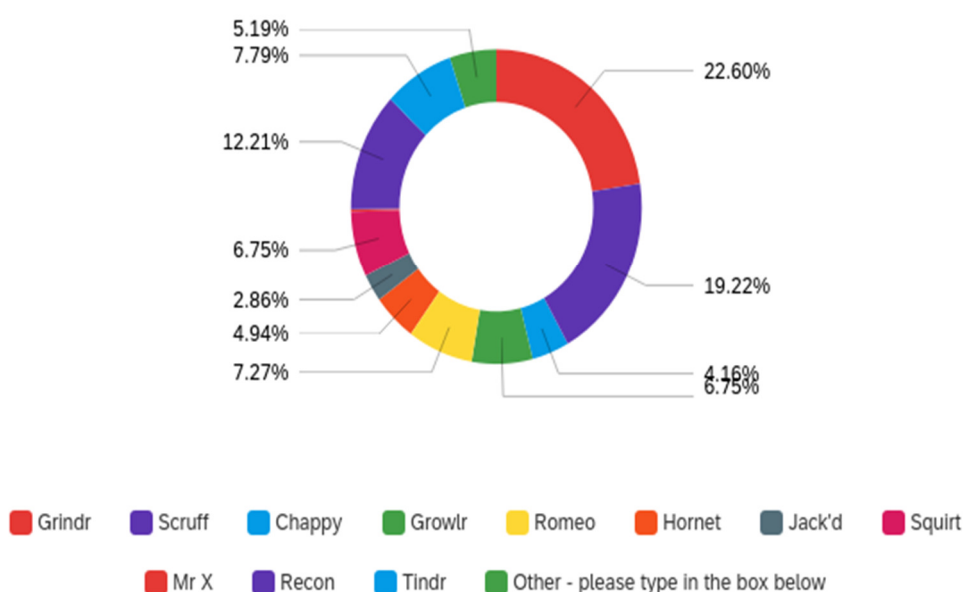


Table 4.1.2a (Frequency of Interaction) shows how frequently respondents interacted with GDAs. Over three quarters of them reported either logging in every day (53.8%) or at least once a week (31.9%), highlighting the habitual nature of GDA interaction.

**Table 4.1.2a Frequency of Interaction**

**Thinking about the last six months, how frequently do you interact with Gay Dating Apps? Please select the box that best describes your typical usage pattern when you are awake... – Selected Choice**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	At least every day	49	49.0	53.8	53.8
	At least once a week	29	29.0	31.9	85.7
	At least once a month	11	11.0	12.1	97.8
	At least once a quarter	2	2.0	2.2	100.0
	Total	91	91.0	100.0	
Missing	System	9	9.0		
Total		100	100.0		

Table 4.1.2b (Duration of Interaction) shows how long respondents reported spending on GDAs. Almost ten percent (8.8%) reported spending five or more hours a day interacting with apps, whilst just over a quarter (28.6%) interact for less than an hour a day. The majority (45.1%) claimed their interaction was between one to two hours each day.

**Table 4.1.2b Duration of Interaction**

<b>On a day when you use gay dating apps, how many hours (in total) do you typically spend looking at them?</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than an hour in a day	26	26.0	28.6	28.6
	1–2 hours in a day	41	41.0	45.1	73.6
	3–4 hours in a day	16	16.0	17.6	91.2
	5–6 hours in a day	5	5.0	5.5	96.7
	7–8 hours in a day	2	2.0	2.2	98.9
	Nine hours or more	1	1.0	1.1	100.0
	Total	91	91.0	100.0	
Missing	System	9	9.0		
Total		100	100.0		



### 4.1.3 Sexual practices

A number of the questions looked at Sexual Practices. When asked how respondents typically meet their sexual partners, a wide range of responses were recorded. Figure 4.1.3a (Encountering Sexual Partners) shows the importance of online dating with just over half reporting either GDA (37.1%) or Gay Dating Websites (14.1%) as being the typical route to find sexual partners. More traditional ways of meeting in the MSM community make up over a third of all encounters including ‘at a bar/club’ (13.5%), ‘encounter in the street/town’ (6.1%), ‘cruising spot/area’ (10.9%) or ‘sauna’ (6.6%).

**Figures 4.1.3a Encountering Sexual Partners**

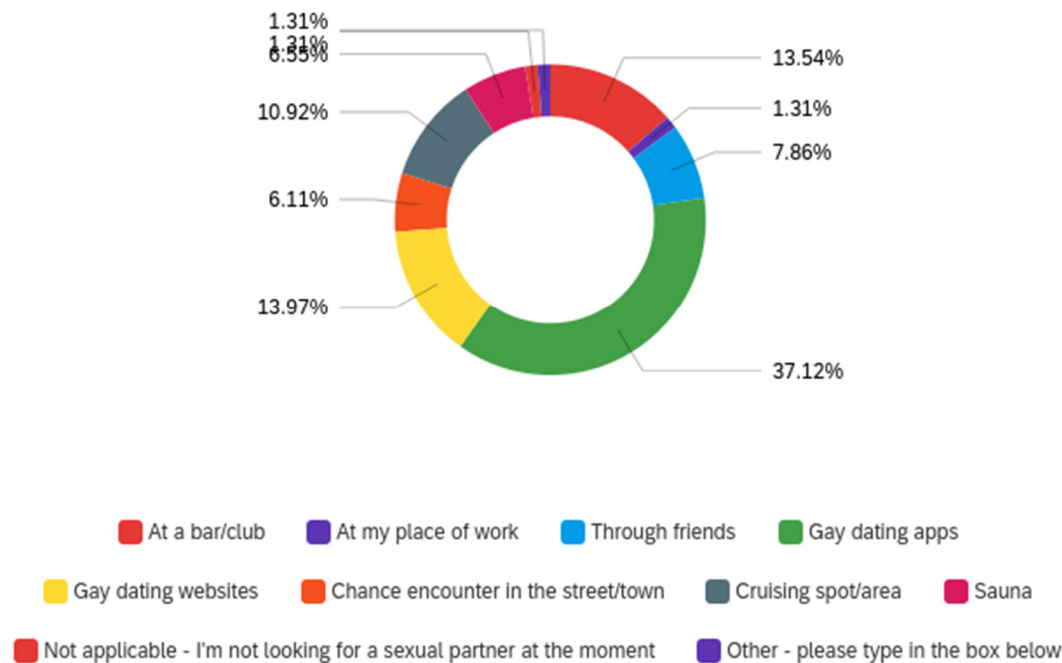


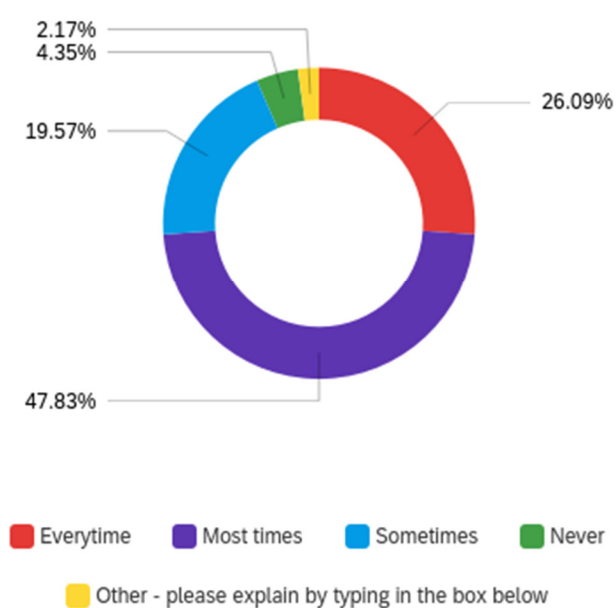
Table 4.1.3a (Real-Life Meetings) displays the frequency of how often an app hook-up conversation develops into a real-life meet-up. In the study, 65.9% of the respondents say a conversation only ‘sometimes’ develops into a real-life meet up. On the contrary almost a quarter say that their conversations either ‘most times’ (20.9%) or ‘every time’ (3.3%) go onto a real-life meet-up.

**Table 4.1.3a Real-Life Meetings**

Thinking about the last six months, how often does an App hook-up conversation develop into a real life meet-up? – Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Every time	3	3.0	3.3	3.3
	Most times	19	19.0	20.9	24.2
	Sometimes	60	60.0	65.9	90.1
	Never	5	5.0	5.5	95.6
	Other – please explain by typing in the box below	4	4.0	4.4	100.0
	Total	91	91.0	100.0	
Missing	System	9	9.0		
Total		100	100.0		

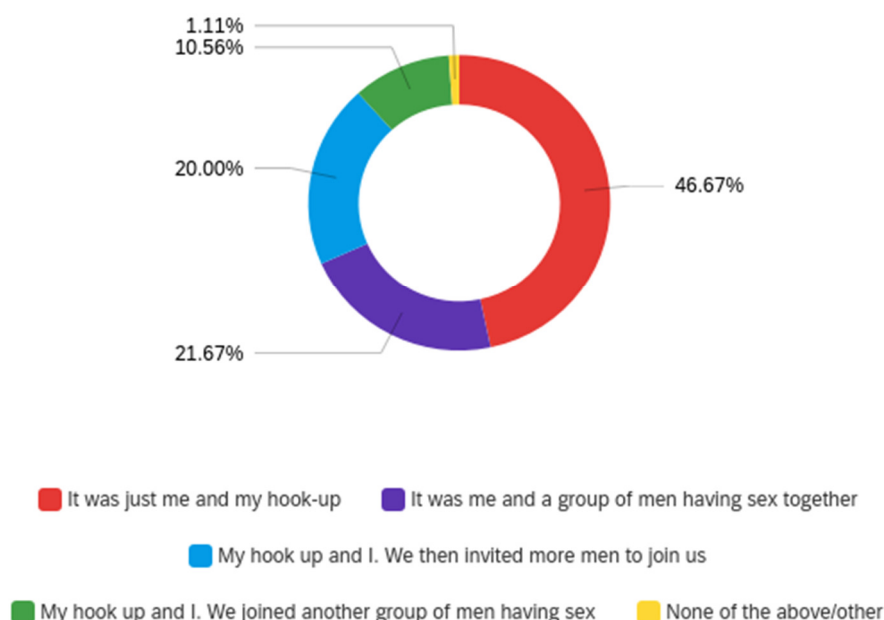
The figure 4.1.3b (Sexual Encounters) illustrates the claimed sexual activity once respondents actually met up with someone. Almost three quarters report that either ‘every time’ (26.09%) or ‘most times’ (47.83%) their meeting ended up in a sexual encounter whilst almost a fifth reported that sexual liaisons only happened ‘sometimes’.

**Figure 4.1.3b Sexual Encounters**



The Figure 4.1.3c (Scenarios) shows the range of scenarios that respondents identified with when ‘thinking back over the last six months which of the following scenarios have you experienced’. Almost half reported that it was just them and their hook-up. However more than half (52.23%) declared that their encounter was with more than one sexual partner/group sexual event (GSE), with 21.67% saying it was with ‘a group of men’, 20% saying they and their hook up ‘invited more men to join us’ and 10.56% said they and their hook up ‘joined another group of men having sex’.

**Figure 4.1.3c Scenarios**



#### 4.1.4 Chemsex

Before exploring the subject of chemsex, the respondents were asked ‘thinking back over the last six months, which substances have been used during your sexual encounters?’. Figure 4.1.3d (Substances Used in Sexual Encounters) details their responses. Respondents were able to tick all that applied, and not surprisingly long-time gay scene favourites scored highly, alcohol 14.29% and poppers 19.25%. However, more popular than even alcohol was Meth on 15.22%, closely followed by GHB/GBL at 12.73%. As previously discussed, three drugs are typically identified with chemsex, Meth, Meph and GHB/GBL although Meph is only used by 5.59% of respondents.



**Figure 4.1.3d Substances Used in Sexual Encounters**

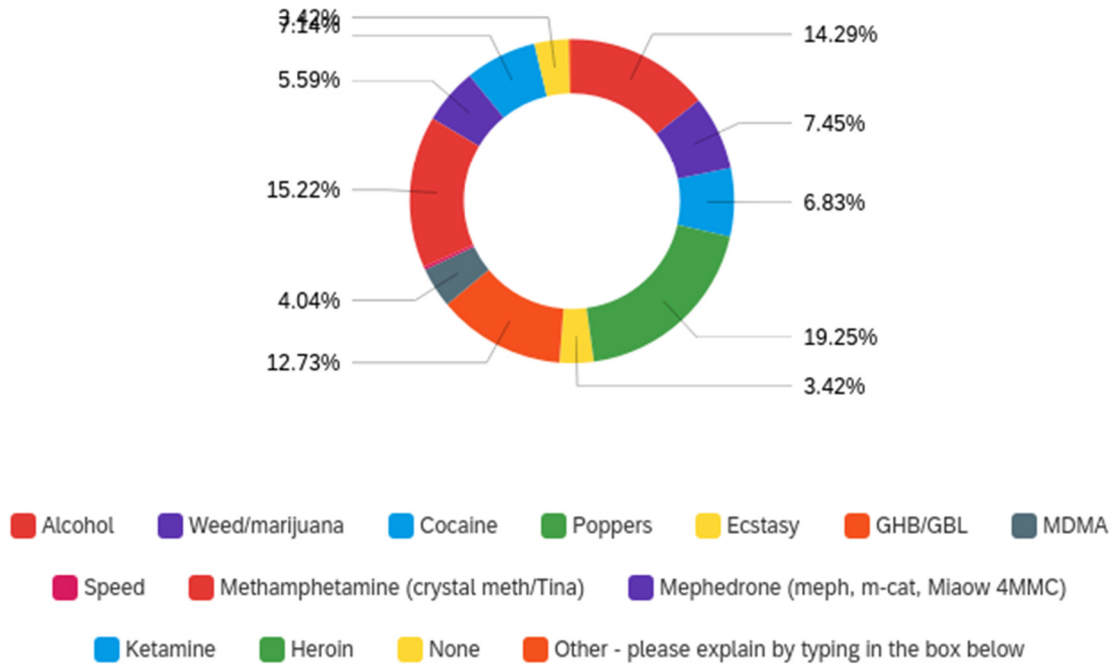


Table 4.1.4a (Chemsex) shows that 100% of all participants knew the term ‘chemsex’. Perhaps this is not surprising given that in the preamble of the survey, it is explained that the survey is partly about the ‘normalisation of chemsex’. In hindsight a short coming of the questionnaire design

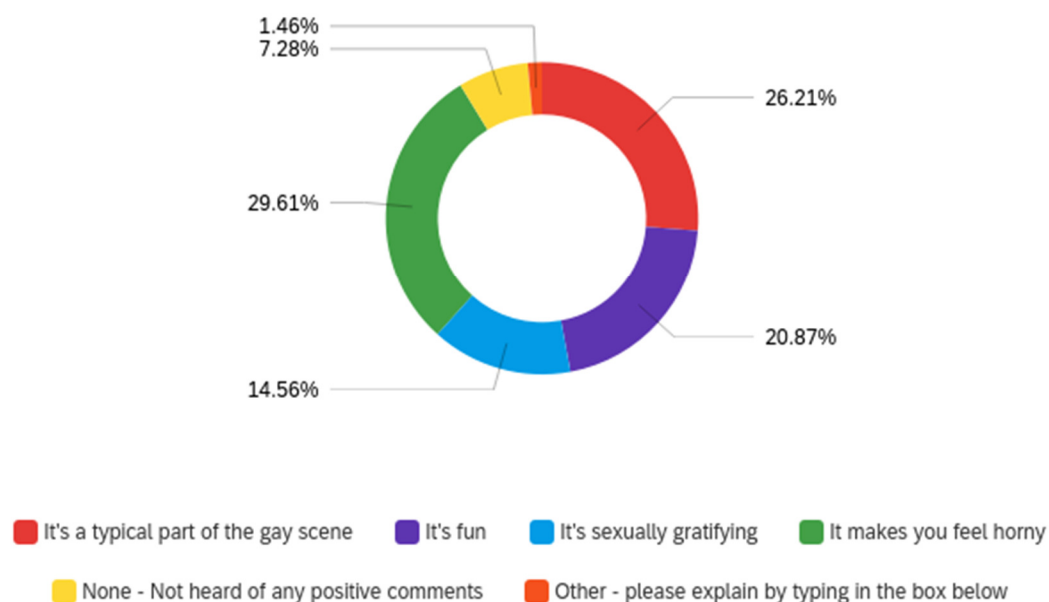
**Table 4.1.4a Chemsex**

**Have you heard of the term 'Chemsex'?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	91	91.0	100.0	100.0
Missing	System	9	9.0		
Total		100	100.0		

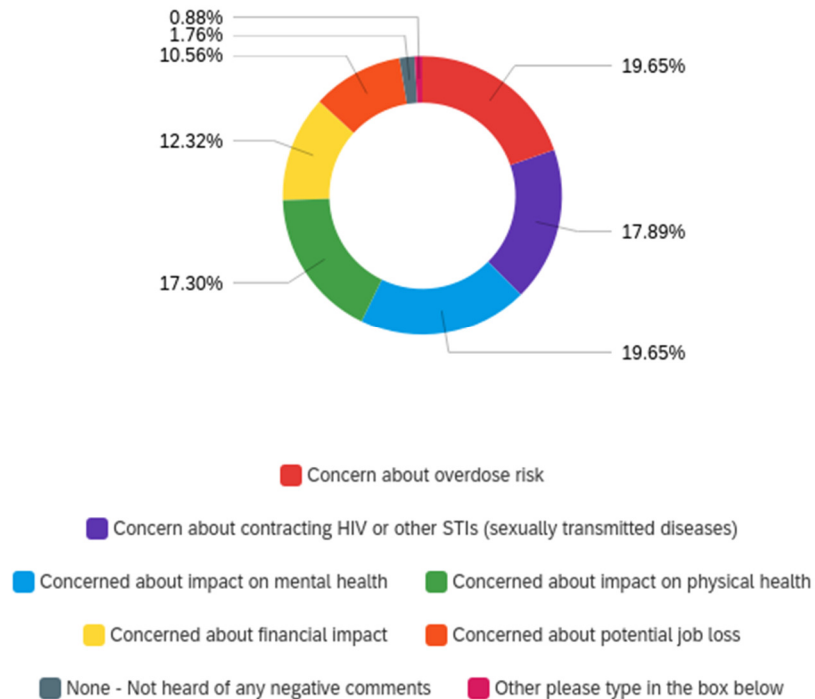
The figure 4.1.4b (Positive Comments) reflects the answers to the question ‘which of following positive comments about chemsex have you heard described? Tick all that apply’. The pleasurable side of chemsex was selected by more than a half of all respondents with ‘it makes me feel horny’, ‘it’s sexually gratifying’, and ‘it’s fun’ scoring 29.61%, 14.56% and 20.87% respectively. The score for ‘it’s a typical part of the gay scene’ at 26.21% is important to note. It should be noted that the question asks ‘what have you heard people say’ rather than ‘what positive things do you think’ with regard to chemsex.

**Figure 4.1.4b Positive Comments**



On the other hand, figure 4.1.4c (Negative Comments) shows the responses chosen with regard to ‘what negative comments have you heard’. Both ‘overdose risk’ and ‘impact on mental health’ are equally the primary concerns of respondents scoring 19.65% each. Sexual health and physical health are the next top scorers with 17.89% and 17.30% respectively. Concerns about job and financial security are the next biggest areas of worry with just over a fifth (22.88%) citing these as negative comments.

**Figure 4.1.4c Negative Comments**



The table 4.1.4b (Impact) shows the perceptions of respondents as to whether GDAs act as a catalysts to chemsex. When asked to what degree they agree with the statement ‘GDAs are influential in making Chemsex an everyday part of the gay scene’, over half (55.6%) either ‘strongly’ or ‘somewhat agreed’, whilst just 15.5% either ‘somewhat disagreed’ or ‘strongly disagreed’.

**Table 4.1.4b Impact**

To what extent do you agree with the following statement. "Gay Dating Apps (such as Grindr, Scruff, Chappy etc) are influential in making Chemsex an everyday part of the gay scene"					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	15	15.0	16.7	16.7
	Somewhat agree	35	35.0	38.9	55.6
	Neither agree nor disagree	26	26.0	28.9	84.4
	Somewhat disagree	10	10.0	11.1	95.6
	Strongly disagree	4	4.0	4.4	100.0
	Total	90	90.0	100.0	
Missing	System	10	10.0		
Total		100	100.0		

An open-ended question was asked to express respondent's perspectives regarding the relationship between GDAs and chemsex. A word cloud (See Appendix 7) was created that captures the most important words used in these comments. Words such as people, apps, sex and chems were the terms most commonly used by respondents.

In addition to the word cloud, the following responses also capture the key themes that were noted. Most comments reflected the respondents' views about an intrinsic relationship between GDAs and chemsex including, *'Apps make it easier to ask and find chemsex partners and chem'*, *'They make it easier to organise chem sex hook-ups'*, *'There's some degree of normalising of chemsex through the way some app operate'*. However, some comments highlighted a greater complexity such *'People normalize not the app'* and *'people are free to make their own decisions, in a way gay apps facilitate the communication but if they were not available, then people who want chemsex would still find a way'*. Implying there is more to consider beyond the obvious *causal* relationship between app and chemsex.

## **4.2 Qualitative Research**

In this section, the findings from the qualitative study will be reported. The answers from experts such as David Stuart (DS), Luis Guerra (LG) and the representative of Hornet, Alex Garner (AG) will be considered first as they provide a solid base of insight and opinion (See appendix 8). This will be complemented by the in-depth interviews with the GDA users (See appendix 8iii).

#### 4.2.1 Experts & Corporate Owners/Representatives

Findings will be presented in terms of ‘gay dating apps’, ‘chemsex’ and the ‘relationship between GDAs and chemsex’.

##### 4.2.1.1. GDAs

All three experts agreed that GDAs have revolutionised the way gay men communicate and interact. Reasons for such praise revolved around three key benefits: community, connectivity and the ability to target a very specific audience.

With regard to community, *‘If you are new person coming out, a closet gay, and you are living in a country where being gay is illegal, these apps present and the first and perhaps the only place that you can socialise with other gay people’* (LG). At the same time, GDAs reach *‘all age populations’* (DS).

Also, *‘they have been fantastic because they give a platform for connectivity’* (LG). This is for a variety of reasons from *‘HIV positive guys who just want to talk to another positive guy’* (AG), to *‘go online and find other men who want to do the same behaviour’* (AG).

Through this ‘online community’, campaigns of awareness and prevention with relevance to the MSM are targeted. *‘A lot of the health promotion and health education that is being done with gay and bisexual men is done in partnership with apps’* (LG).

However, GDAs have had a major impact in many other ways including the sexual practices of the MSM population in London including shifting hooking up on-line *‘the cruising areas have largely shut down’*. Also, *‘gay dating apps facilitate sex. And we*

*know that sex is a primary route of HIV transmission and acquisition*' (LG). More than that there has been *'a technological sex revolution [...] we have never seen such a large switch from one drug to another, so quickly and so dramatically'*, said Stuart when referring to chemsex.

The addictive nature of apps was also noted. *'Apps are very addictive [...] when you mix likes and affirmations along with sexual arousal, another very primal part of us, then you have a very powerful and addictive mix'* (DS).

The fact that drugs are widely referenced on GDAs was discussed by all experts. *'Gay men who want to use drugs and go online and find other men who want to do the same behaviour are usually very skilled at finding each other'* (AG) and do so through changing coded language/symbols within GDAs. However, they did not think GDAs should be the scape goat of wider societal issues. *'The greatest drug dealing environment on the planet is Grinder. It's easier to find drugs on there than it is to get a pizza delivered [...] that being said I don't want to them blame for it'* (DS). Garner stated however, *'it's so important to address the root cause and not get so caught in just looking at the symptoms'*.

#### **4.2.1.2. Chemsex**

As previously noted, this study uses a particular definition of chemsex (See Chapter 1). However, the lack of an agreed definition of chemsex across academic and healthcare circles is giving rise to issues. *'Whilst researchers and academics argue over the definition of chemsex, then it is hard to measure'*. Factors such as which specific substances and sexual orientation have a major impact on population size.

This makes the prevalence of issue difficult to confirm. On the one hand, in answer to the question *'how pervasive is chemsex among the MSM community in London'* Stuart replied, *'I think very pervasive [...] the place that I work has about 4000 gay men who engage in chemsex coming through our doors every month'*. Whilst on the other hand Guerra said, *'it's a minority within a minority [...] yet that small number of people will have bigger impact on our public health landscape'*. However, Garner argued that

*‘chemsex is a symptom of larger problems such as mental health issues that gay men are facing such as depression, or isolation, stigma with HIV’.*

The motivations for participating in chemsex are numerous according to the experts ranging from pressure to performance to pleasure. Living as a member of the MSM community is one that is driven by hierarchy according to Stuart. *‘All societies have hierarchies [...] in gay communities, it is one simple criteria [...] if you are not good at Grindr and sex, then you are not a good gay’.* This leads to enormous pressure to achieve sexual prowess when it comes to performance. But *‘I think a lot of gay men are feeling unattractive, they are feeling nervous, I think they are having intimacy issues, anxiety issues, body image issues and they need a whole lot of skills to intimate with someone they met five minutes ago’* (DS). Faced with these issues, chemsex drugs *‘give the illusion of solving these problems’.* (DS). Deeper rooted issues are also cited. *‘It attracts a certain cohort within a society who have been told there is something wrong with you and they find a sense of community’* (LG). The pleasure of chemsex is also noted. *‘They feel horny, they say what they want to do, and they can say – I like that’* (DS).

The experts also agreed that the use of recreational drugs during sexual encounters was not a new phenomenon. Earlier eras have seen different fashions for drugs with *‘ecstasy, cocaine and MDMA in the eighties, nineties and early two thousands’*(DS) and confirmed by Garner *‘sex and drug use have been endemic to our experience even before the internet and after the internet’.*

However, whilst drug-enhancing sex is not new, the particular types and combination of drug used, Crystal Meth, Mephedrone and GHB/GBL are new and are considered Class A, B and C drugs respectively. High risk in their own right, further compounded by the fact that some are injected (slamming). *‘People who inject occasionally, and inject infrequently, tend to not use needle exchange services. So, there is a problem right there’* (LG).

#### **4.2.1.3. The relationship between GDAs and chemsex.**

Stuart was the most explicit in highlighting the link between GDAs and chemsex. *‘The apps have a huge role to play, an integral, a phenomenal part, in introducing people to chemsex’.*

Yet whilst drug-enhanced sex is not new, gay dating apps and chemsex give rise to a variety of very particular issues:

- **Swift access:** Stuart highlighted the how GDAs give almost instant access to the drug market. *‘He gets offered them immediately. He doesn’t have to wait months for an introduction by friends’.* In the past, finding one’s own drug dealer would take months and follow a typical path of being introduced to a drug by a friend, trying it once or twice over a period of weeks or months before finally requesting direct access to the dealer. With drugs openly marketed by dealers on GDAs, this typical ‘introductory path’ is reduced from months to minutes.
- **Cocktail of drugs:** The drugs associated with chemsex are according to Stuart ‘the hardest, most dangerous drugs on the planet’. More than that, ‘GHB/GBL lowers inhibitions and inhibitions are what normally [...] allows you to practice safe sex’ (LG).
- **Broad Exposure:** Almost the entire MSM population, and probably a proportion of whom are susceptible to addiction, are exposed to references and the availability of drugs. Given that *‘99.5% of them are using the sex apps’* (DS), GDA users are being exposed to references of drugs. *‘Even if you have never been interested in drugs, never been exposed to them before, you never met anybody who’s ever done them before, and then you’re going to see the emojis, you are going to see the codes such as PNP and so you are going to be curious to understand it’* (DS). Stuart continued, *‘everyone is being introduced to drugs, regardless of their propensity to addiction. So, it is just going to broaden the problem. And make it much wider than all other drug epidemics that we have experienced in the past’.*

To address these issues, GDAs have implemented a number of initiatives including removing illegal posts whether it be related to drugs, racism or any other illegal activity.



‘We can moderate the content of someone’s profile, what information they put, what picture they post. Any talk of drug news is moderated and removed’ (AG). Also, most of the apps provide discounted or free media space for *‘ads that are around testing and sex education [...] for charities and governments’* (LG).

Hornet cited a number of specific initiatives including ‘the health ambassador programme which is essentially a peer-to-peer engagement programme’ (AG). This approach sees volunteer users get given an on-line badge to advertise they are *‘willing to engage in conversations around sexual health’* (AG). Hornet also has editorial content that is health related including *‘Ask the pro’*, *‘a one-minute video series where we had a health expert answering common questions around sexual health’* (AG).

Nevertheless, it wasn’t just praise for GDAs. *‘It doesn’t matter how big the workforce is, they won’t be able to monitor everything’* (LG). There was also concern that whilst known drug dealers have their accounts closed down, they don’t prevent new accounts being opened on the same device. *‘When they flag this and they close the account, the person using the same phone just creates another account so within ten minutes they are back on and selling’* (LG).

#### **4.2.2 GDA Users**

In this section, the findings of the qualitative research among GDA users will be presented. For reasons of anonymity and confidentiality the names of respondents will be given random letters and identified along with their age. For example, (Mr. X. 42).

Even though for some they started to experiment with drugs for the first time through an opportunity via GDAs, their interest started long before. *‘I’ve always been curious’* (Mr. D. 35). For other participants, drug-enhanced sex had entered their lives, many years before the arrival of GDAs. *‘For almost all my adult life, my experience of sex has involved drug use’* (Mr B. 53). Others entered into the scene after clubbing at either chillout parties or at saunas *‘There was a lot of chemsex going on in Chariots Vauxhall during weekends’* (Mr. M. 47).

It was notable that all of the respondents could clearly articulate the possible positive and negative implications of chemsex on their and other people's lives. The pleasurable side of chemsex was cited by all. *'Gives a sensation of pleasure and euphoria that is hundreds of times stronger than anything that the body can produce naturally'* (Mr. B. 53). The connection is also a motivator, *'a connection that transcends beyond age, wealth, looks, physicality, is essential to me'*. (Mr. J. 53) and *'a sense of communion with other guys'* (Mr. M. 47).

There is a clear understanding of the potential negative impacts on their personal and professional lives. *'It ruins your relationships. It ruins your family life'* (Mr. S. 51). *'It's very easy to get into a cycle, starting on a Friday night and finishing on a Sunday. Go to work Monday. Being really depressed on the Tuesday. And then the chemical clears out of your body around Thursday and you feel fine. And then you start again on Friday'*, (Mr. D. 35). *'I used to go for dinner twice a week. I used to go theatre. I used to go and see friends. But that's all been pushed to one side'* (Mr. S. 51). When it comes to work, *'the price to pay is high in terms of being less performant at work'* (Mr. M. 47). *'I always make sure that I don't have a big meeting on Monday morning'* (Mr. D. 35). Also, the impact on mental health is a recurring theme. *'The downside is the negative effect it has on your mental health'* (Mr. M. 47). *'Paranoia in its various forms seems to be a common experience'* (Mr. B. 53). Even though for most of the participants, engaging in sober sex is not a problem, their interest in it is diminished *'I have no interest in sober or drug free sex'* (Mr. J. 53). *'I simply don't look for that (Sober sex), so that most of my sex is with drugs'* (Mr. B. 53).

There is also an understanding of how chemsex can impact on other people's lives as well as society as a whole. *'I was crouching down in someone's garden, and they called the police and they came and took me home'* (Mr. S. 51) or *'three times I have been caught up in someone else's constructed parallel fantasy, where they sincerely believe something utterly bizarre about me that they cannot be convinced out of'* (Mr. B. 53), to cite just a couple of examples.

Being aware of the pros and cons of this particular sexual practice, has allowed some participants to set up their own boundaries when it comes to *'play'*. For some of them, *'I have never gone beyond that boundary'* (Mr. D. 35), *'I've never felt that the drugs*

*are in control of me'* (Mr. J. 53). Yet for others, the setting of boundaries can be challenging. *'It was also deeply destabilising for a time [...] the service offered through Antidote was extremely helpful for me and enabled me to put my drug usage into some sense of a context'* (Mr. B. 53). For some they recognise they have crossed the line between pleasure and problem drug-usage, *'I want to get rid of it completely [...] at the end of the day, it's really down to me if I'm going to stop. I want to stop. It depends on what outweighs the other. The short-term or long-term pleasure'* (Mr. S. 51).

## CHAPTER 5: DISCUSSION

Most would agree that new technology has had a tremendous impact on the way how MSM interact in their daily life. Whitty (2008) argued that online technology had fundamentally redefined the way people make friends, hook-up sexually, and develop relationships. Also, LBRTD has enabled '*a technical sexual revolution that we have never seen before*' (DS). Through this study a number of surprising factors have been identified with regard to the relationship between GDAs and sexual practices.

GDAs are in their nature, addictive. As Stuart noted, '*if I am on Grindr and someone says that you're hot and sexy then the dopamine goes off [...] then I want more of it, so I pursue more of it*'. This dopamine effect combined with our primal sexual instinct makes apps very addictive. This would in part explain the high level of frequency as seen in Table 4.1.2a. Over three quarters of respondents reported either logging in every day (53.8%) or at least once a week (31.9%), highlighting the habitual nature of GDA interaction. The duration of interaction as seen in Table 4.1.2b shows that the majority (45.1%) claimed their interaction was between one to two hours each day.

Almost no matter your sexual desire, kink or fantasy, there's a GDA for you (Figure 4.1.2a). Grindr is the most popular among the respondents (22.6%) and the most associated with the hook-up culture. Yet less well-known apps like Scruff (for men who identify as bears – big hairy men), (19.2%) and Recon (The Fetish Network), (12.2%) are rarely mentioned by academics but are hugely popular among MSM.

GDAs enable users to advertise sophisticated messages about their sexual preferences, HIV status, whether they are on PrEP or PEP and even their drug intake. Something not possible in the era of dark rooms, cruising grounds and saunas. GDAs have been instrumental in destigmatising whether a person is HIV positive or not. There is a much greater understanding of the intricacies of an HIV status e.g. being undetectable means zero chance of HIV transmission.

Arguably GDAs facilitate GSE (Figure 4.1.3c). More than half of respondents (52.23%) declared that their encounter was with more than one sexual partner/group sexual event

(GSE), with 21.67% saying it was with ‘a group of men’, 20% saying they and their hook up ‘invited more men to join us’ and 10.56% said they and their hook up ‘joined another group of men having sex’.

Getting the right message to the right person at the right time, was for years an impossibility for those promoting intimate sexual health messages. Given the business model of GDAs is their ability to connect advertisers to very specific audiences at very specific moments – that ability can also be leveraged for public health campaigns.

There are two further observations worth reflecting upon, even if they are not specifically about the relationship between GDA and sexual practices. GDAs have not wiped out the more traditional ways of hooking-up, (Figure 4.1.3a). Traditional ways of meeting in the MSM community still make up over a third of all encounters, which include bars and clubs, encounters in the street, cruising areas or saunas.

Secondly, GDAs are being misused as a drug marketplace but *‘the police don’t know it’* (DS). The app owners are making some effort to delete drug dealers but arguably are not going far enough. Just by disabling the account but not the device they are using, GDA owners lay themselves open not only to criticism but potentially the might of regulators and the law.

Looking specifically at the relationship between GDAs and chemsex there is one hugely important factor. GDAs showcase (typically in coded language) to a significant proportion of the general population (almost the entire MSM community/GDA users) a cocktail of hard drugs that are easily accessible in a far faster way than ever before – often available to trial for free. The public health implications of which have yet to be fully understood although, *‘most sexual health clinics in England are phenomenally aware of very large numbers of people engaging in Chemsex’* (DS).

Thinking beyond the specific relationship between GDAs and Chemsex, there were two surprising observations. Firstly, that Crystal Meth (15.2%) was more popular than alcohol (14.3%) when respondents were asked about substances used during sexual encounters (See figure 4.1.4a). Secondly that people who engage in chemsex largely understand the risks associated with this sexual practice. Whether it be specific overdose

risks, the wider implications on sexual, mental or physical health and even on job and financial security – respondents understood the downsides (Figure 4.1.4c). Just as the risks of smoking or alcohol are ignored to those that enjoy them, *‘we tend to forget these negative sides and to glamourise chemsex’* (Mr. M. 47).

There are several strong pieces of evidence that link between GDA’s and chemsex.

- Healthcare expert David Stuart (as presented in section 4.2.1.3.) was categorical in his belief that GDAs have a huge role to play. Something that was echoed by the other experts, including Guerra who said, *‘they (GDAs) have provided a digital market for chems and therefore you can say they have helped normalize chemsex’*.
- 55% of respondents in the quantitative research conducted for this study either strongly or somewhat agreed to the statement ‘Gay dating apps are influential in making chemsex an everyday part of the gay scene’. Although, one might have expected this to be a higher figure.

On the other hand, there is some evidence that challenges that belief. For example:

- Drug-enhanced sex is not a new phenomenon in the MSM world as noted by Garner and Stuart in section 4.2.1.2. and Guerra agrees, *‘chemsex, as a practice is not new. It’s been happening for decades’*.
- In the qualitative research, when asked what would happen if gay dating apps were banned, most respondents thought *‘just by removing the dating app, people are industrious and will find a way’* (Mr. D. 35), and *‘the ingenuity of the sex-hungry-hunter means a different model or simply another platform would quickly take its place’*, (Mr. B. 53).

On balance, even if drug enhanced sex is not new, the relationship between GDAs and sexual practices seems certain. Whether GDAs have had an impact on *normalising* chemsex is another matter.

Normalising can be interpreted in two different ways. The most straightforward would simply mean 'chemsex is becoming a typical part of the gay scene', a common feature of the MSM population these days. Shifting from something that was undertaken by a minority group to something that is undertaken by the majority within the MSM community in London (making some norms and behaviours acceptable over time). On the other hand, and from a sociological perspective, what is 'normal' and 'normalisation' have greater meaning based upon Durkheim's work (1982). He defined 'normal' as something that is found in most societies with a limited variation, "A social fact is normal for a given social type, viewed at a given phase of its development, when it occurs in the average society of that species". (Anderson, 2014:11).

In both cases those norms and behaviours are reinforced by institutions in society such as criminal law, public health, education and economy. This study explores a particular sexual practice, which involves the consumption of illegal drugs and therefore people who engage in chemsex could be considered as taking part in deviant behaviours that go against social norms and breaks the law dictated by society. For example, in the arena of chemsex, some elements can be criminal. According to the Metropolitan Police website 'you won't be arrested for using or telling us you've used drugs; that isn't illegal'. However, 'if you tell us you are in possession of drug, or that you supplied (shared or sold) drugs in the past...those are criminal offences'.

Most of the people who engage in chemsex, use drugs to enhance their sexual experience. To some observers, the use of drugs on a regular basis might call into use the term 'drug addict', labelling people with a negative connotation. As a result, the people being labelled are judged to be morally inferior because of their deviant behaviour as ascribed by the majority of society (Becker, 1963).

Deviancy can in itself be an attraction for some. Kitsuse (1980) believed that some partaking in a deviant activity see it as a 'badge of honour' with exclusive membership to a new deviant subculture (the chemsex community). Being on the margins of society, Taylor (2011) argued can even create a feeling of pride. Something that was confirmed by one of the research respondents who felt a member of '*a particular community that sits on the edge of regular society with a common experience of a type of transcendence that is not experienced by most people*' (Mr. B. 53).

Normalisation also talks to the ever-changing nature of what is acceptable to society and what isn't. Bauman (2012) championed liquid modernity. He believed that technology is having a profound effect on human relations giving rise to 'an age of decadence'. An age of 'socialisation and connectedness', something GDAs have certainly allowed.

Chemsex challenges the convention of 'normal' sex (even in the gay community), even though it is still a minority of the MSM population who engage in this sexual practice. Yet the fact that chemsex exists and has an awareness beyond those partaking, has started a process within society towards greater acceptance. Over time society has, to a larger or lesser degree, accepted social phenomena such as premarital sex, extramarital sex and homosexuality. Maybe even chemsex will become more widely accepted. These social changes in society are reflected in Bauman's work about liquid society (2012).

### **5.1 Limitations:**

Almost any research project is likely to have limitations and this one is no different. One area with limitations is the method used to recruit the participants for the quantitative survey. The ads placed to recruit people were via the social media network of experts (David Stuart & Luis Guerra). This might well have led to bias in those recruited.

The Covid-19 pandemic combined with the late approval from the SREC meant recruiting experts was more difficult. Any future study would benefit from hearing from more experts and gay dating app owners

Whilst GDA's are facilitating the normalization of chemsex, the answer to the question 'how vital or not are GDAs in triggering particular sexual practices, in particular chemsex' is not so straightforward. There are a number of factors that contribute to rising incidence of chemsex from facilitation factors (e.g. GDAs ability of proximity of a date, mutual interests) to psychological factors (e.g. the addictive nature of GDAs, influences in childhood/young adult, societal factors such as stigmatizations) and curiosity factors (e.g. into drug scene, apparent ubiquity of chemsex). A future research project could try to weigh up the relative importance of these factors against specific



non-judgmental health and well-being messages. Essentially, not questioning the relationship between GDAs and sexual practices but how the relationship could be best leveraged to the benefit of individuals, the community and society as a whole.

## CHAPTER 6: CONCLUSION

There is little doubt that GDAs have had a profound effect on the MSM community. A hugely positive impact on a whole range of areas from public health to sexual empowerment, yet in this study two benefits in particular come up time and again. ‘Community’ and ‘connection’ are often repeated and encapsulate the positive force that GDAs have had. Growing up as a gay person, one experiences the complexity and isolation of being gay in a predominantly straight world. Joining a community of like-minded people helps overcome that isolation. GDAs show and allow a local community of like-minded people to be in touch with one another. A connection that goes way beyond sexual gratification. Community and connection have long been argued by Myslik (1996) and Delonga et al (2011) as key features of the MSM community. Something that is perpetuated through on-line communities where people are able to connect to those who seek the same sexual practices.

Like any new technology, some might argue that GDAs have had a negative impact. Impacts such as ‘the closure of once lively bars’, ‘GDAs are a drug market’ or that they simply ‘facilitate random sex’. Yet whether those impacts are negative, or indeed positive, is a subjective view based upon the person making the judgement. ‘There is a narrative that says that anybody who has sex with someone randomly is a bad person and I think that is rubbish’ (LG). The same could be true of course for the positive impacts highlighted in the paragraph above.

But in the end, GDAs are just a bit of technology. *‘GDAs facilitate chemsex in that they facilitate any kind of encounter between men. The same is true for ‘Uber’ and ‘Transport for London’ or ‘the internet’* (Mr. B. 53). At their most basic, they are just geo-location instruments that connect people with the same interests. They do that well. Better than newspaper ads, or bars, or fixed landlines or even cell-phones - GDAs are the latest version.

To blame GDAs for the problems or issues of society is short sighted. The fact that it’s probably just a small minority who use them illegally to sell drugs *is* an issue. Yet that was not what they were designed for, and it’s worth remembering that the owners don’t profit from that – indeed they stand to lose far more.

It would seem fair to say that chemsex is a sizeable and growing phenomenon among the MSM population in London based upon the qualitative and quantitative research carried out in this study. Yet research by A-K Ahmed et al. (2016), suggests caution. In their study they found that although “chemsex was perceived by a majority of participants as a normalized behaviour among gay men in London”, it was contradicted by “survey data measuring its actual prevalence”. A similar ‘false consensus effect’ (Berkowitz, 2004) could be in play. A quantitative study by the Home Office (2014) found “around a fifth reported chemsex within the past five years and a tenth within the past four weeks, suggesting that it is practiced by a minority of MSM”.

Nevertheless, for all its upsides, chemsex has many well-documented negatives including, mental health issues, shame and stigma associated with drug use as well as increased risk of morbidity (McCall et al. 2015). “If we don’t tackle the epidemic that is chemsex, we might find ourselves facing the same sort of devastation as that wreaked by AIDS in the 1980s” (Wharton, 2017:227).

So how can society ensure that the mistakes of a previous era are not repeated? The first is to agree the definition of chemsex. *‘Whilst researchers and academics argue over the definition, then it is hard to measure’* (DS), the prevalence of this social phenomenon is growing, the true size of the issue is still unknown, as there is no agreed definition of chemsex.

As with many social issues, education is the key. This issue can be addressed, not only to people who engage in chemsex, but to a wider support network including health workers, employers and so on. Through harm reduction programmes, that are non-judgmental, practical and minimize risk – examples of which are being done by Stuart at The Dean Street Clinic or by Antidote. “Painting a picture laced with stigma and relying on law enforcement to solve the problem will be a waste of time.” (Wharton, 2017:228-229).

Whilst harm-reduction programmes have a role to play for those already engaged in this practice, Society needs to address some of the structural issues that lead people to participate in activities such as chemsex from curiosity, true gay equality to a more fulfilling life. “Society needs to learn that not all of us are happy, that not all of us have our lives set up and figured out in the ways we might have initially planned. That’s why

many of us long for some of the by-products that chemsex provides – to make our lives seem better, if only for a little while” (Wharton, 2017: 229).

Finally, empowering, and if not compelling, GDA owners to leverage their unique role in the MSM community to benefit it and the individual members. Stuart commented, *‘I think the apps would like to have a better role, (DS)*. If they led the change in terms of education not only with regard to sexual health and drug use but also a more holistic approach to wellness and self-fulfillment.

The MSM community is living a sexual revolution enabled through GDAs. With this freedom should come great responsibilities. Not only for those involved in or related to chemsex but society as a whole to ensure a safer environment and practice as possible. After all, on just one metric, action is required: ‘We will never end HIV transmission if we do not address chemsex’ (LG). Policy makers need to address the structural issues that motivate the chemsex phenomenon, the commitment of GDA owners to lead the change, the energy of healthcare professionals to carry on doing so in a non-judgemental and supportive way and ultimately on the men who make up MSM, to have the responsibility to take care of themselves and of others.

*“Help exists and everyone should be able to access it. The more we judge, the less we love”.*

*Harambee (Kenyan approach to community self-help).*

# APPENDIX

## Appendix 1: Senate Research Ethic Committee (SREC) Approval

### Appendix 1i) Proposal approved by the SREC

Decision - Ethics ETH1920-0938: Felix Cardenas Chu (Medium risk)

Dear Felix

**Reference: ETH1920-0938**

**Project title: Chemsex and gay dating apps, a mixed-method study into the normalisation of chemsex in London.**

**Start date: 28 Feb 2020**

**End date: 15 May 2020**

I am writing to you to confirm that the research proposal detailed above has been granted formal approval from the Sociology Research Ethics Committee. The Committee's response is based on the protocol described in the application form and supporting documentation. Approval has been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

Please ensure that you are familiar with [City's Framework for Good Practice in Research](#) and any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

#### **Project amendments/extension**

You will need to submit an amendment or request an extension if you wish to make any of the following changes to your research project:

- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and supervisor;
- Change to the sponsorship/collaboration;
- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating to the safety or physical or mental integrity of research participants, or to the risk/benefit assessment for the project or collecting additional types of data from research participants;
- Change the design and/or methodology of the study, including changing or adding a new research method and/or research instrument;
- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets for relatives or carers;
- Change to the insurance or indemnity arrangements for the project;
- Change the end date of the project.

#### **Adverse events or untoward incidents**

You will need to submit an Adverse Events or Untoward Incidents report in the event of any of the following:

- a) Adverse events
- b) Breaches of confidentiality
- c) Safeguarding issues relating to children or vulnerable adults
- d) Incidents that affect the personal safety of a participant or researcher

Issues a) and b) should be reported as soon as possible and no later than five days after the event. Issues c) and d) should be reported immediately. Where appropriate, the researcher should also report adverse events to other relevant institutions, such as the police or social services.

Should you have any further queries relating to this matter, please do not hesitate to contact me. On behalf of the Sociology Research Ethics Committee, I do hope that the project meets with success.

Kind regards

Sarah Walters-Williams

Sociology Research Ethics Committee

City, University of London

Appendix 1 ii) Ethics Application Form approved by the SREC

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Title	Ethics application ETH1920-0938
Application ID	ETH1920-0938
Researcher	Felix Cardenas Chu
Project	Chemsex and gay dating apps, a mixed-method study into the normalisation of chemsex in London.

Related application

Copied from	Ethics application ETH1920-0443
Date	04 Feb 2020
Academic year	2019 - 2020
Supervisor	Dr Gerbrand Tholen
Ethics reviewers	Dr Gerbrand Tholen Sociology Research Ethics Committee
Expiry date	15 May 2020

Application timeline

Ethics Approval

Felix Cardenas Chu started the Ethics approval process 04 Feb 2020, 22:28

Felix Cardenas Chu confirmed statements - view... 09 Feb 2020, 16:33

Felix Cardenas Chu submitted the Ethics application 09 Feb 2020, 16:33

Gerbrand Tholen sent the application to Sociology Research Ethics Committee 10 Feb 2020, 10:53

Sarah Walters-Williams requested amendments to be made 17 Feb 2020, 11:36

Sarah Walters-Williams sent a formal notification to the researcher 17 Feb 2020, 11:37

Felix Cardenas Chu added a note: 19 Feb 2020, 19:33  
The reviewer has asked 'Are the substances being sold and used are legal?'.  
It is important to remember that this study focuses on the role of gay dating apps and sexual practices rather than the legality of the sexual practices or the activities associated with them.  
However to provide as a full an answer to the question as possible, it is necessary to divide the question into two parts:

STATUS

Approved after amendments made

MEDIUM RISK

COPIED FROM

ETH1920-0443

Report adverse event or untoward incident

Amendment to protocol

Request extension

Copy as a new application

APPLICATION

Ethics application

NOTIFICATIONS

Amendments

Decision

Download printable PDF...

REVIEWERS

Dr Gerbrand Tholen

Supervisor

↓ Forwarded

Sociology Research Ethics Committee

Amendments

Sociology Research Ethics Committee

Approved

## Appendix 2: On-line Survey

### Appendix 2i) Section 1- Participant Consent & Selection Criteria (Quantitative Research)



**Welcome to the research study!**

#### **Gay dating apps and sexual practices survey**

The objective of this research is to understand the role of gay dating apps with regard to sexual practices and in particular provide information as to how vital or not gay dating apps are in normalising 'chemsex' among men who have sex with men (MSM) in London. You will be presented with information relevant to topic and asked to answer some questions about it. Please be assured that your responses will be kept completely confidential.

The study should take you around five minutes to complete. Your participation in this research is voluntary. You have the right to withdraw at any point during the study. If you would like to contact the Principal Investigator of the study to discuss this research, please e-mail [Felix.Cardenas-Chu@city.ac.uk](mailto:Felix.Cardenas-Chu@city.ac.uk)

By clicking the button below, you acknowledge that:

your participation in the study is voluntary  
you are 18 years of age  
you may choose to terminate your participation in the study at any time and for any reason.

- ☐ I consent, begin the study
- ☐ I do not consent, I do not wish to participate



In addition to providing consent as above, to be part of this survey, participants must meet four further selection criteria:

- 1) Reconfirm you are over the age of 18 years old
- 2) Identify as a man who seeks/has sex with men (MSM)
- 3) Live in Greater London
- 4) Have at least one gay dating app (such as Grindr, Scruff, Recon etc) on your phone

If you answer yes to all four requirements, then please proceed to complete the online survey.

If you answer 'no' to at least one question or more then unfortunately you are not eligible to take part.

Thank you for your interest in this survey, have fun, keep safe and have a great day.

Are you over the age of 18 years old?

- ☐ Yes
- ☐ No



Do you identify as a man who seeks/has sex with men (MSM)?

- ☐ Yes
- ☐ No







Do you live in Greater London?

- ☐ Yes
- ☐ No



Do you have at least one gay dating app (such as Grindr, Scruff, Recon etc) on your phone?

- ☐ Yes
- ☐ No



*Appendix 2ii) Section 2 – Profile Metrics, Gay Dating Apps & Sexual Practices*



How old are you? Please select the box that applies to you.

- ☐ 18 - 24 years old
- ☐ 25 - 34 years old
- ☐ 35 - 44 years old
- ☐ 45 - 54 years old
- ☐ 55 - 65 years old
- ☐ 65 or older years old

How would you describe your current relationship status? Please select the one that best applies...

- ☐ Single - not in a permanent relationship
- ☐ Married or in a civil partnership
- ☐ Separated/ Divorced/ Dissolved
- ☐ Widowed/surviving partner from a civil partnership
- ☐ Dating / In a relationship
- ☐ Prefer not to say
- ☐ Other - please explain by typing in the box below...

---

What do you do in life? Which of the following best describes your current employment status? Please select the one that best applies...

- ☐ Work full-time
- ☐ Work part-time
- ☐ Temporary Staff - laid off
- ☐ Unemployed
- ☐ Retired
- ☐ Permanently disabled
- ☐ Homemaker
- ☐ Student
- ☐ Other - please explain

---

Thinking about the last six months, how do you typically find sexual partners? Tick all that apply...

- ☐ At a bar/club
- ☐ At my place of work
- ☐ Through friends
- ☐ Gay dating apps
- ☐ Gay dating websites
- ☐ Chance encounter in the street/town
- ☐ Cruising spot/area
- ☐ Sauna
- ☐ Not applicable - I'm not looking for a sexual partner at the moment
- ☐ Other - please type in the box below

Which of the following Gay Dating Apps have you ever downloaded or used? Tick all that apply...

- ☐ Grindr
- ☐ Scruff
- ☐ Chappy
- ☐ Growlr
- ☐ Romeo
- ☐ Hornet
- ☐ Jack'd
- ☐ Squirt
- ☐ Mr X
- ☐ Recon
- ☐ Tinder
- ☐ Other - please type in the box below

Thinking about the last six months, how frequently do you interact with Gay Dating Apps? Please select the box that best describes your typical usage pattern when you are awake...

- ☐ At least every day
- ☐ At least once a week
- ☐ At least once a month
- ☐ At least once a quarter
- ☐ Never
- ☐ Dont know - please explain

---

On a day when you use gay dating apps, how many hours (in total) do you typically spend looking at them?

- ☐ Less than an hour in a day
- ☐ 1-2 hours in a day
- ☐ 3-4 hours in a day
- ☐ 5-6 hours in a day
- ☐ 7-8 hours in a day
- ☐ Nine hours or more

---

Thinking about the last six months, how often does an App hook-up conversation develop into a real life meet-up?

- ☐ Every time
- ☐ Most times
- ☐ Sometimes
- ☐ Never
- ☐ Other - please explain by typing in the box below

---

Thinking about the last six months, how often do physical meetings made via an App typically result in sexual encounters? Sexual encounters are defined as anything that includes sexual contact of genitalia or intimate areas.

- ☐ Everytime
- ☐ Most times
- ☐ Sometimes
- ☐ Never
- ☐ Other - please explain by typing in the box below

Thinking back over the last six months, which of the following scenarios have you experienced? Please tick all that apply...

- ☐ It was just me and my hook-up
- ☐ It was me and a group of men having sex together
- ☐ My hook up and I. We then invited more men to join us
- ☐ My hook up and I. We joined another group of men having sex
- ☐ None of the above/other

Thinking back over the last six months, which substances have been used during your sexual encounters? Tick all that apply...

- ☐ Alcohol
- ☐ Weed/marijuana
- ☐ Cocaine
- ☐ Poppers
- ☐ Ecstasy
- ☐ GHB/GBL
- ☐ MDMA
- ☐ Speed
- ☐ Methamphetamine (crystal meth/Tina)
- ☐ Mephedrone (meph, m-cat, Miaow 4MMC)
- ☐ Ketamine
- ☐ Heroin
- ☐ None
- ☐ Other - please explain by typing in the box below

Appendix 2iii) Section 3 – Chemsex

Have you heard of the term 'Chemsex'?

- ☐ Yes
- ☐ No
- ☐ Not sure



Which of the following positive comments about Chemsex have you heard described?  
Please tick all that apply...

- ☐ It's a typical part of the gay scene
- ☐ It's fun
- ☐ It's sexually gratifying
- ☐ It makes you feel horny
- ☐ None - Not heard of any positive comments
- ☐ Other - please explain by typing in the box below

Which of the following negative comments about Chemsex have you heard described?  
Please tick all that apply...

- ☐ Concern about overdose risk
- ☐ Concern about contracting HIV or other STIs (sexually transmitted diseases)
- ☐ Concerned about impact on mental health
- ☐ Concerned about impact on physical health
- ☐ Concerned about financial impact
- ☐ Concerned about potential job loss
- ☐ None - Not heard of any negative comments
- ☐ Other please type in the box below

To what extent do you agree with the following statement. "Gay Dating Apps (such as Grindr, Scruff, Chappy etc) are influential in making Chemsex an everyday part of the gay scene"

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

Thinking about your response to the above question, please write a few words in the box below as to why you selected the above response...

- ☐ Click then respond in the box below please...

Would you be willing to take part in an 30 minute face-to-face interview in Central London?  
All interviews are treated in the strictest confidence with all answers being anonymised.

- ☐ No
- ☐ Yes. If so, please add your email in the box below and we will contact you with further information.



We thank you for your time spent taking this survey.  
Your response has been recorded.



## Appendix 3: Moderator Question Guides – Qualitative Research

### Appendix 3i) Experts (David Stuart & Luis Guerra)

Moderator Question Guide: Expert	
	<p><b>Name:</b> David Stuart <b>Organisation:</b> Dean Street Clinic, NHS Chelsea &amp; Westminster Trust. <b>Role:</b> Substance Use Lead <b>Date:</b> 1<sup>st</sup> April 2020 <b>Time:</b> 11am</p> <div><b>Tips for getting people to talk</b> Tell me more? Can you elaborate a bit more? Why do you think that? Anything else? BE SILENT - count to three.</div>
Introduction	<p><b>START RECORDING!!! Confirm consent and participation rules</b></p> <p>Let's start by getting an understanding of the Dean St Clinic and your role, so question number one...</p> <p>1. Please, could you introduce yourself and tell me about the Dean St Clinic, your role and your experience in this sector.</p>
Gay Dating Apps	<p>2. Gay dating apps have revolutionised and liberalised the gay dating scene since their introduction. What influence have they had among the community of MSM and their sexual practices?</p> <p>3. To what degree are gay dating apps addictive do you think?</p> <p>4. Do you think the Apps themselves should be playing a greater role in promoting safe and safer practices and if so how? What are they currently doing? What are they not doing?</p>
Chemsex	<p>5. Do you think Chemsex is regarded as a normal part of gay life among the MSM community in London and if so, why do you think that?</p> <p>6. How pervasive is Chemsex among the MSM community in London do you think?</p> <p>7. The risks associated with Chemsex, including the risk of HIV infection have been well reported within gay media. Given that, why do you think so many of the MSM community in London engage in Chemsex?</p> <p>8. Gay sex has often involved drugs. What was the catalyst or triggers for chemsex do you think?</p>
The relation between the two	<p>10. To what degree do you believe gay dating apps normalise chemsex?</p> <p>11. Specifically what role do gay dating apps have in facilitating the trial of Chemsex for the first time?</p> <p>12. And then once people have tried chemsex for the first time, what role do gay dating apps have in facilitating repeat behaviour?</p> <p>13. Do you think the Apps themselves and their owners should be playing a greater role in promoting safe and safer practices and if so how? Are you aware of anything they are currently doing? What are they not doing enough of in your view?</p>
Close	<p>Is there anything else David that you like/might to add on this topic, that you had not said already.....</p> <p>Thank you so much...</p>

## Moderator Question Guide: Expert

**Name:** Luis E. Guerra  
**Organisation:** HIV Commission England  
**Role:** Commission Lead  
**Date:** 16th April 2020  
**Time:** 11am

### Tips for getting people to talk

Tell me more?  
Can you elaborate a bit more?  
Why do you think that?  
Anything else?  
BE SILENT - count to three.

### START RECORDING!!! Confirm consent and participation rules

#### Introduction

Let's start by getting an understanding of the commission, your role and the overall HIV situation in the UK, so question number one...

1. Please, could you introduce yourself and tell me about the purpose and goals of the UK HIV Commission.
2. What do you believe are the main causes behind HIV infections in the UK these days?
3. HIV infection rates in the UK have been reducing for some time. Is there any reason why that reduction shouldn't continue to decline?

#### Gay Dating Apps

4. Gay dating apps have revolutionised and liberalised the gay dating scene since their introduction. What influence have they had among the community of MSM and their sexual practices?
5. Specifically have Gay Dating Apps had a positive or negative impact on HIV infections in the UK and in particular London?

#### Chemsex

6. What do you believe, or indeed know, is the relationship between chemsex and HIV infection rates?
7. Do you think Chemsex is regarded as a normal part of gay life among the MSM community in London and if so, why do you think that?
8. Gay sex has often involved drugs. What was the catalyst or triggers for chemsex do you think?
9. The risks associated with Chemsex, including the risk of HIV infection have been well reported within gay media. Given that, why do you think so many of the MSM community in London engage in Chemsex?

#### The relation between the two

10. To what degree do you believe gay dating apps normalise chemsex?
11. Specifically what role do gay dating apps have in facilitating the trial of Chemsex for the first time?
12. And then once people have tried chemsex for the first time, what role do gay dating apps have in facilitating repeat behaviour?
13. Do you think the Apps themselves and their owners should be playing a greater role in promoting safe and safer practices and if so how? Are you aware of anything they are currently doing? What are they not doing enough of in your view?

#### Close

Finally Luis, is there anything else that you like/might to add on this topic, that you haven't already had chance to share?

Thank you so much...

## Moderator Question Guide: GDA OWNER/REP

Name: Alex Garner  
Organisation: Hornet  
Role: Senior Health Innovation Strategist  
Date: 1<sup>st</sup> April 2020  
Time: 16.00 London / 9am San Francisco

### Tips for getting people to talk

Tell me more?  
Can you elaborate a bit more?  
Why do you think that?  
Anything else?  
BE SILENT - count to three.

#### Introduction

### START RECORDING!!! Confirm consent and participation rules

Let's start by getting an understanding of the Hornet and your role, so question number one...

1. Please, could you introduce yourself and tell me about Hornet, your role and your experience in this sector.

#### Gay Dating Apps

The Hornet mission is to empower gay men to come out and join in the fun and fabulous of the gay community.

2. Gay dating apps have revolutionised and liberalised the gay dating scene since their introduction. Given your job title what do you see as the positive and healthy role of gay dating apps in the gay community?
3. Are there any other areas of healthy practices that hornet is doing? How does this compare to other gay dating apps?
4. Is there something that the gay dating app industry should be doing more of? For example, promoting safe and safer practices and if so how?

#### Chemsex

5. WGay sex has often involved drugs. What was the catalyst or triggers for chemsex do you think?

#### The relation between the two

6. To what degree do you believe gay dating apps normalise chemsex?
7. What role could gay dating apps have in promoting safe or safer sexual practices
8. On your home page you talk about safety and say "Moderators and staff of Hornet ensure the community is a safe space for you to express yourself". What would you consider as safe, for example, if someone wants to express they are looking for chemsex is that ok?"

#### Close

Anything else that you would like to add to the topic from the corporate owner perspective.

Thank you so much...

## Moderator Question Guide: GDA Users

Name: anonymous  
Date: May  
Time: by request

### Tips for getting people to talk

Tell me more?  
Can you elaborate a bit more?  
Why do you think that?  
Anything else?  
BE SILENT - count to three.

### Introduction

#### START RECORDING!!! Confirm consent and participation rules

First off, thank you for completing the online survey.  
Thanks too for offering to be a part of this round of research  
Reassure with regard to confidentiality and anonymity  
Focus today is on understanding

### Gay Dating Apps

1) How and when did you first experience chemsex scene? Please share the factors that influenced you participating e.g. Friends invitations, hook-ups suggestions, gay dating apps etc.

### Chemsex

- 2) Beyond the sexual gratification, what are the other attractions of chemsex for you?
- 3) Have you had any bad or worrying experiences whilst doing chemsex? If so what?
- 4) Can you think of any downsides to chemsex and if so what?
- 5) Have you had any problems in engaging 'sober'/drug free sex? Please elaborate.
- 6) Since engaging in chemsex – Have you ever thought that your usage has gone beyond your boundaries/stop being pleasurable? If so, did you do anything about it? Such as seek help online or otherwise. Please describe
- 7) Thinking about your social life and work, has chemsex had a positive or negative impact and can you share your reasoning for that?

### The relation between the two

- 8) if gay dating apps were banned – what do you think the impact would be on chemsex prevalence?
- 9) Do you believe that gay dating apps facilitate chemsex and if so how?

### Close

Anything else that you would like to add on the topic from your perspective.  
Thank you so much...

## Appendix 4: First Ethical Application Form (Refusal)

### Appendix 4i) First proposal refused by the SREC

Decision - Ethics ETH1920-0443: Felix Cardenas Chu (High risk)

City, University of London

Dear Felix,

**Reference: ETH1920-0443**

**Project title: Chemsex and gay dating apps, a mixed-method study into the normalisation of chemsex in London.**

**End date: 15 May 2020**

Thank you for submitting your application for review by Senate Research Ethics Committee. As the application was not received in time for the November meeting of SREC, the review was undertaken by members of the Committee.

Following careful consideration, I am sorry to inform you that the application to carry out the research as described is not approved.

The Committee's response is based on the protocol described in the application form and supporting documentation.

This means that the Senate Research Ethics Committee cannot give any level of ethical approval to the proposed project, and will not consider any further application for this proposal unless major concerns are addressed.

The reviewers identified a wide range of research ethics issues arising that were not addressed, for example, the relationships with gate-keepers and potential participants. Other issues arising relate to the specific skills required to gather and analyse the sensitive data required and, given this, the extremely short timeframe in which the proposed research is to be carried out and written up.

We understand that this will be a disappointing outcome, but hope that you will be able to develop a new proposal in due course. Please consult the City, University of London's Ethics Code and Procedures for guidance on research ethics.

Should you have any further queries relating to this matter, or wish to appeal this decision please do not hesitate to contact me.

Kind regards,

Lorna Ryan

Senate Research Ethics Committee

City, University of London

Ethics ETH1920-0443: Felix Cardenas Chu (High risk)

## Appendix 4ii) Amendments made to get the approval of the SREC

### Application timeline

<b>Ethics Approval</b>	
Felix Cardenas Chu started the Ethics approval process	04 Feb 2020, 22:28
Felix Cardenas Chu confirmed statements - view...	09 Feb 2020, 16:33
Felix Cardenas Chu submitted the Ethics application	09 Feb 2020, 16:33
Gerbrand Tholen sent the application to Sociology Research Ethics Committee	10 Feb 2020, 10:53
Sarah Walters-Williams requested amendments to be made	17 Feb 2020, 11:36
Sarah Walters-Williams sent a formal notification to the researcher	17 Feb 2020, 11:37
<p>Felix Cardenas Chu added a note: 19 Feb 2020, 19:33</p> <p>The reviewer has asked 'Are the substances being sold and used are legal?'. It is important to remember that this study focuses on the role of gay dating apps and sexual practices rather than the legality of the sexual practices or the activities associated with them. However to provide as a full an answer to the question as possible, it is necessary to divide the question into two parts:</p> <p>a) Are the substances being sold legal? and b) Are the substances being used legal? Taking each in turn.</p> <p>a) Are the substances being sold legal? As outlined this dissertation is looking at the role of gay dating apps and sexual practices rather than whether substances associated with any practice are sold legally or not. However to answer the question, it is illegal to sell most of the drugs associated with Chemsex (such as methamphetamine/crystal meth or GHB), and whilst some started out as 'legal highs' they have become illegal to sell (such as mephadrone), yet some are legal to sell but only if used in industry (rather than Chemsex) such as GBL.</p> <p>b) Are the substances being used legal? It is not illegal to take drugs, although it is illegal to sell/supply or share; be in possession; or produce drugs under the Misuse of Drugs Act 1971. As noted on the Metropolitan Police Website "You won't be arrested for using or telling us you've used drugs; that isn't illegal" Source: <a href="https://www.met.police.uk/advice/advice-and-information/cs/chemsex">https://www.met.police.uk/advice/advice-and-information/cs/chemsex</a>.</p> <p>This study is not focused on those selling or buying drugs but on the role that gay dating apps play on sexual practices among men who seek sex with men. Consequently from the answers shared above, I am certain that this proposed study does not contravene any of the protocols set out by the Ethics Committee.</p> <p>Kind regards, Felix Cardenas</p>	
Felix Cardenas Chu resubmitted application after providing more information	19 Feb 2020, 19:33
Sarah Walters-Williams approved the application	28 Feb 2020, 10:54
Sarah Walters-Williams sent a formal notification to the researcher	28 Feb 2020, 10:54

<b>NOTIFICATIONS</b>
Amendments
Decision
Download printable PDF...
<b>REVIEWERS</b>
Dr Gerbrand Tholen Supervisor ↓ Forwarded
Sociology Research Ethics Committee Amendments
Sociology Research Ethics Committee Approved

Created 04/02/2020, last modified 28/02/2020. Created by Felix Cardenas Chu, last modified by Sarah Walters-Williams.

[Ethics](#)
[Ethics application](#)
[Ethics application \(Undergraduate\)](#)
[City, University of London](#)
[School of Arts and Social Sciences](#)
[Sociology](#)
[Dr Gerbrand Tholen](#)
[Sociology Research Ethics Committee](#)
[Felix Cardenas Chu](#)

Chemsex and gay dating apps, a mixed-method study into the normalisation of chemsex in London

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Haplo



## Appendix 5: Participation Information Sheet and Consent Forms

### Appendix 5i) Participation Information sheet for each group involved in the Research Project (GDA users, experts and GDA Owners/Representatives)



#### PARTICIPANT INFORMATION SHEET

**Title of study** *Gay dating apps and sexual practices, a mixed method study into the normalisation of chemsex in London. (face-to-face / telephone interviews – gay dating apps users participants)*

**Name of researcher:** Felix Cardenas Chu

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. You will be given a copy of this information sheet to keep.

#### **What is the purpose of the study?**

This research explores the role of gay dating apps (such as Grindr, Gaydar, Hornet, Recon, SCRUFF) in the normalising of 'chemsex' practice among the community of men who have sex with men (MSM) in London. The term 'chemsex' refers to the use of specific drugs before and during sexual encounters, which enhance, prolong and stimulate the sexual experience.

The primary objective of this research is to ensure that anyone who wants to influence chemsex participants or behaviours will understand how vital or not gay dating apps are in normalising chemsex among the MSM population in London.

Research method: A mixed methods research approach will be carried out based on interviews with three different groups related to the topic (giving specific method to each group to obtain as much information about the topic). These include:

- a) Experts such as academics and medical experts (Face-to-face Interviews).
- b) Gay dating app users: (Online survey and Face-to-face Interviews).
- c) App owners (Telephone interviews)

But, also secondary analysis of relevant studies and text will be used during the research.

#### **Why have I been invited to take part?**

We are interested in the views of people who either have insight into the practice of chemsex and/or represent the views of gay dating apps. Hence participants in this research must be aged 18 years or older.

**Do I have to take part?**

Participation in the project is voluntary, and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

**What will happen if I take part?**

Agreeing to take part in this project will involve you being asked a series of questions. The interview should take you no more than 30 minutes to complete.

**What do I have to do?**

All you need to do is answer the questions as openly and freely as you can. The researcher will note or record your responses.

**What are the possible disadvantages and risks of taking part?**

We do not foresee any disadvantages or risks in taking part in this study. If you do feel affected by any of the issues in this research, please contact <https://www.victimsupport.org.uk/> for free and confidential support.

**What are the possible benefits of taking part?**

We hope that completing the interview will be an interesting way of reflecting on the evolution of society, technology and gay relationships. Participating in the research will also contribute to our learning of this topic and to existing research in this field.

**What will happen when the research study stops?**

After the study has stopped, your responses will be combined with that from other participants and analysed. The findings will be discussed in my dissertation, which is assessed as part of my degree.

**Will my taking part in the study be kept confidential?**

Yes, all participants will be given pseudonyms. These pseudonyms will be employed in any future publications or reports that use direct quotes. Interview data will only be stored on a password protected computer.

**What should I do if I want to take part?**

If you are happy to take part, all you need to do is sign the consent form, and arrange a day and time for the interview to take place. Please bring the signed consent form with you to the interview.

**What will happen to results of the research study?**

The results of the research will be used to write my dissertation.

**What will happen if I do not want to carry on with the study?**

You are free to withdraw from the study without an explanation or penalty at any time.



**Who is organising and funding the research?**

I am conducting the research as a student in the Department of Sociology, at City, University of London. The research is not funded.

**Who has reviewed the study?**

This study has been approved by City, University of London Department of Sociology Research Ethics Committee.

**Further information and contact details**

For further information about the study, please contact:

Felix Cardenas Chu  
Department of Sociology  
City, University of London  
Northampton Square  
London EC1V 0HB

**Data privacy statement**

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/>).

City will use your name and contact details to contact you about the research study as necessary. The only people at City who will have access to your identifiable information will be me. City will keep identifiable information about you from this study until the study has finished.

You can find out more about how City handles data by visiting <https://www.city.ac.uk/about/governance/legal>. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) <https://ico.org.uk/>.

**What if there is a problem?**

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is [name of project]

You can also write to the Secretary at:

Anna Ramberg  
Research Integrity Manager  
City, University of London, Northampton Square  
London, EC1V 0HB  
Email: [Anna.Ramberg.1@city.ac.uk](mailto:Anna.Ramberg.1@city.ac.uk)

**Further information and contact details**

Supervisor's email address: [gerbrand.tholen@city.ac.uk](mailto:gerbrand.tholen@city.ac.uk)

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

**ETH1920-0938, 01 January 2020, version 1a**



## PARTICIPANT INFORMATION SHEET

**Title of study** *Gay dating apps and sexual practices, a mixed method study into the normalisation of chemsex in London. (face-to-face / telephone interviews – medical experts)*

**Name of researcher:** Felix Cardenas Chu

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. You will be given a copy of this information sheet to keep.

### **What is the purpose of the study?**

This research explores the role of gay dating apps (such as Grindr, Gaydar, Hornet, Recon, SCRUFF) in the normalising of 'chemsex' practice among the community of men who have sex with men (MSM) in London. The term 'chemsex' refers to the use of specific drugs before and during sexual encounters, which enhance, prolong and stimulate the sexual experience.

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Research method: A mixed methods research approach will be carried out based on interviews with three different groups related to the topic (giving specific method to each group to obtain as much information about the topic). These include:

- a) Experts such as academics and medical experts (Face-to-face Interviews).
- b) Gay dating app users: (Online survey and Face-to-face Interviews).
- c) App owners (Telephone interviews)

But, also secondary analysis of relevant studies and text will be used during the research.

### **Why have I been invited to take part?**

We are interested in the views of people who either have insight into the practice of chemsex and/or represent the views of gay dating apps. Hence participants in this research must be aged 18 years or older.

### **Do I have to take part?**

Participation in the project is voluntary, and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

**What will happen if I take part?**

Agreeing to take part in this project will involve you being asked a series of questions. The interview should take you no more than 30 minutes to complete.

**What do I have to do?**

All you need to do is answer the questions as openly and freely as you can. The researcher will note or record your responses.

**What are the possible disadvantages and risks of taking part?**

We do not foresee any disadvantages or risks in taking part in this study. If you do feel affected by any of the issues in this research, please contact <https://www.victimsupport.org.uk/> for free and confidential support.

**What are the possible benefits of taking part?**

We hope that completing the interview will be an interesting way of reflecting on the evolution of society, technology and gay relationships. Participating in the research will also contribute to our learning of this topic and to existing research in this field.

**What will happen when the research study stops?**

After the study has stopped, your responses will be combined with that from other participants and analysed. The findings will be discussed in my dissertation, which is assessed as part of my degree.

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

**ETH1920-0938, 01 January 2020, version 1a**



## PARTICIPANT INFORMATION SHEET

**Title of study** *Gay dating apps and sexual practices, a mixed method study into the normalisation of chemsex in London. (telephone interviews – app owners/representatives)*

**Name of researcher:** Felix Cardenas Chu

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. You will be given a copy of this information sheet to keep.

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- c) App owners (Telephone interviews)

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**What will happen when the research study stops?**

After the study has stopped, your responses will be combined with that from other participants and analysed. The findings will be discussed in my dissertation, which is assessed as part of my degree.

**Will my taking part in the study be kept confidential?**

Yes, all participants will be given pseudonyms. These pseudonyms will be employed in any future publications or reports that use direct quotes. Interview data will only be stored on a password protected computer.

**What should I do if I want to take part?**

If you are happy to take part, all you need to do is sign the consent form, and arrange a day and time for the interview to take place. Please bring the signed consent form with you to the interview.

**What will happen to results of the research study?**

The results of the research will be used to write my dissertation.

**What will happen if I do not want to carry on with the study?**

You are free to withdraw from the study without an explanation or penalty at any time.

**Who has reviewed the study?**

This study has been approved by City, University of London Department of Sociology Research Ethics Committee.

**Further information and contact details**

For further information about the study, please contact:

Felix Cardenas Chu  
Department of Sociology  
City, University of London  
Northampton Square  
London EC1V 0HB

### **Data privacy statement**

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/>).

City will use your name and contact details to contact you about the research study as necessary. The only people at City who will have access to your identifiable information will be me. City will keep identifiable information about you from this study until the study has finished.

You can find out more about how City handles data by visiting <https://www.city.ac.uk/about/governance/legal>. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) <https://ico.org.uk/>.

### **What if there is a problem?**

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is [name of project]

You can also write to the Secretary at:

Anna Ramberg  
Research Integrity Manager  
City, University of London, Northampton Square  
London, EC1V 0HB  
Email: [Anna.Ramberg.1@city.ac.uk](mailto:Anna.Ramberg.1@city.ac.uk)

### **Further information and contact details**

Supervisor's email address: [gerbrand.tholen@city.ac.uk](mailto:gerbrand.tholen@city.ac.uk)

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

**ETH1920-0938, 01 January 2020, version 1b**



Appendix 5ii) Consent Forms for each group involved in the Research Project (GDA Users, Experts and GDA Owners/Representatives)



**CONSENT FORM**

**Name of researcher:** Felix Cardenas Chu

**REC reference number:** ETH1920-0938

**Title of study:** *Gay dating apps and sexual practices, a mixed method study into the normalisation of chemsex in London* (face-to-face interview – GDA Users)

Please initial the relevant box to confirm agreement

1	I confirm that I have read and understood the participant information dated January 2020, version 1a for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw without giving a reason without being penalised or disadvantaged.	
3.	I understand that I will be able to withdraw my data up to the time of submission of the dissertation	
4.	I agree to the interview being audio recorded	
5.	For gay dating app users: I agree to my comments being recorded using pseudonyms (i.e. pretend names)	
5.	For Medical Experts: I agree to my comments being attributed to my name	
6.	I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR).	
7.	I agree to take part in the above study.	

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Felix Cardenas	Signature	Date

When completed, 1 copy for participant; 1 copy for researcher file.

## CONSENT FORM

**Name of researcher:** Felix Cardenas Chu

**REC reference number:** ETH1920-0938

**Title of study:** *Gay dating apps and sexual practices, a mixed method study into the normalisation of chemsex in London.* (telephone / online interview – GDA Users)

Please tick or initial box

1	I confirm that I have read and understood the participant information dated January 2020, version 1b for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw without giving a reason without being penalised or disadvantaged.	
3.	I understand that I will be able to withdraw my data up to the time of submission of my dissertation	
4.	I agree to the interview being audio recorded	
5.	I agree to the use of direct quotes.	
6.	I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR).	
7.	I agree to take part in the above study.	

_____ Name of Participant	_____ Signature	_____ Date
_____ Felix Cardenas	_____ Signature	_____ Date

When completed, 1 copy for participant; 1 copy for researcher file.



## CONSENT FORM

**Name of researcher:** Felix Cardenas Chu

**REC reference number:** ETH1920-0938

**Title of study:** *Gay dating apps and sexual practices, a mixed method study into the normalisation of chemsex in London (face-to-face interview – Experts)*

Please initial the relevant box to confirm agreement

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7.	I agree to take part in the above study.	

\_\_\_\_\_  
David Stuart

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Felix Cardenas

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When completed, 1 copy for participant; 1 copy for researcher file.

## CONSENT FORM

**Name of researcher:** Felix Cardenas Chu

**REC reference number:** ETH1920-0938

**Title of study:** *Gay dating apps and sexual practices, a mixed method study into the normalisation of chemsex in London.* (telephone / online interview – Experts)

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7.	I agree to take part in the above study.	

\_\_\_\_\_  
David Stuart

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Felix Cardenas

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When completed, 1 copy for participant; 1 copy for researcher file.



## CONSENT FORM

**Name of researcher:** Felix Cardenas Chu

**REC reference number:** ETH1920-0938

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7.	I agree to take part in the above study.	

\_\_\_\_\_  
Luis Guerra

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Felix Cardenas

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When completed, 1 copy for participant; 1 copy for researcher file.

## CONSENT FORM

**Name of researcher:** Felix Cardenas Chu

**REC reference number:** ETH1920-0938

**Title of study:** *Gay dating apps and sexual practices, a mixed method study into the normalisation of chemsex in London.* (telephone / online interview – Experts)

Please tick or initial box

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7.	I agree to take part in the above study.	

\_\_\_\_\_  
Luis Guerra

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Felix Cardenas

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When completed, 1 copy for participant; 1 copy for researcher file.



## Appendix 6: On-line Survey Questions organised into Four Key Sections Within Their Own Variables (Quantitative Research)

On-line Survey Questions Organised into Four Key Sections Within Their Own Variables	
Profile Respondents	<p>Age</p> <p>Relationship Status</p> <p>Employment Status</p>
Gay Dating Apps Usage	<p>Frequency of Interaction</p> <p>Duration of Interaction</p>
Sexual Practices	<p>Real-Life Meetings</p> <p>Sexual Encounters</p> <p>Scenarios</p> <p>Substances Used in Sexual Encounters</p>
Chemsex	<p>Chemsex</p> <p>Positive Comments</p> <p>Negative Comments</p> <p>Impact</p>





## Appendix 7: Open-ended question in the Quantitative Research & Word Cloud

### Appendix 7i) Open-ended question

To what extent do you agree with the following statement. "Gay Dating Apps (such as Grindr, Scruff, Chappy etc) are influential in making Chemsex an everyday part of the gay scene"

☐ Strongly agree

☐ Somewhat agree

☐ Neither agree nor disagree

☐ Somewhat disagree

☐ Strongly disagree

---

Thinking about your response to the above question, please write a few words in the box below as to why you selected the above response...

☐ Click then respond in the box below please...

### Appendix 7ii) Word Cloud



## **Appendix 8: Interviews Experts, GDA Owners/Representatives & GDA Users (Qualitative Research)**

### *Appendix 8i) Transcript Experts 1: David Stuart (Substance Use Lead at Dean Street Clinic - London)*

**FC: (Q6) Thinking broadly How pervasive is chemsex among the MSM community in London?**

DS: Pervasive I think very. I don't know how to answer that! the place that I work has about 4000 gay men who engage in chemsex coming through our doors every month. Not all of them are seeking help but they're the ones that are engaging in chemsex and that's just one clinic in London. I call that pervasive.

**FC: One of the things I was surprised about whilst doing my research was that there is not one clear figure as to how widespread an issue Chemsex is. Why is that?**

DS: So, as you just said most people want to know what is the prevalence of Chemsex? Currently it's impossible to say. It's like going back to the 1980s when people wanted to know how many people had AIDS. And at the time there was an argument as to what the illness should be called and how it should be measured.

Arguments as to whether the illness should be called AIDS, or it should be called HIV. Or perhaps the person also had a cold, so should it be recorded, in the end no one was able to measure the actual infection rate. We see the same issue with Coronavirus around the world. It's the same now with the prevalence of Chemsex, because people have not agreed on a definition.

Whilst researchers and academics argue over the definition of chemsex then it is hard to measure. For example, does it include heterosexuals that use marijuana whilst having sex? Does it include heterosexuals who use crystal meth? Is it just gay men who use crystal meth whilst having sex? Or is it gay men who use GHB in night clubs but do not for sex? Nobody will agree on the definition, I have tried many times in academia to create an actual definition of what chemsex is so that we can answer your question of what is the prevalence of chemsex? How many people are struggling with, what you and I, understand as chemsex?

You and I understand chemsex as Party and Play, HNH, PNP, chemsex, and as long as everybody argues about the definition, we won't know the prevalence of it. For example, some people are still including the use of marijuana which inflates the figures. Some are including it but excluding heterosexuals. All we know is that there are lots of people who aren't doing Chemsex, and there are a lot of people who are doing chemsex. We do know that that most sexual health clinics in England are phenomenally aware of very large numbers of people engaging in Chemsex.

03'15''

FC: (Q9) Let me go on to question number two. Gay sex has often involved drugs, what was the catalyst for chem?

DS: It was changing drug trends. So, they have been lots of different drug use epidemics throughout history, there was in 1900 when lots of people from Asia travelled to California for the Californian gold rush. And lots of Asians travelled to California and it was a big influx that changed the landscape.

Many Asians had been using opium for centuries before this. Some of it was problematic, some of it not. But outside of their home territory, in this new place it had different implications. All of sudden, these Asian Americans were attracting racism, having left their families behind, they had left their money behind, and left the homes behind. Now they were living in tents, working hard all day, panning for gold yet experiencing racism, then the opium usage was used for a different purpose. Suddenly that opium plays a different role in their life, it was used to medicate some of those adjustment issues, so in the 1900s there was a huge opium epidemic that was defined by Asian Americans, racism, gold rush.

Also in America, then in the 1980s, the African American crack cocaine epidemic happened. This was the product of an American president, saying crack cocaine was a black man's problem. This epidemic was the product of the criminal justice system being incredibly racist. And it had its roots, very much at the heart of racism and slavery in America. So, if you and I were going to address that particular drug problem, we would need to understand the particular drug culture first.

We couldn't for example have a whole load of white men rushing in, saying we know the answer to this and how to fix it. So, there are two types of drug use epidemic and here is a third one...The third one is the one that we understand right now, the heroin and crack cocaine epidemic, we understand it very well. There was another epidemic too, which was gay men using ecstasy and cocaine and MDMA. Typically, this was taken on dance floors through the AIDS epidemic.

Although this didn't really become a public health problem because those drugs were not really high risk. So, millions of gay men around the world by using large quantities of these drugs globally in clubs, using them for sex too, but it wasn't a problem.

05'49''

It was not a problem as gay men were not rushing to accident and emergency departments with overdoses. Nor were they rushing the hospital because of the violence that had been caused by this particular type of drug taking, no these drugs just caused people to love each other and to dance together.

Nobody rushing to drugs services to get needles, nor were the large numbers of sexually transmitted diseases as a result of these particular drugs. We always see large number of STIs whenever large groups of gay men congregate, but we did not seem them particularly attributable to those particular drugs. That was that drug use epidemic.

Then we had Grindr, we had technology, we had a changing HIV environment. Where the message was no longer just simply were a condom, it's very complicated. It is about PrEP or PEP, 'what does undetectable mean?', knowing all of these strange terms and biological and technological advances that can be used to prevent HIV infection and needing to communicate them in a bedroom – that is complicated.

It has become a lot more complicated. So, to answer your question what precipitated the rise of the Chemsex, new technologies, Grinder, Scruff etc. A technological sexual revolution that we have never seen before. There were new drugs. The ecstasy and cocaine and MDMA of the 1980/90/ and early 2000s was replaced with crystal meth, Mephedrone, and G.

In the history of the planet we have never seen such a large switch from one drug to another, So quickly and so dramatically.

07'38''

And that happened because of the technology and the apps. Let me give you an example. In times gone by, imagine my older sister travelled from Australia to the UK. Let me explain the historical journey for people and see if my sister was going to develop a problem with drugs.

If she was to get off the plane, she would have to build up a network of friends. This takes time. Once she has that, a friend might offer her drugs, she might like these drugs, or she might not.

If she likes it, she might try it a second time, say a month later. Then a month after that a friend might offer it to her for a third time. It's not until the fourth time that she might be trying that drug that she gets introduced to a drug dealer. That is how drug usage and problems usually develop.

Chemsex is very different, if my gay brother wants to come to London he would be on Grindr before he even gets off the plane. And he would be offered not cocaine and ecstasy, he gets offered Crystal meth, Mephedrone, and G, the hard drugs. The hardest most dangerous drugs on the planet. And he gets offered them immediately he doesn't need to wait months for an introduction via friends, he gets an introduction to these drugs whether he has a predisposition or not.

08'47''

And he doesn't even have to pay for it! And it will also solve a whole lot of problems like meeting new friends and being a guy in a new city and being horny. Which can be a very tempting environment too.

So, in all the drug use epidemics throughout history we have never seen such a fast introduction to a vulnerable group of people, to the most dangerous drugs and in the

fastest global way. This is what defines Chemsex. And this is why your research is so important. Chemsex, as you and I understand it, it is about certain drugs, it is about certain people, and the apps have introduced people to these drugs in a way that history has no comparison with.

Felix: (Q5) Thank you David. Very interesting. OK so let's move onto the next question, do you think Chemsex is regarded as a normal part of gay life among the MSM community in London

DS: I think for MSM who use hook up apps, and are sexually active, then yes I do think it is a normal part of gay life.

9'59''

Felix: (Q7) What are the triggers that encourage people to try chems in your opinion.

DS: Mostly it's poor experiences of sex. It's poor experiences of intimacy. I think a lot of gay men are feeling unattractive, they are feeling nervous, I think they are having intimacy issues, anxiety issues, body image issues, and they need a whole lot of skills to get intimate with someone they met five minutes ago. Based on a whole lot of expectations that Grindr gives us.

So, they are walking into these chemsex environments like an angry knot of anxiety and panic trying to be relaxed and have sex but panicking inside. So, to start with they are having to learn the skills of how to have successful, good performance sex in these situations but not really enjoying the relaxation, intimacy and the connection.

It's almost like sexual abuse, the need to performing urgently a sexual act as a performance. Not showing any vulnerability, not showing the intimacy, not showing the fear, not showing anything, not showing the self-loathing and having to learn that skill and that becomes a hard shell almost like a predator.

And I think that when these gay men are introduced to these drugs in those same environments in which they are feeling these things, the drugs make all of that go away. Suddenly they feel horny, they say what they want to do, and I can say that I like that, and I can say that what you are doing to me is great and ask people to do it again.

And I can say these things without feeling slutty or nervous or giving too much of myself away.

Felix: (Q3) Thank you David very interesting. Now let's turn our attention to apps and what degree do you think Gay dating apps are addictive?

DS: They can be yes. They work by using the dopamine of our brains. If you are talking about addiction you are talking about the reward centre of our brain. When caveman first tried something they liked, like food, the body triggers dopamine to encourage that behaviour. You like this you need this you must do this again. So, dopamine and the reward centre of the brain. They are the things that drive us to survive. They are very urgent primal things, to survive, it is way beyond intelligence. It is primal behaviour.

12' 40''

It's way beyond intelligence. I like that I want more. It's a survival technique and a evolutionary thing. So, let's use an example. If you are gambling let's say and you put a pound into the machine. And you pull the crank and the three cherries come up then...

Ding, ding, ding, and it lights up. Jackpot and you win money, the reward centre of our brain goes 'hey it's a reward', and releases dopamine so it feels good and we want to do it again. And so, some of us do it again. Some of us know that doesn't make sense because it's unlikely because I won't win two times in a row.

But the dopamine is very strong so that even the cleverest of people will play again on the fruit machine even though they know they are unlikely to win. So you play a game but perhaps this time you don't get the dopamine rush, oh OK but I might do it again because I like and smaller percentage will go doing it again and again even though we are all quite intelligent people and know that we are not going to win.

So, apps are the same. So, if I am on Grinder and someone says you're hot and sexy then the dopamine goes off and I go ding, ding, ding jackpot, and more dopamine is

released, and I feel good. And then I want more of it so, so I pursue more of it. I get more notifications and I learn how to play the game right so that I get even more notifications. Through for example changing the words in my profile or changing my picture.

And for doing this... 'ding, ding, ding, jackpot' this dopamine reward system continues...Going on in my brain, trying to get likes and affirmations and when you mix likes and affirmations along with sexual arousal, another very primal part of us, then you have a very powerful and addictive mix.

So you have got people using apps triggering a reward centre and triggering dopamine, chasing...chasing this primeval thing which is very primal and addictive. And in that way apps are very addictive.

.

14'34''

FC: Do you think the issues around Chemsex affect both the baby boomer generation who grew up in the clubs as well as the younger millennial audience?

DS: Yes, both populations are using the apps, both populations are using the apps. Remember that the cruising areas have largely shut down. In England anyway. It's very rare to go cottages, you know in England we had Hampstead Heath, and all the fields and parks with cottages to go to. Now it's all on Grindr now. It's all age populations.

FC: (Q10) To what degree do you believe that gay dating apps normalize Chemsex?

DS: I think that to a large degree, that people...There are a certain number of people on the planet, and maybe there are 20% of people who try drugs. By the way I am making this number up.

And they are going to turn into people with awful addictions. And the other 80%, another group of people who might have the potential for addiction, but they never get offered drugs or meet a drug dealer. For example...like a housewife in in Saudi Arabia, she might have an incredible propensity for addiction, she might have awful traumas, and low self-worth and with perhaps abuse in her childhood and maybe even now. But



she is not exposed to drugs today. So she might go her whole life without being introduced to a drug. What is happening with Grindr and the apps and gay man is that and the ubiquitous use of apps by gay man, I've never met anyone who is not using Grindr.

Well, all right I have made two or three.

16 minutes and 59 seconds

I meet tens of thousands of people a year, maybe more than that, and talk to them about their sex lives, and 99.5% of them are using the sex apps or have them, even if they aren't using. That means that unlike that housewife in Saudi Arabia, everyone is being introduced to drugs. Regardless of their propensity to addiction. So it is just going to broaden the problem. And make it make it much wider than all other drug epidemics that we have experience in the past.

17'27''

FC: (Q12) This question is a bit longer sorry. Do gay dating apps have a greater role to play in getting people to try chemsex for the first time (trial), or do they play a greater role in in facilitating chemsex meetings (repeat) or do they encourage both trial and repeat usage?

DS: Both. I think that's an easy one, both. Don't forget the answers that I've given to your previous questions. People who might never have been introduced to a drug in their life, are being introduced to drugs, because of apps like Grindr. So, the introductions to it are very easy.

The third time that you ever log on to Grindr, even if you've never been interested in drugs, never been exposed to them before, you've never met anybody who's ever done them before, and then you're going to see the emoji's, you're going to see the codes such as PNP, and so you're going to be curious to understand it.

You're going to be curious no matter your circumstances. So, the introduction to it is huge. Secondly, yes I think it will encourage repeat activity because the apps facilitate

highly anxious, sexual game of off hierarchy, of success and failure, of rejection or inclusion, of community or isolation. All the answers to that are successfully playing the Grindr game.

If you are not good at Grindr, and sex, then you are not a good gay. If you're not good at Grindr sex you're a failure if you're not good at Grindr sex you will be lonely if you're not good at Grindr and sex you will Isolated. Maybe, you're not good at Grindr and sex you will be considered not sexy, if you're considered not sexy in the gay community do you are pretty much shoved to the outside. You don't survive very well.

All societies have hierarchies. In some societies if you are a doctor, you are better than the rest. In some societies if you are a predator you are better than the rest. In some societies if you have financial or good breeding you are in the hierarchy of success. In the gay communities, it is one simple criteria the sex the sexier you are the more successful you are. We have created this.

Whether by design or by accident. But it has become this way. And Grindr is the way that we play all this out. Grindr and the other apps. If you are good at sex and the game of your Grindr profile and performing good sex every time, you will win. You won't be alone. You will have friends. You will find love. You will find connections. And if you're not good at it, you might be home alone and unwanted. And if you are not on a hierarchy of success in the gay community. And in order to play that game well, considering the high stakes, the anxiety and the skills involved, people need drugs. Where do you find the drugs, oh in the same place?

20'45''

FC: (Q13) OK so onto the next question. Do you think the apps themselves should be playing a greater role in in promoting safe and safer practices and if so how? What are they currently doing and what are they not doing?

DS:What they are doing is trying to understand these things that I am explaining to you, I hope. I've been talking about the game and the hierarchy, the success and the failure, and that high expectation that people have when they go onto this (GDAs).

If I'm going to go onto this there are high expectations. I am supposed to be sexy, I'm supposed to be good at sex, I am supposed to be confident, I am supposed to not show vulnerability - unless it's the good kind. They are high expectations and so it is a high-risk game and trying to understand this and the consequences of not being good at it, and that how the drugs fit into this jigsaw piece. Because the drugs make us superstar sex beings. Crystal meth does. Gee does. Ecstasy doesn't. So that is what chemsex is all about. It's those drugs.

I think the apps would like to have a better role, but they are having trouble in understanding the things that I have explained to you. They are not really sure, they think it is just addicts doing it, everyone else is fine. We don't have to help the addicts, there are addiction services out there to help them. I think the apps probably are either ignorant of what is going on at the scale of it, if they are trying to understand it, then I think they are struggling to get their head around it. And the complexity that I have been describing to you. It's hard to understand.

22'32''

And no one is really helping them to understand it very well. Could they be doing more? I tell you what they could be doing, they could be doing sexual well-being services, discussions like what you and I are having. It could be available as content within the apps. They could be harm reduction information, available very widely on the apps.

They could be having harm reduction information available widely on the apps. All of that starts with an acknowledgment that chemsex happens on our apps. And that all starts with having an acknowledgement. And that acknowledgment is where the rub is. That's where the difficult part is. If they acknowledge, that yes drugs are happening on our apps, they might be in trouble. They don't want to get shut down. Imagine this accusation, the greatest drug dealing environment on the planet is Grindr. It's easier to find drugs on there than it is to get a pizza delivered.

And the gay world knows it and when the rest of the world finds this out, the apps will be in trouble.

They are facilitating addiction problems, they are facilitating the introduction to drugs, and the dealing of drugs. It's a drug market. It's a free open market to talk about, exchange, to buy and sell and get and use drugs. That is a scary accusation and something they are truly trying to avoid.

If they put their hand up and acknowledge that it is happening, and try to intervene, they are also putting their hands up to other saying they are a drug market and try to shut them down. So, they have that dilemma.

FC: What do you think, do you think that would be about time. Everyone knows this is a drug market?

DS: To the police don't know, lots of gay people know for sure, Grindr is the greatest drugs market on the planet. It's bigger than bitcoin was, not bitcoin sorry, I meant Silk Road, google that. But since Silk Road closed, Grindr is the biggest drugs market on the planet. It's rife. It's unpoliced. It's unsupported. There's no own guidance and if someone finds this out and has the right to shut them down, I compare it to saunas and ambulances.

If someone passes out from Gee from an overdose in a sauna, they have to call an ambulance.

Now if the ambulance is called five times every single weekend, then the ambulance service says 'we are worried about the services you're providing and the safety measure you are providing.

We have to shut you down and the sauna business goes out of business. So, they have the pressure to deal with the G overdoses themselves without calling the ambulances. Which is worrying. It's the same for the apps. If anyone finds out that Grindr is more than just a fun app for gays to have sex.

And in fact, it's actually a great big drugs market. Then they will lose their business, and this is a multi-million even multibillion size market. So, they don't want to put their hand up to acknowledge of that there is an issue, that is too scary for them.

FC: (Close) David thank you so much is there anything else that you would like to add that you haven't had chance to talk about so far.

DS: No, I said everything! My opinion about your research is...

Yes, the apps have a huge role to play, an integral, a phenomenal part, in introducing people to chemsex and continuing the potential for it. That being said I don't want them to be blamed for it, I would like things to be made it easier so that they can take greater responsibility for it. And help this community without getting into trouble, for the drugs market thing.

I don't know how we do that. Actually, I do know how to do that it starts with an engagement with the senior people at the apps who are currently too frightened. But if they engage with the right people and not the wrong people they could find a way to, in the same way that the sauna does, they can find a way not to criminalize people for doing drugs, which is wrong but to find ways to support people who are using drugs by giving them information, and keeping people them as safe as possible without taking responsibility for themselves for becoming a drugs market.

There are ways to support markets and communities, but the big problem is, the criminalization of people who use drugs. *If* grinder is a drugs market it doesn't mean that the people who run Grindr should go to prison. If I am using drugs it doesn't mean I should go to prison. It means I should get some good mental health support and a good understanding of where drug use relates to harm and crime when it doesn't.

FC: Well thank you very much indeed, the official interview is over and thank you for this David. Later on, I should be talking with Alex at Hornet. Unfortunately, I have not heard any response from Grindr themselves.

And thank you again David that really means a lot to me. I really do appreciate keep safe, goodbye

Appendix 8i) Transcript Expert 2: Luis Guerra (Lead HIV Commission England)

FC: Thank you very much for agreeing to meet up. Let's start by getting an understanding of the commission, your role and the overall HIV situation in the UK. OK so question number one. Please could you introduce yourself and tell me about the purpose and goals of the HIV commission?

LG: Hello, my name is Luis Guerra, I am the national lead for the HIV commission.

Trying to make this story, a long story short, in January 2019 The Minister of Health Matt Hancock, he announced it that he wanted England to be the first country to end new HIV transmissions.

At the time when it was announced, the intent was there, the political will was there, but the mechanism and how, and the plan for how to end a new transmissions was not in place.

A cohort, a group of charities, including Terence Higgins Trust, the national AIDS trust, and the Elton John Foundation, they came together, and they set up a Commission.

And the main objective of the commission is to be a fully independent process, meaning that even though it has been triggered by this government announcement, and it is being sponsored by these three, three of the largest sexual health, charities is in Europe, but it is a fully independent process.

The HIV Commission is aiming to end, or find ways to end, new HIV transmissions in the country by 2030.

And we have put together a group of commissioners, that's why it is called a commission, which is 12 high profile, individuals that are not necessarily a part of the HIV landscape or sexual health landscape but they are people who are very successful at what they do.

And we are giving them a challenge that we are familiar with, which is HIV, and a whole cohort of evidence, and we're asking them based upon their expertise and the evidence that we are putting together, what needs to happen. What do you think needs to happen?

And that is the process that I am leading on right now.

We are aiming, or we were aiming to release the outcomes of the commission in spring 2020, but due to COVID-19 issues, the release of the recommendations has been delayed until the end of autumn 2020.

So that is a long story into a short story.

**FC: What do you believe are the main causes behind the HIV infection in the UK?**

LG: I think to understand the main causes, we need to understand the successes and the challenges that we have had on HIV transmission and treatment in the country, and firstly I need to acknowledge the successes.

The UK is a success story, by the way you will hear me jump between talking about the UK and talking about England, that is because even though my focus is England, the data that we collect is for the whole of the UK.

But the UK is to me, the number one data collection system, that we have on the entire planet. The way that we record information and the way that we collect information, and the way that we report information about HIV is fantastic.

And that is a big success. And the other big success that we have with the UK is that we have a very active charity sector, and a very active community sector that has driven a lot of the work in the last 30 years.

And the UK has during the last five years, been, well it has seen a decrease of HIV transmissions across all HIV populations.

And now that is some of the key successes. Now some of the key challenges are that the decrease of HIV transmission, even though that has been extremely successful, inequalities are very present on the way that that has been happening.

For example, gay and bisexual men have been the ones where we have seen the largest decrease. Eventually we have seen the black African communities decrease, and eventually we are seeing the heterosexual communities are seeing a decrease. But there is a small cohort that are not seeing a decrease and in fact are seeing an increase and that small cohort is west African communities.

And mostly the Latin American communities in England.

So that is one of the key challenges that we face right now is how do we translate success into smaller communities in the country. Now what are the key driving factors behind the scenes, for me, and my personal take is, certainly it is inequality, and the way in which the system is set up right now.

The lack of understanding across those smaller communities. For example, Latin Americans to not have an ethnic recognition in this country, and what that means is we cannot track, nor can we use those amazing data collection systems that we have, for Latin American people.

We cannot use those systems for Latin Americans as they don't exist. Talking from an epidemiology point of view or from a census point of view. There is not a representation and that is one of the key challenges.

The other challenge is, if you look into the whole line, the pathway of a person from the moment a person gets HIV, even before.

Six minutes 41 seconds.

From the moment a person sees a poster about HIV, or gets any education about HIV, the person getting an HIV test, from the person getting the results, let's assume the result



is positive or reactive, and this person gets into a clinical pathway. In a treatment, the whole thing, if you look at the journey of an individual, there is no one organization that is responsible for the whole journey.

In England do you have three or four different organizations, that are commissioning or funding different parts of the journey.

And that fractured approach, for the journey of one individual, it makes it quite difficult to have a joint approach.

For example, the health promotion, the advertising and the campaign and the awareness of the education, around HIV, is mostly done by local authorities. They are paying for they are paying for this.

But when the person goes for the test, the testing, it can be paid for by the NHS, or it could be paid for by the local authorities. Or it can be paid by CCGs which stands for Commissioning Clinical Groups.

And if a person gets a reactive then the NHS takes care of the actual treatment.

But for the treatment, for the NHS to save money, for the NHS to have less people on treatment, we need to have more investment at the local authority level.

On education and promotion and that is not connected in so that lack of connection it is a big challenge. And the last point I will make on this is the lack of national leadership.

The way that the health system works in the UK, in 2010 and you had all the public health was divided was, oh I can't remember the word...so it's like in the States where you have a national / Federal government and you have local states.

Well with Public health authorities you have something similar in the UK.

Meaning each local authority has responsibility for its public health budget.

FC: OK so it's divided and each group has its own budget.

LG: Not only are the responsibilities divided across NHS, then each local authority is independent when it comes to public health.

So, for example if London decides to invest 10% of its budget on sexual health, but Manchester decides to spend just one percent, so there is no national leadership organization that has a big picture of a country level. And so, everybody is working in silos. And to me that's one of the big challenges we see in HIV transmission.

FC: Now as you said HIV infection rates have been reducing for some time, is there any reason why that reduction shouldn't continue to decline? Could coronavirus impact it? Or even the rise of Chemsex?

LG: I do believe that the rates will continue to decrease at least for a year or two for sure. This is because of the way that we look into the data, the data lags. Meaning that we are still only looking up until the end of 2019.

So, it's not going to reflect coronavirus as yet and so certainly for the next year we will see another decrease.

To fully understand that question we really have to understand why we are seeing a decrease in the first place.

And the main reason why we see a decrease in the first place, is something we call combination HIV prevention.

And combination HIV prevention is a toolbox of different prevention methods that are available in the UK. From condom use, to treatment as prevention or undetectable meaning untransmissible - meaning a person taking the pills cannot pass on HIV to anyone. And that is a massive tool,

And we see testing, HIV testing is a key driver in decreasing HIV. Because once someone knows they have HIV, they can be treated, and they cannot pass it.

And the fourth key one is PrEP. So, we have, something that is challenging in England as PrEP is only available via a clinical trial. But the government announced in March that it is going to be a full roll-out of PrEP now, which is fantastic and then in theory we will see that PrEP has, and that we will continue to drive the epidemic down. And however, we now have the threat of COVID-19 and of course that may have an impact on the rollout of PrEP.

So, for 2020, I do expect to see a decrease and potentially in 2021. I think all the experts in the field we are having conversations as to what we foresee as a result of COVID-19, and of course the truth is that no one really knows.

But there are some key challenges That are really worrisome and that might actually have some key negative impacts to that decrease, and one of those is the deprioritization of HIV. And so right now we are in crisis role.

12 minutes and 30 seconds

Right now, in crisis mode the fact that we have seen for example the workforce in clinics the doctors and the HIV all of being moved from HIV services to covid-19 services. So right now, we're seeing an average of 55% of clinicians that are moving into COVID-19 care and in some clinics it's 80% of the workforce so we now have less people working on HIV prevention services.

The other thing is that charities are closing their doors as they cannot afford the COVID-19 challenges. We don't know if they will make it through to the other side of this epidemic and of course we do know how important charities are in an HIV prevention.

And the fourth and last one is funding.

You know I mentioned before that local authorities are responsible for education and for some of the testing that is done. Now all of that money might be being put somewhere else because there are different priorities now, so right now we are losing capacity to do testing. We are losing capacity to do outreach. We are losing capacity to do education. So, we are really really concerned is what is going to happen next year.

And on top of everything nobody is talking about Chemsex.

Suddenly chemsex, and I will call that a specialized service, and it's still a minority, but it's one of the things that's been removed out of the of the equation. However, we will never achieve, **we will never end HIV transmission If we do not address Chemsex.**

14 minutes 27 seconds

FC: Let's narrow things a little bit with a question about gay dating apps. Gay dating apps have revolutionized, the gay dating scene since their introduction, what influence have they had among the community of MSN and their sexual practices?

LG: I think...sorry what do you call them?

FC: Gay Dating apps or hook up apps.

LG: By the way, I think they are also called geo-locating apps. Anyway...

I think they are phenomenal. I think they are fantastic. I think they have been revolutionary. As you say they are a fantastic asset, to not just the gay community but also to many other communities. But just focusing on gay and bisexual men and other men who have sex with men, I think they have been fantastic because they give a platform for connectivity.

I know that plenty of the headlines, and a lot of the narrative, is about sex and random sex. But random sex is not the only driver, it is one of the drivers, but it's not the only driver. For me there are two things, firstly slut shaming.

There is a narrative that says that anybody who has sex with someone randomly is a bad person and I think that is rubbish.

I think within gay and bisexual communities, there is a better understanding of slut shaming which believes it is just rubbish.

But to me the other assets that these apps have allowed, especially if you are a ‘baby gay’ or a ‘new gay’...not necessarily if you under 18 of course!

But if you are a new person coming out, a ‘closet gay’, and you are living in a country where being gay is illegal, these apps present the first and perhaps only place that you can socialize with other gay people.

16 minutes 59 seconds

And they can be safe. I think the apps are fantastic, revolutionary but like any new technology, there are some adjustments that need to be made for them to be safer for this community and this engagement habit that happens with it.

FC: Do you think gay dating apps have a positive or negative impact on HIV infection rates in the UK and in particular in London?

LG: How to answer? My first reaction is that they have a positive impact meaning that it *prevents* transmissions. That’s just my immediate reaction. Let me deconstruct my answer. We know the gay dating apps facilitate sex. And we know that sex is a primary route of HIV transmission and acquisition.

17 minutes 44 seconds

That contradicts my answer! But at the same time, they play a key role for all health promotion approaches. Meaning that a lot of the health promotion and health education that is being done with gay and bisexual man, is done in partnership with apps. Like Grindr or Hornet or Scruff. We actually do work with them, to give testing opportunities, flag information etc. So, on and so forth.

So how helpful is that information? How many times has a person actually looking at the app and then take an action on that? That is debatable.

But we do know first-hand, and this is based upon my experience at the national online testing service, that I have been running for the country for the last three years...

We get a very high ‘reactive’ rates from Grindr users. Meaning let’s say we put 1000 ads. And don’t quote me on this as the figures have never been published officially. Just to give you an idea.

If we put 1000 ads on Facebook and we put 1000 ads on Grindr. On Facebook, out of 1000 ads maybe, 100 make a click for a test, and out of those 100 people we will find one person who has an HIV result. Which is great in itself.

But on Grindr if we put 1000 ads, we only get 10 clicks, but out of those 10 people we find five who are reactive. So, it’s a really interesting dynamic that we are seeing. So, on Grindr we see that there is a much higher rate of people testing positive.

It’s a smaller group, a smaller group of people to take action, but they are the people that need it the most.

So that’s something that we see, and it’s great that we have that tool because Grindr exists. We wouldn’t have done it otherwise.

But at the same time, I’m conscious that, I should stop just saying Grindr because Grindr isn’t the only app!

Are the apps doing enough to prevent or to improve, or to protect the health of their clients? They can do more. They can certainly do more. They are good, but they can do better.

20’47’’

FC: OK so now moving on and talking more specifically about chemsex. Do you believe, or indeed know, whether there is a relationship between chemsex and HIV infection rates?

LG: Yeah there is a strong correlation. I mean we know that, clearly not everyone who acquires HIV, will get it through chemsex. Chemsex participants are a small proportion of new infections or acquisitions. But most people who do practice chemsex get an exposure to viruses and bacterias either in a sexual way or through injection.

I'm not saying that everybody who does Chemsex will get infected but the prevalence of people practicing chemsex and acquiring HIV is much much higher than any other communities. The reasons behind that? There are many, depending on how they use chemsex.

For example, if they use injectables there is a risk by the needle consumption. Unlike well-established needle exchange programs for other drug taking use, in the UK you have a needle exchange programme, where you can go to the pharmacy and exchange or get new needles, clean needles for addiction, for heroin and so forth. People who inject occasionally, and inject infrequently, tend to not use needle exchange services. So, there is a problem right there.

But then the other problem with chemsex is, as per the definition, 'to enhance a sexual experience'. Pleasure is great. And the more pleasure people get the better. What chemsex does is lower inhibitions. And inhibitions are what normally, in those fraction of seconds, allows you to practice safe sex. And Chemsex takes that decision-making process away. So, people don't practice safe sex. And that is one of the consequences of chemsex. So that's the main challenge.

23'5''

FC: Do you think chemsex is a normal part of the gay life in the MSM community in London, and if so, why do you think that?

LG: I don't think so I disagree with that. That might be a perception, that people assume or associate that with gay communities, but the same thing was said about HIV and gay communities at the beginning and we know as a fact that was not true.

Number one I think that chemsex, as a practice is not new.

It's been happening for many decades. It's a practice that happens within Heterosexual couples. In fact, quite a lot. When we look into Chemsex within the umbrella of whether it is a driver of HIV or being a driver of sexual health conditions or transmissions then there will be an overlap with gay and bisexual men.

And as a consequence, there is this narrative that there is a higher prevalence within this community. So yeah, I don't think Chemsex is a specific challenge for gay and bisexual men and communities.

Now there is a perception, because and there is an assumption, but I haven't looked at the evidence too closely to say, whether or not it is just a perception.

**FC: What are the triggers to get people to try chemsex do you think?**

LG: In my opinion what are the triggers? Pleasure. Enhancing an adventure. Trying something different. Fiesta. And the availability. And yes, those are probably the key.

**FC: The risk associated with chemsex including the risk of HIV infection has been well reported with the gay media. Having said that why do you think so many of the MSM community in London engage in chemsex?**

LG: I don't think it is that many, if we were to look at the percentages, I don't think it is that many. I think it's the opposite it's a small minority who engage in chemsex.

But what I do think, and I will take my public health hat off and just answer as a gay man. I think we have grown up in a society that has historically been telling us that there is something fundamentally wrong with us.

And with a lot of rejection, and a lot off 'something needs to change from within us' and then suddenly...I'm trying to find the words to explain this...people find a community around chemsex.

And I think some people, that fall within this community of chemsex users, suddenly go from being rejected to accepted and being a part of this community.

So, it's not just about injection, It's not just about consuming drugs and for enhancing sex. But it goes around party, bonding, and getting a connection together. It attracts a certain cohort within society who have been told there is something wrong with you and they find a sense of community.



I think that might be one of the reasons why it is attractive to a particular cohort of gay and bisexual men.

And the other one is that sense of risk, a little bit. The sense of again, historically many of us have a starkly been trying to prove ourselves. We are not from outside of society we are a part of society, there is nothing wrong with us.

If I am constantly being told there is something wrong with me, that I am a problem, that I am a nuisance to public health, or I am a menace to society, then fuck it I'm going to do it.

And you might actually then say people expect me to do this. And therefore, I am going to do it. So, it's all about stigma.

**FC: Now let's talk about the normalization of Chemsex. To what degree do you believe that gay dating apps normalize Chemsex?**

LG: I don't know if the word is normalise. But they have definitely helped them to come into digital markets. I think make it available and make it easier for people to use. I think they have a big role to play on the current challenges that we see on chemsex. In the same time way that they have a key role to play on prevention services on chemsex.

**FC: Do you think they facilitate trial of Chemsex?**

LG: Absolutely they expose it. For someone who has never tried Chemsex and suddenly you're on the app, just trying to socialize and meet somebody else for a hook up or just for a chat.

And then suddenly you see all these little emojis, all these people offering you stuff that you don't want. And suddenly that is the roots of the perception that many gay men are doing it in London – especially within gay and bisexual men.

29'40''

Yeah actually they do, they do help normalize it a little bit.

They do because even if I look at my own experiences, most of my learning around chemsex has been done via the social media apps. My education has come through that. Have I ever used it? No. But I know where to buy it and I know where to access it.

They have provided digital market for chems and therefore you can say they have helped normalize chemsex.

FC: Do you think the owners of the apps could have a greater role in promoting safe and safer sexual practices?

LG: Yes, they already are, and I know that first-hand because I work with many of them directly. In fact, they do a lot, so for example I am talking about many years it ago, in California at the time, and I was working with them because they did not have the option to declare your HIV status. Something that is quite normal now. Especially among gay and bisexual orientated apps.

31'5''

There is a challenge with that as well for example if someone says that they are negative. It doesn't really say since when. Even though that has changed now. But then, it gives a false sense of safety because I'm not going to ask anymore because they said it on the app.

So historically they have done some changes to the way that they do business in order to be safer for many of their clients.

From sexual health and sexual health messages, they provide, something that not many people know, many of the ads that there are around testing and sex education are free. And if they are not free, they are heavily discounted for charities and government.

So, in that sense they have done a lot. Well not a lot. But they have done something. And that actually shows me, that they can do more.

FC: That raises the other question. What are they not doing enough off in your view?

LG: No, they're not doing enough. If we're going to look into a specific London scenario, it was on the news last year that there was a health worker who was specifically went online for six or seven hours a day as part of his charity work. To help and increase knowledge around chemsex. There was a fantastic article published in fact on him, and his name is Ignacio (Ignacio Labayen de Inza).

33'28''

But he got his account shut down by Grindr multiple times because Grindr said what he was doing was going against the terms and conditions of the app.

Which I think is ridiculous. It it's wrong. I think the great work that Grindr has done for sexual health services, meaning for HIV testing has been great but, it has not translated into substance use and abuse programmes including chemsex.

They are not doing enough to a) stop what is called in Spanish 'camillias'... I don't know what the word is in English...drug dealers and we know that there are people who are actually do...

FC: ...you mean censorship about the profiles?

LG: I mean it's quite difficult right, because Grindr is an application that has a presence all over the planet. And again, I'm saying Grindr and I should be should be all of gay dating apps.

Any of the gay dating apps that have a footprint around the planet, so we're talking millions and millions of users it doesn't matter how big they work force is they won't be able to

34'48''

It doesn't matter how big the workforce is they won't be able to monitor everything. They also argue that they don't want to be a police state. They don't want to be a nanny state or to nanny people and their behaviour, but there are ways in which they can be a bot, they have algorithms.

They can identify if a person is using their account to sell drugs based on the language that they are using and based on a multiplicity of reasons.

But many times, when they flag this and they close the account, the person is using the same phone just create another account.

So within 10 minutes they're back on and selling.

I think these apps have an option, that if you have been banned, and of course we know that each device has a unique code, you cannot just use the same device to actually create a new account.

And that is a simple thing that they can start doing but they are not doing.

Also, they could be providing information. It's as simple as having a health worker, they don't have to be in each city but they do need to be in each session.

But they can be there to answer questions and flag things. So yeah they can definitely do more.

FC: Finally, Luis is there anything else that you might like to have said or want to add to the topic?

LG: Something that I need to add with regard to chemsex? I think the big challenge with chemsex right now is that we don't know enough about it.

Because as I mentioned at the beginning, it is a minority within a minority, we don't really receive enough resources for work that is being done around chemsex.

However, we also know that the prevalence of transmissions for blood borne viruses, meaning HIV is much higher within this community, there is a public health need to allocate more resources to chemsex research and understanding.

That's a big challenge, but I wish more people would invest. Not just time as you are doing but resources. Put the money where your mouth is.

FC: Where would you find those funds come from? Private or public?

LG: Both. A combination of both. We are living in a landscape where money is scarce, money is shrinking, pots of money are shrinking. How does a funder like myself for example...I'm always trying to look for what is the impact from my money?

What can you give me for the best value for money?

So, if I invest one million pounds on something that's going to impact one million people that's one thing. Versus if I invest one million pounds and it's only going to impact one hundred people.

I think that's the problem with Chemsex. Chemsex would require an additional investment and it's only ever really going to help a small number of people.

However, we know that small number of people will have a bigger impact on our public health landscape.

But, at the end of the day when you have to write a report, it sounds better if my money has helped one million people versus my money has helped 100 people.

And even if maybe 100 people save five million to the economy, but nobody goes that far with the maths!

FC: That was amazing thank you very much

Appendix 8ii) GDA Owners/Representatives: Alex Garner (Senior Health Innovation Strategist at Hornet)

AG: In most cases when you get down to the basics the biggest issue that people are talking about when they say chemsex is really sex and meth, crystal meth, mephedrone, not things like ketamine, GHB, ecstasy, poppers, marijuana, cocaine etc. So, I'm trying to figure out what do you mean when you use the term chemsex?

FC: Yes, the definition can change in different countries and depending on the academic and how academics defined it. When I use the term chemsex, I am referring to the use of three particular drugs crystal meth, mephedrone and GHB. Some people may include cocaine or marijuana or poppers or other substances. But of course, you are in America and I am doing my research in the UK. Thinking about the coding that is used on the apps, it is more or less the same in different countries?

AG: I understand there is a language that gay men have when they communicate things that we want to do, when public health uses that language it means something different. And so most gay men would laugh at the thought of marijuana being included when talking about chemsex.

But lots of public health people would include marijuana, or they would include something like poppers, and so it's also incredibly important that we are not only using common language, but we also have a common definition for the language that we are using. I think from a public health standpoint many people have been most interested when it comes to chemsex around the drug use that has, does the most harm.

That puts most people at the most risk, and usually that's in the context of HIV. And then obviously alcohol which presents an enormous risk, isn't even included in chemsex, it's a completely different cultural phenomenon. So, for you when you're talking about chemsex in the context of this work how are you defining it?

FC: The definition of Chemsex is the use of three specific drugs crystal meth, mephedrone and GHB. These are the three that are typically included in London when talking about chemsex. But it's not only about this, it's about how social practices and how gay dating apps have revolutionised people in the way how people are connecting

more. For example, how we are trying to bridge stereotypes among the gay community as well.

AG: which stereotype?

FC: well I mean like the racism within the gay community that you get in a profile. Do you know my whole project has three different perspectives? The first is gay dating app users, secondly it is experts and academics related to chemsex, and the third is the corporate owners or representatives such as yourself.

That's, so that I have a broad perspective of the topic.

AG: I, as an individual, who is a gay man, and who works at Hornet, and who has been on gay apps forever, and who lives in a city like Los Angeles which has had its own waxing and waning drug epidemics, this is very familiar terrain to me.

I think that, so yes, it's interesting that you mention racism part because, I think there has been a very different response to how people respond to racism on apps, compared to how they deal with say drugs on apps. And there are a good and bad reasons for that, but that is an interesting topic for another time.

My other immediate question is what do you mean by normalization?

6'10"

FC: By normalization I mean it's become an everyday part of the culture. Earlier in this project I carried out a survey and now I'm gathering the data and most of my responders are saying that chemsex is a normal thing these days. To some extent they don't blame the gay dating apps directly, but some think the apps are promoting these things.

AG: Having lived here in West Hollywood for 25 years, sex and drug use has been endemic to our experience even before the Internet and after the Internet.

I know that, based on folks that I know in the UK including the work that's been done by David Stewart, it's hardly new. It's been in London and the UK for quite some time, so if something is that is already endemic how is it becoming normalized?

FC: maybe it's the question that's not helping or the wording is not helping that much?

AG: Do you understand the point that I am making?

FC: Yes, I get the point it's been there, it already there is not being normalized.

AG: It's incidental to our experience as gay men, it's incidental to our time on the app, it's incidental when you go to a club, it's even incidental when you go to a bathhouse or sauna.

So, to say that it's been normalized, gives the impression that it's a new thing that we're making it normal again but it's something that is already part of the culture. It's like 'normalizing the internet' which is ridiculous given the internet is everywhere.

FC: I think this project is very important for the community. So would you be willing to be a part of my project for gay dating apps?

AG: Yes, look I understand that this is an important issue, and I saw some of that in London last month. Anytime you go to a new city you have to navigate this issue of whether guys are using chems or not. And that happens in London, Barcelona and around the world.

So, this is certainly an issue of concern and I think that whenever people want me to have conversations about chemsex, and that is a lot, I mean often.

Yes, chemsex is an important issue, yes it's having an impact on the health of gay men in our community, but what I think tends to get overlooked is that chemsex is a symptom of a larger problem such as the mental health issues that gay men are facing, such as depression or isolation, stigma with HIV,

10'50''



You see the large percentages of HIV positive guys who are taking part in Chemsex, the sex related stigma, I think there's the unique relationship that Chemsex and and gay sex have in terms of allowing you to embrace the sex that you always wanted to have and not feel ashamed of it...

That makes something like crystal meth for example an ideal drug for gay man to help gay men, which pushes all of the buttons around their particular issues. And they have so many issues related to sex and stigma, that meth gives the illusion of solving those problems. And so whenever we talk about chemsex it's so important to address the root cause and not get so caught in just looking at the symptoms.

So, for me and for us, the approach first of all always has to be about harm reduction. And not one that stigmatizes drug use amongst users. And any approach needs to address the mental health and wellness of our community because if not, we're not really solving the problem.

I guess that's my long way of saying that I'm interested in what it is you're doing, and I'm interested in and participating in some way, but I would come to it from a different perspective.

FC: That the reason I called you to define and adapt the project. It's very nice of you to reply back to me and ask me about the topic of this project. It would be helpful for me from your perspective to understand this topic for my research project. Because it's not only about Chemsex, it's also talking about how gay dating apps have revolutionized the gay community and how they've connected people these days. As well as, how this new technology has repercussions including for example Chemsex.

AG: So, I think there's a couple of things, one is that we can never underestimate the creativity of gay men to do what they want to do regardless as to the barriers we present to them.

We can moderate the content of someone's profile what information they put, for example what picture they post. Any talk of drug news is moderated and removed, any

racist language is moderated and removed including phrases like ‘no blacks or no Asians’.

Any reference to any illegal activity is removed. We don’t monitor person-to-person chats not surprisingly given that gets into the privacy issue.

And then there’s the question of what is private to gay men? Even if they’re talking about an illegal activity, should sex working even be criminalised or not. Or drug use, or sex workers should that be criminalized or not is a whole other conversation.

But I think that gay men who want to use drugs and go online and find other men who want to do the same behaviour, are usually very skilled at finding each other. And will use a coded language or a symbol. Once upon a time it was a snowflake, then it was a diamond then it was a pill, a different emoji is used and who knows tomorrow it could be a tomato!

So gay men are creative enough to figure these things out. I don’t want to evangelize gay men, nor do we want to have a paternalistic approach. So, I do think there are structures that you put in place. For example, we put in place monitoring of the language, the profile and whether they are overt in seeking sex and drugs but because we respect their privacy, we are not entering the one-on-one conversations with each and that’s when most of the negotiation around sex and drug use happens.

So alternatively, alternatively there are ways to provide Gay men with information, content and resources that touch upon the underlining factors that I was really referring to earlier such as mental health and wellness, depression, stigma associated with HIV, stigma associated with gay sex.

There are ways to explore and touch upon those topic areas, that we have certainly done, that can have a greater impact more so than preventing someone from using the word say ‘chem’ in their profile. Because they will find a different word to use if that was banned.

And we've also participated in research with different partners. For example, we did some chemsex research in Paris, and we've done it in Brazil, we even did it I think in Taiwan, so it's an interesting issue that comes up all the time.

18'44''

The other thing that concerns me is that we are very focused on the one-on-one intervention of chemsex and we're losing sight of the structural issues in place around chemsex. And I think those chem related structural issues that have to do with mental health, persecution, discrimination, HIV stigma and all those things.

And when we lose focus of that then we then pay too much attention to an individual, and of course those individuals are important, but I think simultaneously we have to focus on the structural things as that is the long game for addressing this issue.

FC: Very interesting, thank you for that different perspective. I have two last questions, first about your job title of Senior Health Strategist is very important. Can you explain your role to me please?

AG: I joined Hornet about four and a half years ago and when I joined it was a new position and we created the new title to try and capture the job. And so, no one else has this title and it's interesting. And succinctly, my role is to manage our health-related programs and so that anything that falls under the definition of health is within my (domain) remit within the app.

20 minutes 41 seconds

Because there are activities that impact the users directly through the app and then there are activities say research for example. Research is something that can be done in collaboration with the users say but the lessons learned from research can also then be applied back to the community, and within the app.

And there are partners that we work with around the world, Terence Higgins Trust is one of them, on different projects that might be outside of the app.

These might be either an activity or a campaign. So you know the way that I approach it is more from this larger community perspective.

We have an online community within the app,

And that is part of the larger global in person community as well so those that overlap or intersection and we have to be able to pay attention to those both at the same time.

21 minutes 46 seconds

FC: The last question then to close this interview. Are there any other areas of healthy practices that Hornet is doing compared to other gay dating apps?

AG: Yes, I think there are some basics in terms of content. So, we have written editorial content that is health related, much of it is written by me. We have a good portion of video content, around health and so if you go to our YouTube page will find it there.

We actually have a video series that we created called “Ask the pro”. It was basically a one-minute video series where we had a health expert answering common questions around sexual health. And we did that in English, Spanish, French and Chinese.

Not just a different translation but different people speaking in their native language, answering similar questions.

So, we have that sort of content. We have a great deal of research from UN AIDS to Jon Hopkins to ECEC.

Then we have all the stuff that’s in the app itself with relation to health. One program that is different is that we have the program called the Health Ambassador Program which is essentially a peer to peer engagement program.

So, the way that it works is the ambassador gets a badge on their profile and that badge indicates to other users, that they are Health Ambassador and they are willing to engage in conversations around sexual health. They can share their own, lived, experiences around sexual health and answer questions and provide information about resources etc.

It's the sort of communication that's been happening on gay apps for a while, at least organically, so we wanted to give it some structure and help facilitate those sorts of conversations.

That's one different program that we have versus other apps that don't. And so, we are big believers in peer to peer models, so that could be a super effective way particularly when we are talking about things like isolation, living with HIV.

I get so many messages from HIV positive guys who just want to talk to another positive guy. And they live in places like Indonesia and they live in places like Iran, or Russia and so something as basic as that, that is where technology is a real benefit to our community.

In terms of helping reduce or mitigate those feelings of isolation, and that's always been super important to me as well.

FC: OK that's good. Is there anything else that you would like to add to the topic from your corporate point of view?

AG: I think I'll personalize it a little bit, I have known Luis forever it feels like, but not in a bad way! I met Luis because we had worked in gay men's health and there is a gay men's health movement in the US.

FC: Was that the time that he was living there?

AG: Yes, he was living in San Francisco and I've been working in gay men's health for over 25 years and I have been positive for over 24 years, for me it is impossible to detach the personal from all of this. As a gay man working at a gay app, our level of commitment is so high it's not a detached theoretical thing, we are part of the community and all of these things are so intricately entwined that my and our level of commitment is so high because it's not just a detached theoretical thing it's actual people at an actual community that we are a part of.

And that certainly has an impact to the relationship we have to the user, as opposed to some faceless detached organization. So, we are really investing in the health and wellness of our community and that is certainly my prime objective.

And I think the other thing, that I will mention about that, my approach or our approach, when it's around sexual health. We want to be able to give all users as much information as possible so they can make informed decisions about their health. It's not about us telling them in a paternalistic fashion or wagging a finger at them, it's about empowering them to take control of their lives and make any decisions that they're going to take.

And I think the important second part of that is that irrespective of whatever decision they take

The community still exists and will be there for them. If you take a decision to take part in an activity or to take drugs, you don't lose the community as a result of that.

And I think that people fear that they will and of course there is a great historical precedent that many of them do. And so, I think those are the principles that guide the work that I do and we do. Because we want to think more critically about gay men's health and have a positive impact.

Ends.

FC: How and when did you first experience chemsex scene? Please share the factors that influenced you participating e.g. Friends invitations, hook-ups suggestions etc. o some extent

Mr. B: I'm 53 and have been having sex since I was 18 (or perhaps younger). For almost all of my adult life, my experience of sex has involved drug use, although not with every partner nor at every occasion.

I have always enjoyed the group and 'no-strings' side to gay sex, and that always has, in my lifetime, had a stronger link to drug use during sex than more 'conventional' models.

Chemsex is, I think, usually defined as involving crystal meth, mephedrone and/or G.

My first use of G was around 1996, but I was never a regular user (and it may not be the same substance as the ones around today) and I still only use it when the other people I'm with want to.

I think I first had crystal meth in 2002, and for a few years didn't know what it was, it was just a booty bump that one particular fuckbuddy always provided that made his fuck and fist parties pretty outstanding.

Around 2004 (I think) I was introduced to it by name by two guys I met at the Hoist. They slammed me and I loved it.

Around the same time I think, that first guy referenced above changed to smoking it at his parties and I then got to know a small number of avid users who fell into about three groups of great parties. Maybe a year or more later one of the guys suggested injecting it and it became an even better experience. But this was still the exception.

Mephedrone I first ran into at the Hoist bar/sex club, probably about 2007. The guys I was having sex with in the toilet offered it and I sniffed it. That became a weekly habit – same venue, same drug and same guys – which went on for about 6 months to a year, and then we all changed to slamming it, and this was my first regular compulsion for injecting.

Then these strands linked themselves up neatly and slamming T became the best, and probably the only drug experience I would want, always with sex. It made a good experience fantastic.

My memory and timelines are probably not perfectly accurate.

**FC: Beyond the sexual gratification, what are the other attractions of chemsex for you?**

Mr. B: Slamming T (injecting crystal meth) is the most pleasurable experience that I have ever experienced. If my memory is correct, the combination of processes it produces in the body gives a sensation of pleasure and euphoria that is hundreds of times stronger than anything the body can produce naturally.

For me, despite the drawbacks, my head resolutely clings to the positive, beautiful and overwhelming pleasure I get, even though I know that this is my selective interpretation, but it hits the right spot to do amazing things when it works well and to fit with the mind's pleasure, memory and desire instincts well enough to make me value it as a positive part of my life.

I used to think that we were all very lucky to be able to use it to enhance our lives, but it's perfect sheen has worn off, and I find it fascinating, but also at times alarming, to see the different sides of the personality aspects it exaggerates and throws into focus in different people.

I very much value the people I have met through chemsex though. They feel like a particular community that sits in the edge of regular society with a common experience of a type of transcendence that is not experienced by most people. Unfortunately, due to prohibition and the unreliable nature of both supply and administration/ingestion, this community also experiences regular traumas and loss of life, giving it yet another uniquely different common trait.

**FC: Have you had any bad or worrying experiences whilst doing chemsex? If so what?**

Mr. B: Many. I think the worst has to be the manipulative effects of someone else's paranoia. Paranoia in various forms seems to be a common experience around drugs that deprive you of sleep, alongside a few common delusional experiences (hearing voices/constructing conversations, belief in being under surveillance). Three times I have been caught up in someone else's constructed parallel fantasy, where they sincerely believe something utterly bizarre about me (and the wider world) that they



can't be convinced out of. Two of these people seemed genuinely to be threatening physical harm.

On an entirely personal level, while crystal meth brought on many experience-enhancing effects (and seemed to expand creativity to some extent), it was also deeply destabilising for a time, and I felt I was coping with some kind of force I didn't understand and couldn't get a grip on. This was several years before services were being offered through places like 56 Dean Street and other GUM clinics, but their forerunner was the service offered through Antidote. This was extremely helpful for me and it enabled me to put my drug usage into some sense of a context, making my life manageable again.

Given the length of time I've been having and seeking out sex on crystal meth, I've had many 'bad sex' and 'awkward people' experiences, but they seem to be outweighed in my memory by the enjoyment of the good experiences.

**FC: Can you think of any downsides to chemsex and if so what?**

Mr. B: Yes.

Getting 'hooked' on the concept of sex on drugs was hugely destabilising for me and it took a long time for me to get to grip with what felt like an entirely new and all-encompassing dynamic.

I think I've been luckier than many, possibly because I had already many years of life-experience before it came into my life, giving me a broader context in which to understand it.

I have seen many people get lost in some kind of personal confusion from crystal meth, sometimes quitting entirely, sometimes seemingly changing their personality rapidly.

I have lost a few friends and many acquaintances who have died as a result of, or following on from, sex sessions on drugs, the cause of death from crystal meth being described as 'a pre-existing heart condition', death from G as an overdose, and there was a period around ten years ago when several people who were heavy (injecting) users of mephedrone took their own lives.

There does seem to be a pattern of an exacerbation of any existing psychological imbalance. For some people this can be catastrophic.

FC: Have you had any problems in engaging ‘sober’/drug free sex? Please elaborate.

Mr. B: Strictly speaking, no, as I simply don’t look for that, so most of my sex is with drugs, and anything else that happens is a bonus. But from some people’s perspective that would be seen as the problem in itself.

FC: Since engaging in chemsex – Have you ever thought that your usage has gone beyond your boundaries/stop being pleasurable? If so, did you do anything about it? Such as seek help online or otherwise. Please describe

Mr. B: Yes, I have already answered that question.

FC: Do you believe that gay dating apps facilitate chemsex and if so how?

Mr. B: I think this is an appallingly badly-worded question. It highlights the connection in the mind of the reader, but by using the word ‘facilitate’ it directs the respondent towards a concept of blame and causation, immediately raising the implication that without the former the latter may not exist. However, if that concept were put directly to the reader (are gay dating apps responsible for chemsex?) most respondents would recognise that as an over-simplification of a complex dynamic.

The strict answer is yes, gay dating apps facilitate chemsex in that they facilitate any kind of encounter between men. The same is true for ‘Uber’ and ‘Transport for London’ (at least before the lockdown) or ‘The Internet’. However, as an oldie on the scene, I can remember life before the apps. Those of us who wanted sex on drugs would easily find ways of finding it.

FC: Thinking about your social life and work, has chemsex had a positive or negative impact and can you share your reasoning for that?

Mr. B: Both. I think I’ve covered the main aspects in questions 1 – 4.

FC: If gay dating apps were banned – what do you think the impact would be on chemsex prevalence?

Mr. B: Not much – the ingenuity of the sex-hungry hunter means a different model or simply a different platform would quickly take its place.

However, I think this question is poorly worded.

In pure scenario terms it is not specific enough and so will bring up a variety of different models in the heads of different readers.

Using pure extremes to highlight this, at one end you might be talking only of banning gay dating apps on the iOS app store and on Google Play which is unlikely to make any difference, as the equivalent is already available and active through web-browsing interfaces, although it may add some slight further excitement to those with a passion for transgression.

At the other end, if all apps and sites facilitating gay 'dating' were banned entirely from the internet by legislation, with criminal penalties, it would instantly change the psychology of non-monogamous gay sex and would have a detrimental effect on those who might continue seeking contact illegally e.g. via the dark web (unless their primary purpose was transgression). It would also introduce extreme stigma towards gay sex generally and encourage further acts of discrimination either towards gay men or towards the non-monogamous, or both.

Again, there is an implication of causality and of blame here, but the questions being put do not actually explore those issues, they only provoke the reader towards a connection.

It could be both interesting and relevant, for example, to ask if those behind the apps should take some sort of responsibility and then to question to what extent that might be fair.

Appendix 8iii) Transcript GDA Users 2: Mr. D 35

FC: Question number one. How and when did you first experience chemsex and please share the story behind you participating. Was it a friend inviting you to hook up etc.

Mr. D: So, my first experience would've been five years ago, so that would've been 2015. I was 31 at that point, and I guess it was, I've always been curious by the whole chemsex scene.

I kind of knew some people that were involved, and I knew some people that were getting into it, and I guess I personally just want to try it.

I just finished all my studying it. I finished my education.

I'd separated from my long-term partner. I was single and I was independent. And at that time, I want to push my personal barriers.

And G, that was kind of something I was curious in.

And it was a good time of my life to try something a little bit different. I was a traveling a lot during that time, so doing a lot of things according to my schedule, my agenda. With no other distractions. Such as university, studying or altercations or anything like that.

I guess I was always going to get into it eventually. But that was just like a good time to start doing it.

FC: Let's move on to question number two then thank you. Apart from the sexual gratification, what are the other attractions of Chemsex?

Mr. D: Probably not that much beyond the sexual gratification.

I guess I only ever did it for the sexual gratification. Yeah that's probably about it really.

Sexual gratification and self-expression is quite wide in many ways

FC: people do chemsex for a whole variety of different reasons. And for many it is about sexual gratification. But for others maybe there are other things. It's just a question in general.

Mr. D: OK well, I guess only dabbled in chemsex for the sex.

I never really did it for escapism for example.

I never did it for, to have a revenge on someone. I never did it to sabotage. I've read about scenarios like this. Or there's something going on between a couple, who are definitely fighting.

I've observed those situations. But I've never done it for that. I've never done it to partake in a situation. For me, it was about getting high and having sex. In its purest form

FC: Have you had any bad or worrying experiences during chemsex. If so, what?

Mr. D: I guess I was always alert enough in a situation, not to put myself in danger. Or do anything that puts me in a situation, where I was concerned about my own well-being.

But I've definitely been in situations where I've observed someone else being, going through something.

I've seen situations where someone has gone under. Who has over Gee-ed.

I personally haven't. Oh, actually maybe once in the last five years. I got gee-ed out.

But I was always in a situation with people that I trusted, and he got me out. Yes, I've been in a situation where I've seen someone. Where they've taken something, or they injected something. And have overly peaked.

They haven't been violent or anything.

You can just tell that person is not at the same level as everyone else.

So, I guess I've been in situations where I observed someone, having passed out, or overdoing it.

Or they're not in the room anymore.

You have to give them a bit of time to, steady. I personally absolutely do feel like I know my limits.

What my limits are.

And I know if I want to push it. I've never done it to push my boundaries further and further. I just want to push it to a particular level.

**FC: Question number four. Can you think of any downsides of Chemsex if so what?**

Mr. D: Something that I've seen in myself and in others, is that it's easy to get into a cycle.

So whatever kind of sex you're into, whether it be with chems, I can see that it's very easy to get into a cycle of starting on Friday night, and finishing on Sunday.

Go to work on Monday. Been really depressed on the Tuesday. And then the chemical clears out of your body around Thursday. And then you feel fine. And then you start again on Friday.

And you can lose weekends and weeks. So, I can definitely see the downside of the of the cycle. And I can see how that impacts on personal relationships and functionality. Like being able to function as an adult at work. Or family interactions whatever.

So, I have always been conscious of that. And I can definitely see others, but I don't know them, they're acquaintances.

And I think that person's been in that cycle. Or has been in that cycle for weeks.

Some people can cover it up really well.

I know many, oh my God, who are highly functional Chemsex users.

I'm a highly functional Chemsex user.

So that's where I can see the danger. Some people are more obvious.

And the obvious ones are the ones that are going to get more treatment. As they are the ones that, get questions. Like why aren't you yourself?

FC: Thank you so much. Have you had any problems engaging in sober sex or drug free sex?

Mr. D: No, I have a high sex drive anyway.

But there is a pendulum, of the role chemsex has. The lower sober drug sex diminishes.

So, I've always been conscious to not have a pendulum swing. To the point where I'm more reliant upon chemsex to get hard or to fuck. I've purse, I don't have any problems in engaging in sober sex. Only that I'm conscious. However, I've witnessed, and I've seen people, and I know people, that just can't have sober sex.

Their system is like at the point, it's gone beyond, the ability to do that.

Although at the same time I know people who have gone from being chemsex only, to the point where they can't have chemsex. But that's thanks to therapy.

But then through therapy they've been able to have sober sex.

I see that's the problem, but I personally haven't had any problems like that. Because it because I have a lot more sober sex than I do chemsex.

FC: Since engaging in Chemsex have you have you ever thought that your usage, has gone beyond your boundaries? If so, have you done anything about it?

Mr. D : So I have never gone beyond that boundary. I've gone never gone beyond that point.

FC: In one session, or in general?

Mr. D: No, I haven't. I could see that being a danger. But I've never got to that point. I have seen others though. And that is very sobering.

Seeing those acquaintances, and then never seeing them again. Like what the fuck?

I've never felt the need to seek online help. Or anything like that. But not everyone is in that such same situation.

But I know not everyone is in the same.

FC : OK question number seven. Do you believe that gay dating apps facilitate chemsex and if so how?

Mr. D: I think definitely yes. I would agree that they have. Because they facilitate the meeting of like-minded people.

So, whether there's an app that suited for a particular type of fetish, like Recon, or whether it's like Hoist or like Grinder. They have definitely facilitated house interactions. And personally, I don't think I would have found those people without the use of those apps.

FC: Question number eight. Thinking about your social life and work, has Chemsex had a positive or negative impact?

Mr. D: I would kind of say it's been mutual. When I do fuck over the weekend, and I'm in a session, I try to make sure that I'm not cancelling anyone's plans

So, I always make sure that I plan my weekend, so that if I cancel it doesn't raise suspicions. I plan it around big deadlines at work. I've always made sure that I don't have a big meeting on Monday morning. So I've always been a bit organized with what I am doing.



And that's in my nature as well. I'm a very organized person anyway. So I've always been conscious of making sure that it doesn't impact. And then when I know it doesn't, I have more fun too. So, if I know this weekend is free, I get everything lined up. I even go more crazy.

FC: So onto the last question. If gay dating apps were banned what do you think they would have on the Chemsex prevalence?

Mr. D: I think it would still be there, because there is always a way of interacting with people whether it's a gay dating app or in person.

There will always be a presence of Chemsex. Just by removing the dating app, people are industrious and will find a way. And also, I live in London, so it doesn't take you long to connect with someone, whether it be a friend or friends' friend or whatever to be able to find that network.

So, I think it would have an impact, but it would still be there. And people would have the same fuck buddies and regulars as well.

FC: Thank you so much. Well so that's all. That's a wrap.

FC: How and when did you first experience chemsex scene? Please share the factors that influenced you participating e.g. Friends invitations, hook-ups suggestions etc.

Mr. J: Saturday late afternoon August 18th 2012

A guy I had been chatting with on Grindr asked me if I wanted to join him, his boyfriend and their friend who was visiting from Australia.

It was during that messaging / chat that I had heard the expression **Chem Friendly & Chems** for the first time (*until this event my experience of recreational drugs was limited to the use of E & K which my partner and I would use when clubbing in Manchester and occasionally C*).

The guy messaged me "**Chem Friendly?**" (*WTF is "chemfriendly" I through...? he must be talking about drugs and through "CHEM FRIENDLY" obviously is a London phrase which I'm not familiar with...*)

Not wanting to appear out of sink with local London Gay Speak, I replied vaguely... 'what you guys on?'.

"T&G" he replied (??? again WTF? Two drugs known by a letter of the alphabet that I was not familiar with...)

Now...

Do I (A) Hook up with a complete stranger and his friends at his house take drugs which I've never heard of and engage in sexual acts with them...?

Or should I take option (B) Thank him kindly yet decline his kind invitation..?

This is 'the' moment of my adult life...

Quickly weighted up the pros and cons in my head and taking in to account that I was home alone (yet again)

Clearly remember it being warm sun filled day, sitting at our red dining table both hands holding the iPhone my reply read 'Cool, what's the address?'

Guy message reads "Would you like to join us?"

I press SEND

FC: Beyond the sexual gratification, what are the other attractions of chemsex for you? Sexual gratification is one of several reasons for engaging in chemsex, I rarely reach a climax / cum when using drugs which sexual gratification is low on the list as to why I engage.

Mr. J: I take a holistic approach to chemsex and a connection which transcends beyond age, wealth, job, looks, physicality are essential to me.

During the time in which I have indulged in Chemsex I have found that good conversation is as stimulating if not better than good looks, a great apartment, or a fantastic arse.

And that really really hot guy while online who are unable to write a coherent sentence, make basic conversation or create banter fail to hold my interest and that's when I'm sober!

What I find attractive / endearing in a person when sober is someone who has good interpersonal skills, engages their brain, has the ability to hold a conversation and has a liking or passion of something other than themselves is a great starter, when I'm high guess what it's exactly the same except while HnH I expect to and will have sex, amazing sex even that person.

FC: Have you had any bad or worrying experiences whilst doing chemsex? If so what? I've not had a bad experience, embarrassing moments yes but no.

FC: Can you think of any downsides to chemsex and if so what?

Mr. J: Lost of Time.,

Temporary loss of short term memory

Interruption of sleeping and eating patterns / habits.,

Tiredness., over sleeping, nodding off during the day, while watching movies or having dinner.

My ability to remain focused.,

Not being present in my personal life.

FC: Have you had any problems in engaging 'sober'/drug free sex? Please elaborate.

Mr. J: I have no interested sober /drug free sex

FC: Since engaging in chemsex – Have you ever thought that your usage has gone beyond your boundaries/stop being pleasurable? If so, did you do anything about it? Such as seek help online or otherwise. Please describe

Mr. J: No., I've never felt that the drugs are in control of me.

Drugs are great for enhancing the moment, but if there is not connection between myself and my play date no amount of drug taking will help me enjoy the experience.

Over the seven years that I have been using drugs I missed work on only a few occasions.

For my own peace of mind I have sort counselling regarding addiction it's signs effects and what to look out for on 2 occasions.

My drug use is not regular, I might go without the need for drugs/chemsex for months (five months been the longest) or if everything lines up perfectly I might have chemsex two weekends in a row then no chemise for a month or so.

FC: Do you believe that gay dating apps facilitate chemsex and if so how?

Mr. J: Yes, I believe Chemsex parties as we understand them now are completely driven by dating apps.

Open up Grindr or Scruff and within seconds, you will see profiles clearly stating "HNHparTyNow" "2-lads-HnH-Looking" 'Can-Accom-have -G/H"

I belive profiles are becoming more provocative and direct as to exactly what the are looking for., "HnH-BBoi-To-use" "Top-dad-needed" "TreaT Shop Open!!"

Pre iPhones APPs it was impossible to organise a meeting of three or more persons for sex never mind Chemsex.

FC: Thinking about your social life and work, has chemsex had a positive or negative impact and can you share your reasoning for that?

Mr. J: Work Lie : Over all I would say it's had a negative effect although other factors need to be taken into account would be my age, the current economy supply/job market and demand for products.

Lack of focus is the primary concern, however is that a direct result of using Drugs or my Age I'm not completely sure.

Aged 53, I realised changing job was not an option and that I was STUCK., this was to have a devastating effect on me and my approach to work but more importantly my work ethic and I simply switched off.

Personal Life: this has continued as before with little or no negative/positive effect, I've not lost friends in fact I might have stronger friendships and the energy that would have gone into my career and work is now focus on my own work life philosophy's which I'm very happy to share.

Actually, I've had to become more organised with people's birthdays (I don't do Christmas) where as I used to be a last minute shopper I now think and plan a head to find that perfect gift and greeting card.

If gay dating apps were banned – what do you think the impact would be on chemsex prevalence?

Mr. J: Chemsex party would in time dwindle, for me at this moment and time I don't use APPs to arrange a chemsex session I have enough personal contacts to keep going for a while.

However, I do go online to Chat but rarely arrange hook-ups.

I dare say it would be a very different story if I were 15-20 years younger with a greater appetite and energy for Sex

FC: How and when did you first experience chemsex scene? Please share the factors that influenced you participating e.g. Friends invitations, hook-ups suggestions etc.

Mr. M: I came to chemsex via the gay clubbing scene around 2003. I started taking recreative drugs to go dancing to Vauxhall clubs with friends. But then I was invited to chillouts where there was chemsex. Also going to the sauna after clubbing was a determining factor. There was a lot of chemsex going on in Chariots Vauxhall during weekends.

FC: Beyond the sexual gratification, what are the other attractions of chemsex for you?

Mr. M: A sense of communion with other guy(s). Losing my inhibitions. Also this is a way to have long sessions, something that is impossible while being sober, especially when you get older.

FC: Have you had any bad or worrying experiences whilst doing chemsex? If so what?

Mr. M: I have had people pass out on G which can be very worrying. Also some people becoming 'weird' or even aggressive.

FC: Can you think of any downsides to chemsex and if so what?

Mr. M: The downside is the negative effect it has on your mental health, and your health in general.

FC: Have you had any problems in engaging 'sober'/drug free sex? Please elaborate.

Mr. M: It can be a challenge to engage in sober sex, especially with someone you had chemsex with before. The risk is that you compare the two types of sex and the sober version appears a bit boring. The problem is more when it is about having sex in a private home (as opposed to a sex club or sauna where I don't have an issue about having sober sex). I guess the chems take off the pressure from you, about how you are going to perform etc.

FC: Since engaging in chemsex – Have you ever thought that your usage has gone beyond your boundaries/stop being pleasurable? If so, did you do anything about it? Such as seek help online or otherwise. Please describe

Mr. M: There were difficult comedowns after chemsex sessions, where I felt I had gone too far. I considered seeking professional help but did not do so after all (I am too lazy).

FC: Do you believe that gay dating apps facilitate chemsex and if so how?

Mr. M: Yes, they definitely facilitate chemsex. Because you can easily find guys who share your practices or your fantasies. And a lot of guys on day dating apps are into chemsex. This is just a fact.

FC: Thinking about your social life and work, has chemsex had a positive or negative impact and can you share your reasoning for that?

Mr. M: Overall I would say negative impact. The price to pay is high in terms of being less performant at work, or in normal life. It also affects your mental health and can make you depressed. The problem is that we tend to forget these negative sides and to glamourise chemsex.

FC: If gay dating apps were banned – what do you think the impact would be on chemsex prevalence?

Mr. M: This would definitely decrease the chemsex scene. There would be fewer ways for people to find like-minded guys, especially now that gay venues are closed due to the pandemic.

Appendix 8iii) Transcript GDA Users 5: Mr. S 51

FC: How and when did you first experience chemsex scene? Please share the factors that influenced you participating e.g. Friends invitations, hook-ups suggestions etc.

Mr.S: In 2015, in that summer in June of that year, I started experimenting with drugs.

That was when I was, well I'm 51 now and it's, 2020 now. How old was I?

FC: Oh, my goodness I'm really bad at maths!

Mr.S: How old was I when that happened? It's gone to my head all those drugs now!

So, I was in my late 40s, and I started to experiment with G, and apps likes Grinder and Scruff. I was living with my partner of 18 years, and then this person I met the one time introduced me to Crystal Myth.

Nothing else, just that one drug. We smoked some and I really liked it actually.

I thought this is all right, this is OK, so that was in the June 2015.

The same person then about a month later, asked if I wanted to get slammed.

And I thought OK yes. I'd seen him do it. All my life before that I have been completely anti-drugs. And I hate injections as I hate needles. I cannot give it to myself, I just cannot do it.

And I let him inject me. So once I had got slammed, of course it's completely different to smoking it, so from that moment on - smoking was all right, but I wanted to get slammed.

So long story short, the guy who had introduced me to it, he came around one night and actually stole a laptop. I didn't realize at the time because I was off my head, and the following day my partner said where is the laptop? And I replied I don't know.



So, at the end of it I couldn't tell my partner that I had done drugs, and that I had this person around. So, in the end I left a relationship of 18 years.

Because of that reason.

So that destroyed that relationship yeah. So, in terms of the effects it has on individuals, it destroyed that relationship and I moved out.

So, within a week of him knowing that the laptop had gone, and he didn't understand why.

FC: So why was that was that?

Mr. S: I wasn't sure like, if someone else has been around, and then I realized it was him who had taken it.

But he denied it, of course, but I knew it was him.

It was that one occasion that he slammed me and I was off my head.

And I couldn't live with telling my partner what it happened. That I had been slammed, and was doing drugs all behind his back, and then this laptop had gone missing.

So, I moved out and ended that relationship.

FC: So, you were having a long-term relationship, and having this trust for so long, why not tell him?

Mr.S: replies I couldn't tell him the truth, I felt terrible. That's why I left.

My partner then, he knows what's what happened now. And he would have me back at the drop of a pin. But I think that we are better apart.

But since that time obviously I moved out and moved into my flat here in Elephant and Castle.

I moved in here in January 2017.

The week that I moved in, I don't think I spent a minute in my flat - day or night.

I was off work and having two weeks holiday, and I didn't spend a minute in the flat I was off every day. Morning noon and night on a bender wasn't I.

Probably it was the result of the loss of my relationship. Moving out of my lovely flat. And then obviously being single, and doing things that perhaps I haven't done before. As I've been in a relationship for 18 years, I went on a bender. Still only using one drug which was crystal math.

With some injecting as well obviously. It became overtime, maybe the drugs taking a more important role than the sex side of it. But recently as well actually. So two weeks after moving into my new flat here, I met my new my new partner of two and half years.

I wasn't looking for it, he just came along. It was someone I'd known from a long time ago, he came into my life and I thought this is perfect.

I did want it, I told him, I just finished a relationship. He said OK whatever take your time. But of course, we got together, we were together for two and half years up until Christmas this year. And now it's just ending, Again because of the drugs.

He was very anti-drugs. And I kept lying to him about the drugs, and he said he couldn't stand it anymore. What else would you like to know?

FC : Thank you very much. And thank you very much for sharing that.

6'37''

Mr.S: So the drugs at one point can became more important than sex. And I wasn't worried about the sex, I didn't have to have sex in order to have the drugs.

FC: Beyond the sexual gratification what are the other attractions of chemsex for you.

Mr.S: Well for me it wasn't really Chemsex. It was having sex with drugs. I thought I could have one or the other. But the drugs became much more important. Rather than combined together.

And now they're both as important as it each other. However, I want to get rid of it all completely.

**FC: Question number three. Have you had any bad experiences with regard to chemsex?**

Mr.S: One weekend I had taken so much Tina, by the Sunday morning I was off my head obviously, I have got it in my head that someone was following me. I don't know why. So, I ended up leaving the apartment and walking around Waterloo. I spent the whole day walking around with the same people in the same cars chasing me. I was crouching down in someone's garden, and they called the police, and they came and took me home.

By that point I was fine.

But that's only happened once right. That was that without sex as I finished having sex on the Saturday. It was just that I continued to take drugs. I was still smoking it the next day.

**FC: Next question. What do you think of the downsides of Chemsex?**

Mr. S: There are loads of downsides to Chemsex. Oh, my goodness there are hundreds of them.

It stops you having sober sex. Because you think it's the best thing in the world.

It ruins your relationships. It ruins your family life. At the end of the day, and I think I'm an addictive person, I do things in large quantities.

I do not think it is good for me. And I think I shouldn't really do it, OK. Next question.

**FC: Do you have any problems engaging in sober sex or drug free sex**

Mr. S: No actually I'm quite happy to have sober sex.

FC: What are you looking for, a normal sex session, or a meeting having drugs involved?

I was just chatting to a guy online now and he doesn't do chemsex at all. That doesn't worry me at all. I did worry me with my partner, that I've been with for the last two and half years, because he was an escort and so good at sex.

I thought that I need to do drugs just to keep up with him.

I don't know why. Next question next question!

FC: Have you ever thought that you've gone beyond your boundaries, or stop being possible?

Mr. S : Yes. It has got to that point. It got to that point last year. When the police had to bring me home.

That's when I went to Castle Craig. For two months. To try to stop. But things went downhill after that, obviously I had certain triggers in my life. Which caused me to take drugs.

FC : how long did you stay there?

Mr. S : Two months at ten grand a week. That's nothing compared to what you spend on Tina though!

Just saying in general what game in do right.

Even like today I've just been talking to my ex-boyfriend. This morning and of course he wants me to stop taking them. And he's asked me if I'm going to. Am I really going to do that?

At the end of the day it's really down to me if I'm going to stop. I want to stop. It depends on what outweighs the other. The short-term or long-term pleasure. I don't know. I don't know.

FC: Did you see can you help online?

Mr. S : What's the famous hospital in West London, what's it called? It's a famous private hospital in West London. The Priory.

I used to see a psychologist there. I have a psychologist at the Nightingale. In Lissen Grove.

And of course, I went to Castle Craig last year.

I've been to C and A meetings. You know crystal math meetings. Which I hated. It's all about those 12 steps and fellowship. But I've found a new place called UK smart recovery.

I just spoke to them yesterday. I did a conference call with them yesterday for an hour and a half talking about Chemsex.

FC: Next question do you think gay dating apps facilitate Chemsex?

Mr. S: Yes definitely. Yes. Yes. Yes. You just have to put HNH on your profile. And the whole thing starts again.

It's not like you're gonna walk around the cruising ground with a PNP on your T-shirt!

But we do it and we act on it don't we?

FC: Next question what about a social life and work?

Mr. S: I used to go for dinner twice a week. I used to go to the theatre

I used to go to dinner two times a week, are used to go to the theatre I used to go and see plays. I used to go and see friends. But that's all been pushed to one side. Because the sex and drugs became too important.

So, reconnecting with my family and friends now is what I'm going to be doing.

FC: Next question. If dating apps were banned. What would happen?

People have already got peoples phone numbers. And it's stored in their phones. So, it's already out there. So, I don't think banning it would actually stop it. It would still continue. Anything else you would like to know?

FC: That was really helpful thank you!

## **Appendix 9: Further Documentation**

### **Appendix 9i) Research Project Proposal**

#### **SG 3068 - Pre-Dissertation Project**

##### **Have gay dating apps normalised the practice of chemsex?**

The consumption of drugs has been an integral part of the LGBT+ community for many years, “gay and bisexual men are the most likely group by sexual orientation to use illicit drugs in the UK, and drug use rates for this group are highest in London” (UK Home Office 2014, as cited in Ahmed et al., 2016:29). Since 2011, public health organizations in the UK have noted the growth of a sexual practice known as ‘chemsex’ among men who have sex with men (MSM), principally in London (Hakim, 2019). As a result, the government has developed drug policies to manage and respond effectively to this new form of sex culture that has become more widespread over recent years.

The term ‘chemsex’ refers to the use of specific drugs before and during sexual encounters, which enhance, prolong and stimulate the sexual experience. The drugs associated with ‘chemsex’ are crystal methamphetamine, mephedrone and GHB/GBL. This combination of sex and drugs involve long sexual sessions and can involve multiple partners. Some studies in have demonstrated the health implications of chemsex which include mental health issues (anxiety, depression), erectile dysfunction, as well as an increase in the number of cases of sexually transmitted infections (STIs) such as hepatitis B and C. There are also increased reports of rape, associated with people under the influence of such drugs. Despite the negative effects of chemsex, it has become a widespread and near normalised sexual practice in the gay scene in London.

Over a similar time period, gay dating apps have exploded onto the gay scene and created a new and easy hook-up culture (a new way to interact with other people/sexual partners). This demonstrates “the cultural shift that moved gay sex from public parks and cruising grounds from public toilets and cottages, to online sexual networking was nothing less than seismic” (Stuart, 2019)

This dissertation plans to explore the role of gay dating apps in the normalising of chemsex practice among the MSM community. The possibility of there being a link between the rise of gay dating apps and chemsex is starting to be explored. “Chemsex is specifically associated with the availability and proliferation of certain drugs (chems) via sexual networking applications (hook-up apps) that became popular with the advent of smartphone technologies” (Stuart, 2019:7). It could be argued that gay dating apps (hook-up apps) such as Grindr, Gaydar, Hornet, Recon, SCRUFF and so on have facilitated and re-defined the practice of chemsex among the gay scene in London. These apps provide a simple and easy way to contact another person within a certain geography who are into the same sexual practice. They also act as a showcase of different sexual practices, allowing users to explore what’s out there or to try something new.

Through the media ‘chemsex’ is almost always presented as a problem, which has been associated with overdose, death and HIV transmission. This sexual practice also involves “social norms as social attitudes of approval or disapproval that specify what ought and ought not to be done and are significant in the context of health because they are responsible, at least in part, for influencing individual health decision and behaviours” (Sunstein 1996, cited in Ahmed et al., 2016:30). Nevertheless, gay dating apps could be seen as a tool, which has enabled this practice to become more frequent



among gay people, changing behaviours and perspectives about this issue. “Recent evidence has demonstrated that MSM attending sexual health clinics who disclosed chemsex participation had a five-fold increase in the odds of being newly diagnosed with HIV-infection” (Pakianthan et al., 2018 as cited in Sewell et al., 2019). During recent years, gay people have become more aware about this issue in the gay community are seeking help and information about this sexual practice. Public Health England (PHE) have developed materials and provided best practice advice in terms of specialist support services.

My research project will take in account all relevant studies available in this arena with regard to ‘chemsex’ and gay dating apps. Analysis of these studies will create the foundations upon which I will build my main argument. Upon these solid foundations, I am going to to explore further the perceptions and experiences of participants of chemsex behaviours through primary research. I will explore the relationship participants have with gay dating apps and how it influences their sexual behaviours. Using qualitative methods such as interviews or questionnaires, it is hoped that rich information will be gathered which will provide more in-depth insight about the issue. Interviews will provide more specific information such as attitudes and understanding about ‘chemsex’. Questions such as 1) How often do you use hook-up apps to practice chemsex? 2) Do your sexual partners know the term chemsex? Will be used. This will provide information about sexual behaviours, but I propose research the motivation for practising chemsex. Doing so will allow me to understand more about their motivations for using dating apps to hook-up.

Variables such as age, income and background will be taken into account, to understand factors such as whether disposable income plays a role given drugs are expensive, even though they can be very accessible through gay dating apps. This research will also aim to determine how often participants practice chemsex and ultimately the relation/correlation between 'chemsex' and the use of hook-up apps.

Regarding the ethical issues of research of this nature, the research will need to be sensitive given the topic. As a result, the introduction will need to reassure participants as to the confidential nature of the research and that the research is not to judge people. I will explain the objectives of the research and how it will provide information to support my research project. The showing of respect will be a priority, as well as securing their consent before starting the interviews. I will be very careful while asking and formulating my questions to avoid labeling chemsex users as drug addicts. It is understood that just one badly worded question can turn the direction of my research.

In the social and community context of chemsex, it could be argued that the role and prevalence of drugs on the gay scene in London is one of the reasons why some gay men chose to use drugs during sex. Understanding whether the widespread availability of drugs combined with the pervasive use of gay dating apps has facilitated the proliferation of this sexual practice will be explored.

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## Appendix 9ii) Research Project Timeline

### Deadlines and Important Dates 2019/20

#### **Friday 3<sup>rd</sup> April 2019: Workshop 1**

- Dissertation project introduction.
- Start thinking about my final research project.

#### **Tuesday 30<sup>th</sup> April 2019: Workshop 2**

- Attempts to find a very interesting topic for my research.
- How to design a research project and how to put together a proposal.

#### **Friday 7<sup>th</sup> June 2019: Research project proposal due**

- Submission of the project proposal.
- Getting familiar with the topic chosen and start my own research.
- Looking at previous studies and articles relevant to the topic.
- Brainstorm to come up with an angle for the project.

#### **Tuesday 1<sup>st</sup> October 2019: Workshop 3**

- Access to the services available at university: supervisor, data resource officer and material online.
- Working on my annotated bibliography and developing my literature review.
- Desk research.
- Conducting feasibility studies.

#### **Friday 11<sup>th</sup> October 2019: Annotated Bibliography**

- Submission of the annotated bibliography.
- Thinking about the methodology of the project.
- Some issues arise about the sample of the project and how to reach participants.

#### **Friday 8<sup>th</sup> November 2019: Ethic Application**

- Submission of the Ethic application form.

#### **Friday 15<sup>th</sup> November 2019: Project Day Slides**

- Relevance of the topic chosen for the project.
- Outlining the aims and objectives of my project
- Good communication and collaborative participation with my supervisor.

#### **Wednesday 20<sup>th</sup> November 2019: Research Project Day**

- Presenting the project in front of peers, supervisor and staff member at university.
- Research questions.
- Explaining the aims and objectives of the research.
- Feedback and improvements.

#### **Friday 20<sup>th</sup> December: Ethic Application Form Refusal**

- The Senate Research Ethics Committee (SREC) did not approve the proposed project which was considered as high risk – ethic issues to be addressed.
- Lacking support information.

#### **Tuesday 4<sup>th</sup> February: New Ethic Application Form Submitted**

- The direction and title of the research was improved (medium risk).
- The methodology and the principles of the research were modified.
- The safeguard of the participants and the researcher was addressed and amended.

#### **Wednesday 5<sup>th</sup> February 2020: Catch-up Day**

- Strategies for the analysis of both quantitative and qualitative data.
- Preparing questions for both quantitative (online survey) and qualitative (interviews) research.
- Looking at the of theory of the new method chosen for the research (mixed methods).
- Planning the survey on Qualtrics.

- Defining variables.

### **Friday 28<sup>th</sup> February 2020: New Ethic Application Form**

- Approval from the SREC to carry out the research.
- Getting ready for the field.

### **Wednesday 11<sup>th</sup> March 2020: Canceled due to the COVID-19**

- Pilot survey, testing questions for the qualitative research.
- Online survey was launched.
- Organising interviews, sending emails, contact participants (especially experts and GDA owners/representatives).
- Developing the scheme of the project to collect data.

### **End March – April 2020: Collecting data**

- Using SPSS for the quantitative research.
- Covid-19 pandemic.
- Re-organising and Re-scheduling interviews with participants (qualitative research).
- Keeping in contact with the supervisor.
- Start writing the Bibliography

### **May 2020: Analysis, interpretation and Findings**

- Looking at and analysing data gathered.
- Structuring the outline of the dissertation.
- Start writing.
- Interpreting findings.
- Editing dissertation.
- Proof-reading.

### **Thursday 11<sup>th</sup> June: Research Project Submission (Before 4:00 pm)**

- Last proof-reading and submission of the dissertation with the cover sheet.

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