

**Practicing ‘chemsex’ in Finland: a qualitative interview study with seventeen  
hiv positive men who have sex with men.**

Panda Eriksson

Master’s thesis in gender studies  
Supervisor: Ann-Charlotte Palmgren  
Faculty of Arts, Psychology  
and Theology  
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Abstrakt:  <p>Som en del av Åbo Akademis Minoritetsforskningsprofilens forskningsprojekt <i>Living with hiv in Finland</i> (Att leva med hiv i Finland) gjordes en kvalitativ intervjustudie med målet att kartlägga tankar och upplevelser hos finska hiv-positiva män som har sex med män (MSM) i Finland. Ett viktigt tema i intervjuupplägget var chemsex. Denna artikel strävar till att synliggöra chemsex-fenomenet ur en uttalat finsk ståndpunkt genom att analysera tankar och upplevelser kring chemsex hos sjutton hiv-positiva finska män som har sex med män. Deltagarna rekryterades via två organisationer som arbetar med hiv i Finland, Hivpoint och De Positiva rf.</p> <p>Intervjufrågorna fokuserade på självidentifikation och upplevelser kring att vara hiv-positiv, att berätta för andra om sin hiv-status, förståelse för sjukdomen, sexuella upplevelser i samband med hiv-smittan, chemsex, överlevnadsmekanismer vid eventuell psykisk kris samt stigma. Intervjuerna bandades in och transkriberades, samt översattes till engelska i de fall där intervjun gjorts på ett annat språk. All data analyserades med hjälp av kvalitativ temaanalys. Trots att intervjufrågorna behandlade ett flertal frågor som rörde livet som hiv-positiv man som har sex med män fokuserar denna avhandling endast på delarna som rörde chemsex. Frågeställningarna var att söka svar på varför MSM-män utövar chemsex, hur de upplever fenomenet i Finland, vilka problem de själva stött på i samband med chemsex och å andra sidan vilka positiva sidor de själva ser i fenomenet.</p> <p>I denna avhandling presenteras ett samförstånd kring incidensen av chemsex inom den finska MSM-kulturen, samt även lingvistiska mönster genom vilka chemsex-utövare separeras från droganvändare som använder rusmedel i ett icke-sexuellt sammanhang. Materialet visar även på en medvetenhet om de negativa aspekterna i chemsex på samma gång som det speglar de internationella forskningsresultat som konstaterar att det finns ett starkt behov av sensitiva, sexologiskt kompetenta drogbehandlingar för att nå chemsex-utövare. I framtiden skulle det vara nyttigt att fokusera på socio-sexuell och -kulturell sensitivitet inom hälsovården speciellt i länder likt Finland, där den tredje sektorn hamnar bära en stor del av bördan för att MSM-personer ska få god, fokusgruppspecifik vård.</p>	
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Abstract for Master’s thesis

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Author: Panda Eriksson	
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Supervisor: Ann-Charlotte Palmgren	Supervisor:
Abstract:	
<p>As part of the Åbo Akademi University Minority Research Profile project <i>Living with hiv in Finland</i>, a qualitative interview study was conducted with the purpose of charting various experiences of hiv positive men who have sex with men (MSM) in Finland relating to community, sense of sexual self, stigma and health. One distinct theme of the interview schedule was ‘chemsex’, the sexualized drug use culture that is often associated with hiv positive MSM. One of the problems from a national point of view is the lack of knowledge regarding Finnish MSM drug use in a national setting. Whereas it has been found that MSM travel might feature recreational drug use, there is not much information readily available on the phenomenon within Finnish borders. This article strives to make the chemsex phenomenon visible within a Finnish framework by analyzing the experiences and thoughts relating to chemsex of seventeen hiv positive interviewees.</p> <p>The participants of this study were recruited via the two Finnish hiv patient advocacy NGOs, <i>Hivpoint</i> and <i>Positiiviset</i>. The data was analyzed with the use of qualitative thematic analysis, and painted a picture of a phenomenon that many had not only experienced abroad, but also seen arriving in Finland. While some men also had personal experience of taking part in chemsex, and these are included in the analysis of chemsex as a whole, the focus of the interviews and the analysis was on the phenomenon and surrounding issues. Not only are the prevalence and settings in which chemsex occurs discussed, but also possible reasons behind using recreational drugs in a sexual setting, perceptions of harm and harm reduction, sexually sensitive drug treatment as well as other issues that arose during the interview process, such as sexual trauma and consent in relation to drug intoxication.</p> <p>The study presents a consensus regarding the presence of chemsex within the Finnish MSM scene, as well as linguistic patterns of constructing chemsex as a separate phenomenon from non-sexualized drug use, thereby creating borders between different types of substance users. The data also showed an awareness of the possibly negative sides of engaging in chemsex, and mirrored international research on the need for sensitive, sexologically competent drug treatments in order to reach chemsex users. Future research could benefit from targeting socio-sexual-cultural sensitivity in health care centres especially in countries such as Finland, where much responsibility is put on the third sector, such as NGOs, to provide good, tailored hiv related services to the MSM community</p>	
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AIDS	<i>acquired immunodeficiency syndrome</i>
ART	<i>antiretroviral therapy</i>
HIV	<i>human immunodeficiency virus</i>
MSM	<i>men who have sex with men</i>
PNP	<i>Party n' play; synonymous to chemsex</i>
STD	<i>sexually transmittable disease</i>

*Note: Unless directly quoting or naming strategies or documents, I have chosen not to capitalize the abbreviation 'hiv'. This is a decision I have made based on numerous discussions with hiv positive interviewees as well as professionals who work with hiv patient advocacy, where it has been expressed that a capitalized 'HIV' is considered problematic, stigmatizing and to some, even offensive.*

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# INTRODUCTION

*Human immunodeficiency virus (hiv)* is a chronic virus that targets the human immune system and more specifically, a type of white blood cells called T-helper cells or CD4 cells. Untreated, the virus can lead to such a significant weakening of the immune system that the infected person contracts opportunistic infections, e.g. pneumonia, tuberculosis, meningitis or fungal infections. This stage is called *aids (acquired immunodeficiency syndrome; Hivpoint 2020a)*. As such, regular medication and monitoring is vital for the survival and overall well being of the infected people. Since its discovery, huge medical steps have been taken to treat hiv infections and in the 2020s, research showed that infected people on a suitable antiretroviral therapy (ART) no longer are at risk for a shortened life span compared to hiv negative people (Marcus *et al.*, 2020). In addition, studies have shown that with good ART adherence, virus levels can be reduced to an undetectable level, which in turn means that the carrier of the virus cannot transmit it, a principle known in the community as U = U, undetectable = untransmittable (see Cohen *et al.*, 2011; Fleming *et al.*, 2016; Eshleman, Hudelson & Redd *et al.*, 2017; Rodger, Cambiano & Bruun *et al.*, 2019).

According to Bourne *et al.* (2014), *chemsex* refers to the usage of psychoactive chemicals in a sexual setting. They can be used before or during the sexual act and can aim e.g. at enhanced sexual pleasure or prolonging the act. Whereas there is research on drug use in the MSM community, such as club culture or the effect of stimulants (such as poppers, or alkyl nitrates) on sexuality (see e.g. Schmidt, 2016; Ma, 2016), chemsex is a relevant phenomenon on its own in this context. Chemsex facilitates unprotected sex with several partners in one session, which in turn makes it interesting in the context of hiv awareness and stigma. In addition, it is a fairly current issue seeing as IT technology constantly develops to give us new ways of connecting with each other - often anonymously. This provides easier and easier ways to find both psychoactive substances and new sexual partners (see e.g. Bourne, 2014). Further discussion on theory and previous studies on chemsex will be incorporated into results as it pertains to the phenomena found in the research material.

Åbo Akademi University's Minority Research Profile financed a research project entitled *Living with hiv in Finland 2015-2018* under the lead of visiting professor Rusi Jaspal (De Montfort University) and professor Peter Nynäs (ÅAU). The research project strived to investigate what living with hiv in Finland, as a low prevalence country is like via the semi-structured interviewing of hiv positive men who have sex with men (MSM). The interview transcripts were analyzed using qualitative thematic analysis. The purpose of this article is to utilize this material in producing a current, contextualized narrative of the MSM related phenomenon that is called chemsex. The framework for this article is a focus on experience, rather than medicalization.

## **The Finnish context**

Hiv prevalence is low in Finland, with below 200 new cases being diagnosed each year since the 90s. According to the Finnish Institute of Health and Welfare national statistics (as of 03.01.2021), 4 322 people have been registered as living with hiv in Finland, of whom 1 330 (31 %) were men infected through sex with other men (THL, 2021). The total number of registered deaths of hiv positive people in Finland by the end of year 2019 was 567, although this includes all deaths, not only those related to hiv/aids (THL, 2020). Despite a small epidemic, Finland reflects similar statistics as other Western countries, as men who have sex with men comprise a group that has since the arrival of the HI virus been disproportionately affected. Another disproportionately affected group consists of immigrants from countries with higher hiv prevalence (e.g. Tiittala *et al.*, 2018), which is not to say that the two groups cannot overlap. The Finnish national hiv prevalence statistics naturally also reflect this, as 41 % of prevalence is tied to non-native Finns over time and 60 % of prevalence is tied to non-native Finns in the year 2020 (THL, 2021).

In 2017, UNAIDS (the Joint United Nations Programme on hiv/aids) published a worldwide strategy called 90-90-90, where the target was that by 2020, 90 % of all people living with hiv would know their hiv status, 90 % of all diagnosed people would be on antiretroviral therapy (ART), and 90 % of people on ART would achieve viral suppression. However, Finland's HIV Strategy 2018–2020 (the most current to date)

shows that Finland has not quite reached the global target: the strategy especially calls for more extensive testing, as the share of infected people who are aware of their hiv status is estimated to be below the target at 77 %. The strategy also states that one cannot yet draw conclusions about the ART status in Finland, since there is no national hiv treatment register (Finland's HIV Strategy 2018–2020, p. 14). As with all specialized medical treatment in Finland, hiv care is free and accessible for all residents. Antiretroviral therapy is prescribed in close proximity with the diagnosis and the drugs are state subsidized via the Social Insurance Institution (Kela).

## Contextualizing Research

Finnish hiv research can broadly be divided into two types: clinical studies focusing on the medical aspects of hiv (such as physical health), which will not be further discussed here, and studies relating to attitudes and knowledge relating to hiv. Some examples are Korhonen *et al.* (2012), who studied university students' knowledge of and attitudes to hiv and aids; Suominen *et al.* (2010; 2017), who studied nurses' knowledge of and attitudes to hiv and aids as well as knowledge of hiv and other STDs among men who have sex with men in Finland; Välimäki *et al.* (2010) who also studied nurses' and nursing students' attitudes to hiv and aids; and Holmberg *et al.* (2019), who studied epidemiological aspects of hiv patients co-infected with tuberculosis. In general, these studies support the idea that Finnish hiv knowledge is fairly good, that Finns understand how the virus works and how it is transmitted, and that Finnish hiv stigma is fairly low, as per the attitudes of health care personnel and students alike.

It is worth noticing, however, that research on stigma and attitudes is largely targeted toward health care professionals rather than the general public. Given that research suggests that health care professionals' level of comfort in caring for hiv positive patients correlates directly with their amount of previous contact with said patient group (see e.g. Brachman Jr *et al.*, 1996; Alubo *et al.*, 2002) and that higher knowledge leads to a greater willingness to offer care, it can be argued that the amounts of Finnish hiv stigma cannot be generalized based on the aforementioned Finnish studies. In other

words, the low prevalence itself could be considered an additional risk factor as far as stigmatization goes.

The inclusion of stigma as part of analyzing experiences of chemsex seems inevitable to me, as hiv positive men who have chemsex with men carry with them a triple risk of stigma, where hiv is one, being a man who has sex with men is another and substance use is a third. There is a lack of empirical research into hiv stigma on a societal level, and limited research into self-stigmatization and experiences of stigmatization by hiv positive people in Finland. An exception to this is provided by Nobre, Kylvä, Kirsi & Pereira, whose 2016 study focused on the social networks of older adults living with hiv, as well as Nobre *et al.* (2018), who concluded that self-stigma is linked to a lower quality of life. While these provide good information on hiv stigma in general, there is no empirical research on first hand experience of living with hiv in Finland specifically as a man who has sex with men.

Thus, it is hard to draw any conclusions as far as how prevalent hiv stigma really is in Finnish society, as well as how it affects the lives of hiv positive men who have sex with men, which is a group that faces discrimination even without the addition of an hiv diagnosis (see e.g. European Union Agency for Fundamental Rights, 2020).

## **METHODS AND MATERIAL**

For this study a call for participants aimed at all hiv-positive men who have sex with men was circulated via the patient organization *Positiiviset* as well as the support NGO *Hivpoint*. Semi-structured interviews were conducted with 17 respondents, where all except one interview was individual. One interview featured a couple, who preferred to be interviewed together. There was an effort in the language used to reach men who have sex with men regardless of identity, but all 17 respondents identified as male and gay. Some variation toward bi- and pansexuality or queerness was mentioned, but the participants who mentioned variation described this as something not as relevant or current to them as their gay identity.

The participants all lived in Finland at the time of the interview, and all but one lived in the capital region, where one lived in another major city. Fifteen out of seventeen also self-identified as ethnically Finnish. One participant identified as Latin American and one participant as of mixed heritage. The participants' age variation was 36-72 ( $M=50.2$ ,  $SD=11.2$ ), and the time span for their living with hiv (i.e. approximated time between diagnosis and interview) varied between 1.5 and 26 years ( $M=14.4$ ,  $SD=9.1$ ). The participants were all in the stage of having achieved a good balance in their antiretroviral therapy and thus, viral suppression.

As Sandelowski (1996) notes, sample sizes in qualitative research tend to be rather small, since the analysis demands a case-based, in-depth perspective. Therefore, the sample size of 17 participants can be considered adequate, since the study relies on qualitative thematic analysis and aims for an understanding of the contextualized situation, not empirical generalisability (e.g. Lyons & Coyle, 2007). However, the sample size was to some extent limited by pragmatic considerations, such as participant response rate and there was no conclusion of saturation.

The semi-structured interview schedule revolved around themes such as self-identification and experiences of being hiv positive, disclosing hiv status, knowledge and understanding of hiv, sexual experiences in relation to hiv, chemsex, coping mechanisms and stigma. The interviews, 50-90 minutes long each, were conducted in Finnish or English par the participant's preference. One interview was conducted in Spanish. All interviews were audio recorded, transcribed verbatim and translated into English for the purpose of the thematic analysis following the nine principles of thematic analysis outlined by Jaspal (2020). As Braun & Clarke (2006) conclude, thematic analysis works for "identifying, analyzing, and reporting patterns [...] within data", and the method has previously been used in studies of homosexual men in relation to themes such as sexuality, identity and health (see e.g. Jaspal, 2018; Aguinaldo, 2012). Although a number of themes were included in the initial analysis, this article focuses on the themes of chemsex. The presented excerpts in the article were chosen for demonstration because they were considered by the author to represent and illustrate the issues and themes that came to rise from the research questions. All participants' real names were replaced by pseudonyms and minor details have purposefully been altered or excluded for the purpose of securing anonymity.

# RESULTS AND DISCUSSION

There is a long history of analyzing HIV and sexual health in the context of substance use (e.g. Weatherburn & Project SIGMA 1992), but focus has largely been on alcohol consumption before the early 2010s. In a Finnish context, Kari Huotari argued in their doctoral thesis (1999, p. 99) that the Finnish culture around alcohol consumption is different from other European countries, and thus, data provided by e.g. the SIGMA research cannot be applied to Finland and Finnish MSM. Similarly, David Stuart who self-professedly coined the term ‘chemsex’ emphasizes that “although [...] very commonly understood within gay communities, “chemsex” still has no universally agreed-upon academic definition” (Stuart 2019). In light of this, it is perfectly logical that in the interviews conducted as part of this study, all participants recognized the phenomenon that is chemsex, although everyone did not know it by that name, nor was there a consensus as to which substances count as ‘chems’.

## Substances and incidence

The interviewees described a variety of drugs being used for chemsex in Finland, such as GHB/GBL (‘gamma’, ‘G’), methamphetamine/amphetamine (‘Tina’, ‘crystal’, ‘speed’), MDMA (‘ecstasy’), marijuana, mephedrone, LSD and to a small extent cocaine. Some of the men also included poppers (alkyl nitrates) in the list, whereas others saw the use of poppers as separate from chemsex. According to Stuart (2019), ‘chems’ are the drugs that actually result in the sought-after highs (GHB/GBL, methamphetamine, mephedrone), whereas other substances (sildenafil, alcohol, ketamine, cocaine and poppers) are simply “casual additions” and thus termed ‘non-chems’. In the interview material, differentiating between what drugs are used is also a way to construct a line between something that is “part of the scene” and on the other hand, what is considered to be “drugs”, something that “junkies” do. This separation can be seen e.g. in Lennu describing alkyl nitrates as “children’s stuff”. Gabriel, however, sees popper addiction as part of the phenomenon. There seems to be a kind

of unspoken line between who is a chemsex practitioner and who is, as Joni describes later, a “junkie”.

*“I grew up in a very narrowminded time in Finland, in the 60s and 70s and I’ve fully developed my sexuality, so if I can blow my mind with somebody and get completely crazy when I have sex, I would like to do it. But I don’t know what I should take in that case. [...B]ecause poppers, that’s nothing, it’s children’s stuff.” (Lennu)*

*“I say that it’s a problem, it might be, with people who [...] have sexual overenergy. Sexually energetic and active. Because [chemsex] gives you these longer-, that you can have weekend-, it’s kind of like you going against your own nature. [...It’s] not an organic way to do it. [...I’ve] seen people who are addicted, for example, to the use of poppers, that they go totally addicted, that they can’t do sex without poppers, and they use them a lot. And it’s damaging. [...T]hey just go... There are no limits anymore. [...] Just using, using, using.” (Gabriel)*

*“Some of them had basically been taking part in these big sex parties, where one could for instance have been infected with something such as hepatitis. Well OK, obviously there was a big risk involved in going to parties like that, since there were also junkies present there. [...O]bviously for something such as chemsex, I would hope that it does not make its way here. Namely because there obviously are so many risks involved in practicing it. ” (Joni)*

Some time after the interviews for this study were carried out, the national *SeksiPertti* survey results for 2017 were published. *SeksiPertti* was a three-year-long campaign by NGOs Hivpoint and Positiiviset ry that charted MSM attitudes, knowledge and experiences of sexual health. In the 2017 survey (n = 1018 men), chemsex experiences were also surveyed for the first time. The following substances were reported to have been used in connection to having sex: alcohol (52 %), poppers (alkyl nitrates, 28 %), prescription medication for erectile dysfunction (such as sildenafil, 21 %), marijuana (8 %), ecstasy (5 %), GHB/GBL (3 %), amphetamine/methamphetamine (3 %), cocaine (2 %), chloroethane (2 %), benzodiazepines (1 %), ketamine (1 %) and nitrous oxide (1 %). One percent also mentioned “other”, which included other opioids,

psychedelics and stimulants. No one mentioned mephedrone, buprenorphine or MDPV (Saarinen *et al.*, 2017).

Chemsex use also seems to be linguistically constructed by the limitation of drug use for party settings only. The border between practicing chemsex and being, for instance, a drug user or addict was on one hand clearly drawn by some interviewees, where some of the other interviewees raised questions about chemsex from a more traditional drug use perspective and discussed addiction and addicts.

*“Taking drugs is (ironic voice) SUPER FUN, makes you feel good and then when combined with other things that are fun and makes you feel good, the combination is very addictive. [...It’s] scary. I wouldn’t recommend it to anyone, no matter how fun it could be. I often compare it to candy. If you give someone candy and it tastes good, the person wants candy again. And it’s like a natural thing, not like a sign of weakness or like genetically an addicted, addictive person.” (Sakari)*

*“I actually do have people within my own social circles who do use various drugs for partying and entertainment, and I really do not personally experience those people being any different because of that. I mean, they all have ordinary jobs just like the rest of us.” (Miika)*

*“It is a really cool feeling and it is also something which you easily get addicted to. My own use of those kinds of drugs and intoxicants is only limited to those kinds of parties, though. [...P]rovided that people taking part in it are able to control their use of those drugs, I would not see chemsex as something problematic.” (Esko)*

Several interviewees had first heard of chemsex abroad, but there was a general consensus that the phenomenon has indeed arrived in Finland already. The general picture painted by the interviewees was that chemsex is present but not very visible in Finland, and many of the men juxtaposed this to the situation in large German or UK cities.

*“I wouldn’t guess it to be very common, not in [...] large amounts at least. [...] Here in Finland, stuff like that really isn’t visible or prominent. I mean, certainly at some private parties one does come across chemsex, and I’m guessing that something such as the use of poppers could still be regarded as relatively common, but as far as proper drugs, not really.” (Joni)*

*“I think it’s very new and especially in Finland it’s quite new and not as bad as in Berlin.” (Sakari)*

*“It is already practiced here in Finland, although not on the same scale as for instance somewhere in Germany.” (Anton)*

*“People travel more, people use the internet more, people visit Finland, it’s just that Finland is getting more international. Anything that goes on around the world will come here.” (Santtu)*

Supported by Finnish surveys carried out by NGOs working with hiv as well as the uniform general consensus of the interviewees (n = 17), I argue it can safely be concluded that chemsex has arrived in Finland. The phenomenon might come across different in this national context compared to metropolises such as Berlin or London, in part because the scene is smaller in Finland, but also because Finnish attitudes toward drugs are fairly critical (Karjalainen, Pekkanen & Hakkarainen, 2020). As Joni says in the interview, *“[...] Here in Finland, stuff like that really isn’t visible or prominent”*. The aforementioned *SeksiPertti* survey also provided noteworthy theories on the origin of the Finnish practice of chemsex: 40 % of people who had used drugs in a sexual setting had previous experiences of chemsex from abroad. Saarinen *et al.* (2017) theorize that these practices were then imported and brought back to Finland when returning home. The survey also shows that drug use in a sexual setting is more common in men, who also engage in chemsex abroad, as well as drug use being more frequent abroad. This is visible in the interviews conducted in this project as well: interviewees describe experiencing, witnessing or being offered to partake in chemsex in large cities in e.g. the UK, Germany, Mexico, Switzerland, Spain and the Netherlands. This has also been seen by e.g. Korhonen (2018), who in a literature review determines that chemsex “appears to be culturally and socially determined appearing mostly around larger metropolitan areas with a sizable LGBT population”.

## Motivations behind chemsex

The reasons behind the chemsex phenomenon growing in Finland varied from analyzing gay history to human nature: both the men who advocated for and the men who opposed recreational drug use recognized a certain lure, the difference being that some men felt they had made a very conscious decision not to use stimulants. Taneli thinks online apps such as Grindr or GayRomeo make it easier for people to gain access to chemsex, both in terms of partners who want to engage in chemsex and the drugs themselves. He says *“You put on your Grindr [...] and you get contacted like “would you like to join group sex? We are horny... horny and high here, wanna join us?”. And so now the drugs are offered online, like “wanna join us?”. On the other hand, he also sees it as part of human nature, as he amusedly puts it: “Typically what they say is a man thinks with his cock and in many cases it’s true, like, on has the urge of having sex [...] and with drugs the intensity and also the duration of sexual pleasure is increased so much”*. Lennu described his curiosity as something stemming from his past life, where he had to pretend he was straight, and ponders whether chemsex could help *“find something like new extensions in oneself”*. Jani, who has never done chemsex and described himself as ‘anti-drug’, theorized that the drug helps with escapism in terms of self-stigmatization:

*“It helps against your own negative feelings toward yourself, and it also works to reduce [...] stigma.”(Jani)*

*“I would get rid of all the inhibitions I might have, because when you grew up in a suppressed society and I tried to be heterosexual and married to a woman, I may have some secret desires that I have pushed down, and [chemsex] is something that could release all those things in me. [...] don’t know what they take. I would try it. I would try it, probably. Just to see if I have anything that I haven’t discovered in myself.  
(Lennu)*

Several of the men saw chemsex as part of the “gay scene” and, like Benjamin, attributed it to a more general culture of “liberal sex” within the gay community.

Bourne *et al.* (2014) have argued that the use of certain substances are associated with gay venues (cafés, bars, pubs, clubs, saunas and the utilization of backrooms), and that MSM who engage in chemsex are more frequent users of these venues than MSM who do not, which might be a way to attempt to explain how ‘gay culture’ is related to chemsex.

*“This whole culture of liberal sex just basically is much more prevalent within gay communities in comparison with, you know, heterosexual communities, and also, since there has obviously been plenty of sex parties in the past between gay people, then I suppose that the general threshold for experimenting with drugs in those types of contexts just comes a bit more naturally as well.” (Benjamin)*

Interviewees described a desire to increase sexual pleasure, as taking part in something that belongs to the gay party culture or simply an interest in trying new experiences. Some men, such as Samu, conclude that although he feels that chemsex is a group phenomenon connected with the gay community, he does not feel like there is any group pressure to try chemsex within the scene.

*“It’s a tricky question. Because I have tried it, myself, too. And it really makes your senses more [...] present, sometimes very horny. But of course it has effects on your health and so on, so it’s not just a good thing. [...] don’t know if I have any specific opinion about it. [...] Curiosity, I think [was the reason for trying] for me, I don’t know what it is for others. [...] You can’t say group pressure, but when people who are used to [using] and having sex are quite involved in this scene, it affects-, it gets you into trying things. [...] I think the sex in connection is more intense. And that’s the main reason it really attracts.” (Samu)*

Taneli and Esko, who occasionally engage in chemsex describes their own experiences:

*“Hedonism! Hedonism, and also because the sexual drive among men who have sex with men is very powerful. [...] With drugs, the intensity and also the duration of the sexual pleasure is increased so much that that’s a reason why people do it.” (Taneli)*

*“I have witnessed sex to have felt heavenly and it actually takes you to different kinds of dimensions, almost like some kind of space trips, so to speak. [...]n the whole, experimenting with different kinds of drugs and intoxicants is quite common at parties, and it’s also something which people are prepared to discuss quite openly.” (Esko)*

Anton, who also tried chemsex some times, describes having tried it out of curiosity, but then finding it was not for him in the long run:

*“For me personally it was just a matter of trying it out, namely since I wanted to know what it was all about. Since then I have also come to realize that this whole gateway theory of mine is not actually valid. [...]o you know, basically I just really wanted to know what it was like. I would say the first two times or so were pleasant, but after that [...]t wasn’t really working out for me anymore. I think that when it comes to chemsex, it’s this kind of system which works so well for some people that they start longing for it continuously, whereas for others, it just doesn’t work in the long run really. I feel like I’m personally past that whole phase.” (Anton)*

## **Sexual consent and STD transmission in relation to chemsex**

Some of the interviewees also described negative experiences relating to chemsex, whether relating to personal use, sexual contacts using or having witnessed others use. Especially issues pertaining to addiction and consent were raised. Sexual health in terms of the transmission of diseases was not as common a worry as anticipated, although when prompted to express their thoughts on STDs, many interviewees did express that they believed STD spreading to be connected with chemsex. Lukas describes the issue of consent in an experience of his with a sexual partner who engaged in chemsex:

*“He started asking me how I felt about urinating on one another while having sex, to which I replied that something like that wasn’t really my thing. [...]W]e started having*

*sex together and soon enough I realized that I felt something strange [...a]nd sure enough, he was actually urinating into my buttole during the act. I was like, fuck, that felt really bad. [...T]his person started to frighten me a lot as well, and I'm guessing that his own behaviour in that context was also somehow related to drug use, namely since it seemed to me that he either wasn't able to remember me having denied that stuff about peeing during sex, or then he simply didn't care enough.[...W]hat I've learned from my previous experiences with encounters like that [with chemsex practicing partners] is that I will always have to check the availability of escape routes beforehand.” (Lukas)*

Taneli also has some consent issues to raise:

*“I know sad stories that... some idiots put too much G [gamma hydroxybutyrate] into someone's drink in order to make the other pass out, and technically it's a rape. So they can do whatever they want to the guy. Or I have also heard stories from Berlin that they put, for instance, tina [metamphetamine] in the arse of the other guy without him noticing, so he will be even hornier for days without being able to sleep nor feeling any appetite. It just crushes the body mentally and physically.” (Taneli)*

The experiences that Taneli and Lukas described regarding the issue of consent in connection to chemsex are unfortunately not unheard of: issues of consent relating to the use of chemsex has been described e.g. by Bourne *et al* (2015a, 2015b) in studies done in the UK. In a German setting, Bohn *et al.* (2020) describe how 47.2 % (n = 233) of study participants engaging in chemsex report having experienced sexual partners not respecting their (sexual) boundaries, which differed significantly the non-chemsex group (n = 133; 26.8 %). In the same study, 17.7 % of the chemsex group (n = 234) reported having had drugs administered to them without consent by a sexual partner.

When asked directly for thoughts about how chemsex might affect, if at all, sexual health in terms of sexually transmittable diseases, some men described risks that are involved in party settings, which are a vital part of the chemsex phenomenon, even if not necessarily related to the drug use itself.

*“In my own view, chemsex does increase the risks to potentially get infected with STDs and could also lead to some mental issues” (Ismo)*

*“At parties, people generally do not care much for using protection while having sex. [...]hat that actually results in is that those people who already are hiv positive [and are on medication] actually more safe partners in comparison with those who don't have it. And obviously there are other kinds of STDs which might spread as well” (Esko)*

*“When one is under the influence of drugs and other substances, then it could also lead to people not taking into account all those possible risk factors while practicing sex, and that in turn is what leads to transmitting sexually transmittable diseases in the process.” (Miika)*

Ismo described how chemsex might be linked to STD transmission, which is supported by research: Saarinen *et al.* (2017) based on the *SeksiPertti* survey shows that chemsex is connected to sexual risk taking behaviour, unprotected sex and a larger amount of STD contractions than average. On the other hand, people engaging in chemsex also got tested for STDs more frequently, which in turn is a form of safer sex strategy in itself (according to e.g. Hivpoint 2020b). Bourne *et al.* (2015a, 2015b) found that MSM participants in their study felt that engaging in chemsex had led them to take sexual risks and was directly implicated in terms of them having contracted hiv: whereas the research didn't support the idea of a direct correlation or causation between chemsex and contracting hiv, it does show that chemsex seems to indeed lead some men to taking sexual risks.

Similar support for this can be seen e.g. in Degenhardt *et al.* (2010) and Rawstorne *et al.* (2007). There is also a fair amount of research on chemsex and sexual practice: the systematic literature review by Maxwell, Shahmanesh & Gafos (2019) found seventeen studies that identified a connection between condomless anal intercourse and chemsex, as well as five studies that identified a connection between chemsex and specific, high-risk sexual acts such as fisting. Considering chemsex from a more clinical perspective it is worth noting that sexual activity over long periods of time can result in trauma in the form of abrasions or wounds in the rectal mucous membrane,

which in turn significantly increases the risk of STDs being transmitted (Giorgetti *et al.*, 2017). Bigger insertions (e.g. in the form of fisting), prolonged friction and multiple partners also increase the risk. The Maxwell *et al.* (2019) study also identified eleven studies that concluded hiv positive MSM are more likely to engage in chemsex than hiv negative MSM.

This project also saw the importance of recognizing higher-risk sexual practices, such as fisting. Santtu was in chemotherapy for Kaposi's sarcoma which led to him losing feeling in his hands, legs and genitalia. He describes having to find new ways to have sex in order to reconnect with his sexuality and sense of sexual self:

*"I met someone who introduced me to fisting, and well, this was the way to kind of re-find my way of getting pleasure. [...]his was kind of a reinvention of my sexuality in a way I had never thought of. Earlier I found the idea of fisting completely disgusting and, well, it turned out to be the way to have orgasms."* (Santtu)

Santtu also experienced that his sexuality as an hiv positive gay man wasn't taken seriously in Finnish health care and sought treatment abroad, where he received hormonal treatments and a prescription for sildenafil, to treat erectile dysfunction. He describes his experiences with finding sexual partners in Finland as troubling:

*"People in Finland think that if the person doesn't tell me he is hiv positive, then it's fine, then we can bareback. And this is a really troubling thought for me, which destroyed my sex life completely in Finland. So I don't have sex with Finnish people. I have sex with foreigners. [...]Either abroad or with foreigners visiting Finland. [...]Because in Finland I always have the idea that I have to either educate people, I have to tell them what is safe and what is unsafe, or I have to make the decision what to do. And I don't want to. I just want to have fun and not start educating."* (Santtu)

So called 'serosorting' and 'seroconcordance', i.e. seeking out sexual partners that have the same hiv status as oneself, is a technique that some MSM use. Although not discussed in a chemsex framework specifically, this was a theme that came up with many of the interviewees. Samu describes how he's mainly *"tried to find another hiv positive person to have sex, so that [he] wouldn't have to explain anything"*, and

Benjamin says “*The Finnish law being what it is I still personally have a hard time informing my partner that I am hiv positive, and for the most part I have chosen to be in contact with other hiv positive people.*”. There is research that report that hiv positive MSM are more likely to serosort and seek out other hiv positive men for condomless anal sex (see e.g. Bourne *et al.* 2015a, Gilbert *et al.* 2015, Melendez-Torres *et al.* 2016, Rich *et al.* 2016), but none from a Finnish perspective. Melendez-Torres *et al.* (2017) saw that unprotected anal intercourse was less likely to happen with partners of negative or unknown hiv status. Maxwell *et al.* (2019) concludes hiv status is a potentially important factor in determining whether or not MSM who engage in chemsex use condoms. Naturally, serosorting does not solve the issue with men who are unaware of being hiv positive, thus un-medicated and therefore highly infectious, nor the issue of other STDs spreading. This is an interesting topic that could benefit from more research.

## **Mental health and chemsex**

As several of the men discuss the border between chemsex and “regular” drug use, it can be worth noting that in Bourne *et al.* (2015b), every sixth interviewee attributed mental health issues such as depression, anxiety and even psychosis to their having engaged in chemsex. Chemsex was characterized as paradoxical in relation to relationship ideals, where the ideal is more of a normative, more monogamous devoted relationship, whereas chemsex practice often features speedy changes in partners, with less emotional intimacy. Every second interviewee in the Bourne *et al.* (2015b) study experienced that chemsex affected their ability to work in the form of absent days or weaker performance at work. A recent Irish study (Glynn *et al.* 2018) saw one fourth of the MSM respondents reporting that chemsex had affected their lives negatively.

Among the interviewees in this project, some men described the process of decreasing or quitting chemsex altogether and looking for alternatives that could bring stronger sexual pleasure without substances. Taneli describes his experience as someone who

engages in occasional chemsex, but is trying to “heal” from it: *“There are people who have control of chemsex, but then there are also those for whom it can become an addiction and for those who think they don’t have a problem with it, but it has become a problem. [...] saw how much pleasure it gives them and what the cost of that pleasure could be in the long run, so. This is also a part of my healing process, coming back to tantra and yoga. I have found these, my ways to decrease and also stop my use of chemsex. [...] through tantra I’m able to focus, [...] so it’s like me controlling the sexual energy and not vice versa.”* (Taneli)

Joni and Gabriel, too, see tantric sex as an alternative choice:

*“If we speak about tantric sex for example, really going inside yourself and what your true sexuality needs in that time. When you use the chemicals, it can go a different way. I mean, it can add up to more than you are”* (Gabriel)

In addition to finding alternate ways of “controlling the sexual energy”, like Taneli says, one strategy seems to be choosing your community differently. Joni belongs to a club in Berlin, where one of the membership conditions are that one is not allowed to use drugs. Taneli describes his looking for communities by concluding he’s *“actively going to different events and meeting new people, because [he] feel[s] like it will be easy for [him] to get rid of the chemsex scene if [he] get[s] a new group of friends. Because [his] current friends, the closest friends, are still doing chemsex”*. He also feels like he wants to *“help other gay guys who are practicing chemsex to find other alternatives”*.

While there are no mentions of the use of tantra to encourage sober sex in academic literature, it is widely recognized that treatment must be highly specific to the situation - treating chemsex practicing MSM is not the same as treating drug addicts outside the context. Bourne *et al.* (2014) describe how both users and staff in the UK context feel that regular, conventional health care services for drug users are not well equipped to tackle sexual issues. Bourne *et al.* (2014) also describe how chemsex users usually would control their usage by setting up personal limits regarding e.g. how much money or time they spent on chemsex, or limiting use only to certain substances. While some go into the chemsex scene conscious of these, others would have traumatic events that

caused them to set boundaries, such as after overdosing or being sexually abused during a chemsex scenario. These themes are completely lacking in this material, which might be partially because the semi-structured interview schedule wasn't prepared for deep-diving into this theme, but also because the phenomenon in Finland is still very marginal compared to e.g. London or Berlin. None of the interviewees had sought treatment for their drug use, to the best of my knowledge.

Some men, such as Anton and Ismo, tried chemsex but feel like substance use has nothing to give them anymore. Sakari does not feel like chemsex could be an issue for him personally, as he keeps away from "the gay community", which he associates with doing drugs:

*"I don't go to gay bars much and I don't have many gay friends. So it's hard for me to say what the situation [with chemsex] is like. [...] don't know about the gay community because I date people mostly outside the gay community. I feel attracted to those outsiders of the gay community much more than people I consider being part of the gay community, which from my perspective means gay bars, clubbing, doing drugs, and, and ... listening to house music [laughs]. I don't know, but the gay community is a weird concept anyway"* (Sakari)

Some men also discussed that they think it is a matter of knowledge, and that NGOs and Pride events should talk more about chemsex in a realistic, yet sensitive way. Jani explains his thoughts:

*"Each and every one is able to decide for themselves whether they choose to engage in it, but I'm personally just hoping that, you know, people would start to enlighten and inform others about chemsex and its risks more in the future."* (Jani)

In Finland, this was mirrored in the NGO Positiiviset ry driven Chemsex project (2019-2020), which has been described previously in this article. The project started soon after the *Living with hiv in Finland* interviews were finished, and featured Pride events and peer-based education, quite like Jani had hoped.

# CONCLUSION

*"I'm happy I'm here to enjoy myself. A lot of my friends aren't so... I lost so many close friends. To hiv. (Lennu)*

The purpose of this study was to produce a current and contextualized narrative of what chemsex looks like as a phenomenon from a pronounced Finnish standpoint. While the results of this study are in no way generalizable to the entire Finnish hiv positive MSM population, the narrative produced by the interviewees suggest that the phenomenon that is chemsex is both current and relevant to Finnish men who have sex with men. The interviewees presented a rather rich and complex understanding of what the phenomenon consists of, and they recognized a plethora of motivations behind engaging in chemsex while still also maintaining the ability to problematize chemsex for the risks substance use contains. Some discussed the role of digitalization and online dating, others saw a sort of escapist lure in substance use to battle self-stigmatization, others yet concluded hedonism and the search for sexual pleasure are just a part of human nature.

In the interviews that were conducted within the span of five years, the men produce a narrative of chemsex as something that is either quickly arriving in Finland or something that has already existed for a while, even if it is restricted to a more private scene in Finland than something that would be engaged in publicly or semi-publicly. The growing incidence as well as information on the substances used is mirrored in the most current literature (see Saarinen *et al.* 2017). While these interviews were all carried out before the corona pandemic hit Europe, a chemsex project was started by the patient organization Positiivit ry in 2019 that continued throughout 2020. It would be of great interest to know how the chemsex phenomenon morphs and develops in these changing times, and what Finnish chemsex looks like in a hopefully corona-free future.

The interviews also raise questions of how well professionals are able to provide timely and adequate support forms to people who are diagnosed with hiv. On one hand, we are entering the fifth decade of hiv, but on the other hand, the phenomenon of

chemsex is still fairly new, especially in a Finnish context. Similarly, questions of hiv awareness and sexual health could be improved in the MSM demographic in general. As this research group has argued before (Jaspal, Eriksson & Nynäs, 2021), it would be beneficial in general to promote greater awareness, understanding and visibility of hiv in Finland and in other low-prevalence countries. The fact that the Finnish MSM scene has not quite developed a similar chemsex culture as many European metropolises have, as both interviewees and Saarinen *et al.* (2017) have pointed out, means that there is indeed time to get supportive structures in place.

The issues of STD transmission are, as previously shown, relevant to the question of chemsex, which the interviewees also showed an understanding for. STD transmission is connected to chemsex via sexual risk-taking behaviour and unprotected sex. What surprised me was the issues directly relating to consent and sexual violations that some of the interviewees – while none of the interviewees contextualized their experiences as rape, the narratives showed violent crossings of sexual boundaries. This, too, is unfortunately seen in research e.g. from a German context (see Bohn *et al.* 2020). Aside from physical health, the Finnish MSM interviewees also considered it important to find other alternatives for people wanting to cut down or quit chemsex because of mental health reasons. Chemsex was seen as something that gives pleasure but could have a high cost “in the long run”, as Taneli says, and so the interviewees describe different alternatives such as tantric sex or belonging to a (MSM) club the membership conditions of which state that substance use is not allowed.

New questions are being raised in connection to chemsex: as Abdulrahim *et al.* (2016) highlight, “in order to be effective, efficient, acceptable and equitable, any intervention must take into consideration the specific socio-cultural circumstances of the individual”. Chemsex among MSM seems to feature a myriad of reasons and specific competence that takes into consideration the socio-cultural aspects of being a hiv positive man who has sex with men must be ensured within health care. Chemsex features equal parts ‘chems’ and sex, and questions relating to sexual health must be included when providing care in a drug use induced setting. Hegazi *et al.* (2016) suggest that sexual risk taking increases with the practice of chemsex, e.g. in the form of larger amounts of sexual contacts, group sex, commercial sex, unprotected sex, fisting and sharing toys, larger consumption of alcohol and intravenous drug use.

Combined with the fact that chemsex practicing MSM have been found to be suspicious toward health care and drug treatment personnel's knowledge of gay culture and chemsex (Bourne *et al.* 2015b), it is a valid hypothesis that Hegazi *et al.* (2016) present: chemsex practicing MSM are probably easier to reach via sexual health services than drug treatment centres. Therefore, treatment and support measures must come with a sexological competence that does not undermine the significance of the social-sexual-cultural aspects of drug use in chemsex settings. It is notable that issues such as controlling one's substance usage were barely mentioned in this study, partially probably because the semi-structured interview schedule did not specifically ask for details on chemsex use. This is something that could benefit greatly from more extensive, focused research in the future.

Bourne *et al.* (2015b) also found that clients wish they had access to non-judgemental support and discussion in regards to chemsex, as well as information about safer use in a harm-reduction focused model. One example of this is the UK based service provider 56 Dean Street (n.d.), which is a clinic focused on LGBTIQ+ health care needs, especially hiv related. The clinic offers rapid testing, sexual counselling and psychosexual support for chemsex users, where the client can choose whether they want help to focus on minimizing risks, cutting down on use or quitting altogether.

The Finnish chemsex project was a step forward, but with the arrival of the pandemic, public STEA funding was cut from e.g. Hivpoint (Hivpoint 2021), which had to close some of its offices in 2021. It seems unlikely that Finnish chemsex users in need of support would be able to find tailored services available anytime soon. In terms of future research, Bourne *et al.* (2015b) pose an important question: How does substance usage and chemsex affect the comprehensive health of gay people and the gay community? This is echoed in Saarinen *et al.* (2017), who see this as one of the big research questions in the Finnish gay community in the near future, and I wholeheartedly concur.

# SWEDISH SUMMARY

Hiv är ett kroniskt virus som anfaller människans immunsystem och mer specifikt en vit blodcellstyp som kallas T-hjälparceller eller CD4-celler. Viruset smittar bl.a. via sexuell kontakt. Utan läkemedelsbehandling kan viruset leda till syndromet aids, där det försvagade immunsystemet inte klarar av att kämpa emot opportunistiska infektioner så som pneumoni, tuberkulos, hjärnhinneinflammation eller svampinfektioner. Dessa leder eventuellt till döden. Genom modern medicin kan hi-viruset bromsas så effektivt att den smittade kan leva ett normalt liv. Viruset associeras fortfarande starkt med homosexuella män, eftersom hi-virusets incidens i denna befolkningsgrupp ända sedan viruset hittades har varit oproportionellt hög.

Chemsex är ett fenomen som också associeras med män som har sex med män. Det hänvisar till användningen av psykoaktiva droger i ett sexuellt sammanhang och förknippas ofta med klubbkultur eller andra sexuella grupsammanhang. Psykoaktiva ämnen används för att förlänga den sexuella akten och njutningen, och innebär även att personen som tagit drogen kan ha sex med flera personer eller under längre tid, vilket i sin tur innebär att det finns högre risk för sexuellt överförbara sjukdomar.

Som en del av Åbo Akademis Minoritetsforskningsprofilens forskningsprojekt Living with hiv in Finland (Att leva med hiv i Finland) gjordes en kvalitativ intervjustudie med målet att kartlägga tankar och upplevelser hos finska hiv-positiva män som har sex med män (MSM) i Finland. Ett viktigt tema i intervjuupplägget var chemsex. Denna artikel strävar till att synliggöra chemsex-fenomenet ur en uttalat finsk ståndpunkt genom att analysera tankar och upplevelser kring chemsex hos sjutton hiv-positiva finska män som har sex med män. Deltagarna rekryterades via två organisationer som arbetar med hiv i Finland, Hivpoint och De Positiva rf. Alla intervjuades individuellt med hjälp av ett halvstrukturerat intervjuschema förutom ett par, som intervjuades tillsammans. Alla förutom en bodde i huvudstadsregionen, och åldersvariationen var mellan 36 och 72 år, medan tiden de hade levt med en hiv-diagnos varierade mellan 1,5 till 26 år. Alla intervjuade hade uppnått en god vårdbalans i sin antiretrovirala läkemedelsbehandling och var därmed i ett skede där de inte själva kunde smitta andra med hiv.

Intervjufrågorna fokuserade på självidentifikation och upplevelser kring att vara hiv-positiv, att berätta för andra om sin hiv-status, förståelse för sjukdomen, sexuella upplevelser i samband med hiv-smittan, chemsex, överlevnadsmekanismer vid eventuell psykisk kris samt stigma. Intervjuerna bandades in och transkriberades, samt översattes till engelska i de fall där intervjun gjorts på ett annat språk. All data analyserades med hjälp av kvalitativ temaanalys. Trots att intervjufrågorna behandlade ett flertal frågor som rörde livet som hiv-positiv man som har sex med män fokuserar denna avhandling endast på delarna som rörde chemsex.

Problemformuleringen baserade sig på att det inom ett finskt sammanhang inte funnits särskilt mycket forskning kring chemsex. I allmänhet finns det väldigt lite forskning i hur finska hiv-positiva män som har sex med män mår, speciellt om de utövar chemsex, då de kan sägas bära på en trippelstigma i form av att de tillhör en sexuell minoritet, är hiv-positiva och använder psykoaktiva rusmedel. Frågeställningarna var att söka svar på varför MSM-män utövar chemsex, hur de upplever fenomenet i Finland, vilka problem de själva stött på i samband med chemsex och å andra sidan vilka positiva sidor de själva ser i fenomenet. Det finns en lång historia i forskning kring hiv och sexuell hälsa hos män som har sex med män, till och med sådan som handlar om rusmedelsanvändning, men fenomenet som kallas chemsex handlar inte om vilken rusmedelsanvändning som helst utan specifikt i grupp- eller festsammanhang. Chemsex är inte bara sex, utan utgör en underkultur.

Intervjuerna målade upp en bild av ett påbörjande fenomen som många hade upplevt utomlands, sett ankomsten av till Finland och även till viss del tagit del av själva. Deltagarna var överens om att chemsex har kommit till Finland, och det fanns även vissa lingvistiska faktorer närvarande med vilka de skilde åt chemsex som fenomen från annan, icke-sexualiserad droganvändning och på så sätt skapade gränser mellan olika sorts droganvändare. I materialet fanns det även synligt en medvetenhet om de möjligtvis negativa sidorna associerade med chemsex, vilket även speglade internationell forskning om behovet för sensitiva, sexologiskt kompetenta behandlingsformer för droganvändare för att kunna nå chemsex-utövare. Narrativet var å ena sidan ett där chemsex sågs som något som talar till människans inneboende behov av att söka njutning och sexuella kontakter, medan det å andra sidan fanns en

god förståelse för eventuella risker. En av riskerna handlade om sexuellt samtycke, där det fanns upplevelser av att droganvändningen kunde bidra till att sexuella gränser överskreds i form av sexuellt våld eller våldtäkt. En annan risk var förekomsten och spridningen av sexuellt överförbara sjukdomar genom att drogerna möjliggör längre sexuella akter med flera deltagare. Även psykisk ohälsa var en del av problemet och deltagarna beskrev jakten på alternativ som kunde ersätta chemsex-utövandet, till exempel i form av tantralsex eller att delta i sexuella gemenskaper så som klubbar som förbjuder användningen av rusmedel.

I Finland fanns ett chemsex-projekt under åren 2019-2020 som leddes av patientorganisationen De Positiva rf. Emedan intervjuerna gjordes innan detta projekt som kan ha bidragit till att öppna upp diskussionsklimatet kring rusmedelsanvändning i Finland hos MSM-befolkningsgruppen finns det ännu ett stort behov för resurser för chemsex-utövare. Framtida forskning skulle dra nytta av att fokusera på socio-sexual-kulturell sensitivitet inom sjuk- och hälsovården speciellt i länder såsom Finland, där ett stort ansvar sätts på tredje sektorn såsom föreningar att erbjuda goda, riktade hiv-relaterade tjänster till MSM-demografen.

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