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

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RESEARCH ARTICLE

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Understanding how gay men construct ‘good’ chemsex participation using critical discursive psychology

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ABSTRACT

Research to date has focused on the potential issues arising from chemsex and often seeks to uncover what is ‘wrong’ with those who are motivated to engage in chemsex. *Critical* chemsex studies reaches beyond this harm-orientated focus and instead adopts a social justice approach that recognises chemsex participants as legitimate sexual citizens. The present study – comprising eight interviews with gay men living in Ireland – is situated within this critical research praxis. Using a critical discursive psychology framework, our analysis demonstrates how participants draw on various interpretative repertoires to discursively negotiate chemsex identities in a bid to position themselves in a culturally intelligible manner. Participants deployed three key repertoires, centred around (i) harm, (ii) essentialism, and (iii) ethics. These repertoires are deployed in an interweaving manner to ultimately construct a dynamic, hierarchal continuum of chemsex participants – from flourishing, to flailing. Our analysis demonstrates how chemsex participants construct ‘other’ chemsex users as ‘flailing’ towards the bottom of the continuum by mobilising repertoires that draw upon prevailing moralistic notions of ‘good’ sexual citizenship. We argue that the mainstream construction of chemsex as inevitably harmful is restrictive and produces a deficit understanding of chemsex participants, and discuss the possibilities for discursively reimagining chemsex participation.

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The meaning of a ‘healthy sex life’ is shaped by medicalised, healthism discourses, which imply that health is a personal responsibility, and that there is a moral obligation to be healthy, and make ‘good’ choices. These discourses constrict the ways we can make sense of our sexual selves (Riley et al., 2019). Within mainstream discourse, the inebriated body is considered unable, in legal terms, to have consensual (read: ‘good’, ‘healthy’) sex (Drouin et al., 2018; Herbenick et al., 2019). For this reason, the use of drugs to enhance the experience of sex has been a matter of increasing public health concern in recent decades, with terms like ‘sexualised drug use’ and ‘pharmacosex’ being developed to conceptualise this phenomenon in different ways and in relation to various communities (Moyle et al., 2020).

Within this broad context, a specific practice involving drugs and sex, known as ‘chemsex’, has developed within gay communities internationally. Chemsex has most often been constructed as a set of sexual practices involving the use of specific drugs (i.e. gammahydroxybutyrate (GHB), mephedrone and methamphetamines) by gay or bi men when having sex, often in private and collective contexts and organised via hook-up apps (see Stuart, 2019 for

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the history and definition of the term that we draw on). This practice has developed against the context of cultural attitudes towards sex and drug use that are derived from heteronormative, neoliberal, and religious discourses that devalue the enjoyment of sex between men (Mowlabocus, 2021).

Chemsex therefore exists outside of the charmed circle of 'good' sex – practices that are considered normative, acceptable, and socially sanctioned – as it transgresses norms related to health, monogamy, class, and heteronormativity (Dean, 2015; Rubin, 1984). As a result, it is demonised and subject to psychologising and medicalising discourses centred around normalisation. The dysfunctional (chem)sexed body is 'high' and must therefore come down to a 'normal' sober state in order to be understood as legitimate. In this study, we examine how men who engage in chemsex draw upon these and other discourses to construct themselves as responsible, self-governing sexual citizens, within public health discourses centred around traditional harm reduction approaches to drug use.

Contextualising chemsex within the broader research landscape

Although scholarship has traditionally focused on chemsex as a practice that is restricted to men who have sex with men, recent research broadens the scope of chemsex to other demographics (e.g. Pienaar et al., 2020; Pires et al., 2022). Nevertheless, drug use has historically been a part of gay culture and sex lives, and a part to which the health sciences have paid special attention. The specific practices that came to be known as chemsex emerged in London's gay community during the 2000s, although, the late David Stuart is often credited with popularising the terms chems and chemsex within academic and public health networks. These terms describe sexual and drug use practices that emerged from distinct shifts in (i) the types of drugs (i.e. from the likes of ecstasy, cocaine and poppers to meth, mephedrone and GHB) that were being used in certain sexual encounters between men, (ii) the kinds of settings these sexual encounters were happening (i.e. from clubs to private homes, hotels and saunas), and (iii) the kinds of technologies that were emerging to afford these changes (i.e. hook-up apps and websites; Stuart, 2019).

These changes came to the attention of health researchers and practitioners towards the beginning of the last decade, which led to chemsex becoming the focus of a body of research rooted in the biomedical model of sexual health (Dean, 2015; Souleymanov et al., 2019). This research has mostly focused on quantitative investigations of the associations between chemsex and HIV and STI transmission or between chemsex and mental health (Maxwell et al., 2019; Tomkins et al., 2019) or qualitative studies that emphasise psychological motivations for chemsex that, while influenced by different theories from psychology (e.g. social identity theory, minority stress theory, the loneliness and sexual risk model, the risk environments model), position it as a maladaptive coping mechanism by vulnerable men (Jaspal, 2021; Pollard et al., 2018). As noted by Møller and colleagues (Møller, 2020, p. 14) 'chemsex research mostly approaches the phenomenon from the perspective of health, focusing on "problematic" aspects that tend to overstate risks and obscure the complicated role that drugs play in people's lives'.

Our research is situated within critical health and social psychology. Critical scholarship has challenged the dominant biomedical and psychological exploration of chemsex in various ways (Møller & Hakim, 2021). For example, scholarship attending to the experience of sexual pleasure and liberation within chemsex has highlighted that support services within which these experiences are unintelligible – or where 'alarmist' responses to chemsex are common – are likely to be avoided (Bourne, Reid, Hickson, Torres-Rueda, Steinberg, et al., 2015; Gaudette et al., 2022; Weatherburn et al., 2017). Similarly, scholarship recognising the role of community-building and intimacy in chemsex, and their association with cultural responses to advances in HIV prevention, demonstrates that the biomedical construction of risk may not be useful for understanding the health and wellbeing implications of chemsex (Bourne, Reid, Hickson, Torres-Rueda, & Weatherburn, 2015; Deimel et al., 2016; Florêncio, 2021; Souleymanov et al., 2019).

To summarise, in contrast to traditional medical models, critical chemsex research is informed by 'feminist and queer theories of sexuality that consider the generative, unruly aspects of sexuality as they transcend and disturb otherwise stabilized relationships between affect, power and identity' (Møller & Hakim, 2021, p. 5). This shift in theorising challenges the taken-for-granted assumption that chemsex is inevitably harmful and creates space to reimagine the health implications of chemsex. For example, it fosters examination of the ways in which chemsex may increase wellbeing by creating opportunities for enhanced intimacy, pleasure and sexual expression and providing a network of sex positive partners (Stanton et al., 2022). Work that broadens perspectives on chemsex is crucial as the way chemsex is understood and constructed will come to bear on public health responses. The implementation of strategies grounded in a research base that focuses on risk and harm – 'harm reduction strategies' – implicitly position chemsex as inherently harmful (Bryant et al., 2018; Stuart, 2019). While behavioural interventions at the individual level play a prominent role in conventional harm reduction strategies, the success of these strategies is contingent on a broader discursive landscape, shaped by political ideologies (e.g. 'war on drugs' mentality) and the normalising pressures of civil society (Baum & Fisher, 2014).

Indeed, critical health scholars have highlighted the limitations of the traditional harm reduction approach to drug use (e.g. Souleymanov & Allman, 2016), which can be situated within a neoliberal understanding of individual rationality and autonomy:

... which works on the logic that if people are given information they will then act on it in a rational manner. There are, however, fundamental challenges to this conceptualisation of subjectivity. The challenge to autonomy is that people are located in a range of interpersonal relationships and socioeconomic contexts that structure their thoughts and actions ... Neoliberal health promotion thus employs an over simplistic model of human subjectivity. (Riley et al., 2019, p. 59/60)

That is to say, the individualising discourse associated with chemsex participation does not account for the material and social circumstances that come to bear on the ways social actors enact agency when negotiating chemsex practices. Harm reduction strategies that overemphasise individual-level behavioural 'choice' prioritises the belief that, with sufficient information and support, individuals will consistently make 'wise and healthy decisions' (Crossley, 2002). This perspective assumes that health is the foremost priority and overlooks the intricate relationship between people's motivation and their social surroundings. In reality, individuals may logically recognise specific behaviours as 'harmful' for them but still crave and participate in them for a multitude of socially influenced reasons, not least of which is pleasure (Bell, 2013; Jauffret-Roustide, 2023; Moore, 2008). As Hakim and Race (2020) succinctly put it 'neoliberal models of the subject, agency and responsibility encourage a turning away from the contingencies of such events' (p. 7).

In recognition of this critique, we follow the move in critical research to consider the wider discursive landscape, and locate chemsex participants' accounts within their socio-political context, with its attendant power relations (Mowlabocus, 2021). Doing so recognises that participants in the present study, described in the following section, may be drawing on discourses from public health research that 'delimit the range of available interpretive repertoires and may constrain the possible self-hoods that can be assumed by individuals who use drugs' (S. Schroeder et al., 2022, p. 2).

The present study

Grounded in social constructionist thinking and critical chemsex scholarship, we use Critical Discursive Psychology (CDP) as a theoretical and methodological framework for examining the construction of chemsex participation. We draw on interview data with eight men who have sex with men to explore their participation in chemsex. Our findings show that – to discursively construct and position themselves and others on a sliding, dynamic hierarchy – participants mobilised repertoires of harm and risk, essentialism, and ethics. Participants often positioned themselves as a 'flourishing' chemsex participant (i.e. a healthy, responsible, self-governing neoliberal sexual

citizen), and positioned 'others' as failing, in one way or another, towards the bottom of the hierarchy. Our findings cohere with international literature that situates any negative effects of chemsex as occurring to those who have failed to self-govern 'correctly' (Mowlabocus, 2021; Souleymanov et al., 2018).

Methods

Situating our research in context

We conducted this study with gay men who participate in chemsex in Ireland. At the time of data collection, there was just one service tailored specifically to addressing harm reduction in the context of chemsex – the Health Service Executive National Drug Treatment Centre's Club Drugs Clinic, established in 2014. Those attending sexual health clinics who expressed a concern in relation to chemsex could be referred to this service or to an in-house sexual health advisor, medical social worker, Rialto Community Drug Team, or to the MPOWER outreach team – a peer support service operated by HIV Ireland. While the latter two services are firmly embedded respectively in the local community and the LGBT+ community, none of these services were co-created with men who participate in chemsex, and all are based in Dublin (Ireland's capital city). Therefore, our study may offer a unique perspective compared to the majority of chemsex studies that have taken place in the US and the UK where a greater diversity of supports related to chemsex are available (Lafortune et al., 2021).

Reflexivity and positionality

We, the research team, hold a perspective towards chemsex derived from critical sexualities research that acknowledges the diversity of motivations for engaging in chemsex and that they, and their consequences, are not necessarily problematic. This perspective shapes our approach to chemsex as an object of inquiry and informs how we engage with the research process we describe below, as well as our data analysis. We provide further detail about ourselves¹ so that our findings can be understood as co-constructed with participants from our particular positionalities. We do not provide this detail to identify potential biases that could affect our data; it is not our intent to actively circumvent our positionalities from interfering with our data. Rather, we recognise reflexivity as a methodological tool that we work with to consider the assumptions we bring to our research praxis, both epistemological and personal, and how these surface during the process, in ways that inevitably, but not problematically, shape our research outputs" (Gough, 2017).

Data collection

Permission to collect data for this study was granted by the University of Galway School of Psychology Research Ethics Committee. The inclusion criteria for the study were that all participants would be over the age of 18, male, and have previously engaged in chemsex and intended (at the time of interview) to continue engaging in chemsex (as previous qualitative research in Ireland had only recruited men who wanted to leave the scene and only recruited them from a sexual health clinic; Van Hout et al., 2019). We recruited six participants using convenience sampling via a social media post that linked to an online form. The form included study information, a consent form, demographic questions, and an opportunity to provide contact information. This post was shared on the social media pages of HIV Ireland and by the researchers in relevant social media groups. We did not impose any specific definition of chemsex within our recruitment materials. However, we did inform potential participants that the purpose of the research was 'to find out about your experience of chemsex, to find out what harm reduction strategies you use, or think are a good idea and how you think the health service can support these and other possible ways they could help'. Those who

registered their interest and provided consent to contact were invited for interview. We also used snowball sampling, and this allowed us to recruit two more participants. Each potential participant received a comprehensive information leaflet about the study and a link to a consent form. The semi-structured interviews were carried out by AS and CN during May and June of 2020. Due to COVID-19 restrictions, these interviews took place online and were recorded using Microsoft Teams. The audio was transcribed professionally.

The interview discussion topics included positive experiences of chemsex, motivations for chemsex, preferences during chemsex, experience or observation of harms, harm reduction practices and awareness, and use of relevant support services (see supporting material for the topic guide). The interviews lasted between 45 and 75 minutes. Each participant received compensation in the form of a €50 voucher for their time.

Participants

All eight participants identified as gay men, were single, had completed at least an undergraduate degree, were living in Ireland at the time of interview, and were actively engaged in chemsex (see Table 1).

Analytical approach

Using CDP, as explicated by Locke and Budds (2020), allowed us to explore the discursive resources drawn on by participants to construct positions for themselves and others. This approach, which combines Foucauldian discourse analysis and discursive psychology (Parker, 2002), allows for the exploration of language as a tool, whereby people manoeuvre agentically within broader social discourse to form subjectivities within regimes of intelligibility (Budds et al., 2017; Van Der Merwe & Wetherell, 2020). CDP is a qualitative methodological framework that allows analysts to trace the function of talk; the focus is on language and identifying interpretative repertoires as part of social practices and a consideration of talk as performative. That is to say, how people do things with their words to accomplish different social practices, rather than what their words ‘reveal’ about what psychological processes are ‘really’ going on in their heads. Our methodology does not focus on understanding internal cognitions, but rather how interpretative repertoires – as interactional and social discursive resources available to participants – are deployed to construct certain subject positions (e.g. self-managing, responsible, learned, resourceful, neoliberal citizens).

Interpretative repertoires, the key analytical tool in CDP, have been defined as ‘a recognisable routine of arguments, descriptions and evaluations found in people’s talk often distinguished by familiar clichés, anecdotes and tropes ... “what everyone knows”’ (Seymour-Smith et al., 2002, p. 255). These repertoires, routinely produced as collective understandings of social ‘reality’, are drawn on to accomplish certain actions (i.e. persuade, justify) and create certain subject positions.

Table 1. Participant demographics.

Alias	Age Group	Country of Birth	Living with HIV	Preferred Drugs	Drugs Used in Past Year
Pablo	30–35	Argentina	No	Cannabis, Cocaine	Cannabis; Cocaine; Ketamine; Crystal Meth; G
Ayo	30–35	Kenya	No	Cocaine	Cocaine; Crystal Meth; G
Simon	40–45	Cork	No	Cocaine	MDMA; Cocaine; Ketamine; Crystal Meth; G
Dan	40–45	South Africa	Yes	Cannabis	Cannabis; MDMA; Cocaine; Crystal Meth
Brian	30–35	Ireland	Yes	G	Cannabis; MDMA; Cocaine; Ketamine; Crystal Meth; G; Heroin
Alonso	30–35	Costa Rica	No	MDMDA, Cocaine	MDMA; Cocaine; G
James	40–45	Ireland	No	G	Cocaine; Ketamine; Crystal Meth; G
John	30–35	Ireland	No	MDMA	Cannabis; MDMA; Cocaine

Thus, combining the Foucauldian tradition of tracing the fringes of institutionalised ‘normalcy’ with an attendance to localised interpretive repertoires allows us to explore the parameters of ‘acceptable’, ‘responsible’ chemsex participation.

The first and last author each conducted their own analysis in accordance with the principles of CDP, reading and re-reading the dataset, identifying the different ways in which chemsex was constructed, tracing the function of the talk, and coding for common/different ways participants orientated towards chemsex. We discussed and evaluated our codes together, appraising the various repertoires that could be generated. Together, for example, we collated instances of talk relating to pathologisation, addiction, age, deviance, a ‘male sex drive’ and identified this as the repertoire of ‘essentialism’.

In addition to identifying the interpretative repertoires drawn on by participants to construct chemsex participation, we discussed how these discursive tools are used to create subject positions and achieve particular discursive accomplishments. Accordingly, we constructed an understanding of how the participants positioned themselves as ‘good’ and ‘responsible’ chemsex participants through interpretative repertoires. Rather than considering the positions constructed in binary terms (i.e. good vs bad, healthy vs unhealthy), we moved our thinking to continuums, and considered how men positioned themselves and other chemsex participants on a sliding, dynamic hierarchy from *flourishing* to *flailing*. Our findings demonstrate the ways chemsex participants must grapple with the risk of moving down the hierarchy towards the deviant ‘other’ that they themselves discursively construct and perpetuate.

Findings

Our analysis generated three prominent interpretative repertoires that functioned in participants’ talk – sometimes in contradictory ways – about chemsex participation. The interweaving deployment of these repertoires ultimately works to construct a hierarchy of subject positions. We highlight the ways these repertoires work with and against one another in varying ways to construct this hierarchal continuum of chemsex participation (see [Table 2](#)).

Chemsex is inherently risky and harmful

Participants drew heavily on this repertoire to position themselves in a culturally acceptable way during interviews, that is, as a responsible chemsex participant who is aware of the ‘horrors’ of chemsex, even if he does not directly experience them. Participants often described harms to *others*, rather than specific harms related to themselves, as illustrated in the following extracts:

Table 2. Analytical tools.

Interpretative repertoires	Discursive construction	Position	Discursive accomplishment
<i>Chemsex is inherently risky and harmful</i>	Chemsex is always ruinous and noxious	The informed, enlightened and shrewd chemsex participant	‘Other’ chemsex participants are flippant and uninformed
<i>Chemsex participants have essentialised traits</i>	Some chemsex participants are ‘naturally’ predisposed to destructive chemsex practices	The infallible chemsex participant	‘Other’ participants have essentialised characteristics that render them fallible
<i>‘Good’ chemsex participants uphold an ethical ethos</i>	There are conventionalities and implicit ethical criteria for engaging in chemsex that centre around decency, constructing chemsex as an ethical practise.	The ethically and morally astute chemsex participant	‘Other’ participants have less moral fibre/do not understand the ethical culture

Extract 1, Ayo - Personally I don't think I've experienced any harm but; sorry. No I haven't experienced anything, no harm to myself ... But then again it's because, as I say, I go to them [chemsex parties] but I have my own limit ... that's me, that's done ... we have people that don't have that kind of self-awareness, they don't have, kind of, limits; they just go overboard.

Extract 2, Brian - Now in fairness I can't think of any personal massive horror stories that's happened to me.

Here, participants demonstrate how chemsex is commonly understood to be harmful and risky, as indicated by Brian's reference to 'massive horror stories'. We notice also that Ayo apologises ('sorry') for the lack of harmful incidents he can tell the interviewer about, seemingly expressing regret for not being able to reinforce this dominant repertoire of harm and risk. Their dependence on this repertoire, despite little personal experience of harms, may be due to exposure to harms-focused discourses in the media coverage of chemsex (Hakim, 2019; Heritage & Baker, 2021) or through social networks. Discourses about chemsex which circulate among gbMSM communities are productive; there are concepts in our social world about chemsex which community members draw on to structure thoughts, and these thoughts then structure feelings. People both use discourse, and are used by discourse (Parker, 2002). Evidence from London showed that a perceived norm of chemsex being commonplace, and problematic, had developed among the Gay community there and a similar discursive dynamic may be at play here (Ahmed et al., 2016). Manoeuvring within this repertoire, some participants were at pains to demonstrate that they engage in chemsex with the understanding that it is implicitly harmful and is not a respected activity:

Extract 3, Pablo - It's a good way to disconnect. The problem is that I wouldn't see that as a positive thing anyway because it's not a healthy way of disconnecting. So, it is a positive in a way.

Extract 4, Brian - I wouldn't be one of these people that just will show up to a party and decide to experience it on the spur of the moment, 'yeah I'll do this'. Yeah, I probably would have thought about it a bit before and had a look into it, got some people's, not recommendations, but experiences to see is this something that I want to do or not. Unfortunately, the answer has been yes to a lot of those questions!

Extract 5, Dan - A lot of the recreational users are strangely enough very respectable people; they have a hell of a lot to lose.

In extract 3, Pablo describes the sense of disconnection – either from the real world, the self or a more general understanding disembodiment – as a positive of chemsex. Almost immediately, he retracts this statement to position himself within a more culturally intelligible discourse of the 'healthy' responsible (neoliberal) sexual citizen. Here, the assumption is that chemsex participants *are not respectable* (extract 5), thus, participants engage in discursive work to construct themselves as respectable and responsible; they are resisting the position of the deviant chemsex participant. For example, Dan differentiates this subject position from the 'recreational users' who tend to be 'very respectable people' (extract 5). Likewise, the use of 'unfortunately' is a discursive strategy employed by Brian (extract 4) to somewhat chastise his own engagement with chemsex, the implication being that he should have *just said no* to chemsex. In this way, cohering with the extant literature, participants work within a discourse of individualisation to position themselves as self-managing, responsible, learned, resourceful, neoliberal citizens (Bryant et al., 2018; Souleymanov et al., 2018; Treloar et al., 2021). This wider neoliberal discourse provides a scaffolding for a subject position that is carved out of the 'good life', whereby these men want to move up the hierarchy towards an intelligible subject position (e.g. a responsible chemsex participant) versus an unintelligible position (e.g. an uninformed 'spur of the moment' chemsex participant; see extract 4; Joy et al., 2021). The juxtaposition of one's own controlled drug use with what is labelled as problematic drug use has been highlighted before in research on chemsex (e.g. Ahmed et al., 2016; Race et al., 2016; S. E. Schroeder et al., 2022; Treloar et al., 2021) and other drug practices (see Rødner, 2005) and can be seen as a process of 'othering' (Souleymanov & Allman, 2016; Souleymanov et al., 2021). This kind of othering based on failure to maintain self-care during drug use has been observed in other communities too and linked to interpellation into harm reduction discourse (Pereira & Scott, 2017).

When mobilising the repertoire of harm and risk in this way, there is little space for chemsex to just be ‘fun, basically it is fun’ (Pablo). There was a reluctance among our participants to speak of chemsex as fun and legitimate in its own right; rather, it seemed imperative for these participants to speak of its harm in order to maintain a culturally intelligible position. We noticed instances where participants described an onto-epistemological gap, that is, a conflict between the discourses available for participants to draw on, and their embodied lived experiences of chemsex. Participants positive experiences of chemsex (e.g. feeling connection and belonging) chafed against broader constructions of chemsex as ‘empty sex’ (Pablo) where you ‘fuck somebody else or get fucked’ (James). We therefore see how participants struggle to reconcile their positive experiences with the wider discourse about men who engage in chemsex as trying to ‘fill some void’ (Pablo).

To manoeuvre within the harms and risks repertoire, a discursive tactic was employed by participants who carved out an ambivalent, ‘take it or leave it’ subject position, thus resisting the position of the flailing chemsex participant. In these instances of talk, participants situated their drug use as part of an opportunistic moment, as something they manage in moderation, or something reserved for parties and escapism:

Extract 6, Ayo - I don't buy them myself to take at home . . . not that I'd be at home by my own, no [. . .] If it's not my friends that are using then there's no way I'm going to fork out money and buy drugs because I don't need it. I just use it because it's there [. . .] the majority of time I just go for the banter; I just go for the chat unless there's someone that I'm interested in in the group. If I don't fancy anyone at all then I would just use drugs and just chill out and that's it.

Here, Ayo describes an ambivalence towards chemsex (‘I just use it because it's there’; extract 6), rather than chemsex as a life-affirming cultural practice or an uncontrollable addiction, a trope identified in the extant literature (Dennis, 2019). Instead, participants describe drug taking as part of a mundane repertoire of sexual becoming. This speaks back to ‘drug use as a problem of individual subjects lacking in agency and autonomy set against the drugs that control every aspect of their lives’ (Florêncio, 2021, p. 3), rather, chemsex is simply ‘something that we do’ (Florêncio, 2021, p. 10). The extreme, out-of-the-ordinary, and addictive construction of chemsex, assumed in mainstream discourse, is therefore shaken. Through this ambivalent and opportunistic talk, participants maintain the position of a ‘good’ male subject adhering to middle-class respectability. They are ‘good’ because they engage in chemsex for the ‘banter’ [extract 6] rather than to satisfy a *need* for sex or drugs. This may be a strategy for normalising chemsex and resisting the harms discourse. It echoes the discursive strategy of emphasising the mundane aspects of drinking identified among middle- and older-aged people by Gough and colleagues (Gough et al., 2020), who also identified self-serving comparisons, strategic vagueness and an emphasis on self-control as means of normalising the drinking habits of their participants – paralleling the discursive strategies of these participants.

‘Good’ chemsex participants uphold an ethical ethos

As well as the irresponsible ‘others’, another subject position was the inexperienced chemsex participant who is not yet flourishing, but rather flailing in his new, chemsex environment. This position is oriented around the notion that chemsex participants should be aware of the implicit ethical ‘rules’ of chemsex; if not, one risks jeopardising the sense of togetherness chemsex can establish (Hakim, 2019). This ethical ethos can either be adhered to or flouted, but must first be *understood* by participants. Ayo described an instance of misunderstanding, and how his efforts to take care of another person at a chemsex party were viewed as ‘awkward’:

Extract 7, Ayo - What do you do when someone overdoses, what do you do? . . . I was, I needed to put him on the ground in the recovery position but he told me not to; that's not the right thing. And someone said he's right, you should have given him crystal meth; you should have made him awake. So, I just don't think people have that kind of information. And I think that's why I'm not invited to the next party; I made everything awkward because I was doing things; what I know like, you know. They have a different way of doing things but then again, I'm kind of new to the thing as well.

Here, the language Ayo uses suggest that he wanted to respond responsibly (What do you . . . what do you do?), but did not know the unwritten rules, and was thus positioned as flailing and rejected; he frames this as an example of not knowing the community norms and being ostracised as a result. This demonstrates how the discursive world is altered with lived experience of taking drugs, and new localised rules apply. Here, Ayo demonstrates how hearing about experiences, community practices and knowledges can open up possibilities for designing care strategies that communities themselves, as well as health practitioners, can benefit from. That is to say, in this instance, if the recovery position is deemed 'not the right thing' (extract 7), then how can community organisations work with chemsex participants to understand *why* this is not deemed appropriate? And what possibilities for support might this localised understanding afford?

Relatedly, and in step with other research findings, participants demonstrated how there is an ethics of care between people in the community, and a recognition that chemsex participants engage in community care beyond that of public health guidelines (Drysdale, 2021; S. E. Schroeder et al., 2022; Southgate & Hopwood, 2001). For example, Ayo described another incident whereby a chemsex participant was engaging in self-injurious behaviour (slapping his own head) so others stepped in to prevent this by holding his arm, taking him to a shower and sending him home once he had calmed down. Pablo also described how, if someone goes under on G, you need to be aware of the established community regime of ethical care, or else risk being asked to leave, chastised, or not invited back:

Extract 8, Ayo - The guys restrained him and took him for a shower and then I think he was grand for a while and they asked him to leave.

Extract 9, Pablo - You know what to do now [if someone goes under on G]; you have to just be with them you know for the ten minutes that lasts and you know that they're going to be fine later.

Again, Ayo and Pablo describe community rules for managing these incidents. Although the presence of community rules is not inherently in opposition to healthcare advice, there is a tension here regarding which harm reduction strategy one should adhere to; Ayo is navigating between an appeal to science (the recovery position – public health advice) and an appeal to 'folk pharmacology' (taking a shower – advice from the guys on the scene) (Southgate & Hopwood, 2001). Rather than passing judgement on the 'effectiveness' or otherwise of these care strategies, we read these accounts in the context of established 'elaborate ethical protocols around chemsex and generate[d] norms of behaviour that are integrated within mundane forms of everyday sociality' (Drysdale, 2021, p. 8). To extend this point, we turn to the ways 'flourishing' chemsex participants described their practice of care around consent and boundaries with others:

Extract 10, Brian - If I see something wrong or someone going under I'll generally try and help as opposed to; some people just step over them like which I think is disgraceful. I think if you're all in this situation together you look out for each other. But again some people unfortunately don't think like that [...] like I think most people at chemsex parties while they wouldn't choose to see someone a mess they're not going to break their back to help them . . . some people are great; other people just wouldn't give a shit like which I think is really shit to see. We're supposed to be a community and all look out for each other and then you're literally stepping over bodies.

Extract 11, Simon - I feel in a sauna you know you don't always have the most desirable people; you don't always have people who are part of the community, people who are hiding from the community. So, I feel they might take the opportunity of a good-looking person or an available bum.

Using the repertoire of ethics, we see how some chemsex participants were constructed as having less moral fibre on account of their unethical care for others, further establishing a hierarchical continuum of chemsex participation. This construction may be influenced by descriptions of a 'moral masculinity' defined by consent and non-violence that were identified by de la Ossa (2016) in consent guidelines for gay, bisexual and trans men. Indeed, unlike Mowlabocus (2021) findings, where participants responsibilised individuals to practice self-care, many of our participants talked about relational ways of doing self-care (e.g. buddy systems) and the importance of

connection after chemsex to allay any anxiousness experienced during a ‘comedown’ (i.e. the period after drug taking when the ‘high’ wears off). This aligns with Hakim’s (2019) discussion of ‘elaborate regimes of care’ (p. 261) established by chemsex participants in other cultural contexts. Thus, community care, and care for oneself, is not solely about measuring units and using clean needles, it is caring for the community and the connections you will be making. This manoeuvring between chemsex as a sovereign, individual responsibility, and chemsex as a connected, relational practice of care was highlighted by Alonso, who stated ‘So yeah, so that’s the deal, that you are the only one to look after yourself’, and then countered with ‘But yes I mean most of the time someone will help you’. We do not consider this contradiction to be ‘noise’ in the data, rather, we see such instances as a signpost for further exploration, and as an illuminous moment of resistance to the confined subject positions currently available to chemsex participants.

In this vein, participants manoeuvred within discursive constraints when accounting for consent in the context of chemsex. A primary mandate of chemsex is intoxication, yet definitions of sexual consent include not being under the influence of drugs or alcohol. Despite chemsex participants, by definition, ‘failing’ to meet the definitional requirements of consensual sex, participants described the community agreements about consent practices and unspoken rules based on tacit ethical assumptions. Thus, there is space here for exploring how participants maintain standards of ethical care, and navigate the current language around consent, which renders chemsex non-consensual by default.

Extract 12, Brian – [Guys] will consent to doing what they generally, ordinarily wouldn’t want to do . . . So yeah consent, as I said, people can give it more willingly when they’re off their face [...] part of the high is losing inhibitions, feeling kinky, horny and adventurous.

Extract 13, Alonso – I mean, to be honest, for me I would say that I have always consented to what I am doing; at least I think that I have. With the other people well I’m not going to lie; I have met some guys that they are almost, I don’t know, in the bed and you feel like ok they don’t even know what’s happening here. . . So I feel that they are not fully connected. So yes that happened and that happened frequently. So for me to be honest if I want to be with someone, feel that it’s not that we are both connected, you know. So I always try not to take advantage of that person ok?

In extract 12, Brian describes inebriation as an enabler of consent rather than a prohibitor. For Brian, part of the experience is agreeing to do things that you would not do during sober sex. Nonetheless, there is a ‘line’ whereby people are ‘not in the right frame of mind to consent and like they’re nearly to the stage of passing out and people are still pawing at them’ (Brian). In extract 13, Alonso recognises his sexual encounters as consensual, yet within a wider discourse of consensual sex as sober sex, he questions his own experiences (‘at least I think I have’). A cognitivist interpretation, which supposes that cognitions which reside inside people’s head can be ‘revealed’ in self-report data, might suppose that Alonso’s comments demonstrate a hesitancy around naming harm, and consider the possibility that Alonso is a victim who is struggling to disclose sexual harm (Widanaralage et al., 2022). From a discursive perspective, rather than dismissing Alonso’s experience as ‘wrong’ and re-labelling his perceived consensual encounter as sexual violence, we take seriously his description of seeing others as ‘not fully connected’ (extract 13). What does it mean to use language centred on ‘connection’ rather than ‘consent’ to describe sexual chemsex encounters? Connection might be interpreted here as interpersonal intimacy, or as consciousness, and is linked to Pablo’s (extract 3) description of *disconnection*—either from the real world, the self or a more general understanding disembodiment – as a positive of chemsex. This discursive shift away from consent to connection is, we argue, worth pondering.

Recognising this semantic issue of consent within the context of chemsex underscores the importance of continued research, collaboration, and community involvement in addressing chemsex-consent issues across various settings. To that end, rethinking the limitations of consent within chemsex communities opens possibilities for considering the value of a language centred around *sexual ethics*, and how ethical sex relates to consensual sex.

Particularly because both Brian and Alonso describe how they ‘more willingly’ consent when engaging with chemsex, but not how lines are drawn. Indeed, a growing body of literature explores the complexities of consent, highlighting how negotiations of consensual sexual interactions are more nuanced and complicated than an oppositional, legalised, ‘black and white’ definition (e.g. Jeffrey, 2022; Whittington, 2020). Sexual health interventions developed from this perspective usefully draw on the concept of *response-ability* offered by McInnes and colleagues (McInnes et al., 2011) in their consideration of group sex between gay men to help shift men away from a focus on responsibility as an individual trait, a tendency to which we now turn our focus.

Chemsex participants have essentialised traits

The ‘essentialist’ repertoire works to position destructive chemsex practices as contingent on personal characteristics or traits, meaning certain people are ‘naturally’ predisposed to behave in an ‘unhealthy’ manner (e.g. young people are more irresponsible, certain people have addictive personalities). This repertoire parallels the multiple stigmatising negative traits (e.g. impulsivity, immorality, irresponsibility, promiscuity, compulsivity, neuroticism, avoidance etc.) that have been essentialised as characteristic of the gay community to support dominant moralistic attitudes towards drugs and sex in many societies (S. Schroeder et al., 2022). Participants drew on an essentialist, gendered repertoire that constructs a putative, insatiable male sex drive as uncontrollable:

Extract 14, Simon - I feel there’s an animalistic element to it. Also, I feel there’s kinds of men; not all, but some can think with their dicks and then the conscience part will come after that [...] I feel that the flippancy of somebody else’s care can drop so low in chemsex situations and then you talk about consent and I think with men there’s an element of because I might be bigger or stronger or male I could fight somebody and therefore because I couldn’t fight them off, because I was under the influence, I don’t get to then talk about it or I don’t get to then press charges you know.

Extract 15, Alonso - It’s hard, gays are crazy, that’s the problem [...] the gays or the gay community use more is because of; we always want more; we always go and sometimes it is quantity over quality ... So, I would say that the whole problem in dealing with the chemsex is because gays; we are always constantly looking for a new experience.

Here, Simon invokes the essentialist, gendered repertoire which supports a view that a man *must* be strong and able to fend for himself and should not complain if sex happens without their consent while high, because men should always be up for it. Additionally, Alonso’s broad sweeping generalisation does not place chemsex as the ‘issue’, but rather considers it to be a *gay* ‘issue’. In this way, it is not just a deficit in character of an individual, rather it is a shared, essential deficit among ‘gays’ as a cohort. On account of being ‘crazy’, ‘they’ are the ‘problem in dealing with chemsex’ (extract 15). Similarly, Simon’s assertion that ‘men think with their dicks’ (extract 14) render *men* as particularly unable to enact self-control. By extension, this essentialist repertoire was mobilised to construct men who have sex with men as a ‘knowable’ cohort, and as sharing essential characteristics.

As well as drawing on essentialist repertoires to construct ‘gays’ and the ‘male sex drive’ as knowable, objective truths, participants drew on a well-versed essentialist repertoire whereby the use of drugs is emblematic of deeper-rooted psychological issues. As noted by Dean (2015, p. 235), ‘If your understanding of human sexuality contains no conceptual room for fantasy or the unconscious as mediators of self-interest, then the notion of addiction is epistemologically irresistible because it explains how autonomy, self-preservation, and good intentions all become compromised biochemically’. This ‘epistemologically irresistible’ essentialist repertoire is scaffolded by a medicalised discourse related to risk behaviour management which psychologises and pathologises individuals. In the following extracts, the developmental and innate characteristics of chemsex participants are homed in on to delineate who is ‘flourishing’ and who is ‘flailing’:

Extract 16, Pablo - If you're talking about a psychological perspective you know obviously engaging in risky situations are not healthy for you; it's a way of self-loathing you know; there can be many reasons for that [...] People engage in drugs because there is something either missing or something that they can't find in themselves, so that they need to reach out to something external to fill that void [...] If you have to take drugs you have a problem. the only way to fix the problem is going through some psychological help.

Extract 17, James - Young people are in need of more guidance with all of this than older people because they're quite impressionable ... I think for people who are older and bit more mature it's probably a bit more manageable.

Extract 18, Simon - I just feel it's so sad to watch these little fellas who have their whole life ahead of them who now just don't bother getting up, who just have taken jobs in the likes of Centra or whatever and just aren't getting involved in life. I find that so, so sad.

Here, chemsex participation is described by Pablo as 'obviously' unhealthy and indicative of 'self-loathing', and represents key ways of talking about the issue, demonstrating a powerful harms-based, medicalised discursive regime that participants must manoeuvre within. Simon's use of the phrase 'little fellas' alludes to the notion that, developmentally, younger people are inherently more at risk and 'in need of more guidance' (extract 17) than other adults. The essentialist interpretative repertoire is drawn on to construct age as associated with particular chemsex (mal)practices. Additionally, Simon introduces a class-based aspect to the continuum whereby 'just' working at a local shop (i.e. Centra – a convenience store in Ireland) is considered less 'involved in life', associating chemsex participation with lower-class status. Here, then, we can understand this talk as an engagement with essentialised class respectability politics. Importantly, this demonstrates the dynamism of the sliding hierarchy from flourishing to flailing, as discursively constructed by participants; while drug use in general is seen as outside the acceptable, certain types of drug use (whether in terms of substance, method of administration, or both) are 'worse' than others, some work locations are 'worse' than others, and certain drug use among particular cohorts of people who work in particular locations ('Centra') are the 'worst'. As argued elsewhere, this distinction between drugs 'is not based on the chemistry or pharmacology of either but, instead, on the kinds of social relations and subjectivities their distinctive cultures of consumption reproduce, as well as the different value assigned to each of them within the dominant culture' (Florêncio, 2021, p. 12). That is to say, the hierarchical continuum that we identified, and how one might place himself or others on this continuum, is socially constituted and tightly linked to factors such as age, class, and choice of drugs. In relation to constructing this hierarchy of drug use, and drug use among particular cohorts (e.g. younger men) as particularly risky, participants moralised and stigmatised others' reasons for chemsex by drawing on the essentialist repertoire:

Extract 19, Ayo - I won't be taking crystal meth because of them feelings [trying to fill a void]; that's sad why people are taking it. I would be taking it because I want to feel good; I'm always happy, I'm always in good spirits even if I'm not using drugs.

Extract 20, Dan - The people who, in my view, who go to chemsex a lot I'm afraid the vast majority of them are either they're functioning addicts; they might be very low level addicts if that can be a description but they're addicts nonetheless. They might not recognise the level of their addiction either but they are.

Here, Ayo and Dan moralise certain reasons for engaging with chemsex. Ayo describes how those who engage with chemsex to fill a void are 'sad', whereas he is 'always in good spirits'. This rendering of individuals as 'sad' 'addicts' is supported in the literature, whereby chemsex is often reduced 'to a self-harming practice driven by low self-esteem, internalised homophobia, or by the equally negative psychoanalytical readings that associate it with self-shattering jouissance and the death drive' (Florêncio, 2021, p. 2; Platteau et al., 2019). Since chemsex is equated with self-loathing rather than self-interest, those who participate are pathologised as 'sad', 'addicted', 'lost', 'reckless' individuals (Dean, 2015; Treloar et al., 2021). Participants both supported this essentialist repertoire, by committing what Bryant and colleagues (Bryant et al., 2018) call 'slippages in causation', and resisted it – again demonstrating how drawing on the essentialist repertoire affords these different positions

for our participants. For example, Simon separates himself from the possibility of being harmed by drawing on the essentialist repertoire to commend his ‘inner state’; ‘I don’t really have an addictive personality’. In the following extracts, the participants engage in similar work to position themselves as having traits that fix them at the top of the chemsex hierarchy:

Extract 21, John - I would consider myself quite careful in that sense. I don’t want to be the Katy French you know. The one that overdoses accidentally or whatever [...] As I say I would consider myself safe enough; I haven’t done all the chems out there; I don’t really intend on doing all of them. I’m not a hardcore user really.

Extract 22, Brian - I need to know exactly what’s going to happen. I’m a bit of a control freak like that. Other people just really don’t care; they’re just like white powder I’ll take that [...] I’m not going to say it is being conscientious but I don’t think everyone is as maybe control freak over it as I am [...] I look for information and I also have; I mean I also have friends that they are doctors and pharmacy and I always ask and all that kind of thing. So I learned.

Here, Brian casts ‘other people’ as irresponsible. In saying ‘I’m not going to say it is being conscientious, but ...’, Brian mobilises a similar trope to ‘I’m not a racist, but ...’. He is putting language to work for a particular outcome, one that positions himself in a positive light as (i) non-judgemental, and (ii) more conscientious than others. This stands in contrast to *others* who are losing control (i.e. ‘Katy French’; extract 21). This comparison was a key thread whereby the ability to be a self-managing and self-regulating chemsex participant was established through constructing the ‘other’ more ‘hardcore’ user (extract 21). Brian also draws on this discourse of ‘expertise’ to position himself as aware that engagement with chemsex is largely viewed as uncontrollable, and thus requiring careful consideration. However, participants were reluctant to reveal expertise through experience alone; to do so would make explicit their embeddedness in the culture. They resist the position of ‘veteran’ or ‘network nanny’ associated with harm reduction expertise in previous studies on sexualised drug use and chemsex (S. E. Schroeder et al., 2022; Southgate & Hopwood, 2001). To distance themselves, they used scientific or medicalised discourse (‘I’m a scientist’; Brian) to *prove* that they do not just know about drug use through experience, rather, it is because of *science*.

Discussion

There is a limited body of discursive literature focusing on participants’ accounts of chemsex practices. Our research, which explores the construction and navigation of ‘good’ chemsex practices using critical discursive psychology, offers a unique perspective on this topic within an Irish context by demonstrating how participants construct a dynamic hierarchy of socially un/acceptable chemsex practices within which they work to position themselves. In this way, chemsex participants both come into being and self-disintegrate through their talk about one another (Florêncio, 2021).

Our analysis demonstrates how the repertoires of essentialism, harms and ethics work together to position some chemsex participants as flailing; they are seen as exposing themselves to the harms of chemsex through a lack of awareness, control and self-care, but alas, it is not their fault, it is their inner, essentialised turmoil that renders them susceptible to ‘addiction’. Like pornography addiction, then, addiction to chemsex is constructed through popular discourse as an illness (Taylor & Gavey, 2019). These illnesses are pathologised onto individuals (addicts), paradoxically absolving hapless ‘victims’ of any responsibility while simultaneously behaving them to engage in medical/psychological treatment to strengthen their mental fortitude and overcome their essential weaknesses that render them susceptible. The discursive juxtaposition is that individuals are held responsible to ‘fix’ themselves, even though the illness is not their ‘fault’ (it is biological wiring, or internalised trauma). Ultimately, it becomes the responsibility of the disordered user to become ‘healthy’ (Burr, 2015).

Our analysis offers an interpretive account of the function of *talk* about chemsex – rather than a definitive ‘true’ perspective or a cognitivist interpretation of what the participants were thinking. Of course, we cannot assume to know what our participants motivations ‘really’ are; the repertoires and subject positions produced in relation to chemsex are borne from wider social discourse and

ideologies, within which participants negotiate and make sense of chemsex. Notably, each participant in the present study completed a higher education degree, which may come to bear on the kinds of interpretative repertoires related to sex, drugs and health that were available to our participants and the way they were deployed by them. Additionally, trans, nonbinary people and those with non-normative bodies are particularly under-represented in the current literature, which limits the possibilities of discursive sense-making; we recognise that further work needs to be done to include intersectional, marginalised social identities in chemsex research (Møller & Hakim, 2021; Pienaar et al., 2020).

Reading our data within these constraints, this cohort of men describe the predicament they are in; to discuss chemsex as legitimate and worthwhile in its own right is a precarious move, as they jeopardise a position of cultural intelligibility, and risk being pathologised (Hakim & Race, 2020). However, our findings demonstrate how these participants manoeuvre within the confines of this discursive regime by drawing on repertoires of harm, essentialism and ethics in a way that *challenges* chemsex as inherently risky/harmful and creates space for a counterpublic health understanding of harm reduction initiatives, a concept we now turn to

Based on our findings, we argue that 'a border between the autonomous and productive good subject of neoliberalism on the one hand and its addicted counterpart on the other had' need not be understood in such binary terms (Florêncio, 2021, p. 5). Rather, we see how certain practices situate chemsex participants along a continuum from failing to flourishing. By thinking in continuums rather than dichotomies, this perhaps opens alternative understandings, whereby participants hold agency to manoeuvre along this continuum. It may also encourage the development of 'counterpublic health' (Race, 2009) interventions, which would recognise that there are alternative or counter-narratives and practices within chemsex communities that may challenge or offer different perspectives on mainstream public health approaches. For example, in the context of our findings, a counterpublic health approach might encourage reflexivity towards the tendency to position oneself and others along a hierarchy within chemsex communities (e.g. Pires et al., 2022). Or, if taking seriously the voice of the 'ambivalent' 'take-it-or-leave-it' chemsex participant, the construction of chemsex participants as hapless and hopeless addicts who have brought their own (inevitable) misfortune might be challenged.

Indeed, a counterpublic health approach to chemsex would consider what ways these participants might make sense of themselves if contemporary discourse did not shame, stigmatise and produce limited subject positions for these men to negotiate. This work of reimagining the possibilities of chemsex participation may be best served through an exploration of 'what the body can do [...] what are our other capacities that we are not focusing on when we understand ourselves through neoliberal rhetoric?' (Mahawatte, 2021; Riley et al., 2019, p. 75). Rather than making sense of chemsex participants through an individualised lens and chastising them for failing to take up 'correct' sexual subjectivities, we (researchers, public health workers, society members) could instead explore this 'normative' lens and how it restricts chemsex participants capacity to explore their sexuality in ways that their body enjoys. For example, critical scholars have asked how using Viagra for 'better sex' seeps into public discourse as 'normal', whereas engaging in chemsex for 'better sex' has not (Fox & Ward, 2006; Race, 2009; Riley et al., 2019)?

There are various harm reduction approaches within the context of chemsex. Some of these approaches have been co-created with communities, while others may follow more conventional harm reduction models. Many support strategies that foreground harm reduction in the context of chemsex can be critiqued for (i) having a narrow focus on individual behaviours without also considering collective ethics and action, (ii) omitting mental health and stigma as categories of harm that should be reduced, and (iii) ignoring how harm reduction strategies affect the experience of sexual pleasure and wellbeing (e.g. Strong et al., 2022). Harm reduction strategies of this kind may limit the possibilities for action to support and empower men who participate in chemsex and may even contribute to their stigmatisation by others and of each other. Developing and evaluating interventions that integrate these approaches with the counterpublic health approach outlined

above could address these limitations while providing the opportunity, through co-creation, to produce much needed evidence on the safety and effectiveness of harm reduction strategies developed by communities of chemsex participants.

Conclusion

Based on our analysis and critical chemsex scholarship more broadly, we argue that public debates must reach beyond simplistic, deficit understandings of gender, sexuality, harm, and addiction, towards more constructive, nuanced conversations about sexual becoming. Rather than situating chemsex as an exercise in self-destruction, and instead locating it as play within an ethics of experimentation and care, spaces may be opened for chemsex participants to be recognised as legitimate sexual citizens who simply wish to explore the embodiment possibilities chemsex affords (Florêncio, 2021; Møller, 2020).

Note

1. The first author, *SHC*, is a white, Irish, cisgender, heterosexual woman. She is a critical health and social psychologist, and so she uses a social justice lens to understand psychological issues as located in socio-political, historical contexts. *SHC* is interested in applying creative and critical research methodologies to explore alternative ways of understanding topics that are often discussed from a medical, clinical lens – such as chemsex. Particularly, she is interested in questioning how power shapes health policy/programme development, including chemsex support strategies. The second author, *AS*, is a white, Irish, gay man. He manages a programme that delivers interventions for promoting sexual health and wellbeing among gbMSM (gay, bisexual, and men who have sex with men). He has vast experience of working in outreach settings in the community and has a special interest in working with chemsex users. The last author, *CN*, is a white, Irish, Queer man who conducts research in the field of health psychology and with gay and bi men in particular. He works to challenge assumptions related to risk and vulnerability. He is also an activist in the LGBT+ community.

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AS is an employee of HIV Ireland where he is manager of the MPOWER programme.

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Notes on contributors

Dr Siobhán Healy-Cullen's research is located in the critical health and social psychology space – a social justice informed approach that understands psychological issues as located in socio-political, historical contexts. She is therefore invested in questioning taken-for-granted ideas about what 'good' 'healthy' sex/uality is, and has written on topics such as pornography and sexual consent. Siobhán is interested in applying creative and critical research methodologies to explore alternative ways of understanding topics that are often discussed from a medical, clinical lens – such as chemsex. Particularly, she is interested in questioning how power shapes health policy/programme development, including chemsex support strategies.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author, CN. The data are not publicly available as they contain information that could compromise the privacy of research participants.

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