

Fucking and Being Fucked: Towards a Sexual Ethics of Sex on Drugs

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Declaration of Authorship

I, Alexandra Aldridge, hereby declare that this thesis and the work presented in it is entirely my own. Where I have consulted the work of others, this is always clearly stated.

Signed: 

Date: 23/01/23

Abstract

Background: Within sexual violence prevention discourse, it is thought that the safest decisions about engaging in sex are made when sober. Drug intoxication is understood to impair an individual's cognitive, physical, and communicative capacities, which in turn undermines the validity and/or expression of sexual consent. Because consent to sex tends to be the central concept used to delineate unacceptable from permissible sex, it typically forms the basis for interventions aimed at preventing sexual violence, for example through sexual consent workshops. In these contexts, 'safe' consent is characterised as a verbal, enthusiastic, and sober 'yes' to sex. Because drug intoxication is seen to compromise a person's capacity to consent, sexual violence prevention messaging tends to advise individuals to either minimise their drug use in sexual contexts or avoid it entirely. Prevention messaging thus forecloses the possibility that sex involving drugs might be valuable, pleasurable, and fulfilling for those involved.

This thesis develops an approach to thinking through the ethics of sex-on-drug experiences without the *apriori* assumption that the effects of drugs on cognitive, physical, and communicative capacities are inevitably impairing or compromising, and without recourse to the consent/non-consent dyad that dominates mainstream approaches. I draw on the Deleuzian/Deleuzoguattarian notion of the 'event' to explore how individuals' capacities to act are reduced/enhanced through their connections to other human, material, imagined, and discursive elements of sex-on-drug events.

Aims/research questions: 1) How are individuals' sex-on-drug experiences affected by the contexts in which they occur; and conversely how are sex-on-drug contexts affected by individual's sex-on-drug experiences? And relatedly, how can this knowledge inform our approaches to sexual violence prevention/sex education? 2) What is a productive way to speculate about the ethics of sex-on-drug experiences without restrictively narrowing the spatial and temporal parameters of discussion via a focus on consent?

Methods: I recruited 25 participants via existing contacts and by calls on social media (*Twitter* and *Facebook*). Two participants were found using existing contacts, and the remaining 23 were obtained after inviting all 76 who replied to the *Twitter/Facebook* advertisements to submit both prospective and retrospective diary entries (handwritten or digital) about their sex-on-drugs experiences over a 3-6-month period. These diary submissions together described over 50 sex-on-drug experiences. Diary entries ranged in length from 98 to 1911 words. All 25 participants were invited to be interviewed about their diary entries. 23 completed interviews, which ranged from 44 minutes to 158 minutes. All interviews were transcribed. Diary entries and interviews were analysed using a Deleuzian/Deleuzoguattarian, events-based approach. Key ethical considerations included researching the intoxicated and researching sensitive topics (including sex, drug use, and sexual violence). The research was approved by the Royal Holloway, University of London ethics committee.

Results and discussion: I present and discuss my findings over three chapters in relation to the concepts of 'capacity', 'vulnerability' and 'boundaries' respectively given their common deployment in sexual violence prevention discourse. In the chapter on capacity, I find that legalistic notions of the concept are ill-equipped to deal with the complexity of sex-on-drug events. Moreover, drugs are afforded a great deal of power and responsibility in affecting an individual's sexual decision-making/ability to keep themselves safe from sexual harm, which ultimately obscures other elements

of the sex-on-drug event at play. I conclude that a less individualistic, more relational approach to capacity allows us to better speculate about the ethics of individuals' sex-on-drug experiences. I apply this approach to sexual ethics throughout the remainder of the thesis. In the chapter on vulnerability, I build on a legacy of feminist scholarship that conceives of vulnerability as ambiguous/ambivalent in nature and use it as a basis to argue for our ethical responsiveness to one another. In the chapter on boundaries, I call into question presumed clear distinctions between sobriety and intoxication, 'types' of sex on drugs (e.g., 'chemsex' vs. sex on drugs more generally), and demonstrate the way that sexual boundaries emerge in and through sex-on-drug events and cannot necessarily be known in advance.

Conclusions/implications: I conclude by advocating for sexual violence prevention efforts that are underpinned by the goal of enhancing bodily capacities for action. Drawing on my own experience of working as a welfare officer for a queer techno rave in London (that I began during the final writing up stages of this thesis), I provide an example of what this can look like in practice, illustrating the connections between the key conclusions of this thesis and the ways I attempt to keep clubgoers safe from drug-related/sexual harms. I then broaden my focus to speculate around the implementation of community-led approaches to sexual violence prevention beyond nightclub settings, arguing that these must emerge from the lived experience of a diverse range of bodies and be sensitive to the ways that drugs are used by particular communities.

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CHAPTER 1: INTRODUCTION

CONSENT CULTURE

It's so weird, because every time I hear about consent, it just makes me feel like I've never consented to anything (laughs). It's like... I really can't pinpoint a situation where consent in my sexual life has happened in the way it's been described to me. (Helena, cis-woman, heteroflexible)

Above, Helena (a participant in this study) reflects on a disconnect between rhetoric around sexual consent – what she ‘hears’ about consent and how consent is ‘described’ to her – and her experiences of having sex. The rhetoric Helena refers to is usefully linked to what some scholars have termed ‘consent culture’ (Angel, 2021; Nelson, 2021), which Angel describes as the ‘widespread rhetoric claiming that consent is *the* locus for transforming the ills of our sexual culture’ (Angel, 2021, 7, emphasis original). Consent culture asserts that consent is best understood as an explicit, verbal, and enthusiastic ‘yes’ that should be obtained prior to initiating sexual activity with another person(s), and then again at each ‘stage’ of sex (Leary, 2017; Brook, 2022). For Helena though (and indeed other participants in this study), experiences of having and communicating about sex rarely conformed to this model.

Consent culture also sets out ideal conditions under which an individual should give their consent. For example, the consenting individual should be doing so free from any type of pressure, coercion, and/or force (Munro, 2017). Most relevant for this thesis, the consenting individual should also be ‘sober’ (Willis and Jozkowski, 2019; Willis, Marcantonio and Jozkowski, 2021), meaning they have not consumed alcohol and/or other drugs.¹ This is because drug intoxication is seen to impair or even eliminate a person’s capacity to consent to sex (Cowan, 2008). In this context, ‘capacity’ refers to a person’s ability to make decisions about sex and their ability to communicate those decisions (Bonis-Saenz, 2015). When a person’s capacity is lost through the use of drugs, they are thought of as ‘incapacitated’ (Brian, 2020). Incapacitated individuals are generally depicted as unconscious, asleep, and/or unaware of what is happening around them (Brian, 2020; Whitman College, 2020). Incapacitated states can occur following both voluntary and involuntary use of drugs. Voluntary intoxication refers to when a person deliberately chooses to consume a drug, likely having some idea of the kinds of intoxicating effects that will follow (Cole, 2017). Involuntary intoxication occurs when someone consumes a drug without their knowledge and/or permission, and is often associated with instances of ‘spiking’, where a person consumes a drug that has been surreptitiously given to them (Moore, 2009).

In many Western countries, the notion of consent is central to the formulation and application of laws around rape and sexual assault (du Toit, 2007; Fenner, 2017). In England and Wales for example (the context for this research), consent is used to delineate between acceptable sex and sexual assault/rape (Sexual Offences Act, 2003).² Because drug intoxication is thought to compromise

¹ From now on, I use the word ‘drug’ to include alcohol.

² Consent is central to sexual assault/rape laws in many other countries around the world (e.g., Belgium, Croatia, Cyprus, Denmark, Germany, Greece, Iceland, Ireland, Luxembourg, Malta, Sweden, the US, Canada, South Africa, Australia). In this introductory chapter, I focus in particular on sexual assault/rape laws in England and Wales as this was the context for the research. However, I also note that some participants were based outside of England and Wales (e.g., the USA, Colombia,

consent in the ways described above (Bogren, Hunt and Petersen, 2022), sexual violence prevention discourse tends to advise individuals against both engaging in sexual activity while intoxicated and seeking out sex with other individuals who are intoxicated (Adams, 2019; Aldridge, forthcoming). Though there is sometimes acknowledgment within prevention discourse that individuals can retain their capacity to consent while experiencing lower levels of intoxication (e.g., after one or two alcoholic drinks), it is generally unclear at what level of intoxication one should 'draw the line', and so prevention messaging tends to err on the side of caution rather than put forward ways that sex involving drugs could be made more pleasurable, safe, and fulfilling for those involved.

This thesis explores people's experiences of having sex on drugs and related issues around capacity and sexual consent. A key goal is to consider the extent to which these concepts have utility in relation to making judgements regarding the ethics of sex-on-drug experiences. By 'drug', I refer to any psychoactive substance (e.g., alcohol, cannabis, MDMA, LSD, magic mushrooms, cocaine, GHB/GBL) that can 'alter the way the mind or body works' (Coomber *et al.*, 2013, 3).³ These alterations are commonly thought of as drug 'effects', which depend not only on type of drug (e.g., stimulant, depressant, psychedelic), purity, and dose, but also things like user expectations and the physical/social settings in which they are consumed (Zinberg, 1984; Dilkes-Frayne, 2014; Race, 2015b). By 'sex', I refer to acts of sex themselves, rather than some biological category (e.g., male, female). Determining what 'counts' as sex is subjective and context dependant (Boyce *et al.*, 2007; Paasonen, 2018). However, the term usually refers to some combination of kissing, touching, oral sex, and vaginal/anal penetration.

In the sections that follow, I unpack the relationship between sex and drugs in more detail, which I characterise as ambivalent in nature. I then reflect on gendered understandings of intoxication in relation to sex, where for women, intoxication is thought to enhance a pre-existing vulnerability to male sexual violence, while for men, intoxication is seen to enhance an 'innate' desire for sex. Following this, I provide some background to the one sex-on-drug trend that has come to dominate social scientific research and the popular imagination: 'chemsex'. Chemsex refers to the intentional use of drugs (GHB/GBL, crystal methamphetamine, and mephedrone especially) to facilitate/enhance sex among men who have sex with men (MSM). I then provide a summary of research that explores sex on drugs outside of chemsex contexts.

Following my discussion of sex on drugs more generally, I circle back to sexual consent, focusing on feminist critiques of its liberal underpinnings and the complicating role played by drug intoxication in its conceptualisation. Taken together, these sections serve to justify my decision to move away from consent as the central concept through which to judge the ethics of sex-on-drug encounters in the context of this study. I then briefly set out my alternative approach for considering the ethics of sex-on-drug experiences (via a focus on 'events'), which I develop more fully in Chapter 3. It is important

Germany, Australia). For the most part though, the concept of consent remains central to sexual assault/rape laws in these areas. For more information on laws around sexual violence in Colombia, see Parra-Barrera *et al.*, (2021).

³ Defining what 'counts' as a drug is a complicated process and reflects the historical cultural context in which it takes place. Some define drugs by making distinctions between so-called 'medicines' (e.g., 'medically sanctioned psychoactive substances used for clinical purposes') and drugs that are controlled and whose use 'is not sanctioned by law or medical practitioners' (Coomber *et al.*, 2013, 3). Others classify drugs according to their pharmacological makeup/purported psychoactive effects (e.g., stimulants, depressants, empathogens, hallucinogens). Both can pose problems given the legal status of drugs/medicines changes in relation to time/place, and because certain substances can fall into multiple pharmacological categories.

to note from the outset that this thesis engages with experiences of sexual violence. Because of this, I take the time to clarify my position on sexual violence prevention, which again I develop further in chapters 3, 4, 5, and 6.

THE RELATIONSHIP BETWEEN SEX AND DRUGS

A relationship between sex and drugs is firmly entrenched in the popular imagination (Race, 2015b). ‘Drugs’ is of course a broad category, and some are more commonly combined with sex than others. In 2013, the Global Drug Survey (GDS) – an anonymous, international, online, self-selecting, cross-sectional survey into people’s drug use – found that the most commonly used drugs with sex were alcohol, cannabis, and MDMA, respectively (Lawn *et al.*, 2019).⁴ The fourth most common was either cocaine, or for those identifying as gay men, poppers (Lawn *et al.*, 2019). Given research has consistently found these drugs to be among those most prevalent in the UK (Office for National Statistics, 2020), much of Europe (European Monitoring Centre for Drugs and Drug Addiction, 2021), and elsewhere (Palamar *et al.*, 2018), their corresponding use in sexual contexts is unsurprising. Other drugs that individuals report combining with sex are psychedelics (e.g., LSD, magic mushrooms, 2C-B, etc.), GHB/GBL, crystal methamphetamine, mephedrone, amphetamines, and ketamine (Lawn *et al.*, 2019; Moyle *et al.*, 2020).⁵ I now discuss some of these drugs’ relationships with sex in more detail.

ALCOHOL

Alcohol has been linked to sex throughout recorded history (Race, 2015b). References to sex involving alcohol can be traced to the Ancient Greeks, where ‘festivals centred around [alcohol-induced] drunkenness’ were a common occurrence, and sexual encounters featured heavily (Embodden, 1977). Kane Race also locates references to alcohol and sex in the Shakespearean play *Macbeth* written in 1623, in which alcohol is said to ‘provoke the desire, but [...] take away the performance’ (Shakespeare 2015, cited in Race, 2018, 131). Indeed, this kind of relationship between alcohol and sex (as enhancing of sexual desire and impairing of sexual function) remains well established in the popular imagination centuries later (Cooper, Hara and Martins, 2016).

In a more contemporary context, alcohol has become a well-established component of casual sex cultures, for young people in particular (LaBrie *et al.*, 2014; Claxton, DeLuca and van Dulmen, 2015). However, its relationship to sex remains contradictory. While on the one hand alcohol intoxication can be experienced as empowering in its capacity to allow people to do things they might not feel able to while sober (Bogren, Hunt and Petersen, 2022; Hunt *et al.*, 2022), it is also linked to sex that is later regretted (Orchowski, Mastroleo and Borsari, 2012; Palamar *et al.*, 2018) and is involved in a significant proportion of sexual assaults (Abbey *et al.*, 2001).

CANNABIS

As noted above, the Global Drug Survey found cannabis to be the second most commonly used drug with sex (Lawn *et al.*, 2019). In the latter half of the 20th century, multiple studies sought to investigate the possible ‘aphrodisiac’ effects of cannabis (e.g., Koff, 1974; Cohen, 1982; Halikas, Weller and Morse,

⁴ For a discussion around the utility of the Global Drug survey for gaining an understanding of drug use behaviours in populations, see Barratt *et al.*, (2017).

⁵ This is not an exhaustive list. However, it is beyond the scope of this introductory chapter to document every drug that is used with sex. The drugs listed in this paragraph are some of the most commonly used in combination with sex, and also reflect the drugs used with sex as reported by participants in the current study.

1982; Weller and Halikas, 1984). In 1982, Cohen noted a ‘paradox’ in relation to cannabis and sex, where at various points in history, the drug had been used to both enhance sexual interest, performance, and pleasure, and also to ‘diminish sexuality’ (1982, 55; see also Halikas, Weller and Morse, 1982). To explain this paradox, Cohen suggests that what he refers to as ‘set and suggestibility’ (i.e., an individual’s mindset and their expectation of how cannabis will affect sex) plays an important role in how the drug is experienced when used with sex (see also Koff, 1974). More recent research into cannabis and sex continues to investigate ‘the paradox of how cannabis can both improve and detract from the sexual experience’ (Wiebe and Just, 2019, 1758).

MDMA AND PSYCHEDELICS

MDMA has a cultural reputation as a ‘love drug’ and is thought to enhance feelings of sensuality and emotional intimacy among sexual partners (Anderson, Reavey and Boden, 2019; Moyle *et al.*, 2020). Recent research into couples’ use of MDMA has highlighted its potential ‘therapeutic’ value for relationships, where its use can ‘revitalise’ couples’ connections (Anderson, Reavey and Boden, 2019; see also Moyle *et al.*, 2020; Wagner, 2021). In regards to the subjective experience of sex, research has also found that MDMA can enhance intensity of orgasms and increase the length of sexual interactions (Palamar *et al.*, 2018). At the same time, MDMA is known to impair certain kinds of sexual function, including the capacity to sustain an erection (McElrath, 2005; Lawn *et al.*, 2019).

Another group of drugs that are lauded for their potential therapeutic benefits are psychedelics. Psychedelic drugs have long been entangled with sex, sexuality, and sexual liberation (Dymock, 2020). In 1966, the well-known psychedelic researcher Timothy Leary asserted that ‘there is no question that LSD is the most powerful aphrodisiac ever discovered by man’ (Leary, 1966). So powerful was LSD that it was associated with revolution – those present during the 1967 ‘Summer of Love’ sought to overthrow a repressed, discriminatory, racist, and unjust society through a ‘secret formula’ of ‘grass, LSD, meditation, hot music, [...] and a joyous sexuality’ (Duncan, 2013, 143). More recently, in the context of what some are calling the ‘psychedelic renaissance’ (Bøhling, 2017), there has been increasing speculation around the use of psychedelics to aid the ‘treatment’ of sexual trauma and/or sexual dysfunction (Moyle *et al.*, 2020; Goldpaugh, 2021).⁶

COCAINE

Cocaine is simultaneously thought to provoke sexual desire, enhance sexual pleasure, and impair sexual function (Rawson *et al.*, 2002; Bosma-Bleeker and Blaauw, 2018; Sánchez-Hervás, 2018). In a 2008 study, Bellis and colleagues described cocaine as the ‘modern aphrodisiac’ following their findings that many of their participants used the drug to enhance and/or prolong sex, and also to explore ‘exciting and unusual sex’ (Bellis *et al.*, 2008). In a more recent study, Moyle and colleagues found that cocaine use could promote a more ‘individualistic mindset’, where those having sex are more pursuant of their own pleasure than they might be otherwise (2020, 5).

POPPERS

Poppers (alkyl nitrate inhalants) are used at higher rates by men who have sex with men (MSM) than other groups, and are often used during sexual encounters to aid intercourse (Pepper, 2022). In a

⁶ ‘Sexual trauma’ and ‘sexual dysfunction’ are terms with complex histories, and it is beyond the scope of this thesis to document them here. For more information about the development of these terms, see Tiefer (2006), Angel (2010), and Conti (2018). In this context, I use ‘sexual trauma’ to refer to the lasting effects of sexual violence on individuals, and ‘sexual dysfunction’ to refer to issues with sexual desire/arousal/responses (e.g., difficult getting/maintaining an erection).

recent study of poppers use among queer men, Schwartz and colleagues (2020) highlighted both positive and negative aspects of the combination of poppers and sex reported by their participants. Participants reported enhanced pleasure, reduced pain/injury (e.g., from tears in anal tissue), and an enhanced ability to feel 'present' during sex. At the same time, participants also expressed concerns around dependency on poppers for accessing sexual pleasure (Schwartz, Fast and Knight, 2020).

GHB/GBL

Another drug closely linked with sex is GHB/GBL (gamma hydroxybutyrate/gamma butyrolactone).⁷ Again, the two have a complicated relationship. While some research has found GHB to be valued by its users for its ability to reduce inhibitions and enhance sexual desire and pleasure (Bourne *et al.*, 2014; Lawn *et al.*, 2019; Moyle *et al.*, 2020), it also has a reputation as a 'date-rape drug' (Gallagher, 2022), with 'Britain's most prolific rapist' said to have used GHB in over one hundred sexual assaults (Mueller, 2020). Indeed, GHB's association with sexual assault/rape has, at least in part, led to the drug's recent reclassification in England and Wales from class C to class B, which signifies harsher sanctions associated with its possession, storage and sale (Home Office, 2022). 'Date-rape drugs' are those whose effects are seen to facilitate sexual assault due to their 'impairing' effects, and in addition to GHB tend to include rohypnol (a tranquiliser), ketamine (a dissociative) and alcohol (a depressant) (Drinkaware, 2022).

FRAMING SEX AND DRUGS THROUGH HARM

From the above, we can see an ambivalent relationship between sex and drugs emerging. On the one hand, drugs are seen to enhance sexual confidence, desire, pleasure, and emotional connections with partners. But on the other, they may also enhance feelings of regret/shame around sex, be relied upon for sexual enjoyment, impair sexual function, and be implicated in or even used to facilitate sexual assault. To understand this relationship more fully, it is important to note some specifics about the cultural context in which it forms (Bancroft, 2009). Though drug use is fairly widespread – in a 2019 survey, 54% of adults in England reported drinking alcohol in the last week (Zambon, 2021), and the 2020 Crime Survey for England and Wales found around 1 in 11 adults aged 16-59 years had taken an illicit drug in the last year (Office for National Statistics, 2022) – there remains a sense of disapproval connected to the pleasures that arise from drug use, particularly that deemed 'recreational'. Because drugs are seen to 'make us lose any sense of true reality' (Derrida, 2003, 25), at least temporarily, their pleasures are seen as artificial, fleeting, and thus of low value (see also Keane, 2008; Aldridge, 2020). For Derrida, 'we do not object to the drug user's pleasure per se, but we cannot abide the fact that it is a pleasure taken in experience without truth' (2003, 26).

When this way of thinking is applied to sex involving drugs, it is unsurprising that many regard this combination of practices in a negative, or at least ambivalent, light (Hunt *et al.*, 2022). Sex is an arena in which there is potential for harm, and so ingesting a substance (or substances) for recreational purposes that makes one lose touch with reality and then engaging in sex inevitably carries perceived risks, which largely amplify existing sex-related concerns. For women, these concerns centre on their perceived pre-existing vulnerability to male sexual violence (Ahmed, 2014; Bogren, Hunt and Petersen, 2022; Aldridge, forthcoming). Losing touch with this 'reality' might mean women are less alert to potential danger and less inclined to engage in risk-reducing strategies. These ideas are exemplified in

⁷ GBL (gamma butyrolactone) is a precursor to GHB (gamma hydroxybutyrate), meaning that when GBL is ingested, it is converted to GHB in the body. From now on, I will use the abbreviation 'GHB' to refer to all related substances.

a social media post by Cheltenham Gardens Safeguarding Team, an emergency service that works in Cheltenham's night-time economy who provided advice to the public following an incident where a 'young lady' had her drink spiked:

Binge drinking, where you drink lots of alcohol in a short space of time, can increase the risk of having your drink spiked or being the victim of a sexual assault.

Try to avoid drinking too much alcohol, especially in unfamiliar situations. You could lose control, make risky decisions and become less aware of danger.

The following steps may also help prevent drink spiking:

- *Never leave your drink unattended*
- *Don't accept a drink from someone you don't know.*
- *Consider sticking to bottled drinks*
- *Don't give out your address to someone you've just met.*
- *If you think your drink has been tampered with, don't drink it*
- *Let someone know where you're going*
- *Make plans for your journey home.*

(Cheltenham Guardians Safeguarding Team, 2016)

Notable in the advice above is the way it positions the effects of drugs on the women who use them, rather than the perpetrators of sexual violence or other contextual factors, as the central 'problem'. Because of this framing, the obvious 'solution' becomes women minimising their drug use or avoiding it entirely. Again, this can be traced to the perception that women are always already vulnerable to male sexual violence. Narratives of feminine vulnerability designate women's movement in public spaces as inherently risky (Stanko, 1990), meaning they must always be 'on guard' when outside the home (Ahmed, 2014, 69), and especially when in nightlife spaces where drugs are very likely to be present. The perceived 'impairing' effects of drugs on women's cognitive, physical, and verbal capacities (Cowan, 2008) are thought to lessen their ability to be on guard when in potentially dangerous situations.

Although men are also victims of sexual violence, we are far less inclined to think of them as vulnerable following drug use (Newburn and Stanko, 2002). In fact, drug use (and especially alcohol use) is often thought to make men more sexually aggressive and thus more likely to *perpetrate* sexual violence (Hunt *et al.*, 2022, 91). This way of thinking relies on dominant ideas of 'natural' male (hetero)sexuality, where men are seen as always desiring of sex with women (Angel, 2021; Meenagh, 2021; Miller, 2022). Holloway terms this the 'male sexual drive discourse', which centres on the idea that 'men's sexuality is directly produced by a biological drive, the function of which is to ensure reproduction of the species' (1984, 231). Men's desire for sex is thus 'natural' and 'inevitable'. When drugs are added to the mix, our concerns centre on the extent to which men's intoxication might enhance their innate desire for sex, while also reducing their ability to recognise whether the women they are pursuing/having sex with both want and consent to sexual activity (Hunt *et al.*, 2022). The male sexual drive discourse is also relevant to narratives around drug use and gay male sexuality, which I unpack further in the following section in relation to 'chemsex'.

SEX ON DRUGS: 'CHEMSEX' AND BEYOND

During summer of 2016, I worked as a research assistant and was assigned the task of transcribing interviews with drug-treatment service providers. One of the interviewees was the late David Stuart, known for his work at a HIV-focused sexual health service in London, UK (Stuart, 2022). The topic was chemsex. In his published works (e.g., Stuart, 2014, 2019), Stuart uses the term chemsex to describe a sex-and-drug trend unique to gay, bisexual, and other men who have sex with men (MSM) involving the use of methamphetamine, mephedrone and GHB/GBL directly before or during sex to sustain, enhance, disinhibit and/or facilitate the experience. Chemsex can involve multiple sexual partners, more 'extreme' sexual practices, and injecting drug use (Bourne *et al.*, 2014). Often organised via geo-sexual 'hook-up' apps such as *Grindr*, chemsex parties can last for multiple days.

In 2016, I did not know of anyone who had been to a party like this. But I did know people – people other than gay and bisexual men – who had sex on drugs. Did this count as chemsex? According to Stuart, the answer is no. For Stuart, chemsex is 'defined by a syndemic of behaviours and circumstances uniquely connected to gay [male] culture' (Stuart, 2016b). This includes a tendency to have a higher number of sexual partners from populations disproportionately impacted by HIV and other STIs, issues around sex that are 'connected to internalised or societal homophobia', easy access to certain recreational drugs that 'uniquely provide a sexual disinhibiting effect', and a 'hooking-up culture that emerged from the Smartphone sex-app revolution a decade ago' (Stuart, 2016b). Taken together, these construct chemsex as a distinct cultural practice that has recently, through the work of people like Stuart and others, become a widely recognised object of public health concern (McCall *et al.*, 2015; Public Health England, 2015; Macfarlane, 2016; Edmundson *et al.*, 2018).

Considering the above, it is unsurprising that much research on chemsex derives from public health scholarship/medical sociology (Moyle *et al.*, 2020). Often following Stuart's lead in positioning the practice as a public health issue, there is a growing body of research that quantitatively explores links between chemsex drug use, 'risky' sexual behaviour, and harmful outcomes (e.g. Puffall *et al.*, 2015; Hegazi *et al.*, 2017; Sewell *et al.*, 2017; Glynn *et al.*, 2018; Stevens, Moncrieff and Gafos, 2019; Tomkins, George and Kliner, 2019). Most studies cited here confirm these associations, stressing the need for joined up interventions between sexual health and drug treatment services in order to address the 'problems' arising from men engaging in chemsex (e.g., Stevens, Moncrieff and Gafos, 2019). While this kind of research has been criticised for over-emphasising the harms arising from chemsex at the expense of potential benefits (e.g., Power *et al.*, 2018), Race (2018) reminds us that specialised services aimed at providing support for men engaging in chemsex generally only begin to receive necessary funding when associations with HIV-related risk-taking can be demonstrated time and time again.

While acknowledging the need for funding, it is critical to recognise that associations between drug use and risky sex are far from straightforward. A lack of event-level data means we lack insight into the ways these practices interact in context (Melendez-Torres and Bourne, 2016), and so care must be taken when reporting any links between the two lest direct causality be presumed despite the current lack of definitive evidence. If causality were presumed, there are two dangers. The first is that chemsex drugs would be thought to generate specific sexual effects (e.g., sexual disinhibition, risky behaviour) independent of the contexts in which they are consumed (Bryant *et al.*, 2017; Hakim, 2019). This kind of 'pharmacological determinism' (Reinarman and Levine, 2018) – the idea that the

effects of drugs can be attributed solely to their chemical makeup – positions any engagement in chemsex as inherently dangerous, with the use of chemsex drugs automatically and always leading to risky behaviour. The second danger is that chemsex would be seen to attract men who are already inclined towards sexual risk taking (Bryant *et al.*, 2017) – an interpretation that ultimately reproduces individualised (and thus likely pathologising) explanations for chemsex engagement.

Such explanations for chemsex engagement are frequently reflected in the media. Narratives of pathology, disease, and decadence are woven throughout media reporting on chemsex from the past decade (Hakim, 2019; Heritage and Baker, 2022). Often presented in the style of exposés, a multitude of news articles, television documentaries and films seek to reveal the hidden “epidemic” of drug-fuelled gay sex in Britain’ (Dothée, 2020; see also Fairman and Gogarty, 2015; Flynn, 2015; Stuart and Weymann, 2015; Law, 2016). Here, stories of ‘survival’ are common. We frequently hear from men who – after various experiences of overdosing, mental health problems, suicide attempts and/or testing positive for HIV – have renounced their involvement in chemsex entirely (e.g. Law, 2016; Hanjabam, Pundir and Chauhan, 2019; Dothée, 2020). By contrast, we rarely see media representations of men who find their involvement in chemsex positive or fulfilling.

According to Kane Race, a gender and cultural studies scholar who writes extensively on chemsex, this kind of ‘abstinence agenda’ is evident in dominant discourses of gay men’s sexual health, where HIV prevention is positioned ‘as a possibility whose realisation depends on the renunciation of [...] substance use for the purposes of sex’ (2018, 128). Thus, recreational and/or responsible engagement in chemsex cannot be conceived of. But what this line of thinking obscures are the ways in which men who do engage in chemsex are already keeping themselves and others around them safe. For Race, the innovative practices of care that emerge from chemsex contexts ‘need to be acknowledged and carefully engaged with if the dangers associated with these activities are to be minimised and HIV prevention made more effective’ (2018, 198). This is because public health messaging is most effective when it resonates with the lived experience of the individuals it is targeted at (Askew, 2016). But again, the lack of event-level data on chemsex – and more specifically, the lack of qualitative event-level data – means we may well be missing opportunities to affirm, cultivate, circulate and multiply ‘possibilities of care, safety, pleasure and connection’ that are ‘immanent’ to chemsex cultures (Race, 2018, 198).

SEX ON DRUGS BEYOND CHEMSEX: TERMINOLOGY

Sex on drugs also occurs outside of chemsex contexts (Lawn *et al.*, 2019; Moyle *et al.*, 2020; Pienaar *et al.*, 2020). However, there is no universally agreed upon term used to describe this combination of practices, which is perhaps one reason why it receives less research attention. The term ‘chemsex’ is unhelpful here. Its association with MSM and specific ‘chemsex drugs’ (GHB/GBL, crystal methamphetamine and mephedrone) means its use in other contexts is likely to be confusing and misleading. This was made evident when a 2019 *BBC News* article referred to the sex-on-drug practices of heterosexual-identified individuals as chemsex (BBC News, 2019). A well-known *Vice* journalist subsequently shared the article on *Twitter*, stating that while the article was interesting, its authors had misused the term chemsex:

“chemsex” is not the use of drugs for sex. It describes a culturally specific scene involving meph, crystal and GHB for gay sex (Daly, 2019)

For some, the phrase ‘sexualised drug use’ (often abbreviated to SDU) provides a useful alternative to chemsex. But like chemsex, sexualised drug use is most often used in the context of research concerned with the sex-on-drug experiences of MSM (e.g., Edmundson *et al.*, 2018; Hibbert *et al.*, 2019; Tan *et al.*, 2021), and so there is a danger that similar presumptions will be made of the term (i.e. that sexualised drug use is something only MSM do). A second issue with sexualised drug use is the connotation of intentionality. That consumption itself is sexualised implies a conscious connection between having sex and taking drugs. It also implies consumption to have taken place in a sexual setting (e.g., in the bedroom, in a sex-on-premises venue). Because of this, sexualised drug use may be less appropriate to describe other less intentional ways in which sex and drugs can come together. It was with this in mind that my co-authors and I devised the term ‘substance-linked sex’ (abbreviated to SLS) in a paper exploring individuals’ use of drugs with sex (Lawn *et al.*, 2019). SLS was intended to cover instances of sex on drugs ranging from ‘strict intention to unanticipated accident’ (Race, 2009, 166). Importantly though, substance-linked sex is not the only alternative term that can be found in the literature. Others are ‘intoxicated sex’ (Herrick *et al.*, 2011; Carter *et al.*, 2021), ‘drug-involved sex’ (Smith, Kolokotroni and Turner-Moore, 2020), and ‘sex-related drug use’ (Moyle *et al.*, 2020).

The existence of all this sex-and-drug-related terminology is likely to trigger confusion. Can each be used interchangeably? Or are there particular instances in which one is more appropriate than another? At present, there are no clear answers to these questions. Also interesting is that beyond the term chemsex (also referred to as ‘Party ‘n Play’ in US and Australian contexts (Race, 2018)), there has been little to no attention paid to how those who actually engage in sex on drugs refer to this practice. It is highly unlikely that these individuals make use of academic sounding terms like substance-linked sex or sexualised drug use, especially in their abbreviated forms. This has practical implications for certain aspects of the research process, such as participant recruitment. Without knowledge of the sexual vocabularies of people who combine sex and drugs, locating such individuals through traditional methods (e.g., printed or online advertisements) is likely to be challenging.

There are further implications arising from researchers’ use of sex-on-drug-related terminology beyond the practical. Queer theorist Tim Dean invites scholars of sexuality – a group I consider myself to be a part of – to reflect on our own motivations for employing sexual vocabularies that are themselves a ‘huge turn-off’ (2015, 225).⁸ What is it that are we trying to prove? That we are ‘uncontaminated by the libidinal impulses we nevertheless are drawn to analyse?’ (2015, 225). It was with these questions in mind that I decided to abandon the term substance-linked sex for the purposes of my doctoral research. As someone who has sex on drugs myself, SLS felt somewhat clinical, and certainly detached from my own embodied experiences (De Craene, 2017; Brooks, 2019). Moreover, my conversations with other individuals (including participants in this study) who have sex while on drugs generally mirrored my own feelings. For these reasons, I use the phrase *sex on drugs* throughout this thesis.

SEX ON DRUGS BEYOND CHEMSEX: RESEARCH

Beyond chemsex, sex on drugs is under researched. The limited empirical work that does exist tends to employ quantitative methods, and, like the chemsex literature, focuses on links between drug use and risky sexual practices. Participant samples are often restricted to sexual and/or gender minority individuals (e.g., Hibbert *et al.*, 2019; Ristuccia *et al.*, 2018), usually justified by reference to their

⁸ Dean makes this point in relation to the term ‘unprotected anal intercourse’ (UAI).

higher rates of drug consumption in comparison to their heterosexual and/or cis gender counterparts. Higher rates of sex on drugs are also highlighted – in a meta-analysis comparing heterosexual and sexual minority youth, Herrick *et al.*, (2011) report the latter were almost twice as likely to report sex while intoxicated.

Other research explores sex on drugs across genders/sexualities, including those who are heterosexual and cis gender. Again, this is most often quantitative, and risk focused (for exceptions see Aldridge, 2020; Moyle *et al.*, 2020). For example, Sumnall *et al.*, investigated links between intoxication and risky sex among their 281 mixed-gender participants, finding that the more participants engaged in sex on drugs, the higher their propensity for sexual risk-taking (2007, 533). Bellis *et al.*, (2008) highlighted this same association in their sample of 1,341 mixed-gender 16-35 year-olds, demonstrating links between drug use, multiple sexual partners and paying for sex. In a sample of 3,869 mixed-gender 16-24 year-old participants, Khadr *et al.* found substance use to be strongly associated with sexual risk and adverse sexual health outcomes, ultimately concluding that '[q]ualitative or event-level research is needed to examine the context and motivations behind these associations' (2016, 1). Palamar *et al.* explored subjective sexual effects associated with various drugs in 679 young nightclub attendees, suggesting that findings could be used to inform 'prevention and harm reduction' (2018, 8).

To summarise, research that qualitatively explores contexts to individual's sex-on-drug experiences is a substantial gap in the literature. This means we know little about what sex on drugs looks in practice – where and when it happens, the kinds of sex/drug practices it involves, and how the sex-on-drug context affects the sexual experience (and vice versa). These are the kinds of questions this thesis aims to engage with. As mentioned at the outset of this chapter, I also sought to consider the utility of sexual consent (and the related concept of capacity) for making judgments regarding the ethics of sex-on-drug experiences. With this in mind, the following section provides some background to consent, including its philosophical underpinnings and the ways it has been conceptualised. I also consider the implications of drug intoxication for various conceptualisations of consent.

CONSENT

Consent has become fundamental to the way we think and talk about sex. In law, it is used to delineate between acceptable sex and sexual assault/rape (e.g., Sexual Offences Act, 2003). Consent is also central to many sex education/sexual violence prevention campaigns (e.g., 'yes means yes', 'consent is everything', 'consent is sexy'), where increased knowledge of how to 'give' and 'get' consent is thought to be the most effective means through which to improve people's sexual lives and reduce incidents of sexual violence (Serisier, 2013; Fischel, 2019; Brady and Lowe, 2020; Schaffner, 2022).

Despite its mainstream appeal, feminist scholars have long argued that consent has limited utility for distinguishing between positive sexual experiences and those that are harmful/assaultive. Their criticisms often relate to consent's liberal, individualistic underpinnings (Munro, 2017), where the human 'subject' is positioned as an atomistic, disembodied, rational choice-maker that is 'ontologically prior to any form of society' (Drakopoulou, 2007, 10). In a 1980 article *Women and Consent* for example, feminist and political theorist Carol Pateman criticised consent for obscuring cultural, social, and economic constraints faced by women in particular and assuming 'equality' between men and women engaging in sexual relations (see also Pateman, 1988). Relatedly, legal scholar Catharine MacKinnon (1989) argued that a focus on consent conceals the fact that women do

not live under conditions where they are in fact able to exercise 'free choice'. More recent feminist scholarship continues to highlight consent's shortcomings. Philosopher Louise du Toit for example argues that consent 'presupposes the freedoms of the subject', and as such 'simultaneously assumes and undermines women's sexual subjectivity' (2007, 58).

While the works cited above question the extent to which women's consent can be considered meaningful, others have highlighted the harms that arise from 'consensual sex', again for women in particular. For example, legal theorist and philosopher Robin West has argued that heterosexual sexual encounters, even when consensual, are regularly unwanted and harmful to women (West, 1995; see also Woodard, 2022). In her more recent works, West terms this 'consensual sexual dysphoria' (West, 2017, 2020; Woodard, 2022), which she describes in more detail here:

[...] consensual, nonassaultive, but nevertheless unwanted sex can nevertheless be harmful in spite of its consensuality, and [...] those harms are borne disproportionately but by no means exclusively by women. Although it's a mouthful, I want to label the cluster of harms occasioned by such sex as "dysphoric" and the political condition it entails "consensual sexual dysphoria." Like all dysphoric conditions, this one occasions an alienation from and a profound discomfort within one's body. (West, 2017, 808)

While criticisms of consent have so far largely related to heterosexual encounters where men are positioned as active and desiring pursuers and women as gatekeepers of sex, others have pointed out that the concept is ill-equipped to serve as an ethical framework for queer sexual encounters. Serisier for example argues that consent takes for granted binary ways of thinking around gender and the 'sexual double standards of heterosex' (2013, 87). Because of this, she concludes that '[c]onsent has little to offer a queer sexual ethics that seeks to differentiate good and bad sex outside of hetero- and gender-normative frameworks' (2013, 87; see also Carmody, 2003).

CONCEPTUALISING CONSENT: INTOXICATED COMPLICATIONS

As well as scholarship that interrogates consent's liberal and individualistic underpinnings, there are ongoing debates regarding the nature of consent. While mainstream discourse often equates consent to sex with a desire for it, as well as requiring the 'giving' of consent to entail enthusiasm, mutuality, and sobriety (Fischel, 2019, 19), in legal contexts, consent simply refers to some kind of agreement to engage in specific sex acts.

Scholars have conceptualised consent as an agreement in multiple ways (Smith, Kolokotroni and Turner-Moore, 2020). Sometimes, consent is conceptualised as an internal state of willingness, or a 'state of mind' (Hurd, 1996; Westen, 2003). But because the internal states of others are ultimately private and unknowable (Muehlenhard *et al.*, 2016a, 6, 11), others argue that consent is better understood in relation to individual behaviours (Kleinig, 2010). There are two ways in which consent can be understood as behavioural. The first is where consent is given directly; typified by statements like 'I consent to have sex', or 'I will have sex with you' (Muehlenhard *et al.*, 2016a, 6). The second is behaviours that someone else interprets as willingness. The difference here is 'the individual whose consent is in question does not need to do or say anything [...]. The presumption occurs entirely in the observer's mind' (Muehlenhard *et al.*, 2016a, 6-7).

Adding intoxication into the mix has important implications for the validity of consent whether it is conceptualised as either attitudinal or behavioural. These are usefully summarised by legal scholar Sharon Cowan:

If consent is a state of mind then being in an intoxicated state can make it extremely difficult to come to a settled state of mind about consent since intoxicants clearly affect the cognitive capacities and it is often also of course, difficult for others to ascertain one's state of mind. However if consent is an action, alcohol/drugs again can impair the physical and verbal abilities to the extent that action is either impossible or, again, difficult to read. Either way intoxication can render consent obscure. (Cowan, 2008, 899)

Key here is Cowan's assertion that intoxication can render consent, whether conceptualised as attitudinal or behavioural, 'obscure'. Though I do not seek to oppose this claim, I do wish to note the tendency to grant drugs primacy in the impairment of a person's cognitive, physical, and verbal capacities without consideration of the role played by consumption contexts (Aldridge, forthcoming). To assume that drugs automatically and always impair people in this way could be interpreted as a form of pharmacological determinism – the view that the 'effects' of drugs can be attributed solely to their chemical makeup. It is first important to recognise that different 'types' of drugs (e.g., stimulants, depressants, empathogens, psychedelics, etc.) will inevitably affect people (and their capacity to give consent) in different ways (Smith, Kolokotroni and Turner-Moore, 2020). Moreover, drug experiences are influenced by the user's state of mind and their physical/social/cultural environment (Zinberg, 1984; Bancroft, 2009; Hartogsohn, 2017). This is a point taken up in greater detail in Chapter 3 of this thesis, but to summarise here, pre-determining the 'effects' of drugs on a person's cognitive, physical, and verbal capacities itself obscures any context to drug-taking, and so hinders our ability to engage in nuanced speculation around how drugs might affect capacity/consent for different people, in different places, and at different times.

A second debate regarding the nature of consent is whether it is best conceptualised as a discrete event or an ongoing process. The former, consent as a discrete event, might refer to someone saying 'yes' when asked if they are willing to have sex. It might also refer to behaviour that someone else interprets as willingness – perhaps going home with someone after a night out or being obviously intoxicated. What is most important about conceptualising consent as a discrete event is that 'individuals would probably be assumed to be consenting unless they do something to retract their consent' (Muehlenhard *et al.*, 2016a, 8). In other words, the absence of a no implies an ongoing yes.

Some are critical of this approach to consent, arguing instead that consent is better conceived of as an ongoing, continuous process (Benway, 2019). According to Beres, most feminists working in the area of sexual violence prevention view consent as a 'process that begins with sexual initiation and is ongoing throughout the sexual activity' (2014, 383). Here, consent is not assumed unless retracted. Instead, consent functions as a 'continuous process of evaluating a partner's behaviour' as sex progresses (Muehlenhard *et al.*, 2016a, 8). This might include checking for signs of pleasure/discomfort via a partner's facial expressions, movements, or sounds. The implications of viewing consent as an ongoing process for sex that involves drugs are worth noting here. It is very likely that a person's 'level' of intoxication would change throughout the time in which sex takes place, which in turn would affect their 'capacity' to give their consent. It could then be that some parts of the sex might be deemed assaultive, and others permissible, even if it was not experienced that way

by those involved. While this point is not meant as a criticism of viewing consent as a process, it is to highlight that doing so provides little clarity on the validity of intoxicated consent.

INTOXICATION AND CONSENT CULTURE

There is a tension at the heart of talk around sex on drugs where on the one hand drug intoxication (especially alcohol intoxication) is accepted as an established part of many people's sexual lives – a 'social lubricant' (Bogren, Hunt and Petersen, 2022; Hunt *et al.*, 2022) that can make sex more likely to happen – and on the other it is thought to compromise sexual consent (Bogren *et al.*, 2022, 1) and 'inhibit [a person's] capacity to remove or protect [themselves] if a situation becomes dangerous' (Nelson, 2021, 102). The idea that intoxication inhibits a person's cognitive, physical and verbal capacities is thought to be a problem for women in particular in that it enhances their pre-existing vulnerability to male sexual violence (Aldridge, forthcoming; Brian, 2018). Accordingly, drug-related sexual violence prevention messaging constructs women as 'always already victims of sexual violence' (Angel, 2021, 25) and puts forward risk-reducing strategies that focus on their behavioural change (e.g., stay in groups of friends, keep an eye on your drink, avoid becoming overly intoxicated (Aldridge, forthcoming)). Where men are the focus of prevention campaigns, advice tends to be some variation of 'don't have sex with women who are intoxicated' (Rawlinson, 2021). Lacking engagement with queer sex involving drugs (as noted by Angel (2021) consent rhetoric tends to deal with relations between cis men and women), sex on drugs among established partners, and the idea that sex on drugs might be a positive experience for those involved.

Before starting this PhD thesis, I completed an MPhil in criminological research, during which I conducted an empirical project comprising qualitative interviews with individuals across a range of genders and sexualities who engaged in sex on drugs with the intention of exploring the ways they negotiated consent (see Aldridge, 2020; Moyle *et al.*, 2020). But what I found was very much in line with the quote from Helena at the outset of this chapter: the rhetoric of consent – especially that which privileges a clear, enthusiastic and verbal 'yes' – served as a limiting framework to speak productively about their sex-on-drug experiences. I believe this was the case for three reasons. First, the notion of consent 'restrictively narrows the spatial and temporal parameters of discussion' (Fischel, 2019, 18). When we talk about the 'presence' or 'absence' of consent, 'we are by definition talking only about a sexual encounter between two or more persons in the immediate present, right there and then' (Fischel, 2019, 18). Using the language of consent to talk about sex-on-drug experiences thus enacted boundaries (see Chapter 5 for an elaboration of this point) that excluded details participants often felt were relevant to determining whether an encounter was both an ethical and enjoyable (rather than necessarily consensual) one for the individuals having sex (Serisier, 2013; Carmody, 2015; Fischel, 2019; Dowds, 2020).

Second, a consent discourse that privileges sobriety as the ideal state inevitably positions intoxicated states as lesser, dangerous even, meaning participants often took on the task of justifying why the enjoyable sex they had had while on drugs had not been harmful for those involved. This frequently involved clarifying that they and/or their partner(s) would have engaged in the same kind of sex/made similar sexual decisions while in a sober state, which ultimately reinforced sobriety as the ideal and intoxicated sex as lesser (Aldridge, 2020). It also reflects the popular belief that intoxication changes a person's sexual boundaries - i.e., what they are/are not comfortable and willing to do during sex – in ways that are likely at odds with what they would choose to do while sober (Cole, 2017; Smith,

Kolokotroni and Turner-Moore, 2020). This belief often relies on a presumption of post-sex regret following any sexual boundary changes, and so is invoked as a reason why sex on drugs is something to be avoided, especially when the people having sex do not know each other well. I discuss the notion of sexual boundaries in greater detail in Chapter 5.

Third, consent discourse encourages us to think about sex in dichotomous and hierarchal terms (as either consensual or non-consensual, good or bad, mutual or forced, wanted or unwanted), thus leaving little to no room for ambivalence or ambiguity (Smart, 1989; Cowan, 2007; Cunniff Gilson, 2016). However, ambivalent feelings around sex are common (Pinquart, 2010; Beres, Senn and Mccaw, 2013), and feelings around sex in general are prone to change, both in the moment and over time (Cunniff Gilson, 2016; Nelson, 2021). A discourse that reduces this complexity to dichotomous, stable categories obscures ways of thinking and talking about sex and sexual ethics that might take us in unexpected and generative directions (Cunniff Gilson, 2016; Angel, 2021).

BEYOND CONSENT: AN EVENTS-BASED APPROACH

In starting this thesis then, my goal was to find a way to think through the ethics of individual's sex-on-drug experiences without restrictively narrowing the spatial and temporal parameters of discussion and without recourse to the consent/non-consent dyad that so dominates current approaches (Serisier, 2013). I also sought to critically investigate notions of 'capacity', 'vulnerability', and 'boundaries' as they relate to embodied experiences of sex on drugs. I chose to focus on these concepts in particular because of their common deployment in sexual violence prevention discourse in relation to drugs and intoxication (Testa *et al.*, 2003; Brian, 2020). To be clear from the outset, I did not seek to devise some alternative to consent that can be used in legal contexts to delineate between sex involving drugs that is permissible and that which is criminal. Like Anderson, I believe that 'sexual ethics should begin from a phenomenological account of lived experience' rather than a 'legalistic framework' (2022, 8). As such, my goal was to generate insights with the potential to help us to rethink current consent-centric approaches to sexual violence prevention and sex education (Serisier, 2013; Fischel, 2019), both in relation to drugs and more generally. So, the overarching research questions this thesis sought to engage with were:

1. How are individuals' sex-on-drug experiences affected by the contexts in which they occur; and conversely how are sex-on-drug contexts affected by individual's sex-on-drug experiences?
 - a. How can this knowledge inform approaches to sexual violence prevention?
2. What is a productive way to speculate about the ethics of sex-on-drug experiences without restrictively narrowing the spatial and temporal parameters of discussion via a focus on consent?

To answer these questions, I recruited 25 research participants who between them generated 50+ accounts of sex-on-drug experiences via a combination of participant diaries and diary-interviews (see Chapter 2 for a detailed discussion of methods and information about participants). In analysing these accounts, I took the 'sex-on-drug event' as my primary unit of analysis (Dilkes-Frayne, 2014; Dennis, 2017, 2019). Because an 'event' has no predetermined spatial, temporal, or material boundaries in terms of what can be deemed relevant, this opened up potential directions my analysis could take rather than determining where my focus would lie in advance.

The events-based approach employed in this thesis is underpinned by new materialist and posthumanist perspectives – in particular the philosophy of Gilles Deleuze (and sometimes his collaborations with Felix Guattari).⁹ For Deleuze/Deleuze and Guattari, philosophical work is the creation of concepts (Deleuze and Guattari, 1994, 35-36), and the concept of ‘the event’ is central to his own philosophy of ‘transcendental empiricism’ (Fraser, 2003; Dennis, 2019). Inextricably linked to this is the concept of ‘becoming’. A philosophy of becoming (as opposed to one of being) means that for Deleuze/Deleuze and Guattari, ‘the world does not start with forms but connections, and thus, *bodies*, rather than subjects and objects’ (Dennis, 2019, 28, emphasis original). Bodies are conceived of in a broad sense and can refer to things like ‘ideas, discourses, substances, spaces, humans, animals and more’ (Bøhling, 2017, 136; Deleuze and Guattari, 1987, viii). Because a Deleuzian/Deleuzoguattarian ontology is relational, bodies do not precede the events they are part of, and they do not have any kind of internal truths, meanings, or essences (Malins, 2004). The question then is not what bodies *are*, but what they can *do* through their relationality:

We know nothing about a body until we know what it can do, in other words, what its affects are, how they can or cannot enter into composition with other affects, with the affects of another body, either to destroy that body or to be destroyed by it, either to exchange actions and passions with it or to join with it in composing a more powerful body (Deleuze and Guattari, 1987, 257)

Following Spinoza, Deleuze and Guattari understand ‘affect’ as:

[A]n ability to affect and be affected. It is a pre-personal intensity corresponding to the passage from one experiential state of the body to another and implying and augmentation or diminution in that body’s capacity to act (Deleuze and Guattari, 1987, viii).

Bodies are defined by their ability to affect and be affected (Malins, 2004; Bøhling, 2017; Dennis, 2019, 2020), the potential for which can be reduced/enhanced through their relations/connections with others. Most importantly for this thesis, this forms the basis for a Deleuzoguattarian approach to ethics: ‘An ethical event for Deleuze and Guattari is one in which *bodies emerge with a strengthened–or at least undiminished–potentiality*’ (Malins, 2004, 97, emphasis added).

Following Deleuze/Deleuze and Guattari, I take an events-based (as opposed to a consent-based) approach to considering the ethics of individual’s sex-on-drug experiences, where I focus not on whether the individuals involved consented to sex, but rather whether their abilities to act were reduced, enhanced, or some combination of the two. Doing so allows me to engage in more nuanced and holistic speculation around approaches to drug-related sexual violence prevention that emerges from the lived experience of a diverse range of bodies, which is something I will evidence as this thesis progresses. In every analytic engagement with a sex-on-drug event, I attend to the multitude of bodies (human, nonhuman, material, and discursive) that are assembled. The ‘assemblage’ is another Deleuzian/Deleuzoguattarian concept I make use of. For Deleuze and Guattari, assemblages are like machines, ‘defined solely by their external relations of composition, mixture, and aggregation’ (Nail, 2017, 23). An assemblage is thus a ‘multiplicity’, ‘neither a part nor a whole’ (Nail, 2017, 23).

⁹ I also draw on the work of other new materialist/posthumanist thinkers (e.g., feminist science scholar Karen Barad). For clarity, I introduce this work as and when it is relevant to the discussion at hand.

Translated from the French word *agencement* used by Deleuze/Deleuze and Guattari, an assemblage is 'an arrangement or layout of heterogeneous elements' (Nail, 2017, 22). Importantly, many argue that the English translation fails to capture what Deleuze/Deleuze and Guattari sought to convey by *agencement*. In his book *Assemblage Theory* for example, Manuel DeLanda describes the term as referring to 'the action of matching or fitting together a set of components [...], as well as the result of such an action' (DeLanda, 2016, 1). For DeLanda, the English 'assemblage' captures only the second of these meanings, thus creating the impression 'that the concept refers to a product not a process' (2016, 1).

Importantly for this thesis, bodies should also be thought of as assemblages, in that they are collections of connections that exist only in and through the events they are part of (Currier, 2003; Malins, 2004). All bodies are constantly forming connections with others. 'It is these connections [...] which allow desire to flow and which have the capacity to transform bodies and produce new social formations' (Malins, 2004, 89). However, not all assemblages have a transformative potential. Throughout their written works, Deleuze and Guattari contrast what they term the 'molar' and the 'molecular' – the former being 'the territorialising aggregates of control that restrict desiring production' (for example cultural norms, sexual codes of conduct, discourses) that impose order and define what bodies can/cannot do, and the latter 'the deterritorialising assemblages of desiring production's proliferating, destabilising connections and lines of flight' that open up bodily possibilities (Bogue, 2011, 32). Taken together, these Deleuzian/Deleuzoguattarian concepts (of bodies, assemblages, and events) provide me with the tools to capture the nuances and intricacies of sex-on-drug relations and enable new understandings.

BEYOND CARCERAL 'SOLUTIONS' TO SEXUAL VIOLENCE

I locate my work within feminist abolitionist thinking and thus conceptualise sexual violence prevention as a collective effort that ultimately demands the transformation of systems and structures that expose marginalised bodies to disproportionate levels of violence (Richie, 2000; Davis, 2003; Sankofa, 2016; Olufemi, 2020). As such, I do not believe that the 'solution' to sexual violence lies in the criminal justice system as it currently operates. As noted by Olufemi:

Prison provides an individualist response to harm – it locates the problem in the body of the 'bad' person rather than connecting patterns of harm to the conditions in which we live. (2020, 110)

These conditions involve our being taught that the bodies of law and systems/institutions that implement and enforce it exist to prevent crime, keep people safe from harm, and deliver 'justice' via imprisonment and other sanctions. These ideas are particularly relevant in relation to sexual violence – arguments in favour of the police and use of prisons often cite sexual violence (especially that which is enacted against children) as a reason why these systems must continue to exist (Deer and Barefoot, 2019; Terwiel, 2020). Feminist reliance on criminal justice institutions to respond to sexual violence is referred to as 'carceral feminism', and is generally positioned in opposition to 'restorative', 'transformative' or 'community-based' approaches to justice (Kim, 2018; Terwiel, 2020).

A carceral feminist logic of sexual violence prevention is problematic for multiple reasons. First, 'the majority of rapists in the world are not in prison, nor will they ever be' (Olufemi, 2020, 111; see also Lamusse, 2021). It is well established that most sexual assaults/rapes are not reported to the police,

and of those that are, very few result in conviction (Walker *et al.*, 2021; Rape Crisis, 2022a). When assaults/rapes are formally reported, this process is often experienced as traumatic in itself (Smart, 1989; Miller, 2019). We must also keep in mind that police officers themselves are sometimes perpetrators of sexual violence, especially against people with marginalised identities, and can abuse their authority and power to carry out such acts (Sankofa, 2016; Purvis and Blanco, 2020; Bonkiewicz *et al.*, 2022). A recent UK example of this is the 2021 case of Sarah Everard who was kidnapped, raped, and murdered by Metropolitan police officer Wayne Couzens (Morton, 2021). So entrenched in our cultural consciousness is the notion that the police and criminal justice system more generally are the solution to sexual violence, the UK government's response to Sarah Everard's murder was to seek to deploy hundreds more police officers on the streets in the name of 'women's safety' (Mathers, 2021).

Responding to police sexual violence with increased policing is troubling, and for reasons other than increased potential/opportunities to perpetrate violence. As it stands, the police form part of a cultural environment in which sexual violence, especially that enacted against women of marginalised identities, occurs at alarming rates (Olufemi, 2020). Critiques levelled at the police must therefore go beyond their failures to prevent sexual violence and/or imprison the majority of those who perpetrate it. We must also consider the ways in which police – and indeed other systems/institutions – *facilitate* the carrying out of sexual violence, whether or not this is obviously intentional (Gavey, 2018). This is something I explore in Chapter 4, where I present an analysis of one female participant's (Sarah's) story, who was sexually assaulted at 17 years old after being removed from a nightclub and detained by the police for possession and use of ketamine (see also Aldridge, forthcoming). Far from keeping Sarah safe, the police left her alone in the centre of a city, knowing she was heavily intoxicated, with no means to get home. Sarah was thus reliant on her perpetrator to financially assist her, which resulted in him raping her in her own home. While we cannot of course hold the police officers who detained Sarah solely responsible for her rape (not least because most of us would hopefully agree that if sole responsibility was to be afforded, this would be to person who raped her), we must nonetheless pay attention to the wider events surrounding incidents of sexual violence so that our knowledge of these can be integrated in our approaches to its prevention.¹⁰

COMMUNITY-LED APPROACHES TO SEXUAL VIOLENCE PREVENTION

Carceral feminist responses to sexual violence tend to sit in opposition to those that are considered 'transformative', 'restorative', or 'community-led' – though see a discussion of the oversimplicity of this binary from Terwiel (2020). Transformative, restorative, and community-led approaches have been taken up and implemented in multiple and diverse ways in different contexts, and it is beyond the scope of this thesis to document them in detail here.¹¹ However, I now provide a brief outline of community-led approaches to sexual violence, as these are most relevant to the conclusions drawn in this thesis.

The notion of 'community' features heavily in social scientific research, especially in relation to the experiences of marginalised groups. For example, we regularly encounter phrases like 'LGBT communities' (Public Health England, 2015), 'trans communities' (Tebbe and Budge, 2016), 'queer communities' (Pym, Byron and Albury, 2021), 'communities of colour' (Altman *et al.*, 2021), and 'queer communities of colour' (Knee, 2022). In these examples, the term community is used as a shorthand

¹⁰ I discuss what an events-based approach means for the idea of 'responsibility' for sexual violence at the end of Chapter 6.

¹¹ See Kim (2018) for a summary of alternative approaches to justice in response to sexual violence.

to refer to a group of people with a shared characteristic and/or identity. Relatedly, a community can refer to a group of people who live in a particular place – for example an ‘urban community’ or a ‘rural community’ (Probst, Crouch and Eberth, 2021). However, members of a community are not required to be in close geographical proximity to its other members – for example in the cases of ‘online’ or ‘digital’ communities (Carter Olson, 2016).

As noted above, some responses to/interventions around sexual violence (and indeed violence more generally) are classed as ‘community-led’ (or sometimes ‘community-based’). These are generally presented as an alternative or challenge to the state and/or criminal justice system, and thus require a decentralised and ‘bottom-up’ perspective (Deer and Barefoot, 2019). For Kim (2018), community-based responses to violence can be summarised as follows:

[Community-based approaches] shift the focus of violence from individual actors to communities, the latter taking a role both as perpetrators and casualties of violence. Communities are also sites for prevention, intervention, and transformation, spaces where interventions can be imagined, initiated, and implemented (Kim, 2018, 227).

Key from the above are 1) the shift of focus from individual actors to communities, and 2) Kim’s observation that communities ‘are spaces where interventions can be imagined, initiated, and implemented’. Regarding the former, shifting the focus from the individual to the community speaks to earlier critiques made concerning the reliance on the concept of consent alone for judging the ethics of sexual encounters. Because consent pushes us to consider the sexual decision-making of the two or more individuals having sex at a particular moment (or moments) in time (Fischel, 2019), we are inclined to think less about the idea of a community setting to sex and the bearing this might have on how sex is experienced by those involved.¹²

It is also generative to think of communities (rather than just individuals) as both ‘perpetrators’ and ‘causalities’ of violence. In relation to the former, there is an understandable tendency to frame the perpetration of sexual violence as stemming from some isolated individual pathology, as this means the removal of certain individuals from society (for example via imprisonment) serves as a clear and, in theory at least, straightforward ‘solution’ to the problem. Sexual violence however is not an individual problem. As argued by Nicola Gavey, sexual violence is a *social* problem, and one that is ‘culturally scaffolded’ by the narratives, scripts, and discourses of normative heterosexuality that are upheld and reinforced by the various institutions we encounter (e.g., schools, workplaces, media, politics, healthcare, law enforcement) throughout our lives (2018, 3). Acknowledging sexual violence as a social (and thus communal) problem means its prevention becomes concerned less with dealing with certain individuals in society, and more with the transformation of material conditions, systems, and structures (Olufemi, 2020). This is of course a daunting task, but we can look to the political organising and scholarship of black feminists and other activists to provide inspiration and optimism here (e.g., Olufemi, 2021; Abolitionist Futures, 2022; Critical Resistance, 2022).

Thinking of communities as casualties of violence also requires reflection on the harms caused by sexual violence across and beyond the individual bodies it is enacted on. We can consider, for example,

¹² See Kane Race on ‘community infrastructures’ (2018, 20).

the impact that the threat of sexual violence has on the lives of those taught most to fear it, namely women. As argued by Sara Ahmed in *The Cultural Politics of Emotion*:

[W]omen's access to public space is restricted by the circulation of narratives of feminine vulnerability. Such narratives are calls for action: they suggest women must always be on guard when outside the home. They not only construct 'the outside' as inherently dangerous, but they also posit home as being safe. So women, if they are to have access to feminine respectability, must either stay at home (femininity as domestication), or be careful in how they move and appear in public (femininity as a constrained mobility). (Ahmed, 2014, 70).

Ahmed's point around 'femininity as a constrained mobility' resonates strongly with current sexual violence prevention messaging in relation to drugs. As noted above, such messaging tends to take the form of advising individuals – women in particular – not to engage in certain behaviours in order to lessen their odds of being sexually assaulted/raped. For example, women are told to moderate their drug use, never leave their drinks unattended, and avoid walking home alone following nights out (Aldridge, forthcoming). Prevention messaging thus forecloses – or in Ahmed's words 'constrains' – women's possibilities for movement and action in the name of individual responsibility. In this thesis, I propose alternative approaches to sexual violence prevention that centre on *opening up* possibilities for action, rather than shutting them down.

Finally, I wish to note the relevance of Kim's (2018) second point highlighted above – that communities are spaces where interventions can be imagined, initiated, and implemented. Considering this in regard to sexual violence prevention interventions in particular, the inevitable diversity between and within communities means that prevention interventions cannot be conceived of in isolation from the needs and desires of the specific communities they seek to serve (Serisier, 2013). This is especially important for thinking about drug-related prevention interventions. We know for example that queer people tend to use drugs at higher rates than their heterosexual/cisgender counterparts (Pienaar *et al.*, 2020), and that within queer communities, there are variations in the types of drugs that are used – for example gay and bisexual men using chemsex drugs like GHB and crystal methamphetamine at higher rates (Lawn *et al.*, 2019). Thus, any attempts to make sex on drugs safer for those who engage on it must be sensitive to the ways that drugs are used (including which drugs and in what contexts) by different communities. This is especially important because at present, the majority of public health campaigns relating to sex on drugs are targeted specifically and men who have sex with men engaging in chemsex. In their 2020 study, Moyle and colleagues found that some of their non-cis male participants expressed frustration that their own sex-on-drug practices were not deemed worthy of this kind of attention. This thesis takes up the task of speculating what drug-related sexual violence prevention might look like when taking into consideration and working with a diverse range of communities.

CHAPTER OUTLINE

Following this introductory chapter, I move to methods, where I set out the rationale for my research design and reflect on the process of generating data suited to an events-based analysis. Because data collection for this project took place between March 2020 and July 2021, I discuss the impact of COVID-19 on the research process. In chapters 3, 4, and 5, I present and discuss my research findings in relation to the concepts of 'capacity', 'vulnerability', and 'boundaries' respectively. In each of these chapters, I provide some background to the relevant concept and set out its utility for speculating

around the ethics of participants' sex-on-drug experiences. Chapters 3 and 4 present three participants sex-on-drug experiences, and Chapter 5 presents four. Each of these chapters thus takes a 'critical case' approach (Yin, 2018), where a small number of participants' stories are selected for their capacity to generate insights and in-depth understanding of issues that are of central importance to the aims of the study. I provide further justification for my critical case approach in Chapter 2, pages 44-45.

In Chapter 3, 'On Capacity', I find that legalistic notions of capacity rely on notions of drug-using human bodies out of context. Capacity is treated as an individual, human attribute, which can either be impaired via the use of drugs or eliminated entirely. This approach thus incentivises an individualistic way of thinking about sexual ethics that affords a great deal of power and decontextualised responsibility to drugs in the playing out of sex-on-drug events (especially those that involve sexual violence, which is reflected in the use of the term 'drug-facilitated sexual assault') and obscures the relations/connections among other relevant bodies (e.g., spaces, technologies, ideas, discourses). In line with the posthumanist/new materialist underpinnings of this thesis, I reimagine capacity so that it can attend to the multitude of bodies that make up sex-on-drug events without automatically prioritising the 'human' and the 'drug' as mainstream approaches do. This more relational approach allows me to demonstrate the ways that individuals' capacities to act in ways relevant to the ethics of sex are reduced and/or enhanced through their connections to the wider sex-on-drug event. This then serves as my approach to sexual ethics through the remainder of the thesis.

Chapter 4 engages with vulnerability. While mainstream approaches tend to locate vulnerability as a fixed and negative trait of certain individuals/groups (e.g., children, the elderly, people with certain health conditions), I follow the lead of feminist scholars who conceive of vulnerability as a fundamental ontological condition that is ambiguous/ambivalent in nature (e.g., Fineman, 2008; Cunniff Gilson, 2016). I use this as a basis from which to critique sexual violence prevention discourse that assumes vulnerability as a fixed trait of women and girls that is enhanced by their use of drugs. In my analysis of three participants sex-on-drug experiences, I focus on vulnerability as it emerges as an affective flow (Fox, 2015) in and through sex-on-drug events. This serves as a basis from which to argue for our ethical responsiveness to one another (Dennis, 2019), and to be more creative and caring in our approaches to sexual violence prevention. In the concluding section of this chapter, I explore what creativity and care might look like in the context of drug-related sexual violence prevention by drawing on feminist work around an ethics of care (e.g., Gilligan, 2011b) and new materialist/posthumanist scholarship.

Chapter 5 takes boundaries as a starting point. Within sexual violence prevention discourse/talk about sex more generally, boundaries (or sexual boundaries) are generally understood as a means through which a person can articulate their desires and limits in relation to sex. For example, a person might have a boundary around engaging in particular sex acts, like oral sex. In the popular imagination, drug intoxication is thought to temporarily alter a person's sexual boundaries by reducing their inhibitions, which in turn causes them to make different sexual decisions than they would in a sober state. However, this relies on the assumption that a person's sexual boundaries are fixed and knowable, which removes space for uncertainty and ambivalence. Drawing on four participants sex-on-drug experiences, I demonstrate the ways that sexual boundaries emerge in and through sex-on-drug events, which problematises common advice (e.g., RAINN, 2022) that encourages individuals to clearly communicate their boundaries and desires prior to sex taking place (Angel, 2021). Drawing on feminist

science scholar Karen Barad's (2007) notion of 'cuts', Chapter 5 also interrogates the *boundaries between things*, such as sobriety and intoxication, human and drug, consent and nonconsent, and chemsex and sex on drugs. In particular, I explore what might be lost through the making of 'consensual sex' as an object of investigation, and in doing so provide support for the approach to sexual ethics I have taken.

In the concluding chapter, I consider what approaches to sexual violence prevention might look like when underpinned by the goal of enhancing bodily capacities for action. To do this, I reflect on my own experience of working as a welfare officer for a queer techno rave in London (see Riposte, 2022), demonstrating the connections between the key conclusions arising from chapters 3, 4 and 5 and the approach I take to keeping clubgoers safe from drug/sex-related harms. I then broaden my focus to speculate around the implementation of community-led approaches to sexual violence prevention in contexts other than nightclubs, arguing that these must emerge from the lived experience of a diverse range of bodies and be sensitive to the ways that drugs are used by particular communities. I conclude by reflecting on avenues for future research and make the case for ethnographic studies that have the capacity to generate insights into the way that communities already care for themselves and others in sex/drug-related contexts, which can then be used as inspiration for the development of larger-scale interventions that are sensitive to the needs arising from specific time/space configurations.

CHAPTER 2: METHODS

'Sex is one of the hardest of all human phenomena to study, because sex is something happens between people, in context, and in conditions that are not replicable' (Angel, 2021, 82)

The above speaks to the challenge that faced me when considering the research design for this thesis: how to go about researching people's experiences of sex on drugs? Sex is a difficult phenomenon to study empirically because it tends to happen in settings that are challenging for researchers to access (e.g., private homes). But as I set out in the previous chapter, the overarching research questions I sought to engage with required that I generate rich and detailed accounts of what I refer to as 'sex-on-drug events', which inevitably includes information about the various settings/contexts in which these occur. In line with the new materialisms/posthumanisms, my goal was to employ methods that were sensitive to the arrangements of bodies (human, material, imagined, and discursive) in sex-on-drug events. To enable me to speculate around the ethics of these events, my methods also needed to be sensitive to the ways that these bodies' capacities to act are reduced/enhanced via their relationality.

Before COVID-19, my plan had been to take an ethnographic approach to data collection comprising observation in spaces in which sex on drugs was known to occur, research participant diaries, and 'diary-interviews' (Zimmerman and Wieder, 1977). My decision to take an ethnographic approach was linked to the theoretical underpinnings of this thesis. The task of noticing the relations/connections between human and nonhuman bodies required a move away from methods centred around 'human interpretation and meaning' (Adkins and Lury, 2009, 8; see also Fox and Alldred, 2013; Dennis, 2019, 37) – for example in-depth or semi-structured interviews – and towards those that can 'pay attention to affect, and thus the modulations of affect in constantly (sociomaterially) changing bodies' (Dennis, 2019, 37). I intended the combination of observation, diaries, and interviews to work together in building a progressive understanding of the bodies, relations, and flows of affect that are present in sex-on-drug events (Fox and Alldred, 2015).

Regarding observation, my plan was to attend various nightlife events in London and to document what I observed in relation to sex/drug practices and sexual ethics. I selected four regularly occurring events that I knew were spaces in which attendees would have sex on drugs.¹³ Two of these were promoted by their organisers as sex parties, and two were promoted as queer parties and provided attendees with dedicated spaces for sex (known as 'darkrooms' or 'playrooms'). My plan was to begin data collection by attending these four events as and when they occurred, with a view to attending further suitable events if they were made known to me as the research progressed. Existing sex/drug-related research with similar theoretical underpinnings has also employed observation as a method (e.g., Renold and Ringrose, 2011; Dilkes-Frayne, 2014; Alldred and Fox, 2015; Dennis, 2019), which meant I could look to these authors for inspiration regarding how to go about conducting this type of fieldwork. For example, in her observations of nightclubs, bars, and music festivals, Dilkes-Frayne engaged Sarah Pink's (2015) principles of 'sensory ethnography'. Especially relevant for posthumanist/new materialist research is Pink's proposal of 'an emplaced ethnography that attends to the question of experience by accounting for the relationships between bodies, minds, and the materiality and sensoriality of the environment' (2015, 28).

¹³ For privacy reasons, I chose not to reveal the names/locations of these events.

The four events I selected were all ones I had attended prior to starting this PhD, and so I was familiar with the rules, norms, and etiquette of each space. To use the language of qualitative research, this could be interpreted as an 'insider' researcher status, which refers to instances where the researcher is located somewhere 'within' the group being researched because of their 'common lived experience or status as a member of that group' (Gair, 2012, 137). There are ongoing debates regarding the utility of the insider/outsider distinction (Breen, 2007), and the posthumanist/new materialist underpinnings of this project compel me to question the presumed boundaries between these two stable statuses, conceiving instead of the researcher as a 'network of multiple and shifting feelings [and] identities' (Lennon, 2017, 537). This latter description resonates greatly with my own experiences of attending queer nightlife events over the years. The extent to which I feel anything like an 'insider' is constantly in flux, and connects to things like space, the crowd, drugs, music, outfits, phones, lighting, and more. So, rather than assigning myself an 'insider' status, I instead note that that my physical and social proximity to the spaces I sought to research had the potential to be useful in relation to ease of access and my prior knowledge of how to conduct myself while at these events.

Nightlife events are not the only settings in which sex on drugs occurs. While they served as appealing research sites given my ability to witness sex on drugs in those spaces first-hand, I also sought to generate data about sex-on-drug experiences that occurred in other, less accessible settings – for example private houses, outdoors, hotel rooms, chemsex parties, or in private spaces at music festivals. Compared to nightlife events, these are more challenging spaces for researchers to access, at least in person.¹⁴ So, this was where the diary and diary-interview components of the research design came into play. Following Zimmerman and Weider (1977), my plan was to recruit between 6-8 participants to maintain records of their sex-on-drug experiences for a 3–6-month period according to instructions. Participants would be encouraged to write about their experiences as soon as possible after they occurred (ideally the same or the following day) to minimise 'recall bias', which is where participants might struggle to remember previous events/experiences accurately or omit certain details (Lim *et al.*, 2010). In line with an ethnographic approach, the intended role of diaries was as an 'observational log' (Zimmerman and Weider, 1997, 481) generated by participants rather than the researcher. Because it can sometimes be challenging to put drug experiences into words (Demant, 2009, 31), I decided that diaries were to be handwritten to allow participants some level of creativity in their entries (for example to draw as well as write). This was in part inspired by Fay Dennis' method of 'body-mapping' for her doctoral research into injecting drug use, where she asked her participants to draw their bodies as a means to articulate their experiences of injecting drugs (Dennis, 2019, 2020).

I received approval from my university's ethics committee in March 2020, just as the UK was entering its first national COVID-19 lockdown (Brown and Kirk-Wade, 2021). This meant that the nightlife events I had planned on attending and observing were cancelled for the foreseeable future. Given nightlife venues were low on the UK government's list of priorities for reopening (Mazierska and Rigg, 2021), I was pessimistic about my chances of being able to conduct the observation component of the research without postponing my studies. Because of this, I made the decision not to carry out observations, and instead to expand the diary and diary-interview components of the study. I had originally planned to recruit between 6-8 participants to keep diaries and take part in interviews, and so I decided increase this to between 25-30 given the extra time I had available. The following sections

¹⁴ While masculine-presenting researchers might well be able to access chemsex parties, I would likely appear very out of place at such an event.

discuss participant recruitment, diaries, and diary-interviews in greater detail, including the impact of COVID-19 on each.

DATA GENERATION METHODS

PARTICIPANT RECRUITMENT

I recruited 25 participants to complete either handwritten or digital diaries describing their sex-on-drug experiences over a six-month period, and then to take part in a follow-up interview. This included 16 cis women, seven cis men, and two non-binary people, all aged between 19 and 59 years old. The sample lacked diversity in that the majority of participants were white and university educated. I discuss limitations of the sample further in the ‘Concluding thoughts’ section of Chapter 4. See Table 1 (below) for further demographic information about participants and details about their diary-keeping.

Prior to the pandemic, I had already recruited two participants via purposive sampling – a sampling technique typical for accessing ‘hidden populations’ like people who use drugs with sex that aims to maximise demographic diversity (Fox and Alldred, 2015). Following the onset of the pandemic, I made the decision to increase the number of participants I had been planning to recruit given I was no longer able to carry out the participant observation component of the study. However, the pandemic also meant purposive sampling became ill-suited to further participant recruitment. Restrictions on movement and socialising meant that I was only able to interact in-person with members of my household, which at the time consisted of myself and my long-term partner. I had already recruited willing members of my immediate social circle to the study, and my lack of ability to socialise meant I had limited opportunities to encounter others who I could ask to be involved. Following conversations along these lines with my supervisors, I decided to post on social media (*Instagram, Facebook, and Twitter*) to recruit further participants (Gelinas *et al.*, 2018). From my posts on *Instagram* and *Facebook*, I recruited an additional three participants. From my post on *Twitter*, I recruited an additional 16 participants. 57 others expressed interest at being involved but dropped out at various stages. None of these participants were previously known to me.

Some of those who responded to my social media posts were based outside of the UK (e.g., Germany, Colombia, the USA). Although prior to COVID-19 I had planned to provide each participant with a paper diary to write about their experiences, I decided it would be impractical to send paper diaries to each of these participants via post, particularly during COVID-19 restrictions when posting items was taking longer. Because of this, I decided to adapt diaries into a password protected word document (see Appendix E). I refer to these as ‘digital diaries’. Of the participants who completed diaries (two did not complete diaries, the reasons for which I discuss in the section that follows), 18 kept digital diaries, and five kept paper diaries. I discuss further implications of the shift to the inclusion of digital diaries in the ‘Analysis’ section of this chapter.

TABLE 1: THE PARTICIPANTS

Name	Age	Gender identity	Sexual orientation	Race/ ethnicity	Relationship status	Diary type	Interview type
Gina	20	Cis woman	Bisexual	White, Eastern European	Single	N/A	Video-conferencing platform
Silvia	23	Cis woman	Bisexual	Latina	Single	Digital	Video-conferencing

							platform (audio only)
Helena	24	Cis woman	Heteroflexible	Mixed (white, Indian, Colombian)	Single	Digital	Video- conferencing platform (audio only)
Delilah	24	Cis woman	Heterosexual	White	In a non- monogamous relationship (with Aemaeth)	N/A	Video- conferencing platform
Cleo	25	Cis woman	Lesbian	Black	Single	Digital	Messaging app
Sarah	25	Cis woman	Heterosexual	White	In a monogamous relationship	Digital	Video- conferencing platform
Spectre	26	Cis woman	Bisexual, pansexual	White	In a monogamous relationship	Handw ritten	Video- conferencing platform
Wilber	26	Non- binary, transmasc uline	Queer	White	In multiple polyamorous relationships	Handw ritten	In person
Maya	27	Cis woman	Heterosexual	Mixed (white, Indian)	Single	Digital	Video- conferencing platform
Harrison	27	Cis man	Heterosexual	White	In a monogamous relationship	Digital	Video- conferencing platform (audio only)
Libby	27	Cis woman	Bisexual	White	In a non- monogamous relationship	Digital	Video- conferencing platform
Pan	28	Non-binary	Queer	White	In multiple polyamorous relationships	Handw ritten	In person
Layla	28	Cis woman	Pansexual	White	In a non- monogamous relationship	Digital	Video- conferencing platform
Michaela	29	Cis woman	Heteroflexible	White	In a non- monogamous relationship	Digital	Video- conferencing platform
Mia	29	Cis woman	Heteroflexible	White, Jewish	In a non- monogamous relationship	Digital	Video- conferencing platform
Gregory	31	Cis man	Bisexual	White	Single	Digital	Video- conferencing platform
Vincent	31	Cis man	Heterosexual	White	Single	Digital	Video- conferencing platform
Shauna	32	Cis woman	Heterosexual	White	In a monogamous relationship	Digital	Video- conferencing platform

Andrea	39	Cis woman	Heterosexual	White	In a monogamous relationship	Digital	Video-conferencing platform
Christie	34	Cis woman	Heterosexual	White	In a monogamous relationship	Digital	Video-conferencing platform (audio only)
Aemaeth	36	Cis man	Heterosexual	White	In a non-monogamous relationship (with Delilah)	Digital	Video-conferencing platform
Phil	40	Cis man	Heterosexual	White	In a non-monogamous relationship	Digital	Video-conferencing platform
Finnick	47	Cis man	Heterosexual	White	Single	Digital	Video-conferencing platform
Rosalind	57	Cis woman	Bisexual	White	In a non-monogamous relationship (with Kula)	Handwritten	Video-conferencing platform
Kula	59	Cis man	Bisexual	White	In a non-monogamous relationship (with Rosalind)	Handwritten	Video-conferencing platform

DIARIES AND DIARY-INTERVIEWS

Once participants had received their diaries, I sent them reminders via email, social media, or text message once a month until they returned them. Digital diaries were returned via email, and paper diaries either in person or via post. Some participants took the full six months to write their diaries, some took less than a month, and most took somewhere in between. See Table 1 for more details about participants' diary-keeping. The format of diaries was left largely up to participants, though I did provide some instructions and open-ended questions/prompts (see Appendix D and E) to give a general idea of what I was looking for. In the instructions, I used the term 'story' multiple times (e.g., *'When you are writing, imagine that you are telling me a story'*) to encourage participants to understand their diary entries as modes of storytelling (Lewis, 2011; Dennis, 2018). This was in line with the events-based approach I used for thinking about sex-on-drug experiences. Framing diaries as opportunities for storytelling meant that participants were able to make their own decisions over where sex-on-drug events 'began' and 'ended', as the spatial and temporal parameters of discussion were not pre-determined by the researcher (Dilkes-Frayne, 2014, 456). Interestingly, some participants began/ended their stories months or even years before/after the relevant sex-on-drug event took place. The boundaries of sex-on-drug events was something I was able to investigate further in diary-interviews.

For the most part, participants presented their diaries as discrete stories of sex-on-drug experiences. 22 were retrospective diaries, and one was prospective. I discuss the reasons for participants mainly taking a retrospective approach in the following section. In the retrospective diaries, some participants linked the discrete sex-on-drug events they described together via some kind of over-arching narrative, often in these instances telling their stories in chronological order. Two participants drew

pictures in addition to writing. Together, diary submissions described over 50 sex-on-drug events. Diary entries ranged in length from around 100 to 2000 words, with an average length of around 700 words.

After participants returned their diaries, I invited them to take part in a follow-up diary-interview, drawing on my initial analysis of what they had written/drawn to devise individually tailored questions. I detail my approach to diary analysis further in the 'Analysis' section of this chapter. Because most interviews took place in 2020/21 during COVID-related restrictions on movement and socialising, 20 participant interviews were conducted via video-conferencing platforms (either *Zoom* or *Wire*). Of these, four participants asked to be interviewed using audio only, and the rest used audio and video. Two interviews took place face-to-face once COVID-restrictions had lifted. One interview was conducted over the messaging app *Signal*, so questions and answers were typed rather than spoken. Interviews ranged from around 45 minutes to three and a half hours, with the majority lasting around two hours. All interviews were transcribed by me. In the process of transcribing, I did my best to reproduce what participants had said word for word, including things like silences, laughter, and sighs (Halcomb and Davidson, 2006). Two participants who returned diaries did not take part in interviews as they did not respond to my multiple follow up requests.

During interviews, I generally used most of my pre-planned questions and always came up with additional follow-up questions. In line with the theoretical underpinnings of this thesis, I conceive of the body as doing, as relational, and always in a process of becoming (Merleau-Ponty, 1954; Latour, 2004; Dennis, 2018). I am interested, as Jackson and Scott put it, 'in the lived, fleshy experience of embodiment' (2001, 9). I found the combination of diaries and interviews to be a useful way of generating data suited to these interests. Participants tended to write detailed diary entries that were effective in mapping out 'what happened' in any given sex-on-drug event. Because of the questions/prompts I had provided in the diary instructions, these descriptions almost always included information about the physical/social environment and other nonhuman elements of sex-on-drug events (e.g., music, lighting, technologies, sex toys, drug paraphernalia). I was then able to use follow-up interviews as an opportunity to elicit further relevant details about the sex-on-drug event, and also to guide our discussion back to participants' bodies, often framing my questions along the lines of: 'you wrote X, can you tell me more about what that was like for you in your body?'. Interviews also provided me with an opportunity to check I had interpreted what participants had written in their diaries in line with their own understandings (i.e., 'member checking', also known as 'participant or respondent validation' [Birt *et al.*, 2016, 1802]).

Putting embodied experiences of sex on drugs into words was not always easy for participants (Moyle *et al.*, 2020), which was something we frequently reflected on during interviews. But these discussions were valuable, because I found that explicitly acknowledging the challenges of describing embodied experience made participants inclined to try in creative ways. As an example, one participant (25-year-old Sarah) used an illuminating metaphor to describe the difference between her experience of masturbating while sober versus masturbating while high on cannabis:

I think I've worked out an analogy. If you were to touch something with your elbow, you can feel that it's there. And you can feel sensation. But you can't really feel... It's the wrong thing, but you can't really feel texture, detail. Whereas if you use a finger, you can feel a lot more.

So, the elbow for me is when I'm not stoned, and... uh... yeah. A finger is when I am, I suppose.
(Sarah interview)

Interviews were also an opportunity to discuss issues around sexual consent specifically and sexual ethics more generally. Regarding the former, I did not explicitly refer to consent at any point in the diary instructions, questions, and prompts I provided for participants. My reasoning related to the limitations of consent that I already set out in detail in Chapter 1 (as restrictively narrowing the spatial/temporal parameters of discussion), and my experience of completing an MPhil in criminological research between 2017 and 2018, where I conducted an empirical project comprising qualitative interviews with individuals who engaged in sex on drugs with the intention of exploring the ways that they negotiated consent (see Aldridge, 2020; Moyle et al., 2020). During interviews, I found that consent served as a limiting framework for participants to speak productively about their sex-on-drug experiences. While my goal going into interviews had been to elicit stories of how participants had negotiated consent in the context of specific sex-on-drug experiences, in practice, my participants would often struggle to pinpoint instances where consent had actually 'happened' so to speak, and so stories of consent negotiation were lacking. Moreover, I found introducing consent into interviews would sometimes put participants on the defensive. To give an example, when I brought sexual consent into conversation during an interview with one cis-male heterosexual participant, he began to speak about his respect for women more generally (in and outside of sexual contexts), and I was unable to bring us back to our discussion of his specific sex-on-drug experiences.

Based on the above, for the current study, I decided to introduce questions around consent at the end of participant interviews. This always followed the same format. First, I would ask participants what they understood by sexual consent, and then I would ask for their thoughts on consenting to sex while intoxicated from drugs. Following this, I would ask participants to reflect on the sex-on-drug experiences we had discussed earlier in the interview in relation to consent, to see if any relevant insights/details emerged. One advantage of waiting until the end of interviews before introducing consent was that for some participants, the concept triggered discussion of sexual violence, and so I wanted to allow ample opportunity to build rapport with participants so that they would feel comfortable disclosing any relevant experiences and I could respond appropriately. I discuss this issue in greater detail in the 'Research ethics' section of this chapter.

As stated earlier, two participants who completed diaries did not take part in an interview as they did not respond to my multiple requests to set a date/time. Two participants who took part in interviews did not complete a diary, both for different reasons. The first, 20-year-old Gina, responded to an email reminder I sent around a month into her allotted diary-keeping period informing me that she was finding the writing process too difficult:

Hii Alex! I started the diary but felt a little uncomfortable. I'm very sorry for not letting you know earlier. I'm not sure when or if I can finish to be honest. I hope you can understand that :(

Some of the experiences also include a little violence which seemed important to include but it was actually hard writing it down.

Following a discussion with my supervisors, I offered Gina the opportunity to take part in an interview without having completed a diary:

Hi Gina! That's absolutely fine. Thanks very much for letting me know. Just to let you know, you are still very welcome to take part in an interview without writing the diary entries. However, I understand completely if you don't want to do this. I just wanted to give you the option in case you'd still like to be involved in some way. But again, no worries at all if not. Thanks again for your time!

Gina responded:

Maybe an interview is easier! I would still like to help you because I think your work is very interesting. It's such a crucial subject but without any scientific knowledge so far.

Following this exchange, Gina and I had an interview over *Zoom*. The interview was productive and generated useful data. However, I did find that I ran into problems regarding researching people's sex-on-drug experiences through interviews alone. Gina often spoke about her experiences of sex on drugs in more general terms, and I had a difficult time trying to elicit detailed descriptions of specific sex-on-drug events.¹⁵ When Gina did start to describe a specific event, she often became distracted and/or went off on a tangent, and so I spent a lot of time attempting to bring her back to her story. Though these tangents were often interesting and relevant, Gina was limited in the amount of time she had available to be interviewed (around an hour), which meant there was less opportunity to generate rich and detailed descriptions of her sex-on-drug experiences through our discussion. Moreover, the fact that I was not familiar with any of Gina's sex-on-drug experiences prior to the interview as I was with participants who had completed diaries meant I was limited to devising follow up questions in the moment rather than taking extended time to plan. For these reasons, my experience of interviewing Gina confirmed to me that diaries and interviews had been an appropriate combination of methods for generating accounts of sex-on-drug events (Latham, 2004; Dilkes-Frayne, 2014).

28-year-old Delilah was the second participant who took part in an interview but did not complete a diary. Delilah was the long-term partner of another participant (36-year-old Aemaeth) who had used his diary to write about multiple sexual encounters the two of them had had. Because Delilah featured in each of the sexual experiences Aemaeth had written about, I was able to use my analysis of his diary entries to design questions for her interview. Interviewing Delilah was an interesting and informative experience. She was one of the last participants I interviewed for the study, and until that point I had frequently found myself lamenting the fact that for the most part, I only had access to one sexual partner's version of sex-on-drug events and had no opportunity to speak to the other person or people involved. This is something I reflect on further in Chapter 5 in relation to my analysis of 40-year-old Phil's diary description of adding GBL to his wife's alcoholic drink without her knowledge or permission, and then having sex with her. Because I only had access to Phil's description and understanding of the event, I felt cautious in attempting to persuade readers towards any kind of judgement regarding its ethics, and thus took a more tentative approach than I otherwise might.

I asked Delilah to read Aemaeth's diary in preparation for our interview. At various points, I asked her if she felt Aemaeth's descriptions of their sexual experiences were lacking any details she felt were relevant. These questions almost always generated insights into the sex-on-drug events that I

¹⁵ By 'more general terms', I mean that Gina would talk about how certain drugs affected sex more generally. So, for example, she would say something along the lines of 'weed helps me to connect with my sexual partners', rather than telling me about a specific instance in which cannabis helped her to connect with a sexual partner.

would have otherwise missed. Another benefit of Delilah's involvement related to researching sexual consent/sexual ethics specifically. As discussed above, I always ended interviews by introducing sexual consent and asking participants to reflect on the sex-on-drug experiences we had already discussed in relation to the concept. In my interview with Aemaeth, he described a number of ways through which he felt he had been able to tell that Delilah had both consented to and enjoyed the various sexual experiences detailed in his diary (e.g., through her facial expressions, through her 'energy' or 'vibe'). In my interview with Delilah, I was able to ask for her perspective on the ways in which she communicated her consent/enjoyment of sex, and then explore the extent to which this confirmed or contradicted Aemaeth's narrative in my analysis.

Delilah and Aemaeth were one of two couples who were involved in the study. The other was 59-year-old Kula and 57-year-old Rosalind. Unlike Delilah and Aemaeth, Kula and Rosalind each completed their own diary, which meant that in some instances I had access to two separate written accounts of the same sex-on-drug event. As with Delilah and Aemaeth, I believe the involvement of both Kula and Rosalind generated insights into the sex-on-drug events they described that I likely would have missed otherwise. As noted by Fox and Alldred (2013), using multiple data sources to gain an understanding of what they refer to as a 'sexuality assemblage' – or as I prefer, sex-on-drug event – can be productive for sex-related research that is theoretically informed by post-humanist/new materialist approaches:

Reading across or between field data (for instance, interviews or observations in a series, or even multiple data sources and studies) can progressively build understanding of the assemblage and flows of affect. (Fox and Alldred, 2013, 779)

From Kula and Rosalind, I obtained four data sources: two diaries and two interview transcripts. I received Rosalind's diary back first, conducted some initial analysis (see 'Analysis' section below for an in-depth explanation of how analysis was conducted), then received Kula's diary and conducted analysis, interviewed Rosalind and then Kula, and from this was able to 'progressively' build an understanding of the events they mutually described. Something especially useful about having access to multiple accounts of the same sex-on-drug event was the resulting extra-detailed description. Between them, Kula and Rosalind drew my attention to more of the nonhuman elements of sex-on-drug events than would have otherwise been possible. As an example, below is both Kula and Rosalind's descriptions of a piece of land they owned which was somewhere they had increasingly been visiting to take drugs and have sex. First is Kula's:

So, we've got this yurt... We've got our own bit of woodlands with this yurt. It's a really idyllic, quiet location where we're uninterrupted. So, we can go there and have these weekends and do what we want really, it's great. [...] It's very cosy yeah. The woodland is on the top of a hill. And the top but where the yurt is quite flat. And we're surrounded by pine trees. There's an open space where we've cut down quite a few trees. The yurt itself is quite big, it's something like 15-foot diameter. It's got a wood-burning stove in it, it's got a bed, a sofa... rugs on the floors. We had a little birthday party for me there in July, so, it's got hangings all around it. So, very warm. Lots of red colours. We hang up lanterns with nightlights in them, loads of candles. Fairy lights. I mean. Yeah. It's beautiful. It's amazing. You couldn't actually... I think if you were to try and write down a great place to party with drugs and have sex, you could almost not think of a better place. Though of course not everyone is so comfortable with being out in

nature. Yeah. You know, a yurt... the structure of a yurt is very simple. So, it's got a very organic shape to it, which I think is part of what makes it feel so nice. (Kula's interview)

And Rosalind's:

So, it's in an eleven-acre piece of woodland on a pretty steep slope. It's got a little flattish bit at the top, so we're kind of at the top there. And we are doing a lot of work there. We do a lot of woodland management stuff, so, we're thinning out trees and clearing, and, you know... So, in order for it to not just be about work there, we need to have times when we're intentionally leaving that all behind, and just... kind of... tuning into the woodland environment, and you know... it's quite a spiritual thing really. And that, we've been doing for several years. But using the space for us to be... well, we've only relatively recently got Bluetooth speakers and this and that, you know. So, to be a place where we can actually have music and take drugs and stuff... we've probably had sex there a bit before, but you know. And, because of lockdown, we didn't go on holiday like we might normally have done. In August, we spent two weeks there, and then we just had a week there in October as well. So, it's kind of our little getaway place really. So, in terms of atmosphere... it's pretty cold out there now. I was there today actually (laughs). Not in the yurt. I was at the bottom. But yeah, cold and wet. Yeah, so in summer, it's gorgeous. In winter it's cold and windy and quite hard to be there. But the yurt, we can warm up, it's nice. And it's gradually getting more... um... you know, hangings and things. It's a place that we... you know, when we first stayed out there, we had a tiny tent and a piece of tarp kind of thing, and then we had a bell tent, but we had all our tools in it. So, we've got a yurt, and then we've also got what we call a barn which is an army tent. Which is where we have our kind of kitchen, food... tools. So, the yurt is just a bed and a sofa and a wood burning stove. A little table and a couple of chairs. Rugs and hangings. So, it's a pretty amazing space. (Rosalind's interview)

While it is clear from the above interview excerpts that Kula and Rosalind are describing the same place, they each mention things that the other does not. For example, Kula takes the time to describe the various sources of lighting that contribute towards the overall 'cosy' atmosphere. Without speaking to Rosalind, I would not have known about the nearby 'barn' (or 'army tent') that the two used as a kitchen. While on the surface these may seem like minor details that have little bearing on the playing out of sex-on-drug events, thinking with a relational ontology means that aspects of sex-on-drug settings/contexts become just as important to consider as the people involved (Allred and Fox, 2015).¹⁶ Both Kula and Rosalind (and indeed other participants, see for example Phil's story in Chapter 5) reflected on the importance of 'mood lighting' in contributing to the overall sexual atmosphere. Kula in particular found it very difficult to relax and get into the mood for sex without a very particular environmental set up.

Overall, my experience of couples' involvement in the study was very positive. Based on this, I believe future sex-on-drug-related research (and especially that concerned with sexual consent/sexual ethics more generally) would benefit from recruiting couples where possible. However, it is also important to acknowledge that this is not always practical. Both couples involved in this study had been together for a long time (10+ years) and lived in the same household. It was therefore easy for me to get in contact with both partners in these instances. However, other participants wrote about sexual experiences that had taken place with ex-partners and/or people that they had not stayed in contact

¹⁶ I discuss the drawbacks to the spatial/temporal scope of sex-on-drug events in Chapter 6.

with after the event. Any attempts to contact these individuals would therefore have been very challenging, if not impossible. Thus, sex-on-drug related research that explores couples' experiences is likely to privilege the accounts of certain 'types' of couples (i.e., long-term, co-habiting). This must be acknowledged when drawing any conclusions based on their reported experiences.

THE IMPACT OF COVID-19 ON DIARIES AND INTERVIEWS

Under COVID-19 restrictions, there were fewer opportunities for participants to have sex on drugs. This was for a number of reasons. First, reports indicated that purchasing drugs had become more complicated due to COVID-19 related restrictions, especially as the first national lockdown lifted (Release, 2022). To provide an example from one of my participants, 27-year-old Wilber told me that during lockdowns, their usual drug dealer only took orders that amounted to over £300 given the increased risk of selling (e.g., increased likelihood of being stopped by police). This meant that Wilber was no longer able to purchase drugs on a use-by-use basis. Instead, they had to plan their drug use in advance, and combine their orders with friends in order to reach the required minimum spend. Second, many of my participants lived separately to their sexual partners, and under early social distancing measures, visits to other households were forbidden. Social distancing measures also limited participants' opportunities to meet potential sexual partners in person (e.g., in a nightclub, at a party, at a pub/bar, on a date arranged via *Tinder*, etc.).

Considering the above, I made the decision to allow participants who were keeping diaries the option of writing about sex-on-drug experiences retrospectively, rather than prospectively. In the end, only one participant kept a prospective diary, and the rest were retrospective. This introduced concerns about recall bias, where participants can struggle to remember previous events accurately or omit details (Lim *et al.*, 2010). To mitigate this risk, I instructed participants to prioritise writing about experiences that had happened more recently (i.e., within the last 6 months). In practice though, many participants chose to write about experiences that had happened years previously. Two participants even wrote about sex-on-drug experiences that had taken place more than a decade ago. Ultimately, allowing participants the freedom to write about any sex-on-drug experiences they had had in their lives meant they were likely to focus on ones that were memorable and/or exceptional (e.g., incidents of sexual violence, group sex) rather than those that were more mundane/routine.

There were also some practical benefits to participants writing about sex-on-drug experiences retrospectively. First, I was able to capitalise on participants' lockdown-related boredom. Less opportunity for leaving the household and socialising meant more opportunity for diary-writing. Related to this, allowing participants to write about past sex-on-drug experiences meant that a small number of participants returned their diaries after a very short period (e.g., less than a month). This was useful as it meant I was required to send out fewer reminders (a time-consuming process) and I could begin my analysis of diary data and carrying out of participant interviews sooner than I had initially planned. It also allowed more opportunity for my early data analysis to feed into continued data collection.

As mentioned above, allowing retrospective accounts meant that some participants wrote about sex-on-drug experiences that had happened many years previously. For example, one participant, 26-year-old Spectre, wrote about a sex-on-drug event that had taken place when she was 16 years old. In our interview, she reflected on how her understanding of/feelings around the sex-on-drug event had changed over time. Directly after the event, she felt very little about what had happened, describing

what might be thought of as a sense of ‘numbness’ commonly associated with experiences of sexual assault (Barglow, 2014). Some years later, she began to think and speak of the experience as having been assaultive, feeling as though she had been taken advantage of sexually while in an intoxicated state. At the time of our interview (just over 10 years after the sex-on-drug event), she described a more ambivalent understanding:

It took me ages to feel anything about it. Like years and years and years. I still don't feel that much about it. I had a brief stint of being like, [silly voice], I was a victim, I was raped, and I was like... I was wronged. But like... then sort of... got over that. And now I'm just like... yeah. It was unfortunate. It was a bit creepy. I don't feel like I was raped. I literally said yes. And was very much like... up for it. Which is confusing. But I think it's on me as much as it's on them.
(Spectre's interview)

The inclusion of retrospective accounts like Spectre's thus enabled interesting discussions regarding the multiple (and sometimes contradictory) framings of sex-on-drug experiences over time. Another related benefit to retrospective accounts of sex-on-drug experiences is that they allow participants additional time to process emotional responses. That some participants might require additional time for this became especially clear during my interview with 26-year-old Wilber. Because of scheduling difficulties, Wilber was the last participant I interviewed, and so around six months has passed between them submitting their sex-on-drug diary and our interview. During our interview, Wilber described how it could often take them a long time (months or sometimes years) to be able to recognise/identify their emotional responses to certain events:

I think if we had talked right after [the sex-on-drug event] happened, I wouldn't have had much to say because it took me a while to work out what my emotions... what my emotional reaction to it was. I knew I felt bad, but I didn't really know why... and I felt different about it after I'd had a few conversations with [sexual partner]. I've also talked to my therapist about it now, so that's helped me to break it down and work out exactly what triggered the [gender] dysphoria. (Wilber's interview)

That Wilber felt they likely had much more to say following a six-month period during which they had time to identify and feel their emotions suggests some benefits to retrospective diary-keeping/interviewing. However, this is not to suggest that there is no value in engaging with participants while they are still processing emotions, nor is it to suggest there is a clear beginning and end point for emotional processing at all (Fox, 2015). I have already referred to my experience of interviewing 20-year-old Gina above, who was unable to complete her sex-on-drug diary due to difficulties in writing down her experiences of drug-related sexual violence. While interviewing Gina, I got the sense that she was still very much in the early stages of making sense of what had happened to her (her most recent experience of sexual violence had taken place only months previously), and for the most part she expressed confusion and uncertainty when telling me the details of what happened and the aftermath:

[Description of Gina, who had taken ketamine, being sexually assaulted by two men who had taken GHB].¹⁷ And the next morning, we all woke up in the same bed. Everyone was... I have

¹⁷ I have chosen not to include the description of Gina's sexual assault as only her confusion and uncertainty in the aftermath is relevant to the points I make here.

no idea if they remember, or what they remember. We didn't speak to each other; it was very weird. And... um... yeah, I'm sorry, it sounds very random how I tell you this, but this belongs too, to the topic sex on drugs. No one has a plan. Everything is random, and you forget things, you have no clue what the others want, you don't even have a clue what you want yourself.
(Gina's interview)

When interviewing Gina, I felt compelled to take a more tentative and gentler approach to questioning her about the experience than I might have if more time had passed since the event, focusing for the most part on ensuring she was receiving adequate support from friends/families/services rather than eliciting further details about what had happened (Campbell *et al.*, 2009). This felt especially important during the COVID-19 pandemic, where individuals were experiencing a great deal of social isolation (Kim and Jung, 2021). I reflect further on my experience of interviewing Gina (and other participants) about experiences of drug-related sexual violence in the 'Research ethics' section of this chapter.

On that note, my approach to participant interviews more generally was affected by the pandemic. Before COVID-19, I had planned to conduct all diary-interviews face-to-face. I believed it would be productive to have the diary physically present during interviews, as they could be used as tools to facilitate discussion (see Dennis [2019; 2020] for similar points made in relation to her use of 'body-maps' during participant interviews). However, social distancing measures meant that meeting physically with participants was not possible. Moreover, most participants were located outside of London/the UK, which made face-to-face interviewing impractical. Accordingly, most interviews took place online via some kind of video-conferencing platform. There were some advantages to this. First, it meant that participants had more control over how much they chose to share of their identity in terms of physical appearance and voice. As mentioned above, a number of participants requested to be interviewed without video, and one requested to be interviewed via a messaging platform. I believe giving participants this control was especially valuable due to the intimate nature of the research. Another advantage of online interviewing was that I was able to conduct multiple interviews in the same day if necessary, which would have been more challenging had I attempted to do so in person given travel time. A final advantage was that conducting interviews online posed fewer potential risks in relation to researcher safety. The two interviews that took place face-to-face were with participants already known to me, which thus reduced risks to my safety when meeting with them.

ANALYSIS

DIARY AND INTERVIEW DATA

For data generated by participants who completed diaries and took part in an interview, analysis was conducted as follows: once participants returned their diaries, I carried out an initial read-through, during which I would take notes on anything that captured my attention. For paper diaries, I took notes with pen and a separate piece of paper. For digital diaries, I took notes using the 'Review' feature of *Microsoft Word*. In line with the theoretical underpinnings of the thesis, I conceived of each diary entry as an account of a sex-on-drug event, and sought to analyse it by 'considering the assembled relations ability to affect and be affected' (Alldred and Fox, 2015, 908). Accordingly, on my second and third readings, I would 'map' the unfolding of the various sex-on-drug events described in the diaries using pen and paper (see below), engaging this process to identify any 'gaps' in what had happened that could be filled through interview questions (Dilkes-Frayne 2015; Dennis, 2019). Most importantly,

the mapping process allowed me to identify the multiple relations/connections between the arrangements of bodies in sex-on-drug events. Where I felt I needed more information to understand these relations/connections more fully, I was again able to make use of the diary-interview to ask additional questions. I thus took what can be understood as a Deleuzian/Deleuzoguattarian events-based approach to diary analysis – somewhat akin to what Dennis terms rhizomatic analysis or ‘becoming moved’ (2019, 45) – where maps are understood as ‘devices’ for ‘connecting the non-hierarchical movement between things, senses, affects, etc., in producing different effects’ (Dennis, 2019, 46).



FIGURE 1: MAP OF A SEX-ON-DRUG EVENT THAT IS THE FOCUS OF ANALYSIS IN CHAPTER 4 ('SARAH'S STORY')

The next step was to invite the participant for a follow-up interview. On the day before the interview was scheduled, I would look back over the diary entries and the maps I had generated, and using these, devise an interview schedule (see Appendix C). Diaries also played an important role in the interviews themselves. During interviews, I would often read participants' own words back to them (in face-to-face interviews I would hold the diary so the participant could see it, or they could take it from me, and in online interviews I could 'share' the diary document on my computer screen), asking them to elaborate on what they had said in ways that were relevant to the aims of the research. For example, if participants ever described aspects of sexual experiences where they felt unable to affect the situation in ways suited to their desires/interests, I would ask them to elaborate on this in an attempt

to identify the connections/relations that were disempowering (in the sense of reducing/limiting bodily capacities). To illustrate, one participant (27-year-old Libby) wrote about an experience where she was unable to stop sex from happening even though she did not want to have it:

I felt [sexual partner] move behind me, and I knew he must be awake. And I could tell straight away he was going to try [to have sex with me] again. Without any warning, his hands were in my pants. It was fucking gross. He started to finger me and there was no pleasure, it just hurt. I kept facing away from him, barely moving, and hoping that my lack of kissing and/or interest in general would make it clear I wasn't down. But it didn't work. He asked me if what he was doing felt good, and I said yes because how could I say no? (Libby's diary)

In analysing Libby's diary entry (the whole of which was much longer than the extract above), I was able to identify some of her connections that were relevant to her reduced bodily capacities here: her connection to the person she was having sex with; to normative forms of heterosexuality; to expectations around casual sex/dating; to her immediate material surroundings (in particular the bedroom of the man she was having sex with); and to her prior sexual experiences. The interview was then an opportunity to interrogate the nature of these connections (as territorialising/de-territorialising/re-territorialising; as enhancing/reducing bodily capacities to act), and to identify any others I might have been missing.

For Fox and Alldred, a methodological challenge associated with posthumanist enquiry is the researcher's ability to move beyond participants' interpretations of events, as they 'may only have limited awareness of the relations, affects and assemblages that produce their actions, feelings, desires, and understandings' (2013, 778). For these same authors, the use of multiple data sources (in this instance diaries and diary-interviews) can help to overcome this challenge by enabling researchers to progressively build an understanding of the relations, affects, and assemblages present in sex-on-drug events (Fox and Alldred, 2013, 2015; see also Renold and Ringrose, 2011). I found that this resonated greatly with my approach to analysis. In particular, the multiple engagements with the same participants (first through diaries and then through diary-interviews) over a number of months allowed for many different opportunities to generate accounts of sex-on-drug events, and the time in-between engagements allowed for extra reflection on both mine and participants' parts.

Once participant interviews had been conducted and transcribed, I would read over transcripts as I had with diaries and take notes on anything that 'stood out, grabbed my attention, and pulled me in closer' (Dennis, 2019, 45). I then returned to maps made during diary analysis and supplemented these with any additional relevant details generated through interviews. When interviews generated more information than could fit onto existing maps, I made new ones. The process of making maps (in particular drawing the relations/connections) tended to feel more important than the end product, though I did frequently refer back to them while I wrote up my analysis of sex-on-drug events in the three chapters that follow.

A 'CRITICAL CASE' APPROACH

Between them, participants generated accounts of more than 50 sex-on-drug events. However, in the three results and discussion chapters that follow, I present in-depth analysis of only 10 of these events. Following Yin (2018), I describe this as a 'critical case' approach, where a small number of 'cases' – here, 'cases' refer to sex-on-drug events – are selected for their capacity to generate insights and in-

depth understanding of issues that are of central importance to the aims of the study (see Renold and Ringrose, 2011; Dilkes-Frayne, 2014; Dilkes-Frayne and Duff, 2017; Treloar *et al.*, 2021 for examples of sex/drug-related studies that take a similar approach). To give an example, Renold and Ringrose selected three ‘cases’ to illustrate ‘disruptions of any predictable developmental linear transition of girl-teen-woman’ in their study of teenage girls’ sexuality (2011, 403).

My reasons for taking a critical case approach are twofold. First, the events-based mode of analysis required that I present participants’ sex-on-drug experiences in full rather than grouping extracts from different participants into ‘themes’ as a thematic analysis might, as the latter would mean breaking apart the relations/connections I wished to hold together (Dilkes-Frayne, 2015). Given the average length of diary entries was around 700 words, presenting participants stories as full events inevitably ate into the overall word count. Practically then, it made sense to choose a smaller number of cases to maximise space for analysis and discussion.

Second and relatedly, my goal was to highlight the complexity and specificity of various sex-on-drug events, rather than to simplify and generalise (Renold and Ringrose, 2011; Dilkes-Frayne, 2014). This was especially important given my focus on sexual consent/sexual ethics more generally. For sexual consent scholar Melanie Ann Beres (2007, 2010), existing consent-related research has tended to investigate individuals’ sexual communication behaviours out of context, for example by employing methods using hypothetical scenarios, vignettes, or videos. As such, there is thus a distinct lack of qualitative research that digs into ‘the context and complexity that surrounds actual sexual events’ (Beres, 2010, 3). Engaging with this gap in the literature thus required that I explored issues around the nature and status of the relationship between/among the people having sex and time and place of the sexual activity (Beres, 2007, 104) – this would not have been possible within the inevitable constraints of a doctoral thesis had I attempted to do so for each and every account of a sex-on-drug event generated by participants.

A final reflection now on the process of selecting sex-on-drug events for inclusion. I stated above that ‘cases’ were selected for their capacity to generate insights and in-depth understanding of issues that were of central importance to the aims of the study (and more specifically the aims of the chapter they were included in), which is true. But it is also true that these aims evolved as participants began to return their diaries and I began to read and analyse them. From the outset, there were certain stories that stood out to me – that ‘stuck’ as others did not (Ahmed, 2014).¹⁸ These included but were not limited to: Libby and Spectre’s stories in Chapter 3, Sarah’s story in Chapter 4, and Phil’s story in Chapter 5. My knowledge of these stories undoubtedly fed into my decision to take the concepts of ‘capacity’, ‘vulnerability’, and ‘boundaries’ as jumping off points for analysis, as did many other things (notably my reading of Katherine Angel’s *Tomorrow Sex Will Be Good Again*, who structured her chapters in a similar way). To give an example, after I read Sarah’s story that is the focus of analysis in Chapter 4 (‘On vulnerability’), I became interested in exploring the ways she was denied a vulnerable status following her possession and use of illicit drugs, and thus denied protection and/or care from the various authorities she encountered (e.g., nightclub security staff, the police). This in turn led me

¹⁸ In *The Cultural Politics of Emotion*, Sara Ahmed describes ‘stickiness’ as an ‘effect of the histories of contact between bodies, objects, and signs’ (2014, 90). It is ‘a relation of ‘doing’ in which there is not a distinction between passive or active, even though the stickiness of one object might come before the other, such that the other seems to cling to it’ (2014, 91). I use Ahmed’s term here as it speaks to what reading participants’ stories ‘did’ to me – we each brought our ‘histories of contact’ to the encounter (for me, my own sex/drug history, and the ways my engagement with stories affected/was affected by this), which in turn led me to ‘cling’ to some more than others.

to delve deeper into the literature on vulnerability, and following this I identified other participants' stories that spoke to the various themes/ideas I was encountering (e.g., vulnerability as a fundamental ontological condition, vulnerability as ambiguous, the relationship between vulnerability and care).

RESEARCH ETHICS

I adhered to the standard code of practice common to virtually all social research: use of information sheets; informed voluntary participation; treating disclosures (e.g., around drug possession and use) as confidential and using these anonymously, and secure data handling and storage in line with RHUL's data management policies. Because the vast majority of my engagements with research participants took place in online context (e.g., over *Zoom*, over email, over messaging apps), I decided that for practical reasons I would obtain verbal consent from participants at the outset of interviews rather than asking them to sign a physical consent form or send one over email. To do this, I first asked participants for their consent for the interview to be audio-recorded, to which all agreed (see Appendix B for an example).¹⁹ I would then start recording before obtaining their consent for other aspects of the study (e.g., data storage, sharing their anonymised data in other settings like conferences or journal articles, etc.) so that there was a record of their agreement.

In addition to the above, I had two specific ethical concerns that warrant more detailed discussion. There are: researching the intoxicated, and researching sensitive topics.

RESEARCHING THE INTOXICATED

Some participants wrote their diary entries while intoxicated from drugs. To give an example, 26-year-old Wilber wrote one diary entry while on a combination of ketamine and cocaine, and another while on LSD. Conducting research with individuals who are intoxicated is not uncommon in alcohol and other drug research – especially that which occurs in settings where participants are likely to be intoxicated, for example licensed/other social venues, drug consumption rooms, etc. (Parker *et al.*, 1998; Measham & Moore, 2009). Indeed, the involvement of intoxicated participants is often an essential component of such projects. Given this, scholars have argued that the risks attached to researching the intoxicated can be managed (Aldridge and Charles, 2008). By example, the researcher should ensure that all information provided to participants is comprehensible and appropriate, planning for extra time to check participants' understanding of the information that has been given to them, and excluding those who are unable to demonstrate adequate understanding. It is also important to bear in mind that levels of intoxication will change over the course of several hours. Accordingly, participants' consent to being involved in a study should be viewed as an ongoing process, rather than a one-off event. Researchers should remain alert for any signs of unwillingness to continue participation. And if an individual is, to the judgement of the researcher, intoxicated to the point of not comprehending (assessed through normative visual/audible observation) then the individual should be excluded from the research.

While the above bears some relevance to the current project (e.g., ensuring all information such as diary instructions provided to participants is comprehensible), certain aspects of this particular research design worked to minimise the risks of researching intoxicated individuals. The fact that participants completed their diaries in their own time/space allowed them the opportunity to revisit

¹⁹ As stated earlier, one participant asked to be interviewed over *Signal*, a messaging app. In this case, consent was obtained over the messaging app, rather than verbally.

what they had written at a later date. This meant they could make decisions over whether to alter anything they no longer felt comfortable sharing.

I also encountered issues around interviewing participants who were intoxicated. I believe that one participant was consuming cannabis during our interview, though I should note this is just speculation. Because most interviews took place over video-conferencing platforms, participants tended to be in their own homes when they were interviewed, meaning some smoked cigarettes while we spoke, and one participant was smoking something that looked like cannabis. Given that this participant had been forthcoming about their regular cannabis consumption in their diary entries, it seemed very likely that this was the case. In this instance, I followed Aldridge and Charles' guidance of assessing the participant's intoxication levels via visual/audible cues and made an on-the-spot decision that they were not too intoxicated to safely take part in the research. At present, there is a distinct lack of literature regarding conducting research with intoxicated individuals specifically. Instead, they tend to be grouped under the umbrella of 'vulnerable' research participants (for example alongside children, elderly people, and terminally ill people) (von Benzon and van Blerk, 2017). Future research would benefit from being more forthcoming regarding participation of intoxicated individuals specifically, including reflection on the ethics, benefits, and drawbacks of their involvement.

RESEARCHING SENSITIVE TOPICS

A second concern was the potential for sensitive topics to be raised. There was a clear risk that during diary-keeping and/or diary-interviews, participants might disclose instances of sexual violence (either as 'victim' or 'perpetrator'). This risk was then exacerbated by the COVID-19 pandemic. As I discussed above, the shift from prospective to retrospective diaries meant that participants were more likely to write about sex-on-drug experiences that were somehow memorable/exceptional. For at least four participants, this involved writing about their past experiences of drug-related sexual violence.²⁰ Because three of these four participants submitted diaries prior to their interviews, this allowed me time to adequately prepare myself to engage in sensitive and respectful discussions about their experiences. Given I knew the approximate geographical location of each participant, I also took the time to familiarise myself with local resources/sources of support (e.g., rape crisis centres) I could refer them to if needed. However, all three of these participants had already sought and received therapy in relation to their experiences of sexual violence, and while talking to me about these experiences was of course challenging for them, there also appeared to be some value in sharing them in the context of a research project (Draucker, 1999). For example, 26-year-old Spectre and 28-year-old Layla described overcoming their initial reluctance to write and talk about sex-on-drug experiences:

I put [diary-writing] off for a while because I was a bit scared of it. I thought it was going to bring up a lot of heavy stuff... and possibly some damaging things. Going back to a time where I felt a lot shitter about myself. But I actually found myself enjoying it. I had some distance, and so I could take the emotion out of it and evaluate it in a more balanced way. I found myself finding nicer things in past experiences. So, specifically my virginity loss extravaganza. The second guy I slept with that night, T, I always kind of shoved that all into the one... like... ugh, like gross experience that was that evening. But actually, breaking it down and having to tell

²⁰ I say 'at least' here because multiple other participants disclosed experiences that could have been interpreted as sexual violence. However, only four participants explicitly referred to what had happened as such.

it in order, like a story, I actually found myself thinking, oh, actually... he wasn't that unpleasant. And that was a nice thing that he did. And it was just understanding more how it happened. And I found myself taking more responsibility for myself in it, rather than like... easily slipping into to the... oh, victim, it was horrible, which I found helpful. And weirdly empowering actually, I really enjoyed that. The whole experience. (Spectre's interview)

I think one of the things that I've been finding the courage to talk about... like, I was first very excited to do this, and to have this engagement with you. But then over the months... I'm currently struggling with processing some past sexual trauma. And it's just been... difficult to find a balance of talking about good things, but also having these difficult experiences as well, and kind of opening up. I don't mind talking to you about it, I'm happy to talk about it, but it's also been like a... a heavy process for me. I feel it's very connected to sort of, reclaiming some kind of narrative. Some control. (Layla's interview)

Clear from the quotes above is that Spectre and Layla found some enjoyment in writing their diaries and talking about their negative sex-on-drug experiences, as well as more difficult feelings (Hoover and Morrow, 2015, 1477). However, this was not the case for all participants. I have already discussed the case of 20-year-old participant Gina, who ultimately could not complete her diary because it was too distressing for her to write about her experiences of drug-related sexual violence. Gina did however wish to take part in an interview, during which she told me details of these experiences. Unlike other participants who disclosed incidents of sexual violence in their diaries, her most recent experience had taken place only months (rather than years) previously, and she had not yet had the chance to access any support (for example via therapy/counselling), and it was unclear whether she even wanted to. While Gina was forthcoming about details of her experiences, it was more difficult for me to gauge whether she had networks of support around her, though it appeared she had at least one close friend who knew what had happened:

Interviewer: It sounds like a big thing. Were you able to talk to anyone around you about what happened?

Gina: Actually yes, I have a good friend of mine in [city] who... I'm kind of living with her at the moment. She was the one encouraging me to go to the police. Uh... yeah.

Interviewer: Do you feel supported by your friend? I know it can be hard to express, but what are your feelings on the matter, now?

Gina: It's hard to say. I still have so many questions. I don't understand why... its very very confusing. But... at least I feel more distance. At least now, I'm out of the whole drug thing, since March, and I feel more clear and like... Okay, so I finally understand I have a will... but still, I know that I have a will and I know what I want. That is helping. I feel secure that this might not happen again to me.

Interviewer: Are you feeling supported?

Gina: Yeah, I have a few very good friends and other friends that I can always speak to.

Following my interview with Gina, I felt a great deal of concern that I did not do enough to ensure she was accessing adequate support. Unfortunately, the conversation quoted above took place just as our

interview was ending. Gina had a work obligation and so could not extend our interview time. While in hindsight it may have been more prudent to have had this discussion earlier in our interview, I wanted to make sure I spent time making Gina feel comfortable talking to me, and there were also other, more positive sex-on-drug experiences she wanted to share. As seen in the quote above, Gina reassured me that she was feeling supported by the friends around her. Following the interview, I messaged her to ask whether she wanted me to send over any resources that might be relevant to her situation. She replied telling me that she was already aware of some.

In contrast to the participants discussed above, another participant (40-year-old Phil) wrote about an experience that some would likely understand as the perpetration of sexual violence, though it is important to note that Phil himself did not. I present and discuss this diary entry at length in Chapter 5. In the diary entry, Phil describes putting GHB into his wife's (Caroline's) drink without her knowledge or explicit permission and then having sex with her. However, Phil also stated that he and Caroline had had many prior discussions about his desire to do this, and that she had given her prospective permission/consent. It is also important to note that I had no access to Caroline's version of events as she was not a participant in the study. This ultimately limited my ability to make judgments regarding the ethics of the situation as I was reliant on Phil's reporting of Caroline's feelings, thoughts, and opinions. This is something I reflect on further in Chapter 5.

Those who work with sex offenders (e.g. therapists, researchers) have noted ethical difficulties in the mandatory reporting any (previously unknown) sexual offences that come up during sessions/research (Cowburn, 2010). However, warning patients/participants not to disclose such information risks losing an opportunity to gain insight into this type of behaviour. Ultimately, qualitative investigation of culturally or socially questionable/criminal behaviour (like 'spiking' in Phil's case) has the potential to capture how individuals who engage in such behaviour make sense of it themselves; something that cannot necessarily be captured quantitatively. What is most important is to ensure detailed consideration of the ethical issues connected to the discussion of culturally or socially questionable/criminal behaviour (e.g. a balance between respect for the research participant and the potential for developing new areas of knowledge (Cowburn, 2010)).

In addition to disclosures of sexual violence, all participants disclosed either the possession, supply, or use of illicit substances. So that participants felt comfortable disclosing such information, I took every effort to ensure their complete anonymity, which included: secure data handling and storage (in line with RHUL's data management policies), and the use of pseudonyms/non-inclusion of any identifying information in any write-up.

CHAPTER 3: ON CAPACITY

Within sexual violence prevention discourse, sobriety is seen as the ideal state for individuals to make decisions about sex (Consent Coalition, 2022; FPA, 2022; Fumble, 2022). This is because drug intoxication is thought to impair cognitive, physical, and communicative capacities, which in turn negatively affects the validity and expression of sexual consent (Cowan, 2008). In legal contexts, the notion of ‘capacity’ refers to an individual’s ability to understand and use information in order to make decisions, and then to communicate those decisions to others (Elvin, 2008; Boni-Saenz, 2015). Capacity to consent to sex refers to an individual’s ability to make decisions about engaging in specific sex acts, and their ability to then communicate those decisions to the person or people they are having sex with.

When it comes to an individual’s capacity to consent to sex, some drugs are considered to be more ‘impairing’ than others (Smith, Kolokotroni and Turner-Moore, 2020). Alcohol for example is widely thought of as impairing, especially in relation to an individual’s judgment and ability to make decisions. This is made evident in an overview of the effects of alcohol provided by the NHS:

After drinking 4 to 6 units of alcohol, your brain and nervous system starts to be affected. It begins to affect the part of your brain associated with judgement and decision making, causing you to be more reckless and uninhibited. (NHS, 2022)

Key here are the links made between alcohol consumption, recklessness, and loss of inhibitions (see also Fumble, 2022). Because alcohol is understood to affect people in this way, drinking alcohol and then having sex is inevitably perceived as risky (Weinhardt and Carey, 2000). For example, a person who is acting in a reckless or uninhibited manner might be less alert to potential danger, and so more likely to engage in ‘risky’ behaviour (e.g., leaving drinks unattended, going home with a stranger, not using a condom when having sex, etc.). As discussed in Chapter 1, the impairing effects of alcohol (and other drugs) are understood to be a problem for women in particular because they are already seen as vulnerable to male sexual violence (Ahmed, 2014; Gavey, 2018; Hunt et al., 2022; Aldridge, forthcoming). Alcohol-induced impairment is thus thought to enhance this pre-existing vulnerability by reducing women’s ability to keep themselves safe from sexual harm.

Other drugs seen as particularly impairing are those classed as ‘date-rape drugs’, which alongside alcohol, are most often listed as rohypnol (or ‘roofies’), GHB/GBL, and ketamine (Drinkaware, 2022; WebMD, 2022). Drug-facilitated sexual assault (DFSA) refers to sexual assaults that are carried out on a person who is heavily intoxicated from drugs (Costa, Lavorato and Baldin, 2020). Though DFSA can follow instances of voluntary drug use where a person intentionally becomes intoxicated, it is often seen as synonymous with ‘spiking’, where a person involuntarily consumes a drug that has been surreptitiously added to their drink, or administered to their body in some other capacity (Brooks, 2014; Colyer and Weiss, 2018). The exact prevalence of spiking is difficult to determine due to the largely anecdotal nature of its reporting (Brooks, 2014). However, it is common for nightlife spaces, sexual health/sexual violence prevention organisations, and media outlets to treat spiking as a widespread threat (Weaver, 2022). Over the past year for example, incidents of ‘needle spiking’, which refers to the surreptitious injecting of some kind of drug, are being increasingly reported in the UK and around Europe (Suliman and Francis, 2022).²¹ In response the threat of spiking, whether by

²¹ Reports of needle spiking have been largely discredited (Bartholomew, 2022).

needle or otherwise, many organisations provide guidance around spotting potential indicators that someone might have been spiked, for example:

[S]o-called ‘date rape drugs’ can make someone weak, feel ‘out-of-control’ or pass out. [...] Other symptoms of spiking include:

- *feeling or being sick*
- *feeling ‘strange’ or drunker than expected*
- *feeling confused or disorientated*
- *feeling sleepy*
- *blurred or slowed vision, or trouble seeing properly*
- *loss of balance or coordination*
- *having trouble communicating*
- *having hallucinations*
- *acting strangely or out of character* (Rape Crisis, 2022c)

As with alcohol then, evident from the above is that date-rape drugs are understood to impair a person’s cognitive, physical, and communicative capacities in a way that makes them vulnerable to sexual violence. Also important is the listed symptom ‘*acting strangely or out of character*’. We can assume that how a person acts in a sober state is being used as a reference point here. Sobriety is thus positioned as the ‘norm’ – a stable and predictable state against which a person’s intoxicated behaviour can and should be judged (Aldridge, 2020). These ideas about sobriety are reflected in advice given around alcohol, sex, and consent by *Fumble*, a self-described ‘digital sex education resource’ aimed at young people:

*People’s behaviour can change very quickly when under the influence of alcohol. We can go from seemingly hyper-alert and in full control, to unconscious or confused. [...] If [the person you are having sex with] start[s] to fade out of consciousness or lose bodily control, slur their speech or seem confused, then stop straight away. It’s okay to explain that you’ve stopped because you feel they’re too drunk and you’re not sure sex is what they want. **It’s crucial to make sure they are back to themselves and sober before you/they initiate sex again.*** (Fumble, 2022, emphasis added)

Importantly, not all drugs are seen to be as impairing as alcohol and other date-rape drugs. Other drugs – for example psychedelics like LSD or magic mushrooms – tend more to be thought of as *altering* of a person’s mental and physical state (Yaden *et al.*, 2021). When it comes to sex however, these drug-related ‘alterations’ are still perceived as risky, which can again be traced to the positioning of sobriety as the ideal, where any deviation from this state is linked to sexual decision-making that cannot be trusted as a ‘true’ reflection of a person’s desires (Derrida, 2003).

To summarise so far, sexual violence prevention discourse positions drug intoxication as either impairing or negatively altering of a person’s cognitive, physical, and communicative capacities, which is seen as a risk in relation to sex for the reasons outlined above. In this chapter, I seek to critique this positioning, especially for the primacy granted to drugs in the impairment/alteration of a person’s cognitive, physical, and communicative capacities without consideration of the role played by consumption contexts (Aldridge, forthcoming). To assume that drugs automatically and always negatively affect people’s capacities in this way should be interpreted as a form of pharmacological

determinism – the view that the ‘effects’ of drugs can be attributed solely to their chemical makeup without acknowledgement of the role played by extra-pharmacological (e.g., social and cultural) factors (Reinarman and Levine, 2018). I argue this way of thinking is especially problematic when it comes to making judgements regarding the ethics of individual’s sex-on-drug experiences because it obscures the other contextual factors at play beyond the drugs that have been taken (Hunter and Cowan, 2007). As I go on to argue in the analysis section of this chapter, these contextual factors have just as important a role to play in ‘impairing’ (or indeed enhancing) a person’s cognitive, physical, and communicative capacities during events of sex on drugs.

In the section that follows, I explore mainstream approaches to understanding capacity in more detail, including the concept’s use in legal contexts (e.g., in sexual assault/rape cases) and more generally (e.g., in sexual violence prevention discourse). I also introduce the notion of ‘incapacity’, which here refers to a drug-induced state where individuals can no longer legally consent to sex (Brian, 2020). Following this, I set out my own, reimagined approach to capacity that I employ throughout the analysis section of this chapter, which draws on new materialist and posthumanist perspectives to shift the emphasis from individual human bodies and the drugs they have taken to the relations between all entities (human, material, imagined, and discursive) that make up sex-on-drug events. I then use this as the basis for thinking through the ethics of three participants’ sex-on-drug experiences, reflecting throughout on why traditional approaches to capacity and consent deriving from legal discourse are limited. I chose these three participants’ stories as ‘critical cases’ (Yin, 2018) for detailed empirical analysis. See Chapter 2 (pages 44-45) for a more detailed rationale behind this approach.

CAPACITY AND INCAPACITY

As noted above, in legal contexts, the notion of ‘capacity’ in relation to sexual consent refers to a person’s ability to understand and use information in order to make decisions about engaging in specific sex acts, and then to communicate those decisions to their sexual partner(s) (Elvin, 2008). Capacity is conceptualised as a localisable, individual, human attribute (Fischel, 2019) that can either be impaired by the use of drugs or eliminated entirely. When a person’s capacity is lost entirely, this is referred to as a state of ‘incapacity’ or ‘incapacitation’ (Cowan, 2008). Incapacity is considered to be a state beyond intoxication and is associated with the consumption of drugs in higher quantities. Incapacity can follow instances of voluntary and involuntary drug use, and incapacitated people tend to be depicted as helpless, unaware, and/or unconscious (California State University, 2020; Whitman College, 2020; Dartmouth, 2022b).

Although intoxication and incapacitation are typically conceptualised as distinct states (see for example Dartmouth, 2020; Nitschke *et al.*, 2018), determining the exact point at which intoxication becomes incapacitation is far from straightforward in practice (Ullman, Callaghan and Lorenz, 2019). Judging whether a person is helpless, unaware, or even unconscious, is subjective. Moreover, making such judgements is bound up in gendered assumptions around sexual passivity, where sex is typically seen as something that is done to the female body (Brian, 2020; Aldridge, forthcoming). To complicate matters further, the point where incapacitation is reached will vary by person, ‘type’ of drug(s) consumed, and context of use (Smith, Kolokotroni and Turner-Moore, 2020). But despite these uncertainties, the notion of incapacity/incapacitation is frequently deployed in mainstream sexual

violence prevention discourse, with common advice usually some variation of ‘don’t have sex with people who are incapacitated by drugs’. For example:

Consent cannot be given by a person who is incapacitated. Therefore, it is imperative to be able to determine the difference between incapacitation and intoxication. Incapacitation is a state beyond drunkenness or intoxication. (Dartmouth, 2022b)

Every participant in sexual activity must be capable of granting their consent. If someone is too intoxicated or incapacitated by alcohol or drugs, or is either not awake or fully awake, they’re incapable of giving consent. [...] Failure to recognize that the other person was too impaired to consent is not “drunk sex.” It’s sexual assault. (Healthline, 2022)

Notable from the above is the insistence on the idea that people can and should be able to identify instances where others are either too intoxicated/impaired to be able to consent to sex, or fully incapacitated. But given the difficulties already noted above in identifying instances of incapacity, is this a realistic expectation? It is also important to note that those tasked with identifying incapacity in others may well be intoxicated (or indeed incapacitated) themselves, which could hinder their ability to do so effectively. Perhaps in part because distinguishing between intoxication and incapacitation can be tricky in practice, it is not uncommon for sexual assault prevention campaigns to promote messages advising against sex on drugs altogether, for example:

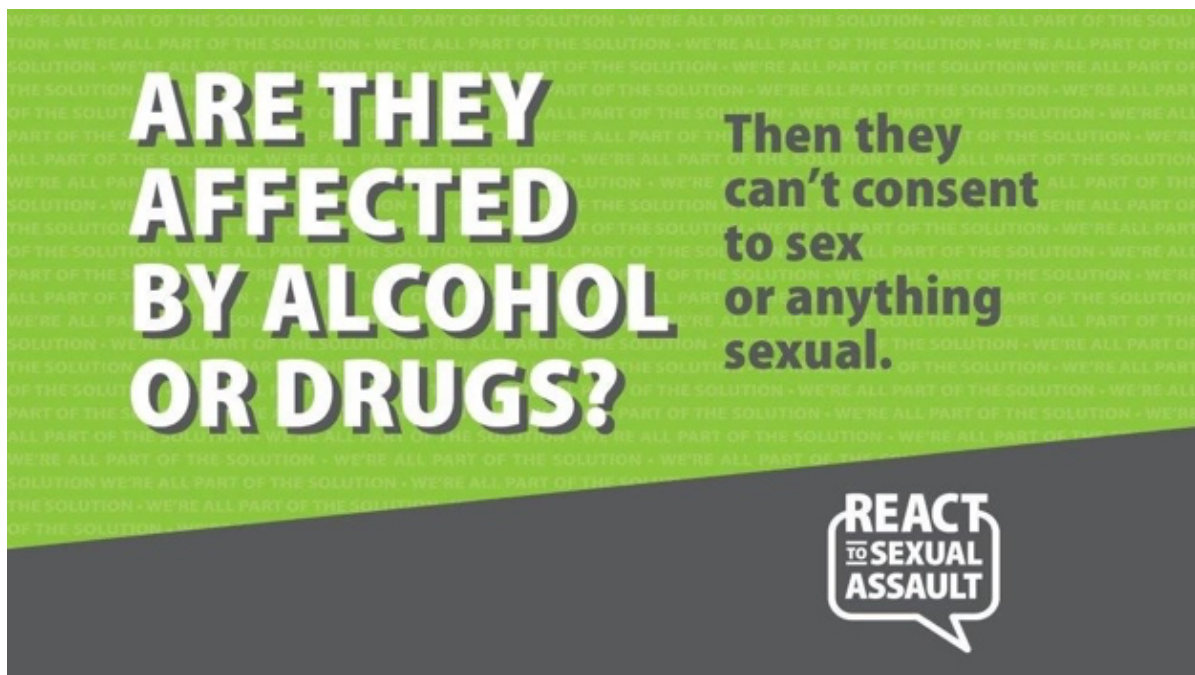


FIGURE 2: POSTER (University of Saskatchewan, 2022). Poster reads: Are they affected by alcohol or drugs? Then they can’t consent to sex or anything sexual. React to sexual assault.

Other messages – often in the form of guidance from universities and sexual health organisations accessible online (e.g., Dartmouth, 2022; FPA, 2022; Fumble, 2022) – fall short of advising against sex

on drugs altogether, and instead urge individuals to practice caution. In line with the discussion at the outset of this chapter, intoxication is overwhelmingly depicted as ‘impairing’: impairing of an individual’s judgement, their ability to make decisions, their capacity to communicate, and their ability to interpret others’ communication (Dartmouth, 2022b; Fumble, 2022). Individuals are encouraged to reflect on *why* they want to have sex while intoxicated/with someone else who is intoxicated (Dartmouth, 2022b), thus hinting that their motivations are likely to be suspect/problematic. Missing from the information provided by these organisations is any indication that sex involving drugs might in some instances be a positive, pleasurable and/or fulfilling experience for those involved.

RETHINKING IN/CAPACITY

To summarise, mainstream approaches to capacity outlined above treat drug intoxication as exclusively impairing/negatively altering of a person’s cognitive, physical, and communicative abilities. Capacity is understood as a localised, individual, human attribute that can either be impaired by drugs or, in instances of incapacity, eliminated. I argue that these approaches are problematic for two reasons. First, they pre-determine the effects of drugs in a pharmacologically deterministic manner without acknowledging the possibility for variations depending on person, ‘type’ of drug(s) and quantity consumed, and context of use. This is even reflected in the language of the Sexual Offences Act (2003), where it states that an incapacitated person is someone who has been ‘stupefied’ or ‘overpowered’ by drugs (S75, SOA). Second, they incentivise an individualistic (as opposed to a relational) way of thinking about the ethics of sex on drugs that prioritises the drug user and the drug(s) they have taken and obscures other aspects of the sex-on-drug event.

To address the problems with mainstream approaches to capacity outlined above, I argue it is necessary to rethink the concept in a way that allows for possibilities other than impairment and elimination. Resisting the pharmacological determinism and individualism that underpins mainstream approaches to capacity requires a number of theoretical moves deriving from posthumanist and new materialist perspectives, which I set out in detail below.

RESISTING PHARMACOLOGICAL DETERMINISM

In the popular imagination, drugs tend to be conceived of as stable entities with predictable ‘effects’ that follow their consumption (Pienaar *et al.*, 2020). This is evident from various mainstream drug information resources that provide individuals with lists of the effects associated with particular drugs. For example, MDMA is said to make its users feel ‘loved up’, affectionate, and empathetic towards those around them by stimulating the release of neurotransmitters (e.g., serotonin) from the brain (Drugs.com, 2022c; Frank, 2022b). GHB/GBL, a ‘central nervous system depressant’, is said to make people feel relaxed and in the mood for sex (DIANZ, 2021; Drugs.com, 2022b; Frank, 2022c). Cocaine is said to make people feel more awake, confident, and euphoric by increasing the neurotransmitter dopamine (Drugs.com, 2022a; Frank, 2022a). While such information undoubtedly serves as helpful indicators of what a person might expect from a particular drug experience, the risk is that individuals who engage with these resources will assume that the most important determiner of drug effects is the chemical composition of substances and their interaction with the human brain/body, and thus regard any extra-pharmacological factors as being of lesser importance.

Resistance to this conventional view of drugs and their effects can be found in scholarly work dating back to the 1950s. For example, Howard Becker’s (1953) classic work on cannabis use argued that an

individual's ability to use the drug for pleasure is best understood as a socially learned process or 'social accomplishment' (Dennis, 2019, 76) consisting of three stages: 1) learning the consumption technique; 2) learning to perceive the drug's effects; and 3) learning to understand these effects as pleasurable. Rather than treating pleasure as a direct result of the interaction between cannabis and the human body/brain, Becker's analysis highlighted how the social and cultural dimensions of cannabis use also shape the ways in which this drug is experienced by its users (Duff, 2008).

Born out of psychedelic research in the 1950s/60s, the notion of 'set and setting' also prompts reflection on the extra-pharmacological (e.g., psychological, social, cultural) factors that shape drug experiences (Pollan, 2018). Set refers to the drug user's 'personality, preparation, expectation, and intention', and setting refers to the 'physical, social, and cultural environment in which the experience takes place' (Hartogsohn, 2017, 1). Set and setting remains a highly influential concept, and reference to it can be found on many drug information websites today (e.g., Austin, 2015; Bristol Drugs Project, 2022; PsychonautWiki, 2022). This most commonly takes the form of advice around steps an individual can take to prepare for a psychedelic trip. For example, the Bristol Drugs Project, a drug and alcohol service, provides individuals with a list of questions to consider before deciding whether to take a psychedelic drug:

Are you in a good headspace at the moment? Have you finished any pressing tasks you need to do? Are you feeling positive about tripping, or are you feeling really anxious about it? [...] Think about which location will make you feel safe – Do you feel more safe/comfortable in your house, out in nature, at a friend's place, or elsewhere? (Bristol Drugs Project, 2022)

The notion of set and setting has also been employed to aid understandings of non-psychedelic drug experiences. For example, in *Drug, Set and Setting: The Basis for Controlled Intoxicant Use*, Norman Zinberg (1984) explored the idea in relation to drugs including alcohol, cocaine, and heroin, as well as psychedelics. Zinberg was especially interested in the distinction between what he referred to as the 'controlled use' of various substances (i.e., 'moderate, long-term, [and] nonabusive [...] drug using patterns' (Zinberg, 1975, 165)), and addiction. For Zinberg, in order to create a 'valid theory of drug use', '[i]t is necessary to understand in every case how the specific characteristics of the drug and the personality of the user interact and are modified by the social setting and its controls' (1984, 15).

While the works cited above effectively resist pharmacologically deterministic accounts of drugs and their effects by highlighting the role played by 'setting' or 'context' in shaping drug experiences, there remains a privileging of the human, 'both in prioritising the social in social contexts and positioning the human at the centre of contexts, more generally, as the organising, "situated" and "situating" agent' (Dennis, 2019, 17; see also Dilkes-Frayne, 2015). In this sense, the 'nonhuman' aspects of drug use settings or contexts (e.g., objects, spaces, technologies, discourses) are positioned as ontologically inferior to the human ones (i.e., the people who are using drugs). This means opportunities to explore how these also shape the playing out of drug experiences might be missed.

RELATIONAL ONTOLOGY

How then to attend to the myriad of entities and forces assembled in events of drug consumption without prioritising 'the human' or 'the social'? A growing body of critical drugs literature (e.g., Dilkes-Frayne, 2014; Duff, 2016; Bøhling, 2017; Dennis, 2019) engages with this very question by drawing on new materialist and posthumanist perspectives (e.g., Deleuze and Guattari, 1987, 1994; Latour, 2005;

Barad, 2007) underpinned by a relational ontology. A relational ontology contends that the *relations* (or sometimes ‘connections’) between entities – for example humans, drugs, animals, technologies, things, ideas, social institutions, etc. – have a more fundamental ontological relevance than entities themselves. Rejecting any possibilities of pre-existing individuals, the idea is that entities only exist ‘through their relationship to other, similarly contingent and ephemeral’ entities (Fox, 2015, 205).

BODIES

For some critical drug scholars (e.g., Malins, 2004; Bøhling, 2017; Dennis, 2019), the Deleuzian/Deleuzoguattarian notion of ‘bodies’ has been productive for thinking with a relational ontology. Here, ‘bodies’ are conceived of in a broad sense, and can include things like people, drugs, discourses, spaces, objects, theories, technologies, animals, etc. (Bøhling, 2017). Bodies are defined by their capacity to affect and to be affected by other bodies, the potential for which can be reduced and/or enhanced through their ‘intra-actions’. The term ‘intra-action’ was coined by feminist science scholar Karen Barad to replace the more familiar ‘interaction’. For Barad:

The usual notion of interaction assumes that there are individual independently existing entities or agents that pre-exist their acting upon one another. By contrast, the notion of “intra-action” queers the familiar sense of causality (where one or more causal agents precede and produce an effect), and more generally unsettles the metaphysics of individualism (the belief that there are individually constituted agents or entities, as well as times and places). (Kleinman, 2012, 77)

To reiterate, bodies are not pre-existing individual entities. Instead, they materialise in and through intra-actions, are always in connection to others, and are actively ‘held together’ in practice – meaning they must also be studied in practice (Dennis, 2019, 22). For Dennis, bodies are an ‘ontologically flatter, livelier, and more intricate way of engaging with the different forces at play in drug use without reducing entities and experiences to subject/object binaries’ (2019, 22). Given my commitment to resisting the individualism and pharmacological determinism that underpins conventional approaches to capacity and sexual consent, Dennis’s reflections here highlight the utility of a bodies-based approach for thinking about sex on drugs in the context of this project.

As mentioned already, bodies are defined by their capacity to affect and to be affected by other bodies, the potential for which can be reduced and/or enhanced through their intra-actions. This capacity to affect and be affected replaces a more conventional sociological conception of human ‘agency’. From a humanist (as opposed to a posthumanist) perspective, agency (like capacity) is treated as an innate characteristic of human subject ‘that enables him to act on or in the world’ (Mazzei, 2013, 733). From a posthumanist perspective, agency can never be attributed to or localized within an individual body. As usefully summarised by Barad:

[A]gency is a matter of intra-acting; it is an enactment, not something that someone or something has. It cannot be designated as an attribute of subjects or objects (as they do not pre-exist as such). It is not an attribute whatsoever (Barad, 2007, 178)

ASSEMBLAGES

Closely related to bodies, another Deleuzian/Deleuzoguattarian concept that aids my thinking around sex, drugs, and capacity is the ‘assemblage’. The assemblage refers to ‘an arrangement or layout of heterogenous elements’ (Nail, 2017, 22), each of which can only be defined/understood through their

relations to others. This concept can be incredibly illuminating for thinking about drugs and their apparent 'effects', as illustrated here by Fox:

'[...] a 'chemical compound' gains its pharmacological capacities in relation to a 'body-tissue', and whether it acts as a 'medicine' or a 'poison' will depend both upon how a tissue is affected, and how that effect is judged by human observers. In this example, the relations of chemical, tissue and observer comprise a simple assemblage.' (Fox, 2015, 305)

Scholars of sexuality have also made use of the assemblage to help make sense of and map the 'social-cultural-material connections through which bodies/sexual subjectivities are experienced' (Renold and Ringrose, 2011, 392). In their study of teen girls' sexuality for example, Renold and Ringrose draw on the concept to 'map the anti-linear transitions and contradictory performances of young femininity as always in-movement', focusing on three case studies to explore the way that young schoolgirls negotiate tensions between discourses of sexual innocence and sexual knowingness (2011, 289). Similarly, Alldred and Fox explore the 'sexuality assemblages' of teenage boys and young men, findings that the sexuality produced in the bodies of these boys/men is 'highly territorialised and aggregated by various materialities' (2015, 905).

Importantly for this thesis, bodies should also be thought of as assemblages, in that they are collections of relations/connections that exist only in and through the events they are part of (Currier, 2003; Malins, 2004). All bodies are constantly forming connections and assemblages with others. 'It is these connections [...] which allow desire to flow and which have the capacity to transform bodies and produce new social formations' (Malins, 2004, 89). However, not all assemblages have a transformative potential. Throughout their written works, Deleuze and Guattari contrast what they term the 'molar' and the 'molecular' – the former being 'the territorialising aggregates of control that restrict desiring production' (for example cultural norms, sexual codes of conduct, discourses of sexual innocence/knowingness) that impose order and define what bodies can/cannot do, and the latter 'the deterritorialising assemblages of desiring production's proliferating, destabilising connections and lines of flight' that open up bodily possibilities (Bogue, 2011, 32).

THE SEX-ON-DRUG EVENT

The Deleuzian/Deleuzoguattarian concepts discussed so far come together for my purposes in the notion of the 'event'. Increasingly, critical drugs scholars have used the event as a methodological tool and primary unit of analysis in their research. In a 2014 article for example, Ella Dilkes-Frayne proposed that studying drug-use experiences as events can '[bring] together the social, spatial, material and temporal aspects of drug use, while remaining sensitive to the complex and dynamic nature of these relations' (2014, 446). In a more recent publication, Dilkes-Frayne and colleague Cameron Duff (who also draws on the event in his own research, see for example Duff (2014)) advocated for the event in its capacity to 'drive analytical interest in the nonhuman (or more-than-human) actors and forces involved in the collective generation of situations and 'social' phenomena' (2017, 952). For these authors then, the event has the capacity to hold together heterogenous aspects of drug experiences (including, I argue, sex-on-drug experiences) while also highlighting their relationality/collectivity in generating these experiences.

Fay Dennis is another critical drugs researcher that draws on the notion of the event. In her doctoral research into injecting drug use, Dennis asked her participants to 'map' (via hand-drawn illustrations)

the ways their bodies were made, in relation to human and nonhuman others, ‘to act, feel, and think in the injecting event’ (2019, 23). For Dennis, the Deleuzian/Deleuzoguattarian notion of the event serves as an especially useful way of highlighting the ‘residual affects’ or ‘charges’ that flow through drug experiences – an example of this is the ‘tolerance’ that can be gained through repeated drug use (2019, 95). For my purposes, this is a helpful way of attending to the ways a person’s past drug, sex, and sex-on-drug experiences (including those that result in some kind of sexual trauma) can affectively charge future sex-on-drug experiences, producing bodily capacities to do, think, and feel in sex-on-drug events.

In this chapter and throughout the remainder of this thesis, I draw on the event speculate around the ethics of sex-on-drug experiences. This reflects a Deleuzian/Deleuzoguattarian approach to ethics, which seeks to move away from questions of essentiality (which for my purposes includes moving away from questions of whether sex is or is not consensual) and towards those that focus on what an event, assemblage, or body can *do*:

Decisions must be made, but made in relation to each event and its affects rather than an underlying essence or overriding morality. An assemblage becomes ethical or unethical depending on the affects it enables and the potentials it opens up or blocks. (Malins, 2004, 102)

In contrast to mainstream sexual violence prevention discourse that positions drugs (especially alcohol and other so-called ‘date-rape’ drugs) as always impairing/incapacitating, an events-based approach recognises that the ‘affects’ emerging in and through sex-on-drug events cannot be known in advance. Following the quote above, this chapter ‘interrogates’ participants’ accounts of three sex-on-drug events, exploring what the bodies of research participants can/cannot ‘do’, rather than making judgments about the ethics of their sexual participation based on whether they were ‘too intoxicated’ to consent. Before I move on to analysis though, I first set out how the events-based approach I take in this thesis shapes my understanding of capacity and consent.

RELATIONALITY, CAPACITY AND CONSENT

The shift to a relational, non-hierarchical understanding of bodies, assemblages, and events has significant implications for how we think about capacity and consent. As discussed in Chapter 1, sexual consent is a concept rooted in a liberal positioning of the human ‘subject’ as an atomistic, disembodied rational choice-maker that is ‘ontologically prior to any form of society’ (Drakopoulou, 2007, 10; see also Lacey, 1998b; du Toit, 2008; Munro, 2017). Unless proven otherwise, subjects are assumed to be the makers of their own sexual destinies, free to say ‘yes’ or ‘no’ to sex as they please. Capacity is treated a localisable attribute of all individual human subjects, except those deemed to lack it. Drug intoxication is thought to either impair this capacity or eliminate it.

Challenges to liberal individualism have formed the basis of many (especially feminist) critiques of consent and its centrality to sexual assault/rape laws (e.g., MacKinnon, 1989; Nedelsky, 1989; du Toit, 2007). The need to situate individuals within their contexts has been presented as fundamental to any understanding of the ways that structural (e.g., political, economic, cultural, social) forces both construct and constrain choice (Munro, 2017). However, an overemphasis on these forces has also been criticised as overly deterministic by downplaying or even denying individuals’ capacity for agency (in a humanist sense) and/or resistance. What we see then is the playing out of an ‘age-old dilemma’

(Munro, 2017, 4) between the primacy of structure or agency in determining the possibilities for human action. But, as discussed above, a posthumanist, relational ontology requires a reconceptualisation of these fundamental, binary concepts, where agency is no longer an individual human attribute sitting in tension with external, structural forces that constrain human behaviour. Instead, the capacity to affect and be affected is afforded to all bodies, human and otherwise, and is generated from 'within' (Dennis, 2019).

The notion of relationality has already been taken up by feminist scholars writing in the area of sexual ethics and ethics more generally to critique the liberal assumptions of atomistic autonomy that underpin legal conceptions of the human 'subject' (Lacey, 1998, 119). In her 1989 article *Reconceiving Autonomy* for example, Jennifer Nedelsky asserts that 'there are no human beings in the absence of relations with others. We take our being in part from those relations' (1989, 9; see also Nedelsky, 2013). For Nedelsky then, relationality – both in terms of our relations with others and to 'shared social norms, values, and concepts' (1989, 11) – is fundamental to any conception of human autonomy, and indeed other key social concepts such as the self, rights, and law (Friedman, 2013). Nicola Gavey, author of *Just Sex? The Cultural Scaffolding of Rape* also critiques popular liberal notions of autonomy and individualism, stating that '[w]hen we understand ourselves as culturally produced [...] and as always inevitably and thoroughly socially embedded, the liberal notion of a rational autonomous individual freely picking and choosing [...] starts to look rather fantastical' (2018, 124).

While the works cited above take critical steps in highlighting how the choices individuals make (including those around sex) are shaped and constrained by sociocultural parameters, the Deleuzian/Deleuzoguattarian events-based approach I take in this thesis pushes me to question how these sociocultural forces become 'active' as bodies in specific time/space configurations (Dilkes-Frayne, 2014). There is a case to be made that all individuals having sex on drugs – or at least those doing so in one specific geographical location, such as London or the UK – do so under similar sociocultural conditions. However, these conditions clearly do not affect the playing out of all sex-on-drug events in the exact same way. So, while I follow the scholars cited above and others (e.g., Nedelsky, 1989, 2013; Mackenzie, 2014; Gavey, 2018) in taking a relational approach to sexual ethics, I draw on new materialist and posthumanist perspectives to push this relationality further to incorporate entities/forces beyond those that would be considered social/cultural, and to eschew pre-defined hierarchies between what is considered human and nonhuman (Dennis, 2019). Thinking with the Deleuzian/Deleuzoguattarian notion of 'bodies' is especially useful here, as this allows me to take into consideration the human, material, imagined, and discursive elements of sex-on-drug events with an emphasis on their inherent relationality.

Moving back to capacity specifically, this chapter reimagines the concept for the purpose of thinking through the ethics of sex-on-drug events to a less individualistic, more relational notion of *affective capacity*. Affective capacity – or the capacity to affect and be affected – is afforded to all bodies (human and otherwise), not as an attribute, *but as a possibility that emerges in and through intra-action*. Contrary to mainstream narratives that present drugs as solely impairing/incapacitating, I show that bodies' affective capacities can be both reduced and enhanced within sex-on-drug events, in multiple and sometimes contradictory ways. To illustrate my arguments, I draw on three participants stories of sex-on-drug events, complementing these with interview data from the same participants. In doing so, I seek to reveal the bodies that are likely to be neglected through an overemphasis on

drugs, and ultimately consider how this could inform a more situational and embodied approach to sexual ethics, including in the contexts of sex education and sexual violence prevention.

MIA'S STORY

The following story details a sexual experience involving LSD between Mia, a 29-year-old, cis gender woman who identified as 'heteroflexible', and her male partner. The two were in a long-term open relationship. At the time of the event, Mia was studying abroad, and her partner was visiting. He had brought 10 tabs of LSD with him as a gift, and they decided to take some a few hours after his arrival. Both were experienced psychedelic users and had already had sex multiple times on LSD. Mia begins her story:

My boyfriend and I each popped half a tab of LSD and fell asleep. I woke up, eyes still closed, into what I recognized as a mild trip but felt like a lucid dream with hallucinatory qualities. My body was warm and fuzzy, and my senses sharpened. My partner was pressed against me and I felt he was in a similar place. His presence was tender, soothing, and exciting. I felt a tingling in my pussy, and I savoured it. I circulated the tingling around my entire body and let it envelop me. (Mia's diary)

Notable about Mia's story so far is her enhanced awareness of her partner's bodily state. After waking and noting that she was tripping 'mildly', Mia was able to *feel* that her partner was in a similar place, without the need for confirmation through verbal communication or eye contact. While this 'sharpened' awareness was, for Mia, very much connected to her use of LSD, other relevant factors emerged during our interview:

I'm very in touch with energy. Even when I was much younger, I could direct my focus to a body part of another person and then that person would move that body part, without me touching them. So that's something that comes naturally to me. And then, me and [my boyfriend], we've been together for ages. And sometimes we're more in tune, and sometimes less. But when we are in tune, our bodies speak in each other's language. (Mia's diary)

For Mia, the sociomaterial arrangements (Dennis, 2019) of particular sex-on-drug events can enhance her pre-existing sensitivity to her own and others' 'energy' (Bøhling, 2017). This, combined with the familiarity associated with long-term relationships, enables a kind of attunement between her and her partner's body ('*our bodies speak in each other's language*'). Mia's experience is thus at odds with popular narratives discussed above that portray drug intoxication as solely impairing/negatively altering of a person's capacity to communicate and/or read and interpret others' communication (Dartmouth, 2022b; Fumble, 2022; Rape Crisis, 2022b). Instead, her description demonstrates that, in this particular event at least, these capacities were enhanced, and extended beyond materially perceptible cues like speech or body language. For Mia, this meant that sex involving psychedelics could even be thought of as *more* consensual than sex without, which she explained further in our interview:

For me, psychedelics – and ketamine, I include ketamine in this – make sex much more consensual. Not that it's not consensual normally but... I might sort of be like oh, I'm not so horny, but then there's a thing, and maybe I'm like checking it out, and maybe I can engage in it, but I wouldn't have sought it out. And it's definitely consensual, and it's fun, but it's not...

mind-blowing. But that's not an option on psychedelics at all, at all, at all. It's either like... no way... not because I don't want to have sex with you, but because... I'm just not in that space. Or, if it does come up, then it's super super powerful. Then it's like... hyper-consensual. And you're so in tune. So, either you're not in tune, and it's not an option, or you're... even more in tune than usual, and it makes it even more intimate, and even more consensual. (Mia's interview)

Contrary again to dominant narratives of impairment, Mia positions her (psychedelic) drug use as facilitating of sexual encounters that are 'hyper-consensual'. Central again is this sense of attunement, where psychedelic assemblages can allow for a heightened awareness of and connection with other bodies (see Anderson, Reavey and Boden (2019) for similar findings in relation to couples' use of MDMA). This is something to be taken seriously, as in Mia's case at least, these enhanced capacities for attunement were associated with sexual experiences that she valued and found incredibly fulfilling. In making this point, it is important to note that it is only through particular arrangements of human and nonhuman bodies that Mia experiences sex she feels is hyper-consensual. Indeed, she reflected in our interview that the loss of/introduction of certain bodies could make for very different sex-on-drug experiences:

I think [the sex-on-drug experience] depends completely on the drug and the persons involved. So much. I think it's going to be very different... a different story if you talk about alcohol, or like GHB, or coke... or all these things. Very very different. Drugs act in different ways and they're taken in different contexts. And then also... uh... it depends a lot on the people involved, and how conscious you are in your drug use, and how much you are in touch with your body and your boundaries, and how good you are at expressing them. (Mia's interview)

Above, Mia lists just some of the human and nonhuman bodies (including people, drugs, contexts, sexual boundaries, ideas around problematic/non-problematic drug use) she feels are relevant to the ethics of sex-on-drug events, at least in relation to the concept of sexual consent. Her talk also resonates with key features of 'consent culture', where the clear communication of so-called sexual 'boundaries' (a concept I will explore in depth in Chapter 5) is seen to promote more positive sexual experiences (Angel, 2021). Related to this is the way Mia draws on narratives of individual responsibility in her talk around sex and drug use (Fraser, 2004; Comack and Peter, 2005). For Mia, there is a clear sense in which it falls to the individual to do the work of becoming 'conscious' in their drug use and 'in touch' with their bodies and sexual boundaries in order to access sex-on-drug experiences that are 'hyper-consensual'. While I do not seek to dismiss Mia's way of thinking, I believe there is value in speculating around the idea of 'responsibility' in relation to sex on drugs without recourse to the individualism that underpins her talk. This is a point I will take up further in chapters 4 and 6, but for now it is important to note that Mia's own account demonstrates the ways that relations between bodies other than the people having sex come together to affect how 'consensual' she perceives sex on drugs to be, which itself undermines the idea of individual responsibility. Mia continues her story:

I felt my partner's cock harden. His body made microscopically tiny movements full of intention and meaning. In every millimetre of movement, there was a whole story. A plethora of love and desire. I could feel his sexual centre speaking to mine, and all of the cells in my body expanded to let him in.

My partner slowly moved his hand towards my intimate temple, which had been reaching out to him like a powerful magnet. At the same time, he appeared in my mental image, not in human form, but as a distinct energetic presence. He began to stroke my clit, while I drank in this brilliantly simple yet intense mental image, following it like a thriller. My focus was here, rather than in my genitals or head, where it normally is. Rather than feeling sensations or sexual pleasure, I WAS sensation and sexual pleasure. It was incredible how strong they were relative to the very minuscule movements my partner and I were making. (Mia's diary)

Mia feels her partner's penis becoming erect, which is just one of the materially perceptible cues she cites as helping her to gauge his interest in sex. Also important were the 'microscopically tiny movements' he was making. Using such cues as indicators of a partner's bodily state is at odds with popular advice around giving/receiving consent (e.g., RAINN, 2022; Rape Crisis, 2022b), where sober and verbal communication tends to be idealised as the most accurate and reliable way of gauging a sexual partner's wants and desires. But in this particular arrangement of bodies, these microscopic movements 'full of intention and meaning' were perhaps even more revealing.

Mia also describes being affected by her partner's movements and touch in ways that are disproportionate to their intensity. We see a transformative quality in her intra-actions (Barad, 2007) where she *becomes-with* sexual pleasure, rather than merely feeling/experiencing it (Dennis, 2019). Mia's description here resonates with Bøhling's account of psychedelic pleasures, where he proposes a 'Deleuzian understanding of drugged pleasures as affects' (2017, 133). For Bøhling, conceptualising psychedelic pleasures as affects – as 'transformations of the drug using subject's capacities to think, feel, act, and be in the world' (2017, 133) – enables an openness to 'new subjectivities and becomings' (Dennis, 2017, 19). For Mia, pleasure is not an 'end point' (Dennis, 2019, 19), but instead a transformation of her capacities to experience love, desire, and sexual sensations. Mia and her partner then move on to penetrative sex:

I had become dripping wet, which really turned my partner on. In one graceful and perfect movement he penetrated me. I still remember that moment as distinctly as if it was yesterday as it was so mind-bendingly intense. I think I came from that first thrust. He moved in and out, and it was like we had entered a perfect symbiosis where every micromovement was amplified a thousand-fold. We came together soon after, and he stayed inside of me for a long time, our breaths synchronized and our bodies smiling smiles big enough to swallow the whole universe. (Mia's diary)

As before, Mia describes an intensity where every 'micromovement' is magnified by a 'thousand'. There is a strong sense of symmetry between Mia and her partner throughout her description – they come together, they breathe together, their bodies 'smile' together. Mia and her partner's bodies are transformed in some way by the sex-on-drug event, if only briefly – they are 'moved away from organisation and stratification and toward a Body without Organs (BwO); in other words, toward a disarticulated body whose organs (and their movements and potentials) are no longer structured in the same way, or structured at all' (Malins, 2004, 88). This can be seen in the way their *bodies* (rather than their mouths) smile. The way Mia *becomes* (rather than experiences) sexual pleasure. The way 'all of the cells in [Mia's] body expand to let [her partner] in'. While this disarticulation is of course only temporary – Mia's body will go on forming connections, some of which will be stratifying and organising – we can understand this particular sex-on-drug event as an ethical one in that it appeared

to benefit her body (increased pleasure, joy, connection) and enhance its capacities for action (Malins, 2004, 97).

LIBBY'S STORY

The following story is of an encounter between participant Libby, a 27-year-old, cis gender, bisexual woman, and a man she refers to as 'L' whom she met through the dating app *Tinder*. This was their third meeting. The two had already had sex once, which Libby hadn't enjoyed. During our interview, I asked Libby why she had decided to see L again. She said it was mostly because she wanted to be his friend, and gave two reasons for wanting this. First was because L seemed like the kind of person Libby usually got along with, and second was because he lived in an area of a city where she was planning to move.

Libby's story describes an instance of what I understand as consensual, yet unwanted sex (Peterson and Muehlenhard, 2007). As becomes clear in the description below, there were two instances during sex with L that Libby felt could have been interpreted as consent on her part. At the same time though, Libby makes clear that she did not want to have sex with L. In my analysis of Libby's story, I explore the ways in which a person's affective capacities – including saying no to unwanted sex – something that existing research has found can be difficult for women in particular (Walker, 1997; Impett and Peplau, 2003; Powell, 2010) – can be limited/reduced. In line with the theoretical underpinnings of this thesis, I take the sex-on-drug event as my unit of analysis and seek to decentre (though not ignore) the role played by drugs in limiting/reducing Libby's affective capacities by attending to the multitude of other relevant bodies. As stated at the outset of this chapter, my goal is to reveal what is neglected through an overemphasis on drugs, and to consider how this might inform a more situational and embodied approach to sexual violence prevention (Dennis, 2019). Libby begins her story:

It was the Monday after [party] and I was on a comedown [from MDMA]. I'd had a busy day at work, and I was exhausted. I had plans to see L after work, which I no longer wanted to do. However, I needed to stay over at his place because I had a work meeting the next day in [part of city] and he lived nearby.

I took a diazepam and smoked some hash outside his house while waiting for him to get back from work. The diazepam was for my comedown. The hash I would smoke most evenings anyway (though it also helped with the comedown). I spotted L from a distance turning onto his road, and I remember thinking that although he dressed well, it didn't quite suit him. (Libby's diary)

Notable about Libby's story so far are the lingering affects of MDMA on how she thinks, feels, and acts, even two full days after consumption. This, combined with a busy workday, left Libby feeling exhausted, and ultimately affected her decision to consume two other drugs: diazepam and cannabis, which prior research has found are commonly used drugs to ease MDMA-related 'comedowns' (Leby *et al.*, 2005). Also important is Libby's need to stay over at L's house because of a work meeting the following day. Had things come together differently, she might well have made the decision to cancel their plans entirely. Libby continues her story:

In anticipation of me coming, L had booked us a restaurant and bought us tickets for a gig. We arrived at the (vegetarian, very thoughtful of him) restaurant, and, at first, being stoned made things easier. It helped with my horrible comedown (as did the diazepam) and I felt more engaged with our conversation. I always feel like a better conversationalist while stoned. It also made the food extremely enjoyable. (Libby's diary)

Here, we see a transformative quality in Libby's encounters with drugs (cannabis in particular) where she becomes a 'better conversationalist' while stoned. Like Mia's story, this disrupts the idea of drug intoxication as solely impairing of communication, in terms of speaking, listening, and understanding (Bruce *et al.*, 2020), which has important implications for our thinking around the relationship between cannabis and capacity to consent to sex. Importantly though, Libby's enhanced capacity for communication cannot be attributed solely to her consumption of cannabis. It also emerges in relation to the easing of her MDMA 'comedown', the restaurant, the food, the diazepam, the person she was with, and her expectations of cannabis – likely formed through her prior experiences. Thus, it cannot be assumed that cannabis will be always enhancing of communication in all places and at all times. Libby continues her story:

As we were finishing our food, my exhaustion hit me harder (maybe linked to the fact that I had taken two downers?) and I just wanted to go to bed. But we still had a gig to go to. And I knew he'd want to have sex. I could tell already though that sex was the last thing I wanted to do. I remember feeling anxious about how I would say no when he inevitably tried it on. He'd clearly made an effort with the restaurant and the gig, and I didn't want to come off as ungrateful.

I went to the bathroom just before we left for the gig. While sat on the toilet, I gave myself a pep talk. Something like: 'you don't owe anyone sex. It's fine to say no. You can say no'. I knew though that when it came down to actually saying no, it wouldn't be so simple. (Libby's diary)

This part of Libby's story demonstrates that feeling 'good' while on drugs is only ever contingent on particular arrangements of human and nonhuman bodies – it is a 'relational achievement' (Dennis, 2019, 76; see also Bøhling, 2017). As parts of the event 'fall away' (Dilkes-Frayne, 2016), like eating food and being in the restaurant, we see a shift in Libby's bodily state. Her exhaustion intensifies, and she becomes anxious about what lies ahead – saying 'no' to sex in particular. This anxiety around saying no to sex is worth unpacking further. It materialises in relation to L's effort in choosing a restaurant and booking a gig, Libby's desire to be L's friend, expectations around heterosexual dating, and the normative positioning of men as pursuers and women as gatekeepers of sex (Sakaluk *et al.*, 2014; Gavey, 2018). Though Libby reminds herself via a 'pep talk' that she does not 'owe' L sex, she simultaneously experiences a sense of obligation (Burkett and Hamilton, 2012). Thus, Libby is caught in a kind of double bind, where saying either 'yes' or 'no' to sex with L seems a difficult/undesirable option (Angel, 2021). To use the language of Deleuze/Deleuze and Guattari, the flows of affect in this sex-on-drug event territorialises and defines what Libby's body can and cannot do (Fox and Alldred, 2013, 773). Libby continues her story:

We then went to the gig, which was in the basement of a pub. He put his arm around my shoulders. He's shorter than me, which meant I had to bend my body at an awkward angle. It

hurt, but the music was too loud for me to ask him to stop. I felt too bad to ask him to stop anyway. (Libby's diary)

Here we see Libby's affective capacities are reduced – specifically her capacity to position her body in a way that is comfortable for her. Importantly, this cannot be explained satisfactorily by the 'impairing' effects of drugs. With L's arms around her shoulders, Libby's body is forced into a position that causes her pain. However, her capacity to affect the situation is reduced by the noise of the gig and a sense of guilt that Libby connects with expressing her discomfort, rather than solely her intoxication. Though this may seem like a minor point – it is of course unlikely that half an hour or so of bodily discomfort resulted in any lasting harm for Libby – her inability to ease her discomfort is foreshadowing of the sex that follows. The gig finishes, and Libby and L head back to his place:

We got home, smoked some hash, and sat on his bed. Usually, being stoned helps me to get me in the mood for sex, but this time it didn't change anything. I remember his sheets were dirty and smelly. He kissed me, and I hated it. His mouth was cold and tasted of tobacco. He kept forcing his tongue into my mouth, even though mine was closed. I repeatedly ended the kiss and turned my head away, but he was very persistent. We got properly into bed, and he kissed me more. I said that I was tired, over and over again, but I couldn't say what I really wanted to say, which was 'I don't want to have sex'. Eventually, for some reason, he stopped. We watched an episode of a TV show on his laptop and we fell asleep. (Libby's diary)

Although Libby usually associates cannabis with an enhanced desire for sex, in this particular arrangement of bodies, being 'stoned' did little to affect her libido. This reminds us that the sexual 'effects' of drugs cannot be attributed solely to their chemical makeup and/or the psychology of users (Bryant *et al.*, 2017). In her diary, Libby describes an assemblage of tastes, smells, sights, and temperatures, all of which come together in a kiss that is highly unpleasant (Fox and Alldred, 2013). Like at the gig, Libby's capacity to affect the situation in a way suited to her desires is reduced, and this cannot be explained satisfactorily by some kind of drug-induced 'impairment' of her cognitive, physical, and communicative capacities. In fact, she describes clear attempts to communicate to L that she does not want to have sex, for example by turning away and telling him that she is tired. And while more explicit verbal communication might well have been useful here – Libby herself recognises that saying 'I don't want to have sex' would have been a more accurate reflection of her desires – in this particular arrangement of bodies, her capacity to do so was somehow limited ('I couldn't say what I really wanted to say'). Libby then describes the morning after:

Then it was the morning. We were spooning (he was the big spoon). I felt bad in my body. I was bloated from the meal the night before, and I hadn't showered in more than 24 hours (very unusual for me). I had also (apologies for the language) been doing massive comedown-related shits the day before. This only intensified my desire to shower. I also had what I call a cystitis-y feeling, because I hadn't been drinking enough water. I always have my bottle with me, but I hadn't been able to refill the night before. (Libby's diary)

Again, we see the relevance of Libby's prior MDMA use to the current event, now three days after consumption. Libby describes waking in a state of bodily discomfort, which she connects to bloating, a perception of uncleanliness related to faeces, a potential urinary tract infection (UTI), and the desire

for a shower. The events of the night before meant that Libby had not been able to take care of herself (by showering and getting water) in a way that may have somewhat eased her discomfort. Libby then describes L beginning to initiate sex:

I felt him move behind me, and I knew he must be awake. And I could tell straight away he was going to try again. Without any warning, his hands were in my pants. It was fucking gross. He started to finger me and there was no pleasure, it just hurt. I kept facing away from him, barely moving, and hoping that my lack of kissing and/or interest in general would make it clear I wasn't down. But it didn't work. He asked me if what he was doing felt good, and I said yes because how could I say no? (Libby's diary)

Libby knows instantly that L is going to try and have sex with her, which is perhaps indicative of those aforementioned expectations around heterosexual dating and sex and/or a perception that men are always desiring of sex (Meenagh, 2021). L begins to penetrate her vagina with his fingers, and Libby expresses (in her diary at least) the pain and disgust this triggers in her body. Again, Libby attempts to communicate her lack of desire to L through non-verbal means (facing away from him, keeping still, not kissing him), but is limited in her capacity to affect the situation in the way she wants. And again, while drugs remain relevant to the playing out of the sex (especially with regard to Libby's MDMA comedown), we must look to the wider sex-on-drug event to more fully understand the ways that her affective capacities are limited. L then asks if what he is doing feels good, providing Libby with an opportunity to alter the situation. But Libby says yes, because she feels she *cannot say no* (Hakvåg, 2010; Fahs, Swank and Shambe, 2020).

On the surface, saying 'yes' to L's question might appear to some as an irrational response on Libby's part. Perhaps L was picking up on those bodily cues she described, and so felt the need to check in with her verbally. And perhaps her response reassured him where it should not have. Acknowledging the affective capacities of the additional bodies (like the MDMA Libby had taken days before, gendered codes of conduct around sex/dating, normative forms of heterosexuality) involved in this particular sex-on-drug event helps us to make better sense of Libby's response. Instead of viewing Libby as an independent, rational choice-maker with ultimate responsibility for her sexual destiny, we see instead that Libby's capacity to act is only ever relational (Dennis, 2019). And while this is not to deny Libby's agentic power entirely – indeed, in her interview, she described a number of different sexual encounters where she *had* been able to express her feelings verbally during sex – it is to demonstrate that affective capacities cannot be 'localised' (Barad, 2007) within any one body. Bodies are always in connection to others, and it is through these connections that their capacities to act are reduced and/or enhanced (Butler, 2016; Dennis, 2019). It is up to researchers to identify the connections that reduce people like Libby's ability to say no to sex that they do not want to have. To speculate further on the connections that may be most relevant here, I now turn to an extract from Libby's interview where she elaborates on saying 'yes' to L's question of whether what he was doing felt good to her:

It annoyed me because it felt like there was no right way for me to answer that question. Saying no felt wrong somehow... and not just because I was worried about being rude, which I was, but also because he might have taken it to mean that while this particular thing didn't feel good, there was maybe something else he could do, like going down on me or something.

And that wasn't the message I wanted to send. So like... even though he did ask me a question, it just felt like it was the wrong question. (Libby's diary)

Libby's reflections here indicate a limitation of consent culture, in which 'women's speech about their desire is both demanded and idealised, touted as a marker of progressive politics' (Angel, 2021, 7). While Libby recognises that L's questioning had the potential to be a good thing in that it invited a verbal response on her part, clearly L did not ask the 'right' question, in this situation at least. By asking if what he was doing felt good – a question he would likely expect to elicit a 'yes' or a 'no' response (though of course other responses would make sense too) – Libby found that neither option felt 'right' for her, which again speaks to that aforementioned 'double bind' (Cunniff Gilson, 2016). It is not enough then to advise 'asking questions' or 'checking in' as a means to gage a partner's consent/comfort/wants during sex as many sexual health charities/sexual violence prevention campaigns do (see for example RAINN, 2022; Rape Crisis, 2022). Reflection on the ways that a partner might feel able to respond to what is said is also necessary. Libby finishes her story:

I wanted it to end, so I said, 'let's have sex'. Sex felt preferable to the fingering, as it wasn't something done only for my pleasure, if that makes sense. He put a condom on and fucked me for what felt like forever. It hurt. I was on my hands and knees (doggy-style?), which I hate. But he still didn't come. I made noises, hoping it would help him finish, but it didn't. Then he asked if he could come on my back. I said sure, anything, yes, fine. So, he wanked over me until he came. And then, he asked me if I wanted him to 'finish me off', which pissed me off. There was no way in that this man had the ability to make me come. I said no, and then I showered, which felt extremely good. I ended up skipping my work meeting and got the train home. Later that day, I realised I was sick, with a bad cold/flu type thing. I felt almost like it was his fault. (Libby's diary)

Libby feels the quickest and easiest way to end the sexual experience is to instigate penetrative sex, which she acknowledged in our interview would likely be interpreted by others as an indicator of her consent. In our interview, Libby talked further about her decision to instigate penetrative sex and reflected that this had largely been because the men she had had sex with up until that point usually orgasmed the quickest this way, suggesting the 'end' of sex and male orgasm are often treated as one and the same (Aldridge, forthcoming). On one level, Libby's decision to instigate penetrative sex might be interpreted as her taking control of the situation by altering the coming together of bodies in a way more suited to her desires (i.e., for the sex to end as quickly as possible). But on another, we see that Libby's capacities to act are reduced through her relationality to other bodies (in particular the ideas that women 'owe' men sex, and that sex does not 'end' until the man orgasms), and so this is the best she feels she can do in the circumstances.

Libby also describes a performance of pleasure on her part, where she makes 'noises' that suggest she is enjoying the sex to try and help L reach orgasm faster (Jackson and Scott, 2007; Fahs, 2011; Thomas, Stelzl and Lafrance, 2017). This resonates strongly with Fahs' (2011) analysis of women's accounts of having orgasms in the context of sex with their male partners. In noting a common tendency where women frame their orgasms as something their male partners 'give' to them (as opposed to some kind of relational achievement), Fahs locates women's embodied experiences of actual sexual pleasure as of lesser importance to its performance.

Given the focus of this thesis, I wish to end my analysis of Libby's story by reflecting on the role played by drugs in particular – specifically MDMA, cannabis and diazepam. Throughout my analysis, I have sought to attend to the multitude of bodies that came together to reduce Libby's capacities to act (e.g., space, noise, normative forms of heterosexuality, an MDMA 'comedown'), rather than just the drugs. Through this, it becomes clear that while Libby's drug consumption was of course relevant to her experience of unwanted sex with L (especially in relation to her use of MDMA at an event days previously), positioning this consumption as central to the playing out of the sex-on-drug event risks obscuring her connections to those other bodies listed above – bodies that we would certainly benefit from taking into account in our approaches to sex education and sexual violence prevention in relation to drugs. A relational approach to capacity allows for this. Rather than limiting ourselves to educational/preventative interventions that centre on moderating or avoiding drug use (i.e., shutting down/blocking bodily relations/connections), we can instead recognise that drugs are just one of the bodies we must consider in our attempts to open up bodily possibilities for people like Libby.

SPECTRE'S STORY

The following story describes three sexual encounters involving alcohol that took place between Spectre, a 26-year-old, bisexual cis woman, and two different boys during her attendance at a house party when she was 16 years old. Prior to this event, Spectre had not had penetrative (penis in vagina) sex, and because of this, deemed herself a virgin, although she had performed oral sex on a number of occasions. Spectre understood this event as the night she lost her virginity. By the time Spectre became a participant in the study, 10 years had passed since this particular sex-on-drug event had taken place and her understanding of the situation had undergone several significant shifts. She described these to me in our interview:

It took me ages to feel anything about it. Like years and years and years. I still don't feel that much about it. I had a brief stint of being like, [silly voice], I was a victim, I was raped, and I was like... I was wronged. But like... then I sort of... I got over that. And now I'm just like... yeah. It was unfortunate. It was a bit creepy. But I don't feel like I was raped. I literally said yes. And was very much... up for it. Which is confusing. But I think it's on me as much as it's on them.
(Spectre's interview)

Spectre makes clear the fact that she said 'yes' (i.e., consented) to sex means that, from her perspective at least, she was not raped. While I do not wish to dismiss Spectre's understanding of the event, I do seek to move beyond using sexual consent as the sole concept through which to judge the ethics of sexual encounters (Carmody, 2015). Indeed, Spectre's expressed ambivalence around her experience ('it was confusing') is evidence of the need for this, and resonates with West's accounts of 'consensual sexual dysphoria' (West, 2017). Rather than a consent-based model of sexual ethics that promotes binary ways of thinking and speaking about sex (as either consensual or non-consensual, as either permissible sex or sexual assault), the approach I take throughout this thesis – exploring the ways that sex-on-drug events come together to reduce/enhance bodily capacities for action and bodily capacities to become-other – allows for messiness, complexity, and contradiction. I have already demonstrated the value of this in my analysis of Libby's story above and believe that Spectre's story further indicates why this is a necessary approach. Spectre begins her story:

I had grand dreams of losing my virginity to someone I loved or was at least in a relationship with. I was 16 and gearing up to have sex with a 30-year-old Noel Fielding lookalike who I had hormonally decided was the one after about 3 weeks. On the day I was due to go to [city] and visit him, he clearly had a moment of lucidity about being a massive creep and texted me ‘Don’t come’. That was the last I ever heard from him. Having a decidedly bad day, I went home to my mother and dejectedly sobbed over the disappointment of my horny teenage ambitions. This is probably where the whole bizarre tale would have ended had it not been for alcohol. Seeking to drown my sorrows with a bottle of neat Pimm’s (in true teenage style), I decided the best thing to do would be to go to a party with a friend of a friend. (Spectre’s diary)

Above, Spectre provides some important context to the events that follow. She is disappointed and hurt after an abrupt cancellation of plans by a potential sexual partner, which she links to her decision to go to a house party and ‘drown her sorrows’ with alcohol. Also notable is the central role Spectre affords to alcohol in the set-up of her story. She speculates that without alcohol, the events that followed might not have occurred at all. I argue that this reflects the wider tendency to overemphasise the role played by drugs in the playing out of sexual encounters (Hunt *et al.*, 2022), particularly ones that are experienced negatively by those involved and/or in instances of sexual assault/rape (Aldridge, forthcoming). While I do not wish to dismiss Spectre’s own understanding of her experience, in line with the events-based approach I take in this thesis, the goal of my analysis is to decentre the role played by alcohol so as to reveal the other bodies that might well be missed otherwise (Dilkes-Frayne, 2014; Dennis, 2019). Spectre continues her story:

I continued getting drunker and drunker throughout the night, until suddenly I was giving someone I’d never met a blowjob in an alley. Granted, this was the sort of thing I would have done sober. However, this is definitely where sober me would have ended things; nerves tended to trump hormones, meaning that I’d given three blowjobs and almost been fingered once. I felt then, as I still do, that putting someone’s dick in your mouth is a lot less personal and more performative than letting any part of them inside you. (Spectre’s diary)

Spectre describes becoming increasingly intoxicated as the night progresses, and recalls performing oral sex on a teenage boy who was also attending the party in an alley way near to the house. Spectre makes clear that she believes she would have done the same thing while sober, citing the fact that she had already given three blowjobs prior to the event as evidence to support this. Again, Spectre perceives alcohol to play a central role in the escalation of sexual activity that follows (*‘this is definitely where sober me would have ended things’*). As noted by Hunt and colleagues, ‘the socio-cultural notion of alcohol disinhibition tends to ascribe agency and responsibility to alcohol’ in the playing out of sexual encounters, where there is an expectation that alcohol will increase a person’s desire for sex and reduce their inhibitions, thus making sex more likely to happen (2022, 88; see also Bogren *et al.*, 2022). This is very much reflected in Spectre’s storytelling. As became clear in our interview though, affording too much power to alcohol here risks obscuring other aspects of the sex-on-drug event that are perhaps just as relevant:

Um... and then I think... I think he took me out to the alley to make out, because he didn’t want to make out in front of everyone. Um... and then... I think I probably offered him a blowjob, probably. Which I tended to do... I’d done that a couple times before when I was really pissed... like [silly voice] oh, do you want a blowjob? I want attention. So, I think I probably instigated

it. But then I don't really remember much, at all. I remember being in the alley... I remember that set up, and the house being there. (Spectre's interview)

Evident from the above are the affective capacities of space in the way the event unfolds. Critical drug scholars have long emphasised the 'active' role of space in shaping drug consumption (Bøhling, 2014; Dilkes-Frayne, 2016), and Spectre's story demonstrates that this remains true for the playing out of sex-on-drug experiences. In Spectre's description, we see that the privacy afforded by the alleyway allows for uninterrupted sexual contact between her and the boy, which may well not have happened or may have happened differently had the alleyway space not been available. In fact, the alleyway becomes central to the rest of the story, as we see in how Spectre chooses to name the boy:

As I continued to drink heavily and stagger around, random alley guy – let's call him RAG – latched onto me and followed me everywhere. I'd invited some of my friends, who'd invited, invited, invited by this point, so I felt vaguely less threatened by the whole thing. I did not feel threatened at all by RAG, he was small and boring, and I liked the attention, though I definitely didn't like him, looks or personality-wise. (Spectre's diary)

Here, Spectre makes clear that she did not feel 'threatened' by RAG, which is important given the legal framing of sexual consent as invalid in circumstances in which 'any person was, at the time of the relevant act or immediately before it began, using violence against the complainant or causing the complainant to fear that immediate violence would be used against [them]' (SOA 2003, s75). While Spectre did not feel threatened by RAG, there is some indication that she did, at least initially, feel threatened in some way by the 'whole thing'. Given conventional approaches like the one taken in the SOA 2003 tend to locate 'threats' as residing in individual bodies (e.g., perpetrators of sexual violence, date-rape drugs), Spectre's wording here demonstrates the need to think relationally. Through this, it becomes possible to articulate how Spectre's affective response (feeling 'vaguely threatened') emerges not in response to RAG or any other isolated individual body, but instead through the relations between the various human, material, imagined, and discursive bodies that are assembled together at the house party (Bøhling, 2014, 2017). Indeed, Spectre actively works to alter the sociomaterial arrangement (Dennis, 2019) of the party by inviting her own friends to the space, which results in her feeling less threatened. Spectre continues her story:

Eventually I got to the bathroom to throw up and cry. As I turn to close the door, I see that RAG has come in with me. He starts to kiss me, and I fall over. He gets on top of me. I'm not really sure what's happening. Suddenly, I'm naked, and his dick is against my crotch. He's asking me, "are you ready?". My eyes roll about the room and I'm overwhelmed by a sense of "Fuck it, I don't care", that only drunkenness can bring. I just did not care. It all seemed boring, pointless and painful. I wanted to pee and throw up and sleep, and my virginity seemed like a hindrance. I wanted it gone. I said "yes", and heard that my voice sounded as if I wanted it, which surprised me. I didn't feel it go in. There was no blood. No sensation at all. I looked at the ceiling and the door. I don't remember it ending or him leaving the room. (Spectre's diary)

Striking in the above diary extract is the way Spectre switches between writing in the past and present tense. It is important to note here that Spectre was one of the few participants who completed a paper rather than digital diary. As discussed further in Chapter 2, participants who completed paper diaries had less opportunity to go back and edit what they had written. If Spectre had completed a digital diary, it might well have been that she read back over her diary entries and made edits so that tense

she was writing in was consistent. While acknowledging that this may have been the case, there is still value in speculating around this temporal shift.

In her description, Spectre switches to present tense just as the sex with RAG begins to take place (*'As I turn to close the door, I see that RAG has come in with me. He starts to kiss me and I fall over'*). In reading and conducting analysis of Spectre's diary, I felt myself to be deeply affected by the switch in tense. Rather than experiencing her story as a description of an event that took place years previously as I had been up until that point, I could almost *feel* the ways in which her affective capacities were reduced in my own body.²² There is a strong sense of resignation to her description that does not emerge in relation to a fear of violence, but instead through a general lack of interest in and enjoyment of the situation (*'I just did not care. It all seemed boring, pointless, and painful'*). The sex feels inevitable, which perhaps speaks to those aforementioned cultural expectations around alcohol and sex, where the substance is seen to make sex more likely (Bogren, Hunt and Petersen, 2022; Hunt *et al.*, 2022). Also important here are gendered meanings of intoxication, where women who drink are often regarded as more sexually available (Sundin *et al.*, 2021). These expectations and meanings around intoxication, in combination with an available, somewhat private space (a bathroom) and Spectre and RAG's accumulated interactions up until this point come together in a sexual experience that Spectre herself has understood differently (as sex, as rape) at various points in time.

Another point to note from the extract above is around the notion of incapacity. As discussed at the outset of this chapter, identifying instances of incapacity can be challenging in practice (Ullman, Callaghan and Lorenz, 2019), and guidance (e.g., that provided by universities or sexual health organisations) is very often subjective. While Spectre describes certain bodily actions that might indicate incapacity on her part (e.g., throwing up, falling over, eyes 'rolling about'), the fact that she was still conscious, able to communicate a verbal 'yes' to RAG's question (*'are you ready?'*), and could remember at least some of what happened would likely be used by some as evidence that she was not incapacitated (Providence College, 2022).

Conventional approaches to capacity and consent encourage us to reflect on whether an individual person had the capacity to consent to sex at a particular moment (or moments) in time based on their 'level' of intoxication. However, I argue that this is of limited relevance when it comes to making judgements regarding the ethics of Spectre's experience of sex with RAG. Focusing instead on the ways in which the sex-on-drug event came together to reduce/enhance her bodily capacities for action pushes us in a more productive direction. Rather than considering the extent to which alcohol was 'impairing' her capacities for decision-making and/or ability to enact resistance, we instead consider her affective capacities as they emerge in and through her relations to the wider event. Important so far has been space (an alleyway, a bathroom), gendered expectations around and meanings of intoxication, and a sexual rejection earlier that day. This is not to suggest that things like alleyways, bathrooms, and experiences of sexual rejection will automatically and always result in sex that is harmful to one or more of those involved. An events-based approach reminds us that the affective capacities of bodies are only ever emergent and contingent, and so cannot be known in advance (Race,

²² I should note here that my own 'virginity loss' played out in a very similar way to Spectre's: at a house party, with a boy I barely knew, while I was very intoxicated from alcohol. This may well have contributed to my feelings of being deeply affected. Though I have never understood this experience as having been assaultive, I do vividly recall not wanting the sex to take place. But rather than tell the boy that I did not want to have sex, it felt easier at the time to go through with it so that it would be over quickly.

2014; Dennis, 2019). Spectre continues her story by describing the aftermath of penetrative sex with RAG:

I remember crawling naked towards a cupboard and being found by my friends who gasped, put me back in my clothes and left. I stumbled after them, and as I left the bathroom, the guy whose house it was took me by the wrist and led me upstairs. My eyes rolled about, and I did not care. Nothing felt real. We went into his bedroom, started kissing, and I fell onto his bed. He made more of an effort. He went down on me for about a minute – it felt good and soothing and I was happier. This guy, let's call him T, was clearly nicer than RAG, who had re-joined the party downstairs. I have no idea whether RAG had already started telling people and that was how T knew I was drunk enough to fuck anyone, or if it was all by chance. (Spectre's diary)

Again, we see how gendered assumptions around intoxication become active in this particular sex-on-drug event, where Spectre describes herself being perceived by others as 'drunk enough to fuck anyone'. We also see the temporal significance of taking the sex-on-drug event as the unit of analysis. While much of the sex Spectre has so far engaged in appears to be unwanted and/or unpleasant on her part, here she describes receiving oral sex from T, which is 'good and soothing'. That sex-on-drug experiences can contain aspects that are positive, negative, or even ambiguous is something Spectre reflected on further during our interview:

I put off [writing the diary] for a while because I was a bit scared of it, of going back to a time where I felt a lot shitter about myself. But I actually found myself enjoying it. I had some distance, and so I could take the emotion out of it and evaluate it in a more balanced way. I also found nicer things in my past experiences, specifically in my virginity loss extravaganza. The second one I slept with that night... I had always kind of shoved that into the one... like... ugh, gross experience that was that evening overall. But actually, breaking it down and having to tell it in order, like a story, I actually found myself thinking, oh, he wasn't actually that unpleasant. And that was a nice thing that he did. And it was just understanding more how it happened. And I found myself taking more responsibility in it, rather than like... easily slipping into the... oh victim, it was horrible, which I found helpful. And weirdly empowering actually, I really enjoyed that. (Spectre interview)

For Spectre, in thinking about her experience, it is all too easy to 'slip' into a victim role, which is perhaps indicative of the 'stratifying' tendencies of certain bodies (Malins, 2004) – e.g., the law, media, sexual violence prevention discourse – to limit women's bodies to certain ways of being: an incapacitated victim; a body that is done to rather than doing (Brian, 2020). For Malins, stratification 'is the way in which bodies actively and strategically put themselves together in order to have a political social voice and to say "I"' (2004, 87). Without stratification, a body is incomprehensible to the social world, and so it 'must reduce its own fluid complexities [...] to discrete categories' (Malins, 2004, 87). For Spectre, this had at one point involved her trying to 'fit' her experience into one of an incapacitated rape victim – a category which ultimately could not satisfactorily capture the whole of what had happened. In fact, Spectre found that writing her experience in story form (i.e., as an event) in the context of this study enabled her to find 'nice things' in it (e.g., when T performed oral sex on her) that had previously been obscured by her negative perception of the experience as a whole. She also found that she was able to take at least some responsibility for what had happened, which was 'helpful' and even 'empowering'.

Spectre's reflections on responsibility in particular speak to the challenges and risks associated with attempts by feminist researchers to 'move beyond the static, binary positions that locate girls as either savvy sexual agents or objectified sexualised victims' (Renold and Ringrose, 2011, 403-404). For Renold and Ringrose, the goal of this kind of research should be to make visible the 'complexity and difficulty' faced by young girls in navigating and performing what these authors refer to as 'schizoid sexual subjectivities' (2011, 404). Drawing on feminist appropriations on the work of Deleuze and Guattari, Renold and Ringrose use this term to 'articulate how gender and sexual norms can be simultaneously displaced [or deterritorialised] and refixed [or 'reterritorialised']' (2011, 393, emphasis original). This resonates strongly with Spectre's attempts to navigate feelings/experiences of victimisation, pleasure, and responsibility while forming a coherent narrative that holds up over time. Spectre continues her story by describing the escalation of sex between her and T:

T didn't ask me if I was ready and I don't think either used a condom. This time, I felt it going in. It hurt, but felt good with it, and I remember wrapping my arms around him and groaning, though the groan was mostly for show. (Spectre's diary)

Again, Spectre's description highlights the 'schizoid pushes and pulls' (Renold and Ringrose, 2011, 403) of teen girls' sexuality, where she simultaneously experiences pain, pleasure, and puts on the 'show' she feels is expected from her in the context of a heterosexual encounter (Fahs, 2011). This also resonates with Libby's story analysed in the previous section. Libby hoped that her performance of pleasure (which, like Spectre, involved making noises to indicate she was enjoying the sex) might help her male sexual partner to orgasm faster. Spectre continues:

Someone walked in and left again. My head was swimming and the phrase "fuck it" was on repeat in my brain. I couldn't feel much at all other than movement, but I felt wanted and that felt good. Again, I don't remember it ending. I do remember that there was blood this time. As we stood up and got dressed, he asked if I was on my period. I said, 'no, I'm a virgin', and he looked at me with huge eyes and didn't say anything. I left the room and went downstairs. (Spectre's diary)

Above, Spectre describes the multiple meanings attached to blood as they emerge through the sex-on-drug event, as signifying either menstruation or virginity. In her account of injecting drug use, Dennis conceives of blood as a politically affective object, which, through connections to other bodies, 'produces an array of negative emotions and subjectivities' (2019, 105). In Spectre's case though, the emotions and subjectivities produced by blood seem less obviously negative, and more ambiguous/ambivalent. In Spectre's recollection, T appears shocked, speechless even when she refers to herself as a virgin. That Spectre describes herself as a virgin even after having penetrative sex is also interesting, and perhaps reflects the gendered differences in meanings attached to first heterosexual experiences, where for men this is understood as an achievement, and for women as some kind of 'loss' (Holland *et al.*, 2010). After sex with T, Spectre re-joins the party downstairs and again encounters RAG:

I passed out on the couch next to RAG who I was later told kept looking up my skirt until someone put a coat over my lap. I went home with him because he asked, and we slept on someone's floor – it wasn't RAG's house.

We kissed some more – I never initiated it – and this time, he didn't ask if I was ready, he just started. It was very quiet and very dark. I could feel myself sobering up, and I knew that tomorrow was going to be a bad, bad day. He asked if he could finish inside me. I had been looking at his face this whole time, just out of pure, disassociated curiosity. He looked into my eyes eagerly, but I didn't have any expression at all, let alone an encouraging one. The question surprised me, because I didn't know he hadn't come inside me last time, and I was annoyed at having to speak. I was bored and wanted to go to sleep, and I cared less than ever. I said "yes", and again noticed that my voice sounded like I wanted it. All I wanted was for him to get off me and let me sleep. He did lots of sighing and grinding that irritated me. I couldn't feel anything. He rolled off me and I rolled away and passed out. (Spectre's diary)

Above, Spectre describes another sexual encounter with RAG. Unlike their encounter in the bathroom, RAG does not ask Spectre if she is 'ready' for penetrative sex, indicating that he now understands her body as one that is available to him. He does however ask if he can 'finish' (i.e., orgasm and ejaculate) while his penis is inside of her vagina. Spectre is surprised by this question because she was not aware that he had not done so during their previous encounter in the bathroom. Spectre's lack of awareness here again raises questions around legal notions of incapacity given it is sometimes linked to an 'unawareness' of the sexual activity that is occurring (Dartmouth, 2022a). Spectre responds with a 'yes' to RAG's question, not because she actually wants him to ejaculate inside of her, but because she does not 'care'. As was the case with Libby, the sociomaterial arrangement of this sex-on-drug event appears to reduce or limit Spectre's affective capacities, and although she says 'yes' to RAG's question, her recollection is that she would have preferred the sex to end and to go to sleep. Spectre describes waking up the following morning:

I woke up early, gathered all my clothes and left. On the bus, I listened to angsty, ambient music and was disappointed that I didn't feel any satisfyingly angsty sense of drama or teenage tragedy. Just disappointment. (Spectre's diary)

Spectre's reflections here raise important methodological points around diary-keeping as a data generation method about experiences of unwanted sex/sexual violence. As her description indicates, those who experience unwanted sex/sexual violence can often feel very little in the immediate aftermath of the event (demonstrated by her attempts to utilise the affective capacities of 'angsty' music to feel something that felt proportionate to what had happened), and they may need months or even years to make sense of their responses. Asking a participant to write a detailed description of an experience of unwanted sex/sexual violence in the immediate aftermath might well be ethically dubious given they may well not be fully ready to do so. Spectre finishes her diary by reflecting on the days and weeks that followed the sex-on-drug event:

After that night, I decided to just sleep with whoever, wherever, because my pointless virginity loss meant that I could and should have sex with anyone who wanted it. My vile first boyfriend who I acquired about 5 days later told me that it didn't matter now that I'd already had sex in an effort to get me to fuck him. I listened, cried, and believed him. (Spectre's diary)

Through her connections to sexual codes of conduct and discourses of women's sexual availability, Spectre's non-virginal body is limited into a narrower range of capacities – one that can and 'should have sex with anyone who wants it' (Fox and Alldred, 2013). This is reinforced through her relations to others, such as a new boyfriend, who like RAG, views her body as sexually available. Following

Renold and Ringrose, this serves as a reminder of the need to couch any analysis of sexuality at a micro molecular level ‘within an awareness of the molar fixities of living feminine sexuality’ (2011, 402). While Deleuze/Deleuze and Guattari tend to emphasise fluidity and multiplicity (Malins, 2004), this should not be at the expense of recognising the ‘sedimented molar formations’ of sexual identity (Renold and Ringrose, 2011, 403).

CONCLUDING THOUGHTS

In this chapter I have shown that a less individualistic and more relational approach to capacity allows us to engage in more nuanced speculation around the ethics of sex-on-drug events. Though my events-based approach does not necessarily provide clear answers to whether sex-on-drug experiences should be classed as legally permissible as a consent-based model does, the stories presented above (especially Libby and Spectre’s) demonstrate that sex-on-drug experiences are often complex, contradictory, and understood ambiguously by those involved. As such, the goal of my analysis has been to explore how bodies’ in/capacities to act through their relationality might inform a more situational and embodied approach to sexual violence prevention that embraces this complexity (Dennis, 2019).

With this in mind, two key conclusions arise from my analysis. First is that we must do away with the popular assumption that drug intoxication is automatically and always impairing of a person’s cognitive, physical, and communicative capacities (Cowan, 2008), which at present is something that underpins a large proportion of sex education/sexual violence prevention messaging in relation to drugs, as evidenced at the outset of this chapter. Indeed, both Mia and Libby’s stories demonstrated the ways in which their bodily capacities to communicate in particular (verbally and otherwise) could actually be *enhanced* during events of drug use (Anderson, Reavey and Boden, 2019; Moyle *et al.*, 2020) – Mia in relation to her use of LSD, and Libby in relation to her use of cannabis. Importantly though, analysis of these participants’ stories made clear that enhanced capacities for communication could not be attributed to their use of these drugs alone. Instead, they emerged through connections to the wider sex-on-drug event (e.g., in relation to eating a meal, to sharing a bed with a long-term partner, to the easing of an MDMA ‘comedown’, to prior drug experiences), which again makes clear the value of taking the ‘event’ as the unit of analysis. The potential for events of drug use to generate enhanced capacities for communication is something those working in the areas of sex education and sexual violence prevention must take seriously if they are to devise policy and provide nuanced information and advice that will resonate with the lived experience of people who use drugs, and who use drugs with sex (Askew, 2016).

These points around enhanced communication are not intended to suggest that impairment is never relevant to the affective capacities of bodies that make up sex-on-drug events. Indeed, both Libby and Spectre’s stories demonstrated the ways in which bodies’ affective capacities can be limited or reduced, resulting in sex that is experienced negatively by those involved. For example, Libby felt that the most effective way to end an unwanted sexual encounter was to instigate penetrative sex, which was an incredibly unpleasant experience for her. She did not feel able to tell the person she was having sex with that she would rather not have sex at all. Similarly, Spectre said yes to unwanted sex, feeling as though her virginity was a ‘hindrance’ to her getting the rest she desired. Again, these reduced/limited capacities to act (in these examples, to stop sex from happening) must be understood relationally. This prompts us to conceive of drug-related sexual violence prevention interventions/sex

education programmes that move beyond advising individuals to minimise their drug use or avoid combining drugs with sex, and instead take a more holistic approach that centres on enhancing bodies' capacities for action through their relationality, rather than shutting them down (Duff, 2014; Dennis, 2019). This is an argument I build on further in the remaining chapters of this thesis, and in Chapter 6 I provide a fuller discussion of what this might look like in practice. One example that emerged from analysis of Libby's story was to encourage sexual communication that takes the form of an open-ended conversation, rather than asking questions that one would expect to elicit a 'yes' or 'no' response. Also clear was the ways that Libby's (and Spectre's) connections to heteropatriarchal norms around sex, relationships, and intoxication were territorialising forces in their sexual conduct (Alldred and Fox, 2015), narrowing the range of options they felt were available to them as they were engaging in sex. This is an issue with less of a clear 'solution', but one that is nonetheless worth highlighting, and I will continue to engage with it as the thesis progresses.

The second key takeaway of my analysis relates to the dominant tendency to grant a disproportionate level of agency and responsibility to drugs in the playing out of sexual encounters (Hunt *et al.*, 2022). Throughout my engagement with the three sex-on-drug events discussed above, I have sought to work against this by acknowledging the multitude of bodies that are at play in reducing/enhancing capacities for action/potential to become-other (Malins, 2004). This has been an important move for several reasons. First, it reminds us that sex on drugs is still sex: the challenges and opportunities that arise during sex-on-drug experiences are not intrinsically different from those that arise during sex in general.²³ Thus, many of the issues relevant to the ethics of sex-on-drug experiences that I have discussed in this chapter (e.g., normative forms of heterosexuality, the ambivalence and contradictions that shape experiences of feminine sexuality, the male sexual drive discourse) are those that have already consistently been highlighted by others writing in the area of sexual ethics (Gonick, 2004; Gavey, 2018; Gunnarsson, 2018). What is unique about the analysis presented here though is the way I have been able to preserve the specificity of sex-on-drug events. This is important given the fact that one could argue all women who have sex with men do so under heteropatriarchal conditions where these discourses/ideas are somehow present. However, this does not mean that all sexual encounters between men and women play out in the same way. An events-based approach allows for identification of when what would traditionally be seen as 'macro' or 'structural' forces become '*evidently active*' in the situation under study in relation to other bodies (Dilkes-Frayne, 2014, 453, emphasis original), without pre-determining what their impact will be.

Second, resisting the disproportionate agency/responsibility granted to drugs encourages us to be more creative in the ways we conceive of sexual violence prevention. This should, I argue, start with a rejection of the popular phrase 'drug-facilitated sexual assault' (DFSA) for referring to *any* instance of sexual violence where the victim is intoxicated/incapacitated from drugs (e.g., Hurley, Parker and Wells, 2006; Hall and Moore, 2008; Costa, Lavorato and Baldin, 2020). Overuse of this phrase in this way only reinforces the disproportionate agency/responsibility afforded to drugs and detracts from the specificity of instances where drugs are surreptitiously given to individuals without their knowledge and/or permission (e.g., incidents of 'spiking'). I provide further justification for this argument in Chapter 4 on page 98.

²³ In Chapter 5 I even call into question the presumed boundaries between sobriety and intoxication.

Moving back to sexual violence prevention in relation to this point around drug-related agency/responsibility, I have already argued that we must go beyond interventions that centre on advising individuals to moderate or avoid drug intoxication in sexual situations. What these interventions might look like in practice is something I take up in the following three chapters (especially Chapter 6), but for now it is important to note that in any speculation around this must be underpinned by an analytic approach that explores bodies' in/capacities to act through their relationality. Accordingly, I continue using this approach to speculating around the ethics of sex-on-drug events in the chapters that follow.

CHAPTER 4: ON VULNERABILITY

This chapter explores the notion of ‘vulnerability’ in the context of sex on drugs. Common deployments of the term in connection to drug use imply intoxication facilitates a susceptibility to the possibility of being harmed, either emotionally and/or physically (O’Keefe, 2017; Newcastle City Council, 2023). This is because intoxication is typically seen to impair a person’s judgement and decision-making abilities, reduce their awareness of risk, and decrease their capacity to enact resistance – the combination of which is thought to appeal to those inclined to perpetrate violence (Testa, 2004; Lutnick *et al.*, 2015, 1857).

A key harm intoxicated people are thought to be vulnerable to is sexual assault. Because victim intoxication is implicated in a significant proportion of sexual assaults (Abbey, 2002; Mohler-Kuo *et al.*, 2004; Testa and Livingston, 2009), scholars have often uncritically accepted a causal relationship between intoxication (especially that resulting from alcohol) and vulnerability to sexual assault, with little examination of the nature of the connection between the two. For example:

Since the early 1970s, when sexual assault nurse examiner (SANE) programs were first developed, the nurses providing specialized care for this population have recognized the role that alcohol plays in making these men and women vulnerable to sexual assault. Although estimates vary, professionals working with this population indicate that from 20% to more than 50% of rape victims across studies were under the influence of alcohol at the time of the assault. (Ledray, 2008, 91)

Though the quote above makes reference to both men and women, the majority of references to drug-related vulnerability to sexual assault can be found in discourses around sexual violence against women in particular (Amara, 2014; Eaton, 2016; UNC Charlotte, 2021). Here, intoxication is understood to enhance a pre-existing ‘natural’ – and thus disconnected from social structures – vulnerability to male violence (Stanko, 1990; Ahmed, 2004; Dahl, 2017). As a result, sexual violence prevention rhetoric tends to individualise prevention efforts by encouraging women to take responsibility for their own sexual safety when in spaces associated with drug use, like staying with a group of friends, never leaving drinks unattended, avoiding high levels of intoxication, or even making use of so-called ‘anti-rape technologies’ (Hall, 2004; Moore, 2009; White and Rees, 2014; Anderson, Flynn and Lucinda, 2017; Gore, 2019; Shelby, 2020).

Feminist activists and scholars have long criticised sexual violence prevention interventions that place emphasis on changing the actions and behaviours of potential victims (Ahmed, 2014; Carmody, 2015). Such an approach, they argue, simply reinforces women’s perceived vulnerability to male violence, without attending to those responsible for enacting it. In light of this, some organisations (e.g., universities, sexual health charities, sexual violence prevention bodies) have turned to messaging that advises men to avoid initiating sex with women who are clearly intoxicated, for example:



FIGURE 3: POSTER (SAVE, 2023). Poster reads: It's not sex... when she's wasted. Sex with someone unable to consent = sexual assault. Don't be that guy.



FIGURE 4: POSTER (Octavia, 2013). Poster reads: A girl that wasted is way easy to hook up with... So I made sure her friends got her out of there. She was in no shape to be going home with some guy.

While the messages above are arguably at least somewhat positive in that they provide an antidote to widespread narratives of victim-blaming, there remains an uncritical acceptance of the view that intoxication makes women vulnerable in such a way that they should not be having sex at all, thus foreclosing possibilities that intoxicated sex might be positive, pleasurable and/or fulfilling experience. There is also an implication that any man who would sexually pursue an intoxicated woman would be doing so precisely because of her vulnerability, thus assuming a predatory quality to any such interaction. A 'good guy' would take note of a woman's intoxicated state and 'ma[k]e sure her friends got her out of there' (Figure 4) – presumably back to the 'safety' of the domestic space (Ahmed, 2004). What is missing from sexual violence prevention discourses around intoxication is 1) a consideration of the possibility that drug-related vulnerability might facilitate experiences other than sexual assault, 2) a consideration of drug-related vulnerability in the context of established relationships and/or queer/non-normative relationships/encounters, and 3) the ways in which messaging like the posters pictured above might instead be utilised to promote reflection on ways individuals might navigate/negotiate intoxicated sexual encounters in as ethical a manner as possible. In this chapter, I attempt to engage with these gaps in mainstream sexual violence prevention discourse by drawing on three participants accounts of sex-on-drug events. Before doing so, I provide an outline of the various ways that vulnerability has been conceptualised in the academic literature, including in the context of feminist scholarship on sexual violence and victimisation.

CONCEPTUALISING VULNERABILITY

The approach to drug-related vulnerability outlined above – where drug intoxication is seen to increase an individual's risk of being a victim of sexual violence – reflects a particular understanding of the concept that dominates the popular imagination. Here, vulnerability is framed in exclusively negative terms, and is equated with femininity, weakness, passivity and a susceptibility to harm (Cunniff Gilson, 2016). It is defined in opposition to invulnerability, which, because of its association with masculinity, power, autonomy and independence, is sought after and idealised (Butler, 2016; Cunniff Gilson, 2016).

In this mainstream approach, vulnerability is also treated as a fixed property of certain individuals or 'populations' whom society has deemed unable to look after themselves adequately and/or protect themselves from harm, such as children, the elderly, or people with underlying health conditions (NHS, 2021). Although this undoubtedly has value in providing justification for channelling funding and/or other resources in particular directions, attributing vulnerability as a fixed trait of certain individuals/groups inevitably involves making hierarchal value judgments over who is deserving of a vulnerable status and who is not (Fineman, 2008; Munro and Scoular, 2012; Cunniff Gilson, 2016). And while for the most part there exists a consensus regarding the attribution of vulnerability to those groups cited above, there are many others (e.g., intoxicated people, sex workers, people in prison, people who inject drugs, people living with HIV) whose vulnerable status is far more fraught. This especially tends to be the case in instances where individuals are thought to have contributed in some way to their perceived vulnerability, for example by getting infected with HIV after choosing to have condomless sex or by being sexually assaulted after choosing to get intoxicated while on a night out.

Scholars have also expressed concerns over the capacity of mainstream vulnerability discourses to provide justification for a paternalistic set of powers imposed in the name of 'safeguarding' those presumed to be weak and in need of protection (Mackenzie, 2014; Butler, 2016). Such powers have

historically failed to attend to the structural (e.g., economic, cultural, political) conditions that result in vulnerability in the first place, instead serving to re-establish the vulnerability of socially disadvantaged/marginalised bodies without attempting to enhance their capacities for action or agency. Indeed, the logic of mainstream approaches means the expression of agency can even be used to deny/negate vulnerability (Butler, 2016).

RECONCEPTUALISING VULNERABILITY

To summarise so far, mainstream approaches to vulnerability take a reductively negative view of the concept that relies on hierarchal dualisms like active/passive, strong/weak, powerful/powerless and masculine/feminine (Cunniff Gilson, 2016). But because bodies can never fully correspond to such dualisms in practice (Massumi, 1992; Malins 2004), this framework is ill-equipped to deal with vulnerability where it looks like something other than a passive, weak and female-bodied victim (Christie, 1986). In light of this, some scholars have sought to reconceptualise vulnerability as a fundamental and universal aspect of the human condition (e.g., Fineman, 2008) that emerges in and through our relationality (Butler, 2016).²⁴ Rather than being inherently negative, this understanding of vulnerability implies a more general sense of openness to affecting/being affected (Ahmed, 2014), which can be experienced in complex and contradictory ways:

Whereas vulnerability's ambivalence indicates how it can open us to both care and violation, its ambiguity indicates that we cannot disentangle these various dimensions from one another (Cunniff Gilson, 2016, 88)

Far from reinforcing a rigid dualism where vulnerability sits in opposition to invulnerability, a more open and ambiguous approach allows for the 'coexistence' and 'intertwining' of activity/passivity, weakness/strength, and power/powerlessness (Cunniff Gilson, 2016). This is, I argue, especially useful for thinking about sex, which is so often problematically thought of in terms of such hierarchal and gendered dualisms (e.g., top/bottom, submissive/dominant, giver/receiver, person who fucks/person who is fucked) (Angel, 2021). As I will go on to demonstrate in the analysis section of this chapter, embracing vulnerability's ambivalence, ambiguity, complexity and contradiction is an important starting point for a sexual ethics that is inclusive of sex involving drugs without dismissing intoxication as solely problematic and best to be minimised/avoided entirely. By viewing drug-related vulnerability as something that could be met with care, violation, or even some combination of the two, we see that sexual assaults/rapes/other negative experiences are in no way the inevitable result of mixing of drugs and sex. Before I move to analysis though, I first explore how vulnerability has been taken up in the context of feminist theorising around sexual violence and victimisation.

VULNERABILITY, VICTIMISATION AND SEXUAL VIOLENCE

Within feminist scholarship, vulnerability has served as a key concept for theorising around sexual violence and victimisation (Munro and Scoular, 2012; Cunniff Gilson, 2016). As a starting point, this has involved critical interrogation of deeply entrenched associations between vulnerability, the

²⁴ For Butler (2016), we are vulnerable because we are inherently relational in the sense that all bodies (imagined, discursive and material) are involved in the making of one another. Vulnerability then 'names a set of relations between sensate beings and the force field of objects, organizations, life processes, and institutions that constitute the very possibility of livable life'

female body and women's sexuality more generally – associations that position sexual violence against women as a natural and inevitable consequence of their bodies' sexual desirability and physical inferiority (Ahmed, 2014). For Cunniff Gilson, this 'not only contracts and rigidifies the meaning of the (feminine) female body, destining it for violation, but also precludes recognition of victimization among those who are not cisgendered women by tying victimization to a particular kind of vulnerability that is thought to be the property of particular kinds of bodies' (2016, 75-76). Indeed, so-called 'gender-critical' or trans exclusionary feminists regularly invoke cis women's imagined vulnerability to sexual violence enacted by trans women as justification for the latter's exclusion from 'women-only' spaces, such as public bathrooms or women's prisons (Phipps, 2016). In doing so, trans exclusionary feminists obscure the fact that trans women can themselves be victims of sexual violence – recent research has found this to happen at higher rates than for their cisgender counterparts (Connolly *et al.*, 2021).

The denial of vulnerability/victimhood to particular bodies can in part be explained by the notion of an 'ideal victim' – individuals who are thought to be deserving of a victim status because they are weak, passive, and without agency or culpability (Christie, 1986). The ideal rape victim for example is a 'young virgin on her way home from visiting sick relatives, severely beaten or threatened before she gives in' (Christie, 1986, 19). In instances of sexual assault/rape involving intoxication, an ideal victim would not have chosen to consume large quantities of alcohol or other drugs, but instead would have become intoxicated through involuntary means, for example by having their drink 'spiked' (Rumney and Fenton, 2008; Raphael, 2016). This kind of thinking around responsibility, intoxication and victimhood is reflected in the SOA (2003), where only victims who were 'involuntarily' intoxicated at the time of the assault are afforded specific legal protection under section 75.²⁵ For Rumney and Fenton:

What is disturbing about this is that the end result of voluntary intoxication may well be the same as for all the other situations covered by section 75, that is, the complainant does not have capacity to consent and her sexual autonomy is eroded. This statutory omission is reminiscent of the notion of the deserving victim: the 'ideal' victim does not get herself drunk, she is able to control her own intoxication and if she does not do so, she does not deserve the protection of law. (2008, 288)

Here, Rumney and Fenton highlight the inconsistencies that form the basis of legal approaches to intoxication and vulnerability in the context of sexual violence. On the one hand, the SOA acknowledges that intoxication can, at least in some instances, result in situations where an individual is no longer legally capable of consenting to sex and is thus vulnerable to sexual assault. But on the other, only those who become intoxicated in a particular way (i.e., involuntarily) are seen as deserving of the extra protections drug-related vulnerability is thought to necessitate. Also important is that this approach also rests on the assumption that it is possible to easily distinguish between voluntary and involuntary intoxication, which is not always the case. What if, for example, a person voluntarily consumes an ecstasy pill that contains more MDMA than they had thought? Or what if it contained the quantity of MDMA they had thought, but on that particular day they were affected by the drug in

²⁵ Section 75 of the SOA states that a complainant will be taken to not have been consenting if 'any person had administered to or caused to be taken by the complainant, without the complainant's consent, a substance which, having regard to when it was administered or taken, was capable of causing or enabling the complainant to be stupefied or overpowered at the time of the relevant act' (SOA, section 75)

a more intense way than they had been previously? In these instances, a voluntary/involuntary dichotomy is insufficient in capturing the nuances of the intoxicated experience, which makes its deployment in cases of sexual assault troubling.

As outlined above, the attribution of vulnerability and victimhood to particular kinds of bodies (like those who are involuntarily intoxicated) but not others (like those who are voluntarily intoxicated) has been a key motivator for scholars who reimagine the concept as a universal aspect of the human condition. In this reimagining, all bodies are always already vulnerable, and so do not need to meet particular criteria in order to be deemed worthy of protection and care. However, this does not mean that all bodies should be treated as equally vulnerable. Individual experiences of vulnerability remain unique and disproportionate, even if the condition is a universal one (Munro and Scoular, 2012; Mackenzie, 2014; Cunniff Gilson, 2016). The point is that vulnerability should not automatically preclude particular bodies from engaging in sex while intoxicated from drugs. Instead, an attentiveness to how vulnerability operates in particular places and at particular times should form the basis for interventions that aim to enhance the potential for sex-on-drug experiences that are positive and fulfilling for those involved.

SEX ON DRUGS AND VULNERABILITY

In the chapter that follows, I draw on Ahmed (2004), Butler (2016) and Cunniff Gilson (2016) to conceive of drug-related vulnerability as a kind of relational openness to bodily possibilities that can be experienced in positive, negative, or ambiguous/ambivalent ways. Using three participants' stories of sex-on-drug events derived from a combination of diary and interview data, I explore the relevance of vulnerability to their narratives. Like in the previous chapter, I selected these three stories as 'critical cases' (Yin, 2018) that were best suited to in-depth analysis around the theme of vulnerability. See Chapter 2, pages 44-45 for a more detailed rationale behind this approach.

Three key points emerge from my analysis. The first is that vulnerability experienced in relation to drug use cannot be reduced solely to substances themselves, and instead emerges as an affective flow (Fox, 2015) in and through bodily connections to sex-on-drug events. The second, related point is a recognition of both vulnerability's 'ontological and context-specific dimensions' (Mackenzie, 2014, 33). Because each and every drug-related sexual encounter is unique, so too is the bodily experience of vulnerability. This serves as an important basis for conceiving of harm-reducing/pleasure-enhancing orientated interventions that do not pre-determine or universalise what it means to be vulnerable on drugs. The third is drug-related vulnerability's potential for opening up bodies to both care and violation, or some combination of the two. Recognition of this allows for approaches to interventions that do not seek to eradicate vulnerability, but instead aim to meet it with care wherever possible.

KULA'S STORY

Kula was a 59-year-old cis, bisexual man, who was in a long-term (together for 15 years, married for 9) relationship with a 57-year-old, cis, bisexual woman named Rosalind. Kula and Rosalind were both participants in the study – each completed a diary and took part in a follow-up interview. Unlike in my analysis of other participants' sex-on-drug stories up to this point, I draw on diary and interview data from both Kula and Rosalind, rather than just Kula. At the outset of their diaries, Kula and Rosalind explained that they were experiencing some issues in their relationship that they were actively working on, especially in relation to sex. Kula wrote:

Our sex life has not been very good for quite a few years, and this has led to us going on a couples' retreat, having couples' therapy, and doing a lot of work to improve our communication and revive our sexual relationship. For numerous reasons, sex had become very infrequent, perfunctory and formulaic. Over the period of lockdown, things reached crisis point and we agreed to have an open relationship. After we agreed this, our sex life began to improve (interesting that!) and we have been experimenting with more consciously using drugs to enhance our sex life – mainly MDMA and cannabis). (Kula's diary)

In her diary, Rosalind provided more information about the nature of their non-monogamous relationship, as well as her perspective on their emotional and sexual intimacy:

I identify as bisexual, although had been monogamous with my husband for 14 ½ years, until this year when – following difficulties in our relationship – he agreed to let me have sex with other people. I currently have a nonbinary/trans (male to female) sexual partner. [...] One of the main difficulties in my relationship with my husband was his lack of interest in intimacy – emotional or sexual – clearly very frustrating! However, we have been doing a lot of work on our relationship and things are improving, although sex is sporadic rather than regular. Taking drugs together has been part of our more recent intention to improve intimacy – from both sides – I'd say all our sex these days is under the influence of some drugs of some sort. Mostly he is only interested in sex when we are having some type of retreat together with plenty of time to share experiences and relax in each other's company. (Rosalind's diary)

In the extracts above, both Kula and Rosalind highlight the intentionality behind their use of drugs (mostly MDMA and cannabis) with sex, as a means to enhance their sexual and emotional intimacy (Anderson, Reavey and Boden, 2019; Moyle *et al.*, 2020). Their use of these drugs in particular to achieve these aims is supported by previous research that explores the potential for MDMA and cannabis to foster emotional intimacy and 'revitalise' couples' connections (Anderson, Reavey and Boden, 2019; Parent *et al.*, 2020). Rosalind also mentions the significance of space (a retreat) and time (plenty of it) to promoting Kula's interest in sex, which is indicative of the need to connect their use of cannabis and MDMA as intimacy-building tools to the wider sex-on-drug event in order to understand their affective capacities more fully (Dilkes-Frayne, 2014; Dennis, 2017; Moyle *et al.*, 2020).

The story I focus on here comes from Kula's diary, in which he described an experience of being home alone, taking magic mushrooms, and anally penetrating himself with a dildo. Like Rosalind, Kula identified as bisexual. However, he had not had a sexual encounter with a man for many (20+) years. The notion of vulnerability, for Kula, was inextricably linked to the act of anal penetration, which he referred to in his interview as a 'big deal'. He described his past experiences of having anal sex with men where he had been on the 'receiving end' as having been 'coercive'. In his interview, Kula expressed some ambivalence around his past sexual encounters with men that had taken place in the context of a spiritual group he had been a part of for a number of years:

All of the sex I had [with men] was in the context of the [spiritual group] I was involved with, so quite a... dodgy affair really. The founder of the group had sex with quite a lot of his disciples. And he... you know... he said he wasn't gay, but he clearly was. But he never did penetrative sex. It was always masturbation, or something like that. So, there was a whole, um... uh... what do you call it? The ethos within that group was that there was a lot of homosexuality going

on, but... um... but it was... with people who wouldn't have identified themselves as homosexual. But it was... it was kind of part of the group thing. Very cult-y, really. But none of it was penetrative sex. [...] And when [penetrative sex] happened for me, it was intensely pleasurable. But... it was quite hard to let go into it. I think there was a tension in me, resisting. So, that's what I mean. By it being a big deal. For those emotional, cultural, and psychological reasons... but physically, not being used to it, it was like... crikey. (Kula's interview)

Here, Kula describes anal sex – particularly that where he is on the receiving end – as being a ‘big deal’, in part because of the line drawn at engaging in this particular sex act among the members of the spiritual group (Phua, 2010). For Fox and Alldred, flows of affect within assemblages create the conditions of possibility for sexual desire, codes of conduct, and sexual identities (2013, 774). However, these flows are continuously subject to restrictions and blockages that territorialise sexuality and ‘channel desire into a relatively narrow range of sexual capacities’ (2013, 776). In the sexuality assemblages that emerged in the context of the spiritual group, connections to the group’s leader, its ‘ethos’, and societal perceptions of anal sex between men, ultimately limited what member’s bodies could do (no anal sex, only masturbation). Following the founder’s lead, Kula recalls that other members of the group were generally reluctant to label themselves as homosexual, despite engaging in sex with other men. We discussed this further in our interview, during which Kula reflected on his own thinking around anal sex and homosexuality more broadly:

But I think there was also possibly... I think there might have been a whole load of shame about anal sex. Even about... homosexuality. I was probably... I think it took me quite a long time to... I don't know... accept... I don't know. I was brought up a Catholic, you can blame a lot of stuff on that. It just felt... quite... it was hard to let go. I think there was shame. I think there was probably judgment. And I think in a very... rather kind of reactionary old-fashioned way, it... it was like... it was... and I am a bit ashamed to say, it was, can I be a man if I let this happen to me, type of thing, you know? (Kula's interview)

Here, Kula asks: if I open myself up to the possibility of being penetrated, can I still be a man? Kula’s questioning resonates with widely held perceptions of vulnerability as a feminising process, and thus one that is negative, shameful, and to be avoided (Dahl, 2017). Kula’s connections to other bodies (to discourses around masculinity/femininity, to religion, to his immediate material surroundings of the spiritual group) territorialise his desire into a narrow ‘hegemonic’ masculinity (Alldred and Fox, 2015, 915). As we go on to see in the diary entries below, Kula’s mushroom experience featured a great deal of thinking about the notions of masculinity and femininity on his part. Kula begins his story:

At Easter this year, my partner and daughter were away looking after my mother-in-law who was ill. I decided to take some psilocybin mushrooms. I took about 35g liberty cups. They had been in the freezer for quite a while so I wasn't sure how strong they would be. (Kula's diary)

Here we see how the arrangement of this drug-use event provides Kula with the time, space, and privacy to engage in a psychedelic experience. In other words, the coming together of the event opens Kula up to, or makes him vulnerable to, the psychedelic experience that follows. The act of freezing the mushrooms meant there was no limited time window in which Kula needed to take them. They were ready and waiting for an instance where taking them felt appropriate. Though this led to some uncertainty on Kula’s part regarding the ‘strength’ of the mushrooms, this did not appear to detract from the experience:

They were reasonably strong – I had a really interesting time meeting one of the plants in the garden. Then I played my guitar for an hour or so.

Somehow, I was thinking about the masculine/feminine aspects of my personality, and I bent over the kitchen counter imagining what it would be like to be penetrated. (Kula's diary)

Here we see that Kula's thinking about masculinity and femininity during this particular event centres on the act of penetration. During our interview, I asked him to elaborate further on the thoughts he was having. In response, he questioned whether 'masculinity' and 'femininity' had in fact been the most appropriate words to capture what he had been attempting to convey:

And I'm not sure, in a sense... it's not... just masculine or feminine aspects, whatever that means. It's also, to what extent am I attracted to men as well as women, you know? Um... because I've had some experiences of sex with men, when I was younger. And some of them felt a bit coercive and not great. Um... and I haven't had that for many years. Um... I think... partly because the person that my partner is having a relationship with as well, is physically a man, but identifies as a woman, trans... and also, she's polyamorous and has a male and a female partner as well. Um... so, it's a bit of a long, rambling explanation. I've been thinking more about how much I'm attracted to men and how bisexual I am, so that's been kind of floating around. And I suppose that I've been thinking... what the hell does it mean? Femininity and masculinity and very risky words, really, aren't they? What do they bloody mean? And certainly, if you try to link them to males and females... (Kula's interview)

Kula describes masculinity and femininity as 'risky' words, especially when used in relation to 'male' and 'female' bodies. He refers to his wife's partner, a trans woman, to illustrate how his thinking around sex, gender, sexuality, and associated character traits is complicated by the sexual lives of people known to him. The perceived 'riskiness' of the terms also reflects the inevitable limitations of identity categories in capturing the multiplicity of bodies and their capacities for action (Massumi, 1992; Malins, 2004). By attempting to 'fit' himself into either of these categories, Kula risks losing the nuances and multiplicities of his lived, embodied experiences (Malins, 2004). Going back to his thoughts regarding masculinity and femininity in the context of his mushroom trip, Kula reflects further on his feelings around being penetrated:

[B]ut what it came down to on that trip... I sort of had this... I suddenly started to get this feeling of... what would it be like to be penetrated? I think that's always something I've been a bit scared of. When I had sex with men in the past, I think only once did I ever have penetrative sex where I was the receiver, or whatever. It felt like a really big deal. Um... so... I think I was leaning over the kitchen counter. And it was a bit like, oh, what would...? I suppose I felt a bit like... (sighs)... I was... I had this sort of feeling of being a bit more like a woman than a man, at the time. I suppose... and thinking, what would it be like to be penetrated? And there was something about surrender and letting go... not being in charge, I suppose. And being done to, rather than doing. Those types of things. This is better language. I think masculine and feminine... yeah. Dangerous shorthand's, aren't they? It was the thing about being penetrated, and surrender. And... um... and that turned me on quite a lot. (Kula's interview)

Kula explains that he had used the term 'femininity' as a kind of 'shorthand' for a number of things, including: feeling like a woman, being attracted to men, having a desire to be penetrated,

surrendering, letting go, and not being in charge (Dahl, 2017) – all of which can be linked with the mainstream approaches to vulnerability described at the outset of this chapter (Cunniff Gilson, 2016). In line with gendered conceptions of sexual passivity, Kula associates femininity with bodies that are ‘done to’ (i.e., penetrated), rather than the (supposedly) more masculine ‘doing’ (i.e., penetrating) (Dahl, 2017; Brian, 2020). However, Kula’s mushroom experience goes on to complicate this particular binary, because, as detailed in the next part of his diary entry, Kula becomes at once the penetrator and the penetrated:

I went upstairs, got some lube, and used a dildo to fuck myself up the anus. This is something I have only experimented with a few times and I have only had anal sex with a man once.

The effect of the mushrooms was A) to open me up to the possibility, to the idea of doing this and how pleasurable it might be. There was something about surrendering & being fucked (even though I was doing the self-fucking). B) The mushrooms enhanced the intensity and pleasure of the experience.

This opened me up to the area of anal play and this has been something that my partner and I have been exploring – she bought me a glass dildo for my birthday! (Kula’s diary)

Deleuze and Guattari’s concept of the rhizome is useful for making sense of Kula’s experience without limiting his body to something singular (either the penetrator or the penetrated) and stable (one that is consistent over time). The ‘rhizome’ refers to a non-hierarchical, root-like assemblage of things and connections. The rhizome helps us to see bodies as continuous *becomings* rather than a stable *beings* (Malins, 2004). The potential for bodies to ‘become-other’ (Dennis, 2019) emerges in and through their rhizomatic connections to other bodies (human, material, imagined and discursive), which are multiple, ever-shifting, and thus allow for complexity and contradiction.

We also see the notion of vulnerability woven through Kula’s narrative, which he refers to as an ‘opening up’ to ideas and possibilities. While Kula makes an explicit and causal link between this ‘opening up’ and the mushrooms he had taken, I argue that the role of other bodies (including his own) must not be ignored. For Malins, ‘[t]he body retains its own impetus – an impetus for forming assemblages which allow desire to flow in different directions, producing new possibilities and potentials’ (2004, 88). Rather than framing Kula’s desire to be penetrated as one that lay dormant, waiting to be unlocked by the ingestion of a substance – if this really was the case, why had Kula not acted on this desire in a previous mushroom experience, of which there had been many? – we see instead that this particular sexuality assemblage (Fox and Alldred, 2013) enabled *different* flows of desire, which allowed for new bodily connections (with a dildo, for example) and ultimately transformed Kula’s body and its capacities for action into ones that were no longer structured in the same way as they had been previously (*my anus is for penetrating*), like for example in the context of the spiritual group.

Kula’s experience demonstrates that drug-related vulnerability must not be framed solely as negative, as a ‘risk’ to be either avoided entirely or managed through various pre-determined strategies. To do so closes down in advance possibilities for pleasure and fulfilment. For Kula, ‘surrendering’ to vulnerability in this instance led to future anal experimentation in the context of sex with his partner Rosalind, which they both reflected on as having been something positive for their relationship. Kula provided some final thoughts on his mushroom experience during his interview:

And that was one of the really important things about this experience on mushrooms. It was very much about feeling myself being penetrated. I realised that... being receptive, is a really important... if I can accept that experience and that side of me, I also feel more in touch with my potency and masculinity and the part of me that wants to act and do to. It's like... if I'm denying the more receptive side, I'm actually not as full a person. So, I'm not even as able to be fully engaged in being active, you know. (Kula's interview)

Here, Kula positions receptivity as a crucial part of being a 'full person', both in relation to sex and more generally. For Angel, receptivity is an 'exquisitely ambiguous trait; it's welcoming, it's open, and inviting – and, by that token, it's also a risk' (2021, 99). As with vulnerability, acknowledging receptivity as ambiguous in nature serves to better capture Kula's experiences of it (Cunniff Gilson, 2016). In the context of the spiritual group, the idea of being receptive was both appealing and frightening. And in the context of a solo mushroom trip, being receptive was intense and pleasurable. The question then becomes about how we can accept and engage with the risks inherent to drug-related vulnerability (and indeed receptivity) without defaulting to advising against sex on drugs altogether? This is a question I continue to reflect on in my analysis of two other participant stories below, and again in the 'Concluding thoughts' section of this chapter.

LAYLA'S STORY

Layla was a 28-year-old pansexual cis woman who, at the time of her interview, was in a relationship with a 45-year-old man she referred to as her 'long-time lover'. Based on her diary and interview, it was clear that Layla was dealing with some 'sexual trauma' (her words) that had been affecting her sexual experiences and life more generally. She did not volunteer any information regarding the event(s) that resulted in this trauma, and I did not ask. We did however discuss how she had found the diary-writing process, which her trauma seemed to have made challenging:

I think one of the things that I've been finding the courage to talk about... like, I was first very excited to do this, and to have this engagement with you. But then over the months... I'm currently struggling with processing some past sexual trauma. And it's just been... difficult to find a balance of talking about good things, but also having these difficult experiences as well, and kind of opening up. I don't mind talking to you about it, I'm happy to talk about it, but it's also been like a... a heavy process for me. I feel it's very connected to sort of, reclaiming some kind of narrative. Some control. [...] I just wanted to share that that's where I'm coming from. And that's why it took me so long to finish [writing the diary]. It was hard to find a balance. (Layla interview)

In writing her diary, Layla found it hard to locate a 'balance' between writing 'good things' about her sex-on-drug experiences and processing sexual trauma, both of which she felt were important to her narrative. Vulnerability is present in the quote above, where Layla sharing her experiences in a research context involves a kind of 'opening up' to both positive and negative possibilities. On the one hand, she is able to reclaim some connection to and/or control over what happened. But on the other, it is a 'heavy process' that involves engaging with difficult feelings and experiences. Layla's comments reflect those of other women involved in research that is in some way connected to sexual trauma, including some in this study (such as Spectre in Chapter 3). In their analysis of interviews with female victims of sexual assault who had been involved in research about their experiences for example,

Hoover and Morrow argue that ‘trauma survivors’ research participation is a complex process, in which ‘participants report distress and benefits simultaneously’ (2015, 1477).

Layla wrote about four different drug-related sexual experiences in her diary, all of which involved a man she referred to as her ‘long-time lover’, who was 17 years older than her. At the outset of our interview, I asked Layla to tell me more about this man and their relationship:

Interviewer: [...] So, you mentioned the person... someone you called your long-time lover? Can you tell me a bit more about this person and your relationship?

Interviewee: Yeah... um... so, he... we’ve been together now for 2 and a half years. He’s a long-time psychonaut. He’s older than me and started doing acid like... the year I was born (laughs). Um... he’s like 17 years older than me, I think. Very very gentle, kind, soft human. And um... we started off just being completely sober together, every time we were together. We didn’t go any festivals.... Just spent a lot of lucid time together. For the first year, year and a half. And then we’ve like slowly, slowly started exploring, in small doses. And using all the tools of set and setting. We’ve recently been more conscious about... um... what is it called when you have a processing talk the day after? Like... you go through everything that happened?

Interviewer: Like aftercare?

Interviewee: Yeah, but it has a name.

Interviewer: A debrief?

Interviewee: I forget what it is.... Oh, like an integration talk. It’s called an integration talk, so. Yeah. It’s my first long-term partner, ever. And um... I’ve had a lot of stuff come up for me, this year. So, it’s been a very healing relation. It’s the first time I’ve been with someone where we nurture safety and care. And where we practice, um... consent as like a daily practice. Like asking each other... doing a lot of check ins and having a lot of processing talks and open communication.

Layla immediately acknowledges the 17-year age gap between herself and her partner, which is followed by various examples of the ways their relationships is a ‘conscious’, ‘caring’ and ‘nurturing’ one. In doing so, she draws on the language of consent – ‘check-ins’, ‘processing talks’, ‘open communication’ – to support what she is saying. Layla also makes reference to the first 12-18 months of her and her lover’s relationship, where they did not take drugs at all, instead spending ‘lucid’ or ‘sober’ time together. I have written elsewhere of the hierarchal positioning of sober sexual intimacy over that involving drugs (Aldridge, 2020), which resonates here with Layla’s talk around their spending sober time together. Implicit to Layla’s narrative is the view that sexual/emotional intimacy experienced while sober should proceed that involving drugs, thus indicating the former to be more genuine and lasting. Only after a certain amount of sober time spent together did Layla and her partner begin taking drugs in each other’s company, which also speaks to the widely held perception that drug-taking facilitates a kind of vulnerability that is best experienced in the presence of those already known to an individual.

In the story that follows, Layla describes taking mescaline with her lover, which is a psychedelic drug often associated with use by Indigenous communities in spiritual ceremonies (Agin-Liebes *et al.*, 2021).

Though this was Layla's first time taking mescaline, she had had a number of other psychedelic experiences (mostly LSD and magic mushrooms). This was Layla and her lover's second time taking a psychedelic drug alone together. Layla begins her story:

It was my birthday in June, I was celebrating one day early together with my long-time lover and my dog in a forest near our friend's house. We had been talking for a long time about trying Mescaline together, and we decided that this was a good occasion. We wrote down some words to guide us on a mirror before we dropped 125 micrograms each.

Within half an hour, we were both pretty affected, and just allowing for the effects to hit us. I could suddenly hear all the bees buzzing at the same time, and my sense of smell had definitely increased. We didn't touch much at this stage, and I had a few waves of slight nausea the first hour or so. I was easily distracted by the pattern on leaves, and the nature surrounding us. After about two hours I decided to drop another 125 micrograms in order to reach a higher stage of intoxication, and my lover was clear he'd rather be there for me and my experience and decided not to up his dose. (Layla's diary)

Layla describes changes to her senses of smell and sound. She also experiences nausea, which is a common reaction to psychedelic drugs like mescaline (Uthaug *et al.*, 2022). Layla's lover's decision to remain on a lower dose of mescaline can be understood as a form of 'trip-sitting', where one person – often an experienced psychedelic user, as Layla's lover was – chooses to remain sober/take a smaller quantity of drugs so as to ensure the safety of those who have taken drugs and mediate in the case of a 'bad trip' (Hearne and Van Hout, 2016; Pestana, Beccaria and Petrilli, 2021). The notion of trip-sitting in general speaks to the acknowledgement of drug-related vulnerability by people who use drugs, and demonstrates the kinds of strategies that individuals employ in order to take care of one another. Layla continues:

After another hour had passed, and we had walked around a bit and gotten distracted by peculiar growths in nature, we were back in the little camp we'd built for ourselves, on our big blanket still in the middle of the forest. I think I was just stroking myself for a long time, and he initiated for us to be a bit more sexual, and he took out his butt plug and lube and started playing with himself in front of me. He was clearly enjoying being the centre of my voyaging, and I could see him getting more and more aroused by the setting. (Layla's diary)

After returning to their makeshift 'camp' – a blanket on the ground in the middle of a forest – Layla and her partner initiate sexual activity, which begins with mutual (self) masturbation and leads to anal play on her partner's part. It is particularly telling that Layla describes witnessing her partner becoming aroused 'by the setting'. In line with Deleuze-inspired approaches that shift the location of sexuality away from (human) bodies and individuals (e.g., Fox and Alldred, 2013; Paasonen, 2018), sexuality here emerges as an affective flow in relation to the physical environment, Layla and her partner's solitude, and the time they have put aside to spend together. Layla continues her story:

As he was fucking himself, I remember leaning back and feeling brightness and playfulness stream through my body. We started touching each other, and at this point we were entirely naked. He asked if he could move between my legs, and I said yes, but I had a growing feeling of uneasiness that I couldn't quite control or see clearly. It was as if I had a feeling that we weren't alone, or that maybe someone would come and interrupt us anytime. I also wasn't

quite clear with myself if I actually had a wish for penetrative sex, and I felt easily distracted from my own thoughts and easily encouraged to respond to my lovers' wishes. I could feel my body responding to the proximity of his cock around my pussy, but I still had this feeling that maybe we should slow down. (Layla's diary)

Here we can see in practice how complex it is to categorise sexual experiences as wholly positive/negative, or wanted/unwanted (Angel, 2021). For a time at least, Layla feels 'bright' and 'playful'. But as the event unfolds, she is affected by a growing sense of unease, the source of which is unclear. Layla is also unclear as to whether she wants to engage in penetrative sex, which speaks to the complexity of sexual desire more generally (Angel, 2021). While sexual consent rhetoric – specifically that around 'enthusiastic' or 'affirmative' consent – positions knowing and speaking about what one wants as essential in improving the sexual lives of women, including in protecting them from sexual assault (Fischel, 2019; Angel, 2021), Layla's narrative shows us that *people do not always know what they want* – even when sex is already taking place. And while Layla's confusion in this instance might in part be explained by her use of mescaline, the experience of uncertainty/ambivalence during sex more generally is by no means limited to that involving drugs (Muehlenhard *et al.*, 2016), and Layla's description indicates other relevant aspects of the event (e.g., lack of control over her environment, the potential to be interrupted by others). Layla continues her story:

He asked if he could enter me, and before I thought about it, I just automatically responded "yes", and just as he entered me, I leaned back again and closed my eyes, and I could strongly visualize the entrance of my vagina and it looked like a big, sore wound of bad memories and trauma, and it felt as if he was forcing himself into my wounds that I was seeing so clearly for the first time in my life. I opened my eyes, touched his arms and signalled for him to stop, which he immediately did, before asking me if he should pull out. I hesitated and he stayed inside of me for a little while longer, and I had this strong urge to close up and expel him from my body. I felt raw and vulnerable and overwhelmed. He removed himself from me, and sort of waited for my cue to express my needs. I was somewhat unclear with myself at the moment, and I just remember trying to take in what I'd just seen, and feeling contentment from the high of the drugs, but simultaneously overwhelming sadness and despair from feeling like I had access to the wholeness of my sexual trauma for just a few seconds when he was inside of me and I'd closed my eyes to see my wounds. (Layla's diary)

Layla's lover asks if he can penetrate her vaginally, and we see just how easy it is for her to respond affirmatively despite her uncertainty. Previous research has found that women in particular often prioritise the perceived needs/feelings of their male partners ahead of their own during sex (Powell, 2008; Sinclair, 2017), which may well have relevance to Layla's experience here. The implications of this for the validity of her consent though are unclear. Should a person's uncertainty invalidate their consent (ethically, if not necessarily legally)? Given the known prevalence of uncertainty during sex (Angel, 2021), this is likely to be an unhelpful/impractical move. Instead, we must learn to work with uncertainty during sex, and consider approaches to sexual communication that enhance bodies' capacities for action, rather than close them down. This is something I have already discussed in relation to Libby's story in Chapter 3, where I proposed an approach to sexual communication that takes into consideration to type and scope of responses particular questions can elicit.

Layla then describes the feeling of her partner's penis entering her vagina as triggering a mental image of her vagina as a 'big, sore wound of bad memories and trauma'. At this point, it is important to note Layla's engagement with her sexual trauma beyond this particular event. She had spent the past several months visiting a kind of therapist she referred to as a 'body worker'; sessions with whom involved work on embodying Layla's sense of her boundaries, sexual and otherwise:

We would do some warmup breathing... and... uh... I would lay on a kind of massage table, naked. [...] And some of our sessions were about them touching me, but only on my terms. Like... really... they kept saying, I am here for you... you can do whatever you want. If you want to continue a touch, or change a touch, use your words. And they also asked me a lot of questions about what I would like. And it wasn't really for pleasure, but it was more to explore what it felt like, really concretely, to notice the difference between giving and receiving, in sexual touch. (Layla's interview)

I reference Layla's therapy here to demonstrate that she had been making an effort to engage with her sexual trauma and its implications prior to this particular drug experience. As such, it would be misleading to afford too much responsibility to the mescaline for 'creating' this visual representation of her trauma without attending to the wider context in which she was already engaging with it. Rather than centring mescaline, taking the sex-on-drug event as our unit of analysis requires an understanding of the ways this particular sex-on-drug assemblage opened Layla up to – or, in other words, made her vulnerable to – a particular way of seeing/understanding her trauma – one which was visceral and deeply affecting.

In line with Cunniff Gilson's (2016) approach, vulnerability for Layla here was ambiguous and ambivalent. While on the one hand she describes being 'overwhelmed' by the experience, there was also a kind of clarifying quality to her visualising her trauma in this way; so much so that she even felt despair over 'closing her eyes' to it. In the next section of her diary, we see the ways in which Layla's vulnerability was met with care:

He held me as I cried for what felt like a long time. When I closed my eyes again, I could see myself as a small child and I imagined this big and bearded male character reaching down to pick me up. This visual made me cry even more as I felt held and cared for, and as if this grieving was completely ok and that I could just let go into the sadness that was washing over me. I was able to collect myself after some time and we returned to being silly and soft with each other but abstained from sexual touch for the rest of the duration of the trip. When we returned home, we bundled up with mushroom risotto and I remember feeling at peace with the entirety of my trip. The following days I had some very strong reactions to what had happened, and I decided to abstain from being sexual with my lover again for several weeks. I felt overwhelmingly raw, sore, vulnerable and I needed a lot of time to process my experience. (Layla's diary)

Layla describes the situated practices of care (Pienaar *et al.*, 2020) enacted by her partner (holding her, being 'silly' and 'soft', providing her with food and warmth) and herself (abstaining from sex, making time to process her experience) so as to minimise the harms and negative feelings arising from the encounter. As Layla's experience makes clear, it is impossible to know in advance the kind of care that will be required in any given situation (Dennis, 2019). Documenting the diversity of practices of care that individuals who have sex on drugs are already engaging in is thus a key contribution of this

thesis, as these can inform sexual violence prevention and harm reduction interventions that actively emerge from the embodied experiences of a diverse range of bodies.

SARAH'S STORY

The following story details the drug-related sexual assault of Sarah, a participant, and a man who was part of her wider social circle. Sarah was 25 years old when she participated in this study, but at the time of the sex-on-drug event that is the focus of this analysis, she was 17. At that time, she had recently moved to a new 6th form college and was feeling the need to 'make a name for herself' among her new group of friends – including by taking drugs and going on nights out. At this point in her life, Sarah was a fairly experienced drug user (mostly alcohol, MDMA and cannabis) and had recently tried ketamine for the first time.

The notion of vulnerability is relevant to Sarah's story in multiple ways. First, she was an underage teenage girl attending a nightclub – a space in which women are already regarded to be vulnerable to sexual violence (MacLean, Pennay and Room, 2018). This pre-existing vulnerability is then enhanced by her use of drugs (alcohol, MDMA and ketamine) in the space. As Sarah goes on to describe, at some point in the night, she is removed from the nightclub after she is caught by a security camera using ketamine. The police are called, and although Sarah is not arrested, she is left alone in the centre of town with no means to get home. The police, I go on to argue, fail to recognise Sarah as someone who is vulnerable and in need of assistance because of her illicit drug use. Sarah begins her story:

I was going to a local club for a night out with some friends. I had bought some ketamine and MDMA, which left me without enough money to get a taxi back home on my own, but I thought this was fine as some friends were supposed to be coming back with me and we planned to split the fare.

We headed to the club where I proceeded to drink a lot and take some MDMA and ketamine. As was a regular occurrence, I lost my friends and spent an hour or so with strangers I'd met in the club. I'm from a small town, so a 'stranger' was generally someone who was a friend of a friend. This meant I always felt pretty safe. (Sarah's diary)

Sarah's lack of financial resources following her drug purchases means she is unable to pay for her taxi journey home if she is alone. She is thus reliant on finding her friends at the end of the night. Sarah enters the club, consumes a combination of alcohol, MDMA, and ketamine, and then 'loses' her friends. For Sarah though, losing friends and spending time with strangers was a 'regular occurrence', and something she generally felt 'safe' doing. From her description, this largely relates to the affective capacities of her geographical location (Duff, 2010; Bøhling, 2014). Because Sarah lives in a 'small town', the people she encounters in nightlife spaces tend to be connected to her in some way (i.e., a 'friend of a friend'), which generates senses of safety and security. During our interview, Sarah reflected that she would likely have felt very differently had she lived in a larger city. Sarah continues her story:

At some point one of my friends found me and noticed I was pretty fucked up by now. Her and her boyfriend were totally sober as they had just arrived. I'd been going upstairs to an area with sofas to do bumps of K so I suggested we go up there to do some then she could have the

rest of my drugs as I knew I was on the cusp of being way too fucked to stay out. I opened my wrap and poured a small bump of K onto my hand so I could sniff it. (Sarah's diary)

Sarah notes that at this point in the night, she is 'fucked up', and noticeably so. In fact, she is almost too intoxicated to stay at the club, and so decides to give her friends the remainder of her ketamine as she no longer needs/wants it. As in the previous extract, notable in the above description is the active role of space in shaping Sarah and her friends' drug consumption (Dilkes-Frayne, 2016). The layout of this particular nightclub provides the group with what Sarah perceives to be a relatively private and comfortable area in which to snort ketamine. In this context, a private space is especially important as most licensed premises (like nightclubs, bars, and pubs) in the UK have strict rules against illicit drug use, and any individuals caught them can face harsh consequences (e.g., being banned from the venue in future, having the police called). However, the set-up of security cameras unexpectedly alters this particular (be)coming together of bodies, and Sarah and her friends are caught and prevented from using drugs by a member of staff:

Just as I was raising my hand to my nose a security guard's hand went round my wrist and we were all taken outside. It turned out a security camera was pointing directly at the sofa we were sat on. I remember thinking 'damn, I was having such a fun time. Oh well let's just jump in a taxi home', but the security guard wouldn't let me leave. She called the police. When they arrived, they pinned me against the wall and did a thorough search, but they didn't find anything and didn't notice I was using my sister's passport as ID. (Sarah's diary)

Sarah's encounter with the security camera is reminiscent of an article by Race (2014) on police use of sniffer dogs at the Gay and Lesbian Mardi Gras in Sydney, Australia. He critiques what he describes as a common insistence in dominant strands of drug prevention evaluation on linear expressions of cause (drug prevention intervention) and effect (deterrence). Instead, Race shows that the 'effects' of prevention interventions are only ever emergent and contingent. What happens following these interventions may very well be unexpected, even dangerous. The use of sniffer dogs, Race argues, forms part of a 'complex and evolving' environment, in and through which 'new and more dangerous forms of sex-related drug consumption have emerged' (2014, 301). One example he gives is 'preloading', where partygoers take a much larger quantity of drugs than usual prior to travelling to the event so as to 'see themselves through' the hours of partying. This resonates strongly with the role of the security camera in Sarah's story – after her encounter with it, her situation takes a turn for the worse:

As all this was happening, the club closed as everyone started streaming out. A guy that I had kissed earlier in the night (one of those 'friends of friends') started hurling abuse at the police. After they made him move on, he waited round the corner from me. (Sarah's diary)

Above, Sarah introduces the man she goes on to be sexually assaulted by to the story – a 'friend of a friend' she knows through her wider group of friends and from various prior events. Sarah recalls that the two of them had kissed earlier in the evening, though their encounter had been fleeting. Despite this, the man waits for Sarah while she deals with (and is dealt with by) the police. In our interview, I asked Sarah to tell me about her relationship with and knowledge of the man:

I'd met him a couple of times at parties and stuff. And hadn't really spent that much time speaking to him. But he always had an air of his perceived superiority. In that sort of group of

friends, there were the welcoming bunch, and then there was the bunch that were kind of... always there at parties, but were like, sat in the corner of the party being 'cool', in inverted commas. Um... and he was one of those. Yeah. (Sarah's interview)

From the above, we learn that Sarah did not have a close relationship with the man who goes on to assault her. Despite both being at multiple events together, they had had limited conversations, and Sarah even appeared to view him in a negative light (as unwelcoming, as believing himself to be superior). As Sarah continues her diary entry, we learn that her encounters with club security and the police mean that she has been separated from the friends she planned to get a taxi home with:

By this point my friend and her boyfriend (the ones who were supposed to be sharing the taxi fare with me) were long gone. The police said because it was late and it was only a small amount of drugs that I could go home but that I had to be at the station at a certain time the next day for an interview otherwise they would come and pick me up from my house. They did not ask if I had any way of getting home. Essentially, the police left a 17-year-old girl, who they knew was on drugs, alone in the centre of town with no means of getting home. I still, in part, blame them for what happened next. (Sarah's diary)

Sarah's interactions with club security and the police are worth unpacking further. Through her connections with drugs and the law, Sarah's body is 'put together and stratified' (Malins, 2004, 84) as 'deviant', as 'criminal', and so is limited in its potential for 'becoming-other' (Dennis, 2019, 128-133). The police officers see Sarah as deserving of punishment, rather than as vulnerable and in need of protection or care. The fact that Sarah was found voluntarily using drugs – rather than, say, having had her drink 'spiked' – undoubtedly plays into the police's negative perception of her, even though the outcome (Sarah being on drugs) is the same in both instances (Cowan, 2008).

The above extract also demonstrates the value of taking an events-based approach to thinking about sex on drugs, particularly when considering sexual violence prevention. Expanding the spatial/temporal parameters of discussion (as an events approach does) means there is greater scope for speculation around where sexual violence prevention interventions would be best placed, in both space and time. There were multiple points at which interventions aimed at keeping Sarah safe from sexual violence could have occurred. For example, either club security or the police could have attempted to ensure that Sarah had the means to get herself home. Had Sarah's friends waited for her rather than leaving her alone, this too would likely have helped her stay safe. An events approach thus highlights the collective responsibility we all share in keeping ourselves and others safe from sexual harm. Rather than attributing responsibility to individual human bodies (like Sarah), we see instead that responsibility is distributed among the bodies that make up sex-on-drug events, including and beyond those considered human. As we will go on to see as Sarah continues her story, immediate material contexts and town/city infrastructures also have a role to play in sexual violence prevention, as the provision of free public transport would almost certainly have opened up possibilities for Sarah, rather than leaving her reliant on the man who assaults her for getting home:

I found the guy waiting for me. He said he didn't have enough money to get us both home if we went separately. I knew my parents would be fuming if I stayed out all night, so it seemed the sensible thing to do was for us to get a taxi back to mine and I could get money for him to get home in the morning. I remember telling him that coming home with me did not mean we

would have sex. I was obviously traumatized after my interaction with the police and sex was the last thing on my mind. (Sarah's diary)

Here we see Sarah's lack of financial resources, her treatment by the police, and her fear of angering her parents limit the options she feels are available to her. In other words, her capacities for action are limited/reduced, and she is thus reliant on the man to help her pay for a taxi home, meaning he must accompany her. If things had come together differently – perhaps if Sarah's friends had not left without her, or if free public transport had been available, or if her parents had been more accepting of drug use, or if the police had recognised Sarah's body as one in need of protection and support – she would have been able to get home without the man's input. We must then pay attention to how we can make alternate 'becomings' (Dennis, 2019) possible for people like Sarah, so they are not limited to bodily connections that are harmful. And, as Dennis suggests, we must be creative in our imagining of these becomings, thinking beyond pre-defined ideas of what 'works' (e.g., criminalising drugs, teaching women to be careful on nights out) in order to 'actively and speculatively engage with bodies and problems as they emerge' (Dennis, 2019, 195). Sarah continues:

We bumped into two of his female friends on our way to the taxi rank. We sat with them for a few minutes and they made jokes about how we were going to have sex. I said again that I did not want that - I just wanted to go home. He told them that we had kissed earlier, and I was just pretending. In hindsight, I should never have accepted his offer of 'help'. His behaviour was full of red flags. (Sarah's diary)

In and through their bodily connections with (hetero)sexual scripts (Simon and Gagnon, 1986) and time/space (going home together after a night out), it is understood by others that Sarah and the man are going to have sex. Sarah's assertion that this is not the case only serves to reinforce this assumption, at least on the man's part. It is expected that women will enact this kind of 'token resistance' prior to sex with men (Emmers-Sommer, 2015). Above, Sarah also reflects that she should have never agreed to going home with the man given his behaviour was full of 'red flags'. Again though, this reveals just how few options Sarah felt were open to her – even though travelling back with the man was an undesirable option, she nonetheless did so in light of the lack of other available routes home. Sarah then describes what happened next:

We got a taxi back to my house. My parents had a 'shed' in the garden - a room with sofas and speakers. He insisted we stay in there as he didn't want to bump into my parents. I didn't want to, but I was too exhausted to argue.

Once inside, he immediately started kissing and touching me. I said again I didn't want to have sex. He responded with all the classic statements ('you kissed me earlier', 'I know you're not usually shy', 'but I paid for the taxi', 'you'll enjoy it'). I said no, over and over. I thought about going to my parents, but I was scared they would guess I was on drugs and blame me for a bringing a boy home. At some point, I gave in. He fucked me hard and aggressively. I felt I was having an out-of-body experience. I just wanted it to end. The drugs had mostly worn off by that point, but my mind was foggy from the comedown and the traumatic experiences of the night. (Sarah's diary)

Again, we see the active role of space in how the event unfolds (Dilkes-Frayne, 2014). The privacy of the shed (a place where Sarah would often spend time with friends/host parties) eliminates the threat

of being disturbed by Sarah's parents, and the boy starts to initiate sex almost as soon as they get inside. As before, the boy disregards Sarah's sexual refusals, citing the fact that they had kissed earlier, her reputation as promiscuous and the fact that he had paid for their journey home as just some of the reasons why Sarah should feel obliged to have sex with him (Livingston *et al.*, 2004). Sarah's description of these as 'classic statements' evokes a sense of familiarity – she expects that whoever reads her diary will recognise them as such (as I very much did). As well as space then, we see how heterosexualised/sexist discourses become active in this particular sex-on-drug event, narrowing the range of options Sarah feels are available to her.

While the sex occurs, Sarah describes a state of somatic dissociation (Hammers, 2014) – an 'out-of-body experience' – which is a common response to sexual assault. Sarah writes that the drugs had mostly 'worn off' by this point – which raises questions over whether she would be considered incapacitated in legal terms. The sex finishes once the boy achieves orgasm, demonstrating that the 'end' of sex and male orgasm are often viewed as one and the same, as was the case in Libby's story in Chapter 3:

Immediately after he came, he asked me how good he was. I told him he was great, hoping that if he thought he had 'succeeded' at fucking me he would leave me alone and not feel the need to 'prove himself'. I was a shell of myself and did not know what to do next. I found my laptop and put on an album I used to relax (Phaeleh-Afterglow). It's very otherworldly and I hoped I could be transported somewhere else so I could fall asleep. But he said it was keeping him awake and made me turn it off. He fell asleep and sometime later so did I. (Sarah's diary)

Sarah attempts to utilise the affective capacities of music to soothe herself, to help her sleep, but is blocked from doing so by the boy. This is reminiscent of Spectre's (Chapter 3) use of music the morning after her virginity loss to help her experience the sense of 'teenage angst' she felt was appropriate following her disappointing sexual encounters. The following morning, Sarah goes to the police station as instructed:

When I arrived, the policeman said something like, 'do you remember me? Probably not!', and laughed. I did not find the situation funny. I spent the next hour being interviewed. They did not ask if I needed support. They did not ask how I got home. They assumed I was a fuck up and were visibly confused when I told them I was predicted A's in my A-levels and had offers to five universities. They charged me with possession of a drug and told me to stay out of trouble. (Sarah's diary)

The police officer's comment ('do you remember me? Probably not!') is important here. Even though he had evidently judged Sarah to have been too intoxicated from drugs the night before to recall who he was/what he looked like, he was not then, and is not now, concerned for her wellbeing. Sarah reveals her academic achievements to the police officers who are 'visibly shocked' – perhaps because this disrupts their understanding of her body as deviant. Sarah's bodily connections ultimately block her from reporting the sexual violence she had experienced the night before:

I had just been raped and I could not tell them – partly because I hadn't yet processed what had happened, but also because they so clearly thought the worst of me. Perhaps worst of all, I couldn't tell my friends. It felt it would make me vulnerable. It would have shattered my 'I don't give a fuck' attitude. I would have had to face up to him. I would have had to explain

myself. I would have been blamed, or told I was lying, or that I'd 'loved it really'. So instead, I laughed and joked about getting arrested and fucking [boy's name] (the use of 'fucking' here instead of 'being fucked by' is purposeful) as it allowed me to control in my mind what had happened. It made me an active participant, not the scared teenage girl that I was inside.
(Sarah's diary)

Here we see how Sarah's drug-using body is stratified differently in and through its connections to other bodies. In relation to bodies of law, morality, and the police officers, it is stratified as deviant, a 'fuck up', and thus unworthy of protection. For Malins, '[b]odies tend to desire their own order and organisation: they make their own movements toward stratification and limitation, and toward the reassuring constancy it provides' (2004, 84). We see that Sarah actively and strategically 'puts herself together' in relation to her friends as a body she can cope with being – one that finds it 'funny' to have been arrested, and one that *fucks*, rather than one that is *fucked by*. Particularly important is the sense of control this latter framing generates. Sarah finds a kind of comfort in remaking herself as an active participant in the sexual encounter.

Because of Sarah's negative experience with the police, it seems pertinent to locate my analysis of her story in relation to feminist abolitionist theorising. Sarah's story raises two key issues here. First, the police did not prevent Sarah from being raped, despite having direct contact with her in the hours before it happened. If anything, their involvement in the event appeared to make Sarah's rape *more* likely given it was while she was being held by police that Sarah was separated from her friends who she had planned to travel home with. While this is not to suggest that police involvement in sex-on-drug events always increases the risk of women and girls experiencing sexual violence, it is to problematise the assumption that the police are always successful in keeping these individuals safe, or even that their primary purpose is to do so (Coyle and Schept, 2018; McDowell and Fernandez, 2018). Sarah's experience is evidence that, in some instances, the police can reproduce violence (Russo, 2018, 134-135), including where the victim is someone we might understand as 'vulnerable', for example a white, middle-class, teenage girl – in other words, someone we might imagine the police would be more likely seek to protect in light of institutional racism/classism (Pietsch, 2010). From Sarah's story, it appears that her connections to illicit drugs – and in particular the fact that she had chosen to use them rather than having had her drink spiked (Bay-Cheng, 2015) – blocked her ability to access the extra protections a vulnerable status is thought to necessitate.

Second and relatedly, Sarah's story is evidence of the harms caused by drug prohibition beyond the physiological/psychological effects of drugs on the human body (Nutt, King and Phillips, 2010). Because Sarah was caught in possession of an illicit substance (ketamine), her body was stratified as criminal, the police were summoned, and she was prevented from going home with her friends. Through her connections to the wider event, Sarah was blocked from becoming-other (Dennis, 2019) – in particular becoming-vulnerable. The police were unable to see Sarah as simultaneously criminal and vulnerable, and as such did not see fit to offer her protection and/or care. We thus see that the harms of events of sexual violence emerge not only in relation to the actions of perpetrators, but also those of other bodies that make up sex-on-drug events. The remainder of Sarah's diary entry focuses on the aftermath of the sexual violence she experienced:

It took my 3 years to tell anyone what happened. My mental health was desperately bad, deteriorating through drug use and detachment from the real world. I lost my sex drive and

my boyfriend at the time could not understand why even though he knew what I was trying to process. He would often try and force me to have sex, retraumatizing me every time. Eventually, I refused to have sex, or kiss, or even be touched by him as I was in constant fear that if I gave an inch, he would take a mile, which did happen on one occasion (he gave me a half gram line of ket, I went into a k hole and when I came round I was aware that he had had sex with me. I was disgusted at him, and we never had sex again). (Sarah's diary)

Sarah's description here is reminiscent of Cunniff Gilson's argument that the wrongs of sexual violence lies in its appropriation of the human body's affective capacities 'for a particular narrow end': '[s]uch an appropriation restricts a person's experience of vulnerability – what her body feels and communicates – and overrides its ambiguity and plasticity by shaping not just what she experiences but how others perceive and respond to her' (2016, 89). We see this especially in relation to Sarah's boyfriend attempting to coerce her into sex that she does not want to have, despite his knowledge of the sexual violence she had already experienced. His repeated attempts at forcing Sarah to have sex also speak to Gavey's assertion that feminist scholarship must interrogate normative and everyday forms of heterosexual coercion, as well as its more violent forms, in order to 'issue new and more varied moral arguments against the cultural acceptance of a form of heterosexual practice in which it can be hard to tell the difference' (1999, 77-78).

In the diary extract above, Sarah also (briefly) describes a further experience of drug-related sexual violence, this time with her boyfriend as the perpetrator. In contrast to the prior experience analysed above, Sarah was on this occasion heavily intoxicated from drugs at the time of the assault. She describes having been in a 'k hole', which Muetzelfeldt and colleagues refer to as times when 'the [ketamine] user experiences intense detachment to the point that their perceptions appear located deep within their consciousness, thus causing reality to appear far off in the distance' (2008, 220). This, combined with Sarah's apparent lack of memory of the incident, means she might well have been considered incapacitated in legal terms when the sexual assault took place (Brian, 2020).

Comparing Sarah's two experiences of sexual violence also serves as justification for an argument made in Chapter 3 of this thesis – that academics and policymakers should no longer refer to any instance of sexual violence where the victim was intoxicated as 'drug-facilitated sexual assault' (DFSA). In the second of Sarah's experiences of sexual violence, the ketamine she had taken did indeed appear to have 'facilitated' the sexual assault in that she was not aware that it was happening or able to enact resistance. As such, the term DFSA appears at least somewhat appropriate in capturing the specifics of the sexual assault. But in Sarah's first experience, she stated that the drugs had largely 'worn off' by the time the sexual assault took place. While the drugs she had taken were still very relevant to the event as a whole (especially in relation to her encounters with club security, the police, and the fact that she had little money left after buying drugs), referring to this as a drug *facilitated* sexual assault ultimately obscures the other bodies that were at play in making the assault more likely to happen (for example the actions of the man who assaulted her, the drug-related policies of the club, the lack of protection from the police, Sarah's financial resources, sexist/heterosexualised discourses around sex).

Sarah continues her diary entry by describing how she attempted to manage her mental health and trauma following her multiple experiences of sexual violence:

I had been receiving therapy for over a year, been on antidepressants for two. I visited a homeopath as I was desperate for something, anything, that could save me from the misery that my life had become. I told her everything and she used the word 'rape'. I had never used it to describe this event myself (even to myself, as I'd argued internally that at some point I had consented, even if it was coerced). (Sarah's diary)

Above, Sarah recalls that it took more than three years for her to associate the word 'rape' with the first experience of sexual violence she described in her diary. As with Spectre in Chapter 3, this again demonstrates that there can be value in waiting months or even years before asking research participants to recount instances of sexual violence, especially given it may take them some time before they even understand it as such. Also interesting in the extract above is Sarah's perception that she had 'consented' to the sex that took place, despite viewing her consent as 'coerced'. I asked her to elaborate on what she felt had constituted her consent in our interview:

It was... a... it was like... I was trying to go to sleep, and just be like... get away. I don't want to deal with this, I was so overwhelmed. And... he would keep coming back with these retorts of... but we kissed... you have sex with loads of boys... oh, I paid for the taxi. Blah blah blah blah. And me just being like, no, no, no, no, no. And then it was like a... fine. Get it over and done with, and then I can go to sleep, and I don't have to keep arguing with you about it, because I just wanted the evening to be done. And if that was what I needed to do for it to be done, that was what I was willing to do at the time. (Sarah's interview)

Sarah's reflections here resonate with West's writings on the notion of 'consensual sexual dysphoria'. At least for some period of time, Sarah felt as though she had consented to the sex that took place. For West, consensual sexual dysphoria is the experience of 'alienation from one's own physical and sexual desires, pains, and pleasures as a distinctive guide to one's own sexual self-interest and wellbeing', which arises when a person consents to unwanted sex (2017, 811). That Sarah was dealing with a kind of dysphoria is evidenced by her description of experiencing 'every negative emotion' as she continues her diary entry. Through Sarah's connections with bodies of knowledge about what rape 'is' (i.e., an encounter with a stranger in a dark alleyway), she struggles to understand her experience as such (Ryan, 2011):

I was angry and upset and full of every negative emotion. I could not align what had happened to me with my idea of what rape was (the 'stranger in a dark alley' stereotype). I cried and cried and cried. (Sarah's diary)

Unlike in my analyses of other participants stories, I now present a second diary entry from Sarah. However, I do not see this entry as 'separate' to the one that preceded it. As Sarah herself writes, this diary entry 'follows on' from her previous experiences, which supports a Deleuzian/Deleuzoguattarian understanding of events that 'never end' (Dennis, 2019, 94, 110). In her work on injecting drug use, Dennis speaks of a 'residual affect' or 'charge' that flows through drug use events. In Sarah's case, this residual affect/charge relates to her inability to experience sexual desire, achieve orgasm, or masturbate (van Berlo and Ensink, 2000). Sarah begins her new diary entry:

This kind of follows on from the last one but is far less depressing. After losing my sex drive and realising I had been raped I knew that I needed to take back control of my sex life and go forward on my own terms. However, it was a bit of a shitty situation as I was still terrified of

being touched at all and had never really spent any time thinking about what I liked sexually. I didn't masturbate and didn't own a vibrator or anything like that. (Sarah's diary)

Again, Sarah's account resonates with Cunniff Gilson's (2016) assertion quoted in full above that the harms of sexual violence can be located in the way they restrict bodily experiences/possibilities. Following being raped, Sarah is 'terrified' of being touched, does not masturbate, and does not spend time thinking about her own sexual desires. Though she does not describe them, it becomes clear as Sarah continues her diary entry that she had had some positive sexual experiences in the past, and is keen to find ways to access these again:

I knew I needed to sort it out, as I had had some positive experiences of intimacy early on in the relationship with my previous boyfriend (the one mentioned briefly in experience 1) and missed having that. I was so shy of my own body and of my own sexual self. I felt embarrassed and incapable of getting myself off. I didn't feel like I could talk to anyone about it because it's kind of odd to be 22 years old and to have never come, especially when you've had so many sexual partners. I think sex was always a kind of shameful thing to me, even when I was sleeping around, because my motivations for having it were never for my own pleasure but for someone else's. (Sarah's diary)

Sarah's talk of embarrassment/shame here speaks to Ahmed's assertion that 'shame can [...] be experienced as *the affective cost of not following the scripts of normative existence*' (2014, 107, emphasis original). While Ahmed's discusses this in relation to queer sexual desires, we can see that Sarah feels something similar regarding her inability to make herself orgasm ('it's kind of odd to be 22 years old and to have never come'). In this way, Sarah sets herself apart from the 'norm' (women who are able to orgasm through masturbation/other sex acts). Sarah's reflections on what is normal/odd are especially interesting given the complexities and contradictions that characterise discourses of feminine sexuality/sexual pleasure. On the one hand, dominant discourses (e.g., the male sexual drive discourse) assume that men actively desire sex most of the time, while women have 'naturally' lower levels of desire (Rubin *et al.*, 2019). Over the past few decades there has been push back against this, and competing discourses have emerged with different ways of encouraging women to focus on their own pleasure in solo contexts and with sexual partners (McRobbie, 2007). As Sarah continues her diary entry, we see her engagement with these ideas through digital medias:

I set about changing things in a very methodical way. I read and read and read online about masturbation and orgasms. I signed up to OMGYes and watched so many videos. I looked at vibrators online and read all of the reviews until I found the best one. I bought candles and incense, made playlists. Everything I could to give myself the best chance of enjoying myself. Unfortunately, it just still didn't work. I'd built it up to be such a massive thing that my mind was always racing whenever I tried. (Sarah's diary)

In the above, we see how vulnerability flows through sex events (which here relates to Sarah's attempts at masturbation), opening Sarah up to the possibility of sexual pleasure/orgasm. But this vulnerability also emerges in relation to fear, shame, and past sexual trauma. These residual affects/charges (Dennis, 2019) ultimately limit Sarah's ability to find enjoyment/pleasure in masturbation, despite her connections to digital medias, music, and other objects (e.g., candles, incense). Following this, another body is introduced to Sarah's attempts at masturbation: cannabis.

That was until I tried masturbating when I had used cannabis. It changed everything. When I first masturbated after using cannabis the sensations were so much stronger. I felt so much more part of myself, my body didn't feel so alien. The most important thing though is how it makes my brain feel. I could relax and focus on pleasure, without intrusive thoughts or a desperation for it to 'work' making enjoying myself impossible. It was a complete lightbulb moment. When I first made myself come I felt like a woman again, not the incomplete person I was before. It sounds weird but I was so excited to tell my therapist as she had been so supportive throughout everything. (Sarah's diary)

Through the masturbation assemblage involving cannabis, Sarah is able to become-other (Dennis, 2019). However, there is (as always) a tension between the opening of bodily possibilities and the desire to re-stratify: in this instance, to become *complete*, to become a *woman again*. As noted by Malins:

A particular becoming is only ever transitional. A body-in-becoming soon re-stratifies: either captured by, or lured by, the socius. (Malins, 2004, 88)

Sarah's body in-becoming is re-stratified through its connections to bodies of knowledge (e.g., what it means to be a woman) and institutions (e.g., mental health services). Sarah finishes her diary entry by reflecting on her present experiences of cannabis and masturbation, starting with clarification that she is not dependent on the drug in that respect:

Nowadays I don't need cannabis to masturbate but I think it makes it better, less so for the headspace but more for the increase in sensation that it causes. Cannabis allowed me to get through that toughest bit where I was so scared and anxious and has allowed me to be able to have a happy healthy sex life on my own and now with my current boyfriend. I can't say that I wouldn't have got to this point without cannabis but it definitely would have taken much more time (and probably much more therapy). (Sarah's diary)

It is interesting that Sarah states she does not 'need' cannabis to masturbate, but that it does make it 'better'. If cannabis does make masturbation more enjoyable/pleasurable, what would be wrong with 'needing' it? I have written elsewhere of the higher status afforded to sexual pleasure experienced while sober (Aldridge, 2020), which may well have relevance here. Despite Sarah's assertion that she no longer needs cannabis to masturbate, she affords it a key role in enabling her to reach a point where she has a 'happy healthy sex life'. As noted by Moyle and colleagues in their study of people's use of drugs for sexual enhancement, '[n]arratives of neoliberal aspiration [including those of self-realisation, personal growth, happiness, and technical and personal improvement] inevitably inflect participants' reflections on what is gained from using drugs in a sexual context' (2020, 3). However, Dennis also warns against dismissing participants' accounts of using drugs for health and wellbeing as solely reflecting a 'neoliberal desire to stratify, to fit into socially sanctioned roles and identities' (2019, 121). For Dennis, it is also about something more 'creative':

By rethinking how drug use is positioned as health destroying, this could reduce some of the negative effects in how drugs get known and done, and the consequences (such as prison sentences). Widening our understanding of drugs beyond such a formulation allows for their multiplicitous enactments (the differences in how drugs get done and experienced) and thereby reduces some of the harms produced in its narrow composition (Dennis, 2019, 121)

Cannabis helped Sarah to masturbate while experiencing the ongoing effects of sexual violence, which in turn helped her to reach what she termed a 'happy healthy sex life' with her boyfriend. In this way, she positions her use of cannabis as enacting a health enhancing change in her life, which widens our understanding of how drugs 'get done and experienced' in relation to sex. (Dennis, 2019, 121). Though I have not included their stories here for analysis, two other women in this study wrote diary entries about solo masturbation following the use of cannabis. Like Sarah, one of these women expressed that she valued cannabis for its capacity to rid her of unwanted thoughts, which helped her to feel present during masturbation. The other stated that the longer she used cannabis (she had done so regularly for around 5 years), the less she found it reduced her unwanted thoughts – in fact, she said it had begun to do the opposite. We thus see differences again in how drugs get done and experienced in relation to different space/time configurations.

CONCLUDING THOUGHTS

In the context of feminist theorising, vulnerability has been described as a 'vexing' concept (Murphy, 2012; Cunniff Gilson, 2016). For Cunniff Gilson, this is largely because of its mainstream association with femininity, weakness, and dependency (2016, 71). As outlined at the outset of this chapter, a great deal of work has been done to reconceptualise vulnerability as a fundamental and universal aspect of the human condition that emerges in and through our relationality (e.g., Finemant, 2008; Ahmed, 2014; Butler, Gambetti and Sabsay, 2016; Cano Abadía, 2021). Rather than being inherently negative, this understanding of vulnerability implies a more ambiguous sense of openness to affecting/being affected. The analysis presented in this chapter has made use of and built on this reconceptualisation of vulnerability through analysis of three participants' sex-on-drug experiences, including some that involved sexual violence. Three key points have emerged from my analysis, which I now discuss with consideration of how these might inform approaches to sexual violence prevention.

First is that the vulnerability that flows through sex-on-drug events should not be regarded as a result of drug use alone. Instead, it emerges in relation to the multitude of bodies (human, nonhuman, material, discursive) that make up these events, and can be experienced positively, negatively, or ambiguously (Fox, 2015; Dennis, 2019). Conceived of in this sense, vulnerability cannot be located in any individual body, which problematises existing approaches to drug-related sexual violence prevention that assign vulnerability as a fixed trait of women and girls that is enhanced by intoxication (Stanko, 1990; Ahmed, 2014). Future prevention interventions must therefore move beyond advising individuals (women in particular) to moderate drug use or avoid it entirely (see for example Testa and Livingston, 2009). Instead, vulnerability must be embraced as an inevitable dimension of sex-on-drug events. We must work with it rather than against it, using data like participants' stories above to speculate how to be creative in our approaches.

I argue that creativity is essential to drug-related sexual violence prevention in particular given the need to resist the conventional view underpinning the majority of current approaches that intoxication impairs a person's cognitive, physical, and communicative capacities (see Chapter 4). What a creative approach to sexual violence prevention might look like in practice is addressed more thoroughly in Chapter 6 of this thesis. For now though, I note that such approaches must recognise the molar, territorialising flows of affect (for example hegemonic discourses of 'masculine' and 'feminine' sexualities, prohibitionist drug policies) that impose order (for example by producing 'categories of bodies, roles and subject-positions' (Fox, 2013, 500) like 'woman', 'criminal', and

‘vulnerable’) and define what bodies can and cannot do (Fox and Alldred, 2013), while also attempting to increase good, life enhancing bodily connections (for example to alternate discourses and policies) and produce ‘lines of flight’ (or deterritorialisations) where possible (Deleuze and Guattari, 1987, 508).²⁶

The second point emerging from my analysis is a recognition of vulnerability’s ‘ontological *and* context-specific dimensions’ (Mackenzie, 2014, 33, emphasis added). Though vulnerability is universal, all drug-related sexual encounters are unique, and thus so too are bodily experiences of vulnerability. This was clearly demonstrated by the differences between Kula, Layla, and Sarah’s experiences of drug-related vulnerability. Kula’s experience of vulnerability – in particular being opened up to the possibility of receiving anal penetration – was very positive, and also paved the way for future anal experimentation with his long-term partner. By contrast, Layla’s experience of becoming vulnerable to her visualising her sexual trauma in a particularly intense way was much more ambivalent. While on the one hand there was a kind of clarifying quality to the experience, it was also deeply distressing and affected her ability/desire to engage in sexual activity in the weeks/months that followed. Finally, Sarah’s experience of vulnerability was the most negative and demonstrated how the harms of sexual violence lie in the exploitation of vulnerability – in the ‘usurpation of the body’s ambiguous signifying potential, making another’s body mean what one wants it to mean and depriving that person of bodily integrity’ (Cunniff Gilson, 2016, 89). This exploitation occurred through Sarah’s encounters with club security and the police (where her body was stratified as criminal and denied protection and care), with the man who assaulted her (where her repeated assertions that she did not want to have sex were understood to signify the opposite), and with a subsequent boyfriend (who repeatedly attempted to coerce Sarah into sex she did not want to have).

Recognition of vulnerability’s context-specific dimensions also serves as an important basis for conceiving of interventions that do not predetermine or universalise what it means to be vulnerable on drugs. These must start with a problematisation of predefined assumptions of what ‘works’ (e.g., negative consequences attached to drug use, advising women to moderate/avoid drug use) by ‘actively and speculatively engag[ing] with bodies and problems as they emerge’ through events (Dennis, 2019, 195). This was most clearly demonstrated by my analysis of Sarah’s story, where her punishment for being caught using drugs ultimately contributed towards the likelihood of her sexual assault. In Sarah’s case, more effective sexual violence prevention might have looked like initiatives aimed at helping nightclub-goers to get home safe after nights out (see for example Home Safe, 2022), sex education programmes that seek to challenge dominant assumptions around intoxication and women’s sexual availability, and the presence of welfare staff (who are distinct from club security/law enforcement) in and around the nightclub venue who could have intervened at various points in the night (see for example Safe Only Ltd, 2022). In line with a Deleuzian/Deleuzoguattarian approach to ethics (Malins, 2004), the ethos underpinning these interventions is to enhance bodily capacities for action (e.g., by increasing the options available to a person) and to produce lines of flight (e.g., the creation of nightlife spaces that seek to protect and prioritise marginalised bodies [see Safe Only Ltd, 2022; Good Night Out, 2022]).

²⁶ Importantly, Deleuze and Guattari note that not all lines of flight/deterritorialisations are positive/productive. Some can be destructive. The point is ‘to consider what they enable or affect in specific space/time configurations’ (Ringrose, 2011, 603).

On that note, recognition of vulnerability's context-specific dimensions reminds us that vulnerability is experienced unevenly, with the most marginalised categories of bodies generally affected disproportionately by its exploitation, while also being denied recognition of a vulnerable status where they do not appear as 'normative victims' (Cunniff Gilson, 2016, 86).²⁷ As such, I argue that special research attention should be paid to the sex-on-drug experiences of these individuals so that knowledge of these can inform more inclusive approaches to sexual violence prevention (Mark, Corona-Vargas and Cruz, 2021). However, this argument also represents an important limitation of the current study: all participants' whose sex-on-drug experiences were analysed above were white, able-bodied, and cisgender (see Chapter 2 for further discussion of the strengths/limitations of my sample). However, this is not to say that marginalisation and disempowerment was in no way relevant to their experiences. As noted by Malins:

Marginality arises through the particular stratifying tendencies of the various bodies of knowledge – such as medicine, law, psychiatry, public health, media, film, morality – that generally form part of the drug-assemblage. Knowledges which tend to classify and identify and hierarchize bodies according to notions of 'risk,' 'abnormality,' 'disease,' 'criminality,' and 'sin.' (Malins, 2004, 90).

It is useful to consider this in relation to my analysis of Sarah's story, where I argued that through her connections to drugs and bodies of law and morality, her body was stratified as criminal, and the police did not see fit to offer her protection and/or care, which ultimately limited her affective capacities and made her sexual assault more likely to happen. However, this is not to suggest that Sarah's drug use somehow cancelled out any favourable treatment she may have been granted by the police as a young, white woman. She was, after all, allowed to return home rather than be arrested after being found in possession of an illicit drug (on the condition that she went to the police station the following morning). Ultimately, the perceived identities of those involved in any given situation and related power dynamics will always shape the unfolding of events in ways that are incredibly complex (Russo, 2018, 139). Attention must be paid to the ways that bodies are stratified in ways that result in disempowerment by limiting their affective capacities 'and potential[s] to go on forming new relations' (Malins, 2004, 97). Doing so provides a more sophisticated analysis of how power operates (through dis/empowerment in bodily capacities to act) in particular space/time configurations (Dennis, 2019, 193).

The third point emerging from my analysis is drug-related vulnerability's potential for opening up bodies to both care and violation, or some combination of the two. Recognition of this pushes us to conceive of interventions that aim to meet vulnerability with care and minimise the negative impacts of violation. Of course, this inevitably requires interrogation of what 'care' can and should look like where sex on drugs is concerned. For ethics scholar Carol Gilligan, an ethics of care 'starts from the promise that as humans we are inherently relational, responsive beings, and the human condition is one of connectedness' (Gilligan, 2011a; see also Gilligan, 2011b, Chapter 5). Approaching care in this way means that responsibility for giving it is distributed across the bodies that make up sex-on-drug events. This is already reflected in certain approaches to sexual violence prevention, such as bystander intervention, where people who are not directly involved in the situation (as either 'victim' or

²⁷ Cunniff Gilson (2016) refers to gender nonconforming and transgender people, prisoners, sex workers, and undocumented migrants as examples here.

‘perpetrator’) are encouraged to use their presence to help the victim in some way (Banyard, 2011). However, scholars have also noted the ‘barriers’ that can affect a bystander’s ability to intervene:

Given that most people’s core reactions to violence are often limited to fight, flight, or freeze, responses that are mostly ineffective in transforming situations of violence, we must expand our choices for intervening in everyday oppression and violence so as not to rely on external authorities, such as the police, that often reproduce rather than transform situations of oppression and violence. (Russo, 2018, 134-135)

The quote above from Russo resonates strongly with Sarah’s story analysed above, where the interventions of ‘external authorities’ like club security and the police reproduced rather than transformed her experience of violence. Russo’s reflections here also provide support for the approach to sexual violence prevention I have proposed throughout this thesis, where the expansion of choice (or as I prefer, the expansion of capacities to act) is positioned as central to effective bystander intervention. While for the most part Russo focuses on the potential roles played by human bystanders in instances of violence (e.g., de-escalation, raising awareness in communities, learning accountability), the theoretical underpinnings of this thesis also prompts reflection on the roles that nonhuman bodies can play in particular space/time configurations, such as technologies (like CCTV cameras), modes of (public) transport, and financial resources, and most importantly, how these roles are emergent and contingent (Race, 2014). It is only through their connections to the wider sex-on-drug event that their affective capacities can be known.

To return to the question of what ‘care’ can and should look like in the context of sex on drugs, I now look to the work of critical drug scholar Fay Dennis, whose research on injecting drug use has greatly informed my own thinking. For Dennis, ‘care is a shared practice of empowerment performed by bodies, technologies and knowledges that involve us all’ (2019, 197). For Dennis, empowerment here relates to a broadening of bodies’ capacities to act rather than just the reduction of harm. Conceived of in this sense, ‘care is a speculative ethics, as well as a non-normative and situational one, that cannot be decided in advance’ (Dennis, 2019, 197). So just as we are all responsible for enacting care as a shared practice of empowerment, we must also remain open to what this might look like in any given situation. This resonates with what Pienaar and colleagues term ‘situated practices of care’ in the context of their research of sex on drugs among LGBTQ+ populations (2020, 8). To elaborate on a point made earlier in my analysis of Layla’s story, a key contribution of this thesis has been to document the situated practices of care enacted by participants during sex-on-drug events. In Layla’s case, caring for herself involved taking the time to process her experience, abstaining from sex for a certain period of time, and eating mushroom risotto.

Just as the responsibility for enacting care (as a shared practice of empowerment) is distributed among the bodies that make up sex-on-drug events, the analysis presented in this chapter has also revealed that violations can emerge in relation to bodies other than the people who are having sex. Nowhere is this clearer than in Sarah’s story, where her encounters with club security and the police left her feeling ‘traumatised’ (her words), which in turn greatly affected her experience of being raped in the hours that followed. This prompts us to broaden the scope of our sexual violence prevention interventions to ensure that the bodies other than those having sex are taken into consideration.

CHAPTER 5: ON BOUNDARIES

Talk around ‘boundaries’ is rife in the context of sex and relationships. Often connected to the practice of ‘self-care’, boundaries tend to be normatively positioned as essential to so-called ‘healthy’ relationships with oneself and others:

In essence, boundaries mark our limits, whether they be emotional, psychological, energetic or physical. They keep us protected, they help us to feel safe in our relationships and they teach those in our world how we would like them to interact with us. Holding or sticking to our boundaries enables us to protect ourselves from burnout, harmful behaviour and resentment. And also allows us to maintain our sense of agency and to separate who we are from the identity, thoughts and behaviours of others. (Crosby, 2020, 142)

As evident in the quote above, the notion of boundaries also serves as a conceptual tool for articulating the ways that individuals are physically and emotionally distinct from one another, which in turn is linked to promoting a sense of ‘agency’. The implication here is that any blurring between the boundaries of the self and (presumably human) others reduces one’s agentic power.

While boundaries are considered relevant to many aspects of relationships, they are seen as especially important for facilitating positive and pleasurable sexual experiences (Shatto, 2018). As indicated in the quote above, this is because boundaries are thought to mark what are known as a person’s ‘limits’ in relation to sex – what they are/are not comfortable with or do/do not want to do (Winslett and Gross, 2008). Because of this, talk around boundaries often goes hand in hand with that around sexual consent (Engle, 2021; RAINN, 2022), where the two are positioned as vital and interlinking components of effective sex education.

As is the case in the quote at the outset of this chapter, sexual boundaries are generally spoken about as something unique to each individual (PsychCentral, 2021). At the same time however, they also reflect wider societal values that denote the boundaries of ‘acceptable’ sex, and so are historically and culturally contingent (Foucault, 1976; Rubin, 2011 [1984]). It is thus tricky to disentangle the formation of what we might think of as individual-level sexual boundaries from societal ones, meaning neither can productively be thought of in isolation from the other. This is a point I will return to in the analysis section of this chapter.

SEXUAL BOUNDARIES AND COMMUNICATION

In popular advice around sex and relationships (Attwood *et al.*, 2015), knowledge of one’s own and other’s sexual boundaries is generally considered essential to facilitating pleasurable sex and ‘healthy’ relationships more generally, as evidenced by an article published in online lifestyle magazine *Allure* titled ‘How to Make (and Maintain) Healthy Sexual Boundaries’:

Think of each other’s boundaries as a road map for sexual pleasure and emotional wellbeing within a relationship, and remember: Boundaries around sex differ from person to person. For example, I have a hard limit on spankings. I never want to be spanked and I communicate that with any person I have sex with. How people react to the expression of boundaries can also be telling and reveal possible red flags. If someone communicates their yeses, nos, and maybes and the person they’re having sex with doesn’t respect their boundaries, that may be a sign that the relationship should not continue in such an intimate way, at all. (Taylor, 2019)

The above makes clear the importance of *communicating* boundaries, ideally prior to sex taking place. Through this, overlaps in rhetoric around sexual boundaries and sexual consent begin to emerge, where emphasis on effective (and ideally verbal) communication is positioned as central to each (Serisier, 2013; Fischel, 2019).

The valorisation of clear and open communication around sex is central to what Angel terms ‘consent culture’ – ‘the widespread rhetoric claiming that consent is *the* locus for transforming the ills of our sexual culture’ (2021, 7, emphasis original; see also Serisier, 2013; Fischel, 2019). For Angel, the task of clear sexual communication – including communicating one’s sexual boundaries in advance of sex – tends to fall most heavily on the shoulders of women in the context of their sexual encounters with men (see also Barker, Gill and Harvey, 2018). As discussed in Chapter 4, this at least in part results from the widespread assumption that women’s bodies are always already vulnerable to male violence. Rather than critique the structural and cultural conditions that position women’s vulnerability as ‘natural’ (Ahmed, 2014) and facilitate the carrying out of male sexual violence (Gavey, 2018), consent culture instead promotes an individualised approach to sexual violence prevention, where ‘a woman can simply set aside the imbalances of power and pleasure in the world’ by ‘accessing and voicing her desire with confidence’ (Angel, 2021, 37). Some scholars have linked consent culture to neoliberal discourses of individual responsibility, where women ‘are encouraged to see themselves as active subjects responsible for enhancing their own well-being’ (Comack and Peter, 2005).

Implicit to the emphasis on the clear communication of boundaries and consent in sexual violence prevention discourse is an assumption that miscommunication and/or a lack of communication are key risk factors for sexual assault/rape. Considering this, I now explore connections between sexual communication and sexual violence as set out in the academic literature, including the perceived role played by drugs in affecting communication.

MISCOMMUNICATION AS A CAUSE OF (HETEROSEXUAL) SEXUAL VIOLENCE

A significant body of research has provided support for the assumption that many incidents of heterosexual sexual violence result from some kind of miscommunication around sexual consent and/or sexual boundaries between men and women (e.g., Krahe, Scheinberger-Olwig and Kolpin, 2000; Winslett and Gross, 2008; more). Such research tends to characterise sexual miscommunication into one of two overarching ‘types’ – the first where a man overestimates a woman’s interest in sex, and the second where a woman engages in ‘token resistance’ to sex (i.e., saying ‘no’ when she really means ‘yes’). According to sexual consent researcher Melanie Ann Beres, studies of sexual miscommunication often ground their analyses in sexual script theory (Simon and Gagnon, 1986), mostly taking what is known as the ‘traditional’ or ‘normative’ sexual script (i.e., men as pursuers and women as gatekeepers of sex) as a starting point for considering the various points at which miscommunication is likely to occur (2010, 2). This is an important limitation of such research given its conclusions are less applicable to sex that deviates from the normative/traditional script.

In the context of literature on sexual violence, intoxication is generally thought to impair a person’s capacity for communication (see Chapter 3). Because of this, alcohol and other drugs play an important role in miscommunication theories of sexual violence. For the most part however, this role is limited to something akin to ‘intoxication makes miscommunication more likely to happen’ (Abbey *et al.*, 2001; Cowley, 2014). This is because intoxication is thought to impair a person’s ability to verbally and non-verbally communicate, as well as their ability to read and interpret others’

communication (Smith, Kolokotroni and Turner-Moore, 2020). Generally lacking is nuance relating to type of substance (e.g., stimulant, depressant, empathogen) and/or context of use. This represents an important limitation given research (including the current study – see Mia and Libby’s stories in Chapter 3) has found certain drugs (e.g., MDMA, 2C-B) can form part of sex-on-drug experiences in which those involved felt their capacities for communication were enhanced (Anderson, Reavey and Boden, 2019; Aldridge, 2020; Moyle *et al.*, 2020). In their study of heterosexual couples’ use of MDMA for example, Anderson *et al.* found that many of their participants valued what they perceived as the drug’s capacity to facilitate emotionally intimate conversations. Similarly, Moyle *et al.* suggest that for their participants, MDMA could sometimes act as a ‘symbolic mediator for exploratory communication about sex that participants tended to view as crucial to improving it’ (2020, 4).

DRUGS, DISINHIBITION, AND SEXUAL BOUNDARIES

Related to and somewhat in tension with the view that drug consumption impairs a person’s capacity for communication is the widely held belief that intoxication – particularly that resulting from alcohol – serves as a ‘social lubricant, a mechanism to ease feelings of anxiety and nervousness during social interactions’ (Monahan and Lannutti, 2000, 175). Key here is the notion of *disinhibition*, which is often invoked to explain why individuals might act differently following drug consumption – especially when this is at odds with how they are perceived to behave in a sober state. In alcohol and other drug research, this is referred to as the ‘disinhibition hypothesis’ (Wilson, 1976; Reinerman, 1987), which states that ‘impulses that have the potential to affect behaviour are controlled by inhibiting forces’ (Källmén and Gustafson, 1998, 150). Following this, disinhibition tends to be understood as a loss of self-control following drug consumption, especially when this is in larger quantities.

In line with the argument made in Chapter 3 in relation to impairment, some drugs are viewed as more ‘disinhibiting’ than others, especially when it comes to sex. A key example of this is GHB. GHB is closely linked to sex in a number of ways. First, it is one of the three drugs most commonly associated with chemsex, alongside crystal methamphetamine and mephedrone (Bourne *et al.*, 2014). The second way GHB is linked to sex is through its reputation as a ‘date rape drug’ (Halliday and Pidd, 2020; WebMD, 2022). According to the late chemsex support worker David Stuart, GHB has ‘uniquely disinhibiting’ effects (Stuart, 2016b). This view of GHB is further evidenced by information provided by SX, a sexual health and wellbeing service for gay and bisexual men in Scotland. According to SX, one reason that GHB is particularly suited to chemsex is because of how it can make its users feel sexually:

GHB is one of the most common drugs used in Chemsex. This is because G can:

- *Make you feel ‘super horny’ and sexually charged (extreme arousal).*
- *Make sex, like fucking or fisting, easier (relaxing the bottom).*
- *Lower inhibitions, meaning you may do something that you would not do sober. (SX, 2022)*

The assumption that drug-induced disinhibition alters a person’s sexual boundaries – and, importantly, that *this is a negative thing* – is reflected in a great deal of media advice around sex (Attwood *et al.*, 2015), and generally forms the basis for that which recommends minimising or avoiding drug consumption entirely prior to sex taking place, for example:

A person loses his/her ability to monitor and control their behaviour when under the influence of alcohol. Eventually, the individual develops a “who cares?” attitude, which results in lots of reckless actions, especially during sex. (Jamie P, 2019)

Alcohol and drugs impair our judgement and could lead to doing something we'll regret the next day. Don't put yourself at risk of ruining a good friendship or waking up next to a total stranger unable to remember what happened. (Sexual Health Scotland, 2021)

Leaving aside the normative positioning of sex with friends and/or strangers as something to avoid, evident from the above are two key assumptions around intoxication and sex. The first is that having sex following drug consumption will likely lead to post-sex regret (Bellis *et al.*, 2008; Bourne *et al.*, 2014) – again indicative of the belief that an intoxicated state alters a person's sexual boundaries and that this is always a negative thing (Smith, Kolokotroni and Turner-Moore, 2020). The second is an assumption that a person's sexual boundaries will return their former, presumably fixed and stable state once the effects of intoxication are no longer present. This is a point I will return to in the analysis section of this chapter. For now, it is important to note that this latter assumption is at odds with popular advice around sexual boundaries more generally, where the ‘healthiest’ boundaries are seen to be those that are open to temporal change:

How we feel about sex can change over time. As time goes on, you might decide you want to try something new, or you may have different partners who are interested in different things. It's okay to change your mind about what you're comfortable with and try new things. (Spunout, 2021)

Sex and our preferences for certain kinds of sex acts change all the time. This is a fact of life for many people. [...] The reality is, as with all things related to sexuality, boundaries are fluid and shift all the time. (Engle, 2021)

We are thus presented with two contradictory messages. The first is that a person's sexual boundaries are likely to change following drug consumption, and because of this, intoxication is best to be minimised/avoided during sex. The second is that it is normal for sexual boundaries to change over time. The issue then is not a change in sexual boundaries in and of itself, but rather instances where this change is linked to drug consumption. I argue that this reflects popular understandings of drugs and their ‘effects’, where the pleasures experienced in relation to intoxication are often perceived to be inauthentic, ‘artificially produced’ and fleeting (Keane, 2008, 405; see also Derrida, 2003; Aldridge, 2020; Moyle *et al.*, 2020). This way of thinking is underpinned by pharmacological determinism, where it is believed that the chemical makeup of a drug alone ‘causes’ the experienced reaction to it (Dennis and Farrugia, 2017).

Acknowledging this perspective provides insight into the assumed negativity attached to changes in sexual boundaries following drug consumption. To allocate responsibility for such changes to drugs alone obscures the myriad entities and forces that shape drug experiences (Duff, 2016), and we thus lose insight into the ways that sexual boundaries – what we want and do not want during sex – can be ‘social, emergent, and responsive – to context, to our histories, and to the desires and behaviours of others’ (Angel, 2021, 39), *as well as* the drugs that are consumed. This is a point I will return to frequently in the analysis section of this chapter.

DISINHIBITION AND NON-NORMATIVE SEX

The notion of disinhibition has often served as an explanation for why a person might transgress the boundaries of 'acceptable' sex by engaging in non-normative sexual practices (e.g., queer sex, sex involving BDSM). Kane Race elaborates this point in his 2018 book *The Gay Science: Intimate Experiments with the Problem of HIV*. Focusing for the most part of the sexual activities of men who have sex with other men, Race explores the ways that drugs have been understood as a means of 'escaping cognitive awareness of oppressive norms around sexual identity and sexual practice' (2018, 27). He makes references to a character in a 1969 theatre production who conceives of the 'Christ-was-I-drunk-last-night syndrome' to articulate the ways that substances – alcohol in particular – can be used to intervene in feelings of shame around homosexual sex that might otherwise prevent it from happening:

You know, when you made it with some guy in school, and the next day when you had to face each other there was always a lot of shit-kicking crap about, "Man, was I drunk last night! Christ, I don't remember a thing!" (Crowley 1969, p. 41, cited in Race, 2018, 27)

Key here is the way in which intoxication is positioned as a 'mechanism to assuage guilt or enable sexual coupling', especially where the latter violates the boundaries of 'acceptable' sex (Race, 2018, 28). Similar narratives can be found in the literature on chemsex (the intentional use of GHB, crystal methamphetamine, and mephedrone to facilitate/enhance sex among men who have sex with men), where internalised homophobia and shame around gay sex are sometimes seen as 'explanations' for why men might engage in sex involving chems (Bourne *et al.*, 2014; Stuart, 2016a; Hibbert *et al.*, 2019). Like the discussion in the previous section of this chapter, disinhibition resulting from drug use is also linked to changes in individual's sexual boundaries in chemsex contexts. For example, in a 2014 study exploring London-based men's experiences of chemsex, Bourne and colleagues argued that:

[...] personal limits of sexual behaviour were often discarded while under the influence of drugs, with men reporting willingness to engage in a much wider range of sexual activity, including: group sex; sex toys; S&M or bondage; graphic sex talk; role play; switching of usual insertive/receptive roles in anal intercourse (particularly where erectile dysfunction made insertive sex more difficult); watersports; and dominant or submissive sex. (Bourne *et al.*, 2014, 45)

Through Bourne and colleagues' analysis of qualitative interviews and focus groups with men who engage in chemsex, we see an ambivalent characterisation of the link between drug use and sexual boundaries emerge. The authors note that many of their participants valued the ways in which drug-induced disinhibition was perceived to facilitate 'sexual adventurism'. But at the same time, 'nearly all' participants 'described personal experiences where boundaries had perhaps been pushed too far' (2014, 46). This was in turn linked to enhanced feelings of shame/post-sex regret, which, the authors note, was particularly the case 'when men became involved in sex that was very submissive or, conversely, very dominating' (2014, 46; see also Moyle *et al.*, 2020 for discussion of shame/regret following sex on drugs outside of chemsex settings). On that note, the notion of disinhibition provides fruitful grounds for considering the role of drugs in BDSM contexts. BDSM generally serves as an umbrella term for sexual interests that include bondage, domination, submission and masochism (Bezreh, Weinberg and Edgar, 2012). Interestingly, the use of drugs in BDSM contexts is a point of

contention within BDSM communities (Schori, Jackowski and Schön, 2021), with some practitioners arguing that engaging in BDSM-related activities while intoxicated is both ‘unsafe’ and ‘irresponsible’:

You know better than to ride in a car with someone who is drunk or stoned. You should also know better than to play SM with anyone who is drunk or stoned. [...] This form of erotic play requires attention to detail, and the ability to react quickly and correctly to unexpected developments including emergencies. Anyone who would deliberately impair themselves and then do this is grossly unsafe and irresponsible. (Wiseman, 1996)

Drugs and alcohol and BDSM don't mix. It's a safety risk for everyone involved. Intoxication can make it harder — or impossible — to give consent and muddy your ability to make decisions (Smith, 2020)

The above draw on the familiar ‘intoxication = impairment’ narrative discussed in more detail in Chapter 3, where drugs are understood to reduce an individual’s cognitive and physical capacities in a way that compromises sexual consent and also renders any BDSM activities ‘unsafe’ (see also husdom, 2014). In addition to this, and more closely linked to disinhibition, others involved in the scene promote the view that if an individual ‘needs’ to get drunk or high in order to engage in BDSM, then they should not be doing it. For example:

[...] if you feel the need to get high or drunk to participate in [BDSM] activities, that's good indication you have inner work to do before you're ready to jump in. Consider chatting with a therapist — or even a trusted friend — to untangle your feelings around BDSM. (Smith, 2020)

If you need to be drunk in order to feel comfortable our parties aren't for you (All Swingers Clubs, 2021)

Again, we can see a pharmacologically deterministic understanding of drug effects, where the emergence of a desire to engage in BDSM is viewed as reliant upon drug-induced disinhibition. And again, the assumption is that any change in sexual boundaries linked to drug use is negative, because this does not reflect what that same person would (presumably) be comfortable doing when in a sober state. Importantly, this way of thinking requires that clear boundaries can be drawn between sober and intoxicated states, which is something I go in to challenge in the analysis section of this chapter (see also Aldridge and Charles, 2008).

CONCEPTUALISING BOUNDARIES IN THE CONTEXT OF SEX ON DRUGS

In the analysis that follows, I use the notion of boundaries as a jumping off point for considering the ethics of three participants’ sex-on-drug experiences, while also drawing on the Deleuzoguattarian approach to ethics I have employed throughout this thesis. Like in the previous two chapters, I selected these three stories as ‘critical cases’ for in-depth exploration and analysis. For a more detailed explanation of the rationale behind my critical case approach, please see Chapter 2 (pages 44-45).

Throughout my analysis, I approach the notion of ‘boundaries’ in two distinct ways. In the first, boundaries are conceived of as personal limits that delineate what a person wants/does not want and is/is not comfortable with in relation to sex. In this sense, boundaries are something that can be violated, and accordingly I explore instances of such violations. The second way I conceive of boundaries is in the sense of the boundaries between things – for instance that between consensual

and non-consensual sex, a human being and a drug, sobriety and intoxication, or chemsex and sex on drugs. In my analysis of participants' diary entries and interview data, I take note of the ways these boundaries become blurred/destabilised, and thus build on and extend the critique of hierarchal and gendered sexual dualisms (e.g., top/bottom, submissive/dominant, giver/receiver, etc.) that first emerged from Chapter 4.

To further aid my thinking around boundaries, I draw on Barad's (2007, 2014) notion of 'cuts'. According to Barad, the boundaries and properties of 'things' are produced in and through intra-active agential cuts (see also Dennis, 2019). Rather than assuming *a priori* separations between human and nonhuman, or subject and object, or the 'thing' that is researched and the 'way' we research it, thinking with cuts requires reflection on the sociomaterial (Dennis, 2019) processes through which bodies (e.g., humans, drugs), ideas (e.g., consensual sex, good sex, bad sex) and relationships (among people/things) are made intelligible, and their boundaries become known.

In her work on injecting drug use, Dennis reminds us that social research itself performs agential cuts in the sense that some things are included, and others inevitably excluded (2019, 190). Rather than tracing these cuts to 'consciously chosen' acts of the author, Dennis locates our '[research] methods and sensibilities' (2019, 191) as the sociomaterial processes through which such cuts occur. Chapter 2 of this thesis elaborates in detail the rationale for my research design – how it has been generative of an approach to data collection and analysis that, through its focus on events, has the capacity to move us beyond the hierarchal and dualistic thinking that so characterises popular understandings of sex (Cunniff Gilson, 2016). But even so, cuts and boundaries remain. The goal then is not to do away with cuts and boundaries, but to find ways to bring bodies together more carefully and responsibly (Barad, 2012).

LIBBY'S STORY

Libby was a 27-year-old bisexual cis woman in a non-monogamous relationship. Beyond her primary partner (who she referred to as 'E'), she had recently started dating a 27-year-old man she referred to as 'A'. A had just moved to the city Libby lived in, and because they were both students with little work on, they had been seeing each other multiple times a week. In our interview, Libby told me she found their relationship 'confusing' and 'intense'. Although they had had sex twice, Libby felt unsure of A's attraction towards her. This was because he did not tend to initiate sex and was often unable to sustain an erection once sex had begun (Conaglen and Conaglen, 2008). Libby linked the intensity of her and A's relationship to their mutual use of drugs. When together, they always took drugs – usually some combination of alcohol, cocaine, ketamine, and cannabis. She told me that cocaine in particular resulted in intense conversations about the status of their relationship and how it might change moving forward.

The story that follows is of a sexual encounter between Libby and A involving alcohol, cannabis, and ketamine. At one point during the sex-on-drug event, Libby violates a boundary that was agreed upon by herself and her primary partner, which was to always use condoms when having sex with people outside their relationship. In her diary entry, she reflects on the breaking of this boundary, including the extent to which her use of drugs could be held responsible. Libby begins her story:

Saw A last night. We'd planned to cook a meal together, but as usual ended up going to a fancy restaurant and spending way too much money. He didn't drink much for once - just one Bloody Mary. I was stoned. At the restaurant, he seemed agitated and fidgety. I wondered what was on his mind. I didn't ask though. I felt like I couldn't. We held hands a little over the table, which he initiated. He was half affectionate, and half distant, which was a strange combination. (Libby's diary)

Libby describes being 'stoned' from smoking cannabis, which I learned through our interview she almost always was when spending time with A – and indeed more generally. Libby also describes A as acting a mix of agitated, fidgety, affectionate, and distant during their meal. She wants to ask what is on his mind but feels unable to. I asked her to tell me more about this in our interview, and she told me she was concerned she might come across as needy and/or overinvested in their relationship:

I feel like it's such a cliché, you know, the 'what are you thinking?' thing, where you're like staring at someone in bed and like asking them what they're thinking... what are you thinking... I just didn't want him to think I was wanting to know. (Libby's interview)

Libby's narrative here is indicative of a kind of performance of carelessness in the context of dating and sex (Farvid and Braun, 2013). This is a point I will return to later in my analysis of Libby's story. For the moment, I wish only to note that Libby's desire to appear uninvested in her and A's relationship is ultimately at the expense of her being able to respond to A's perceived affective state in a way that would make her feel more comfortable (i.e., to take care of herself). Libby continues her story:

Throughout the meal, we talked about getting drugs for later. Our relationship seems to centre on drugs really. They're our mutual interest. After we finished our main, we sorted out picking up ketamine and weed, which was a complicated process. We ended up having to get in touch with two different dealers. (Libby's diary)

Here, Libby positions drugs as a key connector between herself and A. Her description provides an insight into the ways that emotional intimacy/closeness can become entangled with drug use (Anderson, Reavey and Boden, 2019), where it is unclear exactly what the former would look like without the latter. There is an important sense in which drugs function to hold Libby and A together as a dyad, where events of use – including the sometimes 'complicated process' of obtaining drugs in the first place – work to enable a becoming-with-drugs-together (Dennis, 2019) that also reinforces the boundaries of their relationship. This latter point is something Libby elaborated on further in a separate diary entry describing a sexual experience with A involving cocaine:

When we got back to [A's house], we took more cocaine. Loads of it. At one point I took possibly the biggest line I've ever had in my life. And then we just talked and talked and talked. He told me that he liked me, and I told him I liked him. I don't know how genuine it was though. It kind of felt like cocaine was the driver. Or maybe that we did feel those things, but only on cocaine. Or maybe it was more fun to say them because we were on cocaine? I don't know! (Libby's diary)

Here, Libby questions the extent to which the ‘feelings’ she and A revealed to one another can be considered genuine. Perceptions of whether emotional connections experienced while on drugs are ‘real’ is something I have discussed at length elsewhere (Aldridge, 2020; Moyle et al., 2020). Here though, I wish to draw attention to the role played by cocaine in the boundary work of Libby and A’s relationship. Because Libby and A were only able to articulate their feelings towards one another in the context of their mutual connection to cocaine, there is a sense of fragility to the boundaries of their relationship, where if cocaine was no longer present, these boundaries would become less clearly defined. I make this point not in a pejorative sense, but rather to highlight the nonhuman bodies that are as relevant to the boundary work of romantic/sexual relationships as the people involved (Fox and Alldred, 2013; Anderson, Reavey and Boden, 2019).

While cocaine apparently served to help bring Libby and A closer together in the events described above, ketamine played a very different role in the sex-on-drug experience that has been the focus of this analysis. In the existing sex and drugs literature, drugs are often positioned as disinhibiting agents that make sex more likely to happen (Sumnall *et al.*, 2007; Frohmader *et al.*, 2010). In Libby’s case though, the delivery of ketamine to the event instead appears to derail what, up until that point, seemed likely to be the escalation of sexual activity:

We walked back to mine, and I set up cushions for us on the floor in the living room. We smoked a spliff and started kissing. It felt like we were close to sex. I kind of held back though (not sure why) and reminded him that the k guy would be arriving in 10 minutes. He went outside to get it, and once back did a line almost immediately. A big one. He then lay down, no longer seeming interested in sex. I felt pissed off, as though he had chosen the drugs over me. (Libby’s diary)

Libby describes the arrival of the ketamine dealer, and in her interpretation, A prefers to use ketamine than to have sex with her, which generates feelings of rejection and anger. The situation is thus at odds with popular ideas of drugs as uncomplicated facilitators of sex, and instead draws attention to the ways drug assemblages can come together to block bodily capacities (e.g., having sex) we would generally expect them to make more likely (Malins, 2004). Libby continues her story by describing how she expressed her feelings to A:

I went quiet and turned away from him. It was childish, I know, but I wanted attention. After a while, I mumbled something like: ‘I’m just a bit sad because I feel like you don’t want to have sex with me’. He seemed to struggle to respond, because 1) I think he didn’t really know how to, and 2) ketamine. He then said something about ‘intimacy issues’, being fucked over by his ex, and his anger. I told him that I couldn’t imagine him being angry, but actually, that was a lie. I can sense it, underneath the surface. Agitation and restlessness. Also, he constantly takes the piss out of me. Not enough for it to actually be mean, but still, there’s something mean there. All in all, it wasn’t a very good conversation. (Libby’s diary)

Here I refer back to the point raised around carelessness earlier on – in particular how it intersects with both Libby and A’s drug use and gendered norms around sex/dating. As we learned earlier, Libby feels a need to come across as emotionally uninvested in her and A’s relationship, which inevitably makes initiating and engaging in a conversation about her feelings of rejection, his previous

relationship, and his 'intimacy issues' challenging. This, in combination with A's use of ketamine, makes for difficult communication between the two (Libby 'mumbles', A 'struggles to respond', overall 'it wasn't a very good conversation'). While this could, at least on A's part, be explained by some kind of ketamine-induced impairment, to do so would fail to capture the other relevant elements of the event that appear to be playing just as significant a role here.

Also important in the quote above is Libby's downplaying of what A refers to as his 'anger', even though she can indeed 'sense' its presence. Sociologists have long noted the gendered division of emotional work that takes place in heterosexual relationships (Duncombe and Marsden, 1993; Horne and Johnson, 2019), where it is generally assumed that women will take responsibility for 'managing' the emotions emerging from the so-called 'private sphere'. Interestingly, Libby continues her diary entry by engaging in a similar kind of emotional labour for the benefit of her reader:

Anyway, I'd better lighten the mood of this entry a little! I said to him, 'look, you just have to say I'm hot'. And he said, 'you're gorgeous, you're gorgeous'. Then he kissed me and said we should get naked. We then did hand stuff. He didn't do enough for me to feel ready for penetrative sex, but at this point, I was like whatever, it's happening. (Libby's diary)

Once again, Libby describes the escalation of sexual activity between her and A, and this time, she does nothing to stop it, even though she does not feel 'ready' for penetrative sex. In our interview, I asked her to tell me more about what she meant by not being ready:

I just wasn't very wet yet. And usually, I like it if someone goes down on me until I come before we start having sex... penetrative sex I mean, like penis in vagina. But obviously like... he wouldn't necessarily know that, because I hadn't told him. So, it's not really his fault. But also... I don't know, I think you have to do more than just finger someone for a minute. (Libby's interview)

Here we see a tension emerge, where on the one hand, Libby takes responsibility for not vocalising her preferred way of building up to penetrative sex, but on the other, expresses the view that A should not need to be told that more than just a 'minute' of 'fingering' was required. This tension speaks to Angel's critique of consent culture for privileging an 'idealised, gutsy woman, who knows what she wants and can shout it from the rooftops' (2021, 37). While Libby did appear to know what she wanted (at least at this particular moment in time), she was not able to communicate this to A, which, as becomes evident as her story continues, seems to stem from a desire not to 'derail' the sex from happening:

At some point I went to get some condoms and lube. However, we did not use a condom, though we did use lube. I don't know why. I wanted to, and I should have done, because E and I have a rule that we will always use condoms when having sex with other people. But the sex was happening, and I didn't want to stop it in case I derailed the whole thing again. (Libby's diary)

Above, Libby describes the breaking of the boundary set between herself and her primary partner, E. Despite their agreed upon 'rule' that they will each use condoms when having sex with other people,

Libby does not use a condom with A. While common ‘explanations’ found in the literature for lack of condom use include things like negative attitudes towards the effects of condoms on pleasure or lack of condom availability (Crosby *et al.*, 2003; Rosengard, Anderson and Stein, 2006), these are not satisfactorily applicable in Libby’s situation, at least from her perspective. Not only were condoms available, but Libby had also already retrieved them from the place they were kept, and so they were in the immediate vicinity when the sex was taking place. Libby goes on to describe the sex in more detail:

The sex was overall okay. He was very much in control. It was hard fucking, which I don’t usually like, but I basically seem to accept whatever he gives me. He did however give me an orgasm. After the first round of sex, we had more ket and went to bed. He cuddled me from behind, reached his hand down, and started to stroke my clit. I kind of guided him with my hand to be softer and slower, and it ended up being very good and I came. Then we went to sleep. (Libby’s diary)

Libby’s writing here speaks to the often ambivalent nature of sexual experiences, particularly for women engaging in heterosexual sex (Muehlenhard and Peterson, 2005; Beres, Senn and Mccaw, 2013). While on the one hand she describes a lack of control, accompanied by the kind of sex she does not tend to enjoy (‘hard fucking’), this is followed by a more enjoyable part of the experience, where Libby is able to ‘guide’ A in such a way that she reaches orgasm. As such, Libby’s story captures the coexistence of resignation (‘I basically seem to accept whatever he gives me’), average sex, and pleasure.

For Gilson, ‘[f]ailing to recognise the ambiguity and complexity of sexual experiences means that there are only dichotomous alternatives for making sense of them: positive or negative, harmful or beneficial, overtly consensual or overtly non-consensual, mutual or forced’ (2016, 90). But just as Libby’s story demonstrates (and indeed as Libby and Spectre’s stories demonstrated in previous chapters), it is very often the case that individuals’ embodied experiences of sex unsettle the boundaries of these dichotomous categories (Smart, 1989). We might usefully think of such sexual categorisation (e.g., consensual/non-consensual, etc.) in relation to Barad’s (2007) notion of ‘cuts’ – the sociomaterial (Dennis, 2019) processes through which ‘things’ are made intelligible, and their boundaries become known. For Barad:

The object of investigation is constructed through the enactment of particular cuts and not others. Which cuts are enacted are not a matter of choice in the liberal humanist sense; rather the specificity of particular cuts is a matter of specific material practices through which the very notion of the human is differentially constituted. (Barad, 2007, 217)

Given the focus of this thesis, I wish to consider this point in relation to the boundary work involved in the making of what we think of as ‘consensual sex’ as an object of investigation. According to Fischel, ‘consent restrictively narrows the spatial and temporal parameters of discussion’ (2017, 18). When we debate whether consent was ‘present’ or ‘absent’, ‘we are by definition talking about a sexual encounter between two or more persons in the immediate present, right there and then’ (2017, 18). Fischel thus points us towards just some of what is excluded through the enactment of this particular ‘cut’: people other than those having sex (which in Libby’s case is problematic given her primary

partner E was very much part of the sex-on-drug event despite not being physically present (Dilkes-Frayne, 2014, 450)); wider norms around sex and dating (which I have argued is linked to a performance of carelessness that ultimately hindered Libby and A's communication); and, I would add, the ways that nonhuman bodies (like drugs) can become entangled with emotional intimacy/closeness in ways that are relevant to the boundary work of romantic/sexual relationships. As I have argued in multiple ways throughout this thesis, this demonstrates yet again that prioritising consent in our sexual ethics risks obscuring the complexity of people's lived experience of sex, and so hinders our capacity to think and talk about their experiences productively and in ways that resonate with those involved (Thomas, Stelzl and Lafrance, 2017, 295-297). I argue that taking the sex-on-drug event as the 'object of investigation' (Barad, 2007, 217) expands the spatial and temporal parameters of discussion and thus enacts new cuts that can hold together seemingly contradictory aspects of sexual experiences and the bodies that make them. Accordingly, I share Dennis' reflections on the role of research assemblages in making boundaries:

Instead of cutting bodies down fixed lines, the research assemblage allowed bodies to flow, overflow, and move between and beyond each other, to form new boundaries (Dennis, 2019, 191)

Through this particular research assemblage (Fox and Alldred, 2015), sex is made knowable in ways that build on the legacy of feminist and queer scholarship that urges us to think with ambiguity, ambivalence, complexity, and contradiction in relation to sexual ethics (Smart, 1989; Serisier, 2013; Cunniff Gilson, 2016). Going back to Libby's experience and considering her many connections to the wider event, we can understand her body as multiple: as a boundary violator; as someone in control; as someone lacking control; as someone who centres her own pleasure; and as someone who decentres her own pleasure. She is a 'continuous *becoming*, rather than a static *being*' (Malins, 2004, 98, emphasis original), and as such the ethics of her experience are not reducible to debates over the absence or presence of an agreement to sexual activity at a particular moment (or moments) in time.

We move now to the end of Libby's entry. In writing her diary the morning after, Libby reflects on her sexual encounter with A, focusing in particular on the boundary violation and the 'reasons' it happened:

I'm feeling very bad about the condom thing this morning. I'd like to use the fact that we'd taken ket as an excuse, but we had sex again this morning, and again didn't use a condom. He came twice. I did not come. My thought process re: condoms was 'fuck it, damage has already been done'. Having sex without condoms again isn't exactly going to make anything worse (unless I am lacking some knowledge about this?). (Libby's diary)

Here, Libby notes her desire to invoke a kind of ketamine-induced disinhibition to 'excuse' the violation of a boundary between herself and her primary partner. This is reminiscent of the 'Christ-was-I drunk-last-night' syndrome mentioned nearer the outset of this chapter, where intoxication serves as an excuse to 'justify' certain sexual acts after the event (Race, 2018). Yet just as Race notes the oversimplicity of invoking intoxication alone as a means of 'assuaging guilt' (2018, 28), Libby herself finds her ketamine-related intoxication insufficient in explaining her actions in a satisfactory

way – especially since the boundary was violated again the following morning when she was no longer feeling the effects of ketamine.

How then might we better understand this boundary violation? Rather than seeking to identify one specific cause (i.e., ketamine), I argue that looking to the wider sex-on-drug event provides more fruitful grounds for speculation. Analysis of Libby’s diary entry has revealed multiple relevant points for consideration. First is the fragile quality that characterises the boundaries of Libby and A’s relationship, as well as this particular sexual encounter. There is a sense in which one ‘wrong’ move on Libby’s part (e.g., mismanaging A’s affective state) might well prevent sex from happening at all, meaning, among other things, that she did not tell A she was not ready for penetrative sex, and she did not ask him to wear a condom. Related to this is her performance of carelessness, which, as I have argued, through its connections to the wider event (including gendered norms around sex and dating, drugs, and Libby’s primary relationship, among other things), hindered Libby and A’s communication.

I do not seek to use Libby’s experience to speculate around how we might advise individuals to avoid boundary violations in future. As scholars and sex education practitioners have noted, violations (of varying natures and degrees) are inevitable parts of our sexual lives (Holt, 2016; Setty, 2018; Barker, 2019; Schachter, 2022). And this is not necessarily a negative thing. In some instances violations can provide opportunities for productive self-reflection, which some have argued should be an integral part of effective sex education and violence prevention (Carmody, 2003, 2015; Beres and Farvid, 2010). In Libby’s case, it did indeed seem that that the boundary violation had prompted self-reflection. In our interview, she discussed the incident in relation to more general difficulties she faced around prioritising the feelings/pleasure of sexual partners ahead of her own (which is something existing literature has noted can be a common experience for women (Powell, 2008; Sinclair, 2017)):

Something I find really hard about dating in general is that I feel like I’m always more invested in making sure the other person likes me... and wanting to feel validated by that... and I think that means I’m always less in touch with whether I actually like the person in the first place. Like its more important for me that someone likes me and is having a good time with me than it is for me to like them and be having a good time with them, if that makes sense? (Libby’s interview)

As well as providing opportunities for self-reflection, it is important to acknowledge that violations can be traumatic for those involved, sometimes with lasting negative consequences. This was something I discussed in detail in Chapter 4 in relation to Sarah and Spectre’s stories, who both described the negative physical and mental health consequences following their experiences of being sexually violated. But just as I argued in Chapter 4, the potential for violations (including sexual assault/rape) in the context of sex involving drugs should not be met with interventions that advise against engaging in intoxicated sex altogether (e.g., Testa and Livingston, 2009). For Deleuze and Guattari, an ‘ethical’ event ‘is one in which bodies emerge with a strengthened – or at least undiminished – potentiality’ (Malins, 2004, 97):

An embodied ethics of this sort aims to reduce unethical assemblages (which reduce bodily potentials) and increase ethical, life-enhancing assemblages. Assemblages that increase a

body's power to form creative, productive relations and which increase its capacity for life
(Malins, 2004, 98)

Following this logic, and as I argued in Chapters 3 and 4, both sex education and sexual violence prevention interventions should focus on how sex-on-drug assemblages (or as I prefer, sex-on-drug events) can come together to increase life-enhancing bodily connections and capacities for action, rather than reduce them in advance (see Duff, 2014 for a similar discussion in relation to 'assemblages of health').

It is interesting to use this approach to ethics to reflect on Libby's experience, especially given her ambivalent description. While on the one hand there was nothing in Libby's diary entry that indicated the sexual encounter was non-consensual (unless we consider the lack of condom use as a violation of Libby's primary partner's consent), Libby was nonetheless left feeling 'bad' afterwards, and there were aspects of the sex she did not enjoy (e.g., the 'hard fucking'). Taking a Deleuzoguattarian approach to ethics pushes us to reflect on whether Libby's connections to the sex-on-drug event came together to reduce or enhance her capacities to act, rather than on whether or not she consented, and in doing so it becomes clear there were aspects of the experience we might consider unethical (e.g., Libby having penetrative sex when she did not feel ready, Libby not asking A to use a condom even though she wanted him to/had told her primary partner that she would) in the sense that her capacities to act otherwise appeared reduced. This is not to say that there is anything intrinsically unethical about not using a condom or moving quickly to penetrative sex. Making such judgements is only possible when considering their relations to the wider sex-on-drug event (Malins, 2004).

In making this point, I do not seek to present another dichotomous way of thinking about sex, where an encounter is categorised as either ethical or unethical with no room for complexity and contradiction. As Libby's story shows (and Libby and Spectre's in Chapter 3, and Libby and Layla's in Chapter 4), sex-on-drug events are often experienced by those involved ambiguously (Cunniff Gilson, 2016; Angel, 2021), and capacities for action can be both reduced and enhanced through bodies' relationality. Accordingly, the goal of my analysis has been to trace the connections that make up sex-on-drug events and to consider how these connections might be made differently (Ringrose and Coleman, 2013) – 'to produce more good affects and ways of becoming-other' (Dennis, 2019, 47). This in turn can help us to rethink our knowledge and policies around drug-related sexual violence and its prevention.

WILBER'S STORY

Wilber was a 26-year-old transmasculine person who at the time of starting their sex-on-drug diary had just begun their social and medical transition. Wilber was in a long-term (around 10 years) non-monogamous relationship with their cis male partner, who they referred to as Bong. Before I move to analysis of Wilber's story, I provide some background information – first regarding their gender identity and use of testosterone, and second regarding their approach to diary-keeping.

Wilber began describing themselves as non-binary/transmasculine to the people around them (friends, some family members) about 6 months prior to becoming involved in the study. Around the time they started keeping their diary, they had just begun using illegally sourced testosterone in the form of gel. Though Wilber would later go on to access injectable testosterone through their GP, at

this point in time, they were seeking to experiment with the effects of testosterone in small doses without committing to taking it for any particular timeframe. Sourcing and using hormones in this way is sometimes referred to as ‘do it yourself hormone replacement therapy’ (DIY HRT) or ‘self-medication’/‘self-medding’ (Preciado, 2013; Fondén, 2020). What DIY HRT/self-medding looks like in practice is unique to each situation, and so I do not seek to use Wilber’s experience to make generalisations about this process.

The second background point relates to Wilber’s approach to diary-keeping. Wilber was one of the few participants who wrote about sex-on-drug events as and when they happened – usually at some point the following day. They even wrote one diary entry *during* the sex-on-drug event (while intoxicated from a combination of LSD and ketamine), which 1) calls into question boundaries between the process of conducting research and the ‘object’ of investigation, and 2) demonstrates the entanglements of materiality, experience, and knowledge production (Barad, 2007; Dennis, 2019). One reason as to why Wilber wrote their diary in this way was connected to their experience of COVID-related lockdowns. During the various lockdowns taking place between 2020 and 2021, Wilber shared a room with their partner Bong in a house share with around 20 other people. This meant that even when there were strict rules against mixing with other households, Wilber still had access to a group of people who were socialising, which often involved drug use. Wilber and their partner would therefore generally spend their lockdown weekends (and sometimes weeknights) taking drugs together and/or with their housemates, which often ended with the two returning to their room and having sex. Sex on drugs was therefore a key feature of Wilber’s lockdown experience, which was not the case for most other participants.

The diary entry that is the focus of analysis here was written approximately two days after the sex-on-drug event took place. Compared to the other diary entries featured in this thesis, it is very short (around 100 words). However, it provides fruitful grounds for speculation around the notion of boundaries, and I supplement it with information and direct quotes from Wilber’s interview. The diary entry describes a sex-on-drug event during which Wilber had taken GHB, and their partner Bong had taken a combination of cannabis, ketamine, and cocaine. In our interview, Wilber speculated that they may have also taken some of these drugs as well as GHB, but when it came to our interview (almost 6 months after the event), they could no longer recall. The diary entry focuses specifically on one point during the sex-on-drug event where Bong violates a boundary set by Wilber about the ways he should use his tongue when performing oral sex:

When Bong went down on me the other day when I was on G, he kept licking my dick which really disrupted me getting into it, especially considering I’d asked him not to do that anymore a few times and it was really hard to ask. As soon as he started, I could feel myself disassociating and it was horrible – a feeling in the pit of my stomach that something was really wrong. I’m worried that Bong won’t understand this and that it will mean that we can’t have sex anymore, because I’m scared to even try now. (Wilber’s diary)

Above, Wilber describes the bodily experience of a boundary violation (‘a feeling in the pit of my stomach that something was really wrong’). As indicated in the diary extract, Wilber had asked Bong multiple times not to use a ‘licking’ motion when performing oral sex, which they interpreted as the setting of a sexual boundary. In our interview, Wilber told me that their motivation for setting this boundary was to prevent the experience of gender dysphoria and disassociation during sex. When

Bong did use a licking motion, this felt to Wilber like the kind of technique a person would use when performing oral sex on a vulva rather than a penis, or ‘dick’, to use Wilber’s term. So, when Bong did use the licking motion during the sexual experience described in the diary, this triggered gender dysphoria for Wilber alongside a sense of ‘dissociation’. Wilber elaborated on what dissociation meant for them in our interview:

It’s like I when can’t stay in my body and focus on what the sensations feel like. It’s like I zoom out from my body and then become very unresponsive because my brain suddenly feels very separate. (Wilber’s interview)

The combination of disassociation, dysphoria, and GHB was an interesting experience for Wilber. In our interview, they told me that they usually associated GHB with an enhanced sense of embodiment during sex, where they were able to focus on bodily sensations without thinking too much about them. While this remained true in the context of this sex-on-drug event, Wilber’s enhanced sense of embodiment following GHB use intensified their dysphoria:

*I actually noticed that the dysphoria was worse when I was on G **because** it was making me more physically present in my body, which was weird. We were both upset after it happened, so we just stopped and cuddled and watched TV. And had a spliff. (Wilber’s interview, emphasis theirs)*

At present, little research exists exploring the connections between drug use and sex-related gender dysphoria, and so analysis of Wilber’s experience represents an important contribution to the literature. Interestingly, Wilber’s experience is at odds with findings on this issue from Pienaar and colleagues, who stated that for some of their ‘trans and gender diverse participants’, drugs (e.g., LSD) were sometimes used in order to *reduce* gender dysphoria (Pienaar *et al.*, 2020, 6; see also Race *et al.*, 2022). Taken together, these contradictory experiences of drug use and gender dysphoria show the importance of treating drug ‘effects’ as emergent and contingent.

Following the breaking of the boundary, Wilber and Bong had multiple conversations about what had happened. As indicated in the quote above, in the seconds/minutes after the violation, Wilber felt unable to express their affective response to Bong, and so instead stopped the sex altogether, cuddled, watched television, and smoked cannabis. In the weeks and months that followed, Wilber became increasingly ‘annoyed’ about the boundary violation, especially because it happened a few more times following the event described in their diary. This meant that Wilber felt the need to talk with Bong about the issue again. However, Wilber found making the time for this challenging because of other things that were going on in their lives, including work and other relationships:

It felt like it was really escalating. It was a period of time where sex with Bong was making me feel more and more dysphoric. And it was also a pressurised time in our relationship, because he was having a chaotic time with [name of Bong’s other partner]. And he had a lot on with work too. I remember a time when I wanted to bring stuff up with him, but he was just too busy, he didn’t have time to do it. (Wilber’s interview)

As discussed at the outset of this chapter, a key feature of consent culture is the valorisation of verbal communication around sexual boundaries with sexual partners. In her analysis of consent culture, Angel (2021) highlights the fact that the task of communicating boundaries tends to fall most heavily

on the shoulders of cis women in the context of sex with cis men. However, analysis of Wilber's diary entry demonstrates the need to also consider the experiences of trans and/or gender diverse individuals. In the context of their relationship with Bong, it did seem to fall to Wilber to initiate communication around sex and sexual boundaries. According to Wilber, Bong never brought up the incident himself. However, their ability to do so was limited in ways seemingly out of their control – for example because of Bong's job and Bong's other relationship. In advising individuals to instigate communication around sex/sexual boundaries then, there is a need to be mindful of the barriers they can face in doing so, including ones that are not obviously linked to sex.

PHIL'S STORY

Phil was a 40-year-old heterosexual cis man in a non-monogamous, 'swinger'-style, 26-year relationship with Caroline, a 40-year-old cis woman. Phil and Caroline started dating as teenagers and had been together since. In the story that follows, Phil describes a sexual experience with Caroline involving alcohol and GHB. The GHB plays a significant role in the event as Phil puts some into Caroline's drink without her knowledge, which could be understood as a form of 'drink-spiking' (Colyer and Weiss, 2018). Phil however termed this 'chemical dominance' – something he explained to me further during our interview:

[...] as one of the... the... um... things that I have as part of my kink profile... I like the idea of what I've dubbed 'chemical dominance'. So, the idea of [Caroline] being... kind of drugged and out of it, is a turn on for me. And we have a level of... what I've called implicit consent. She knows that... and she trusts that I can judge situations to know where it's acceptable for me to do that. So, there have been times where I have drugged her that way. Never to the point of her being passed out or not remembering, but almost even to that point. (Phil's interview)

Important to note so far is that Phil identifies himself as a 'kinky' person, which in this context refers to his interest in and enjoyment of non-normative sexual fantasies and practices (Sprott *et al.*, 2021). In particular, Phil finds the idea of 'drugging' Caroline without her knowledge and then having sex with her to be highly arousing. In his description, Phil makes clear the two have a 'level of implicit consent', indicating that Caroline has given her prospective permission for Phil to drug her without her knowledge. However, it is also important to note the context in which Phil initially learned of his desire to drug Caroline, which was after an MDMA experience the two had had together, following which they each took a Xanax (a type of benzodiazepine) to help them sleep. In describing what happened, Phil made specific reference to the notion of 'boundaries', and reflects on whether or not he had 'crossed' one:

There was a time where... after an MDMA experience, we usually take Xanax to fall asleep, she took Xanax and she was asleep, and she was pretty much out. And I actually just had sex with her a little bit, and she never woke up during it. And then I told her about it the next day and she was like... that's actually... I mean, I didn't go very far with it because I wasn't sure... I was pretty sure I wasn't crossing any boundaries. I was like, I'm going to do this a little bit, and then go to sleep myself. And then when we talked about it the next day, she was like, that's actually really hot that you did that while I was asleep. (Phil's interview)

Important here is that prior to this sex-on-drug experience, Phil had not – at least to his knowledge – thought of sex with Caroline in a drugged, seemingly incapacitated state as something he might enjoy. Phil’s experience here speaks to Angel’s description of desire as ‘social, emergent, and responsive – to context, to our histories, and to the desires and behaviours of others’ (2021, 39). For Angel, the rhetoric of consent too often relies on the assumption ‘that desire is something that lies in wait, fully formed within us, ready to extract’ (2021, 38). But how could Phil have sought Caroline’s consent for something he did not yet know he desired? This is an important question given Phil’s actions would likely be interpreted by many as a boundary violation – or even sexual assault/rape given Caroline was seemingly asleep/incapacitated when he had sex with her, and so could not give her consent (Sexual Offences Act, 2003). That others might interpret Phil’s actions as sexual assault/rape was something he was indeed aware of, as he made clear during our interview:

[...] you know, if we were in a situation where we were in a bar, and I was some random guy with some random girl, it would not be good (laughs)... it would be very questionable. You know, what you are doing is very illegal and probably would be a situation in which she would not be sober enough to give consent. Particularly with a [GHB/GBL] dose in it. Oh, you dosed her with that? You just date-raped her. You used a date rape drug. So, I am fully aware that in that situation it would not have been fully consensual. But again, [...] in our relationship, that’s just how we... that’s just something that we do. (Phil’s interview)

Key here is context. Phil illustrates a hypothetical situation in which ‘dosing’ an unknown woman with GHB/GBL without her knowledge would be both ‘questionable’ and non-consensual, and in doing so makes clear what he considers acceptable about his actions in the context of sex with Caroline. What seems most important is their pre-existing relationship (Beres, 2014). Following the initial MDMA and Xanax experience described above, Phil and Caroline had had multiple conversations about Phil’s interest in having sex with her in a ‘drugged’ state. Through these accumulated interactions, the two had developed what Phil termed in an earlier quote ‘implicit consent’, meaning (from Phil’s perspective at least) that Caroline ‘trusts’ him to judge whether a situation is appropriate for him to dose her and to keep her safe while doing so.

Also interesting are Phil’s reflections on his use of GHB in particular for dosing Caroline and the hypothetical ‘random’ woman’s drink. He invokes GHB’s status as a ‘date rape drug’ (Halliday and Pidd, 2020; Howell, 2020), thus hinting at the ways discourse (the ways we communicate about GHB) and matter (GHB) are ‘cut together-apart’ (Barad, 2014), which in turn helps us to make sense the ways that drugs are experienced by the people who use them (Dennis, 2019). In the context of one (hypothetical) sex-on-drug event, Phil’s connections to space (a bar) a sexual partner (a ‘random girl’), and GHB administered unknowingly makes for a sexual assault, while in the context of another (described in the diary entry below), connections to the same drug also administered unknowingly makes for, in Phil’s view at least, consensual sex. Phil begins his description of the event that is the focus of this analysis:

My wife and I celebrated our 15th wedding anniversary this past weekend. Although we made a multi-day celebration of it, the drug-sex event happened on Saturday, September 19th. We started the evening with a trip to a local winery, where we sampled a wine flight and had snacks with some friends. After that, we went to dinner at a local brewery and on the way home, we stopped at a fancy cocktail bar we like.

Yes, we went from wine to beer to cocktails. (Phil's diary)

Here Phil provides context to the sex-on-drug experience: a celebration of a wedding anniversary. After going out for food and drinks, Phil and Caroline return home:

When we got home, despite it being a bit late, I suggested we dive into the next episode of the TV series we're currently bingeing and asked my wife if she wanted another drink. At first, she said, no, she was already pretty tipsy. To which I replied, "If you don't have a drink, how can I dose you?"

Agreeing that that would be problematic, she said she'd have a glass of wine from the bottle we'd purchased at the winery earlier. (Phil's diary)

Once home, Phil suggests watching television, and offers Caroline another drink. At first, she refuses, citing the fact that she is already intoxicated from alcohol. In response, Phil asks 'if you don't have another drink, how can I dose you?', which in this context refers to him adding GHB to her alcoholic drink.²⁸ Though Caroline does not specifically agree to Phil dosing her with GHB, she does agree to another drink. Phil continues his description:

Without her knowing I was actually dosing her drink, I added 1 mL of GBL to her wine. I myself had 2 mL dose of GHB. As we watched the show, she became more noticeably drunk and droopy. She asked me if I actually had dosed her drink (several times throughout the evening), to which I always replied, "I don't know...did I?" (Phil's diary)

Important so far is the ambiguity of Phil and Caroline's communication around his dosing her with GBL. As discussed at the outset of this chapter, rhetoric around sexual consent tends to valorise explicit and unambiguous verbal communication (Fischel, 2017; Angel, 2021). In this context though, unambiguous communication would have been at odds with what Phil (and presumably/perhaps Caroline) desired from the situation. In fact, Phil *intended* his communication with Caroline to create uncertainty. This is especially evident in his response to her question of whether or not he had put GHB in her drink – '*I don't know... did I?*'.

Such ambiguity highlights yet again the importance of context. In this particular sex-on-drug event, Phil and Caroline's accumulated interactions around sex connect to their material surroundings to transform what could be seen as a criminal act (Phil putting GHB into Caroline's drink without her knowledge and/or explicit permission) into something else entirely – from Phil's perspective at least. Some might, of course, still view Phil's actions as morally and/or legally dubious, especially given we have no access to Caroline's version of events. Indeed, the stratifying tendencies of bodies of knowledge (e.g., law, media, morality) that form part of drug assemblages would likely codify Caroline's body as an incapacitated rape victim (Brian, 2020), especially through her connection to the

²⁸ It is known that alcohol and GHB/GBL are a risky combination given their mutual depressant effects (Pittman, 2002). During our interview, I wanted to talk to Phil about combining these two drugs and advise him against doing so in future. However, I also felt some hesitance to do this. I was concerned my advice might come off as patronising, especially because Phil and Caroline were experienced drug users. Moreover, I was concerned that doing so might put Phil on the defensive early on in our interview. Ultimately, I decided to send a follow-up email after our interview, which he did not respond to.

'date-rape drug' GHB that was administered to her unknowingly by someone intending to have sex with her.

As I have argued elsewhere, sexual violence prevention discourse views drugs as a problem for women in particular because they enhance a pre-existing vulnerability to male violence (Aldridge, forthcoming). Within such discourse, talk around 'drink-spiking' is rife, and so it is challenging to consider Phil's story without recourse to the cultural codes of sexual conduct that frame his actions (putting GHB into Caroline's drink without her knowledge/explicit consent and then having sex with her) as morally wrong, criminal even.²⁹ In combination with a consent discourse that privileges sobriety and clear communication (Angel, 2021; Fischel, 2017), this codifies and organises the affective flows of this sex-on-drug event, and channels desire 'into specific capacities and identities, to produce a very limited range of sexualities' (Fox and Alldred, 2013, 780). For Phil and Caroline, these are the sexualities of a 'rapist' and a 'rape victim'. And while I do not seek to impose a judgement over whether these terms are appropriate in this situation (especially as I had no opportunity to speak to Caroline), my goal as a researcher is to avoid further stratifying bodies and reducing their potential for difference (Malins, 2004, 101), if only so as to more fully account for the connections that make up sex-on-drug events and speculate around potential interventions through which to increase those that are life-enhancing for those involved.

Phil continues his description of the sex-on-drug event, and explains how he 'prepares' the setting (his and Caroline's bedroom) for sex:

After our episode finished, my wife got ready for bed (brushing teeth, taking contacts out), and I prepared the room for us to have sex (changing the colour of the LED lights, mood music, getting the lube out). She hadn't finished her wine, so I took it into the room and put it by the side of the bed, and she sipped the rest through the night (and shared it with me). (Phil's diary)

The above extract hints at the nonhuman bodies that form part of the affective flows of sexuality assemblages – in this case, contact lenses, particular coloured lighting, 'mood music' a bottle of lubricant, and a vibrator (Fox and Alldred, 2013). The drugs – a combination of GHB and alcohol in a wine glass – also remain physically present, and Phil and Caroline continue to take sips as the sex takes place. Phil then describes the specific sex acts he and Caroline engaged in:

We fucked for a couple hours, first in missionary style, but eventually she said she wanted to get on her hands and knees and for me to fuck her from behind. While in that position, she used her Hitachi wand on herself and I massaged and fingered her asshole. (Phil's diary)

Now, I will mention that assplay is a big turn on for me (always has been), but it's only recently that she's started enjoying it. It's taken many years for her to get comfortable with the idea of anal sex being anything other than dirty. Much of that change has happened from us engaging in this kind of anal play while high. Because I knew she wasn't keen, I never pushed much for it when sober, but when high, my inhibitions are lower and I'm more likely to go for it (albeit gently and not forcing anything). Also, the open communication while on MDMA has helped

²⁹ This was something that became especially clear through my conversations with PhD supervisors and other colleagues about Phil's diary entry. While many tried to see Phil's actions as something other than drink spiking/sexual assault by accounting for the wider context, there was a clear struggle to do so.

us discuss it and for her to see my excitement from it. So, it's now gotten to the point she's started enjoying it. (Phil's diary)

Here Phil describes what appears to be a change in Caroline's sexual boundaries over time regarding anal sex. In the past, it seemed Caroline's perception of anal sex as 'dirty' (McBride, 2019; Faustino, 2020) made her 'uncomfortable' with the idea of engaging in it. By contrast, Phil 'always' found the idea of anal sex to be appealing. In Phil's interpretation, drugs (especially MDMA) played an important role in opening Caroline up to the idea of anal sex as something that could be enjoyable (Moyle et al., 2020). To make sense of this, Phil invokes the notion of drug-induced disinhibition, which he perceives to have affected both his and Caroline's engagement in anal sex, and their communication around it. Phil continues:

It's now a Known Thing that if we are high, I'm likely to massage her anus during sex. During this encounter, she was really getting into it, and I was able to finger her ass while fucking her and as she used her wand. It took her awhile to reach orgasm (we find GBL/GHB makes it a bit challenging to cum), but when she did, it was a fairly loud, body-shaking climax. (Phil's diary)

Again, we see how Phil and Caroline's accumulated interactions around sex connect to the playing out of particular sex-on-drug events (Fox and Alldred, 2013). Through these interactions, it has become a 'Known Thing' that Phil will likely initiate anal sex if he and Caroline have taken drugs, which makes for less explicit verbal communication and consent in the moment (Beres, 2014). Phil's notion of the 'Known Thing' speaks to Dennis' description of the 'the residual and repetitive affects that charge an atmosphere' (2019, 111), which in turn 'supports a Deleuzian understanding of the event that has never ended' (2019, 110). In other words, Phil and Caroline's prior experiences with anal sex link rhizomatically to future sex-on-drug events, and produce each of their capacities 'to think, to feel, and to desire' (Fox and Alldred, 2013). Phil describes the end of the sex:

We switched positions, and I fucked her tits for a while, but it wasn't a tight enough sensation, so I eventually had to switch back to fucking her. I had her lie on her stomach with her legs together, and I entered her from behind. We fucked liked that for a while before she said she was getting a bit too sore to continue. Alas, I didn't feel close enough to finish, so we just ended for the night without me finishing, and we went to sleep. (Phil's diary)

Phil refers to his orgasm as 'finishing', which, as in Libby and Spectre's stories, reflects the commonly held view that the 'end' of sex and male orgasm are one and the same. Phil begins to bring his diary entry to an end by reflecting on the sex-on-drug experience:

We both really enjoyed the experience because we find the drug enhances the sensation. We also like the inhibition lowering quality of the high, so I feel free to engage in that kind of ass play—not only because my inhibitions are lowered but because I know she's more relaxed (physically as well as comfort level) and that makes the assplay experience more pleasurable for her. We are actively working on building toward full penetrative anal sex, and the way we are building toward that is by building up these pleasurable analplay experiences. (Phil's diary)

Again, Phil draws on the notion of disinhibition to make sense of both his and Caroline's enhanced relaxation around engaging in anal sex during this particular sex-on-drug event. However, it is also

important to locate this disinhibition in relation to their previous sex-on-drug experiences. Phil notes that he and Caroline had been 'actively working on building towards full penetrative anal sex' by 'building up these pleasurable analplay experiences'. Thus, we can only understand the disinhibiting 'effects' of drugs on Phil and Caroline as they emerge in and through accumulated sex-on-drug events. Phil ends his diary entry by reflecting on his and Caroline's discussion of the dosing of her drink the following day:

The next day when my wife asked if I had dosed her drink, I asked if she really wanted to know. When she said yes, I told her I had. I don't lie about such things. By even saying "How else can I dose your drink," I had given her the chance to opt out. She was well aware she could have said right then, "No, don't dose me tonight," and I wouldn't have. (Phil's diary)

Phil perceives his initial question ('if you don't have a drink, how can I dose you?') to have given Caroline the opportunity to 'opt out' of being dosed with GBL. This, combined with conversations that he and Caroline had had in the past, led Phil to feel as though he had acted in an ethical manner when dosing Caroline's drink and then having sex with her – even as he acknowledged others might judge the situation differently.

I myself feel uncertain as to how I would judge the ethics of this sexual encounter. This is largely because I lack access to Caroline's version of events, and so am resistant to making any assumptions about how she experienced the sexual encounter. But even without her perspective, Caroline is an important part of the research assemblage, and so I feel a sense of obligation to 'know' her – to make knowledge about her – in ways that allow for her to become-other and are sensitive to her capacities for action. But just as I wish to avoid stratifying Caroline's body as an incapacitated rape victim (Brian, 2020), I simultaneously do not seek to remove this as a possibility. Indeed, I have felt a great deal of discomfort in presenting a written analysis of a sex-on-drug event that might be interpreted by some as a 'defence' of a man administering drugs to a woman and then having sex with her without her knowledge/explicit permission.³⁰ My reflections here speak to the responsibility associated with doing sex/drug-related research, which is something Fay Dennis also discusses in relation to her research on injecting drug use:

If we are to embrace our methodological role as researcher creators, how might we begin to judge our interventions? That is, if the purpose of speculative research is to put at risk our research subjects, objects and relations as we know them, then how do we ensure they are known better? (Dennis, 2019, 192)

By including Phil's story in this chapter, there was a strong sense in which I felt I was putting Caroline 'at risk' to use Dennis' phrasing, which I believe reflects the ways that tensions between pleasure and danger so inhabit talk around women's sexuality and their lived experience of it (Vance, 1992; Echols, 2016; Fahs, Plante and McClelland, 2018). Just like Spectre's story in Chapter 3, I have sought to couch

³⁰ In July 2022, I presented Phil's story at a drugs research seminar held at Kings College London, making similar points to those put forward here in my analysis. After the seminar, I received a few follow up emails expressing concern around the 'safeguarding' of my participants (though of course it is important to highlight here that Caroline was not a participant in the study). One of these emails referred to the sex-on-drug event I described as an incident of 'sexual assault' and 'spiking', despite the fact I had made clear that Phil did not understand it as such (and it was unclear whether Caroline did, though Phil indicated she did not). I include this example as evidence that some individuals who have engaged with Phil's story believe his actions were morally (and indeed legally) wrong, and that my own analysis should have also argued this.

my analysis of Phil and Caroline's sexual experiences 'within an awareness of the molar fixities [which here includes the 'dangers'] of living feminine sexuality' (Renold and Ringrose, 2011, 402), while also retaining possibilities for fluidity and multiplicities. The analysis presented here is only the first step. To push what can be argued further, future research (including my own) must incorporate the perspectives of the women who are being studied wherever possible (which in this context would have included diary entries from/an interview with Caroline) in order to 'progressively build understanding of the assemblage and flows of affect' that produce their bodily capacities in sex-on-drug events (Fox and Alldred, 2013, 779).

PAN'S STORY

The following diary entry describes a series of drug-related sexual encounters between Pan, a participant, and a man they refer to as 'fuckboi'. Pan was 28-years old, identified as non-binary and described themselves as 'pronoun agnostic', meaning they used he/she/they interchangeably. For consistency, I refer to Pan as 'they' or 'them' throughout my analysis. Pan described their sexuality as 'queer', though in our interview acknowledged a 'heavy preference for generic gay men'. Pan was the only participant involved in the study who engaged in chemsex and referred to it as such. In our interview, Pan expressed ambivalence towards their involvement with chemsex (Hakim, 2019). Though they consumed 'chems' – GHB and mephedrone in particular – regularly (around once a week or once every two weeks, usually in nightclub settings), they engaged in chemsex more sporadically (around once every 3-4 months). Pan also regularly used a variety of other different drugs, including cannabis, ketamine, amphetamines, ecstasy/MDMA, mephedrone, 2c-b and cocaine. Pan begins their diary entry:

So fuckboi messages me. I met fuckboi at some point last year. Long enough to not have been expecting his message, nor short enough of a time for me to have sought him out. Fuckboi and I met at a chemsex party. I made my way to a previous partner's place, lured over by a photo sent on Grindr. Fuckboi was gorgeous and the kind of guy I would never pull on Grindr. He might protest that, but I doubt he would have responded to my messages. (Pan's diary)

Pan describes the context to their and fuckboi's first meeting: a chemsex party hosted by one of Pan's previous sexual partners. Pan describes fuckboi as 'gorgeous' and speculates that in another time/place (an interaction over *Grindr*), the two would not have gone on to have sex. This is important for two reasons. First, it highlights the significance of immediate material contexts to bodily capacities to affect and be affected sexually (Alldred and Fox, 2015). Second – and similar to Libby's experience with A described above – it indicates a sense of fragility to the boundaries of Pan and fuckboi's relationship (which is also supported by Pan's choice of pseudonym for fuckboi), where Pan feels reliant on the event coming together in a particular way (i.e., at a chemsex party) to facilitate a sexual encounter. Pan continues their description:

Anyway, at our first meeting, we were massively off our tits. I can't remember what I had prior to arriving there, but while there, we had crystal meth, GHB and Viagra, definitely. The first meeting was so long ago and so transient I don't remember a great deal of what happened in detail. I recall us getting on (and off, HA!) with each other quite well. I think, as is my seeming pattern, I got on with fuckboi and was more interested in having sex with him than with the host. Eventually, we called it quits as a threesome and fuckboi and I went back to his. We

hadn't intended to when we set off but looking back it was probably a bit inevitable. (Pan's diary)

Pan notes that the events they are describing in their diary took place 'long ago', meaning they struggle to recall the exact details. I discuss this limitation of retrospective diary writing and its implications for the study in more detail in Chapter 2. Once at the chemsex party, Pan recalls using crystal methamphetamine, GHB and Viagra – drugs all commonly understood as 'chemsex drugs' or 'chems' (Bourne *et al.*, 2014; Stuart, 2014; Hakim, 2019). Following a threesome with the chemsex party host, Pan and fuckboi leave and go back to fuckboi's place:

We went back to his house and got really quite stoned. I smoked three joints back-to-back, to kill any comedown. It's a tried and tested method, and it resulted in a few hours of really intense, but quite wonderful, sex. (Pan's diary)

Pan's description here begins to blur the boundaries between what we understand as chemsex and what we understand as sex on drugs. In the academic literature – especially that deriving from public health scholarship and medical sociology – chemsex tends to be rigidly defined as the intentional use of crystal methamphetamine, GHB and/or mephedrone to facilitate and/or enhance sex among men who have sex with men, usually in group settings and organised via 'hook-up' apps like *Grindr* (e.g., Bourne *et al.*, 2014; McCall *et al.*, 2015). While Pan's description of the chemsex party meets these criteria, it is unclear whether the sex they have at fuckboi's house 'counts' as chemsex, especially given Pan's strategic use of cannabis to counter the 'comedown' effects of the chems they had consumed earlier. Pan's experience thus raises important questions over where boundaries should be drawn around chemsex, especially given its common positioning as a 'public health concern' (Tomkins *et al.*, 2017; Macfarlane, 2016). Drawing again on Barad's (2007) notion of 'cuts', we are thus presented with a sex-on-drug experience that would likely be excluded in the process of making chemsex intelligible as an 'object of investigation'.

Following Pan and fuckboi's first sexual encounters both at and following the chemsex party, Pan discovers they have an STI:

Anyway, after a slightly twisted situation where I found out I had an STI [sexually transmitted infection] and used the clinic's notification system instead of telling everyone myself like I normally do, fuckboi finds out he has an STI and instead of dealing with it all in a reasoned way, goes off the rails and has another bender. He messages me at some point, and I ended up back round his, the only catch was that I'd been treated, and he still had whatever STI he had. So, we couldn't have actual sex. I think we resisted everything which was anal and not a nice vibe/situation to have constructed for ourselves. (Pan's diary)

Throughout their description, Pan notes the multiple technologies (*Grindr*, the clinic's STI notification system) that form part of the affective flows of sex-on-drug events (Fox and Alldred, 2013; Race, 2015a). In the existing literature, 'partner notification' (including via STI clinics like in Pan's description) is positioned as central to the control of sexually transmitted infections (Götz *et al.*, 2014; Pellowski *et al.*, 2016). However, Pan's description of fuckboi going 'off the rails' demonstrates that we cannot necessarily know in advance the effects that partner notification technologies (like the clinic's notification system) will have when introduced into events. Drawing on Gilson's (1997) concept of 'affordances' is thus useful here, as it pushes us to consider what *might* happen, the multiple

possibilities that emerge through the STI notification system's connections – to Pan, to fuckboi, and to the other bodies that make up sex-on-drug events. As noted by Race, a 'key concern' of an affordance approach 'is to situate digital devices as active elements in the shaping of sexual practices' (Race, 2015c). Pan continues:

After that, we didn't speak again. Perhaps a few stilted WhatsApp messages, but we didn't meet again. I think for a few months after, I might have initiated those stilted WhatsApp conversations, but I always got the impression that he wasn't interested. So, in a moment of self-care, I decided to not continue plundering energy into a situation that wasn't worthwhile for me. (Pan's diary)

As noted at the outset of this chapter, talk around boundaries often goes alongside the idea of 'self-care'. This is reflected in Pan's diary, where their decision to stop messaging fuckboi – a decision that could be interpreted as them setting a boundary with themselves – is framed as an act of self-care. The 'stilted' WhatsApp interactions also speak to the fragile quality of Pan and fuckboi's connection, and there is a sense of one-sidedness where fuckboi does not match the effort that Pan puts in. Because of this, Pan is surprised when fuckboi gets back in touch:

Hence my massive surprise when fuckboi pops up on my phone wanting to reconnect. It being the peak of COVID lockdown, neither he nor I could host. I suggested we table it until we could meet outdoors and be stoned in the sun and fuck intermittently between nude sunbathing and spliffs. And so, we waited for a few weeks. Time being so elastic and infinite at the moment, I can't honestly say if it was a week or a month. (Pan's diary)

Pan's description highlights the impact of COVID-related restrictions on sexual behaviour. In line with research finding an overall decrease in sexual behaviours during lockdowns (Wignall *et al.*, 2021), Pan and fuckboi find their opportunities for meeting and having sex reduced – mostly because restrictions on social contact mean neither are able to 'host'. Pan and fuckboi are thus dependent on the weather to facilitate an opportunity for meeting. After some time though, fuckboi's flat becomes available for the two to meet and have sex in:

Anyway, at some point, we interacted on WhatsApp again. Things had worsened with his flatmate so we agreed a time to meet when his flatmate would be away. I think we must have discussed taking G [GHB] at some point in the conversation, so I got some in preparation for our meeting. The conversation we had around G I think ended with us saying that although we'd like to take it and have sex, we probably shouldn't. He was trying to be 'good' because he'd recently gone on quite a heavy chemsex bender. He revealed to me later that he had slammed [injected] a couple of times on the bender. Anyways, I got some G just in case, and wasn't sure that I would even take it with me given how our conversation had ended. I was happy to have sex with him just stoned, but I also enjoy sex on G so why not? (Pan's diary)

Pan and fuckboi talk over messaging app WhatsApp to plan their next meeting. At some point in the conversation, the two discuss taking 'G' prior to and/or during sex. Fuckboi is simultaneously eager and reluctant to do so, the latter largely because of his recent 'chemsex bender'. Pan's explanation that fuckboi is trying to be 'good' by not taking GHB, a chemsex drug, indicates a presumption of negativity attached to chemsex engagement in general (Aldridge, 2020, 572) – though their use of inverted commas around 'good' suggests they also feel some level of ambivalence around describing

a decision not to take GHB as such. Pan also specifically mentions that fuckboi had ‘slammed’ (i.e., injected) drugs multiple times while on his chemsex bender, which reflects more general perceptions of injecting drug use as an especially risky route of administration (Dennis, 2019; Maxwell, Shahmanesh and Gafos, 2019).

Fuckboi’s expressed reluctance to take GHB could be interpreted as an attempt on his part to establish a boundary with Pan – taking GHB is something that he does not want to do during sex. In spite of this, Pan obtains some GHB in advance of their and fuckboi’s meeting – an act which, in relation to fuckboi’s expressed reluctance to take the drug during sex, could well be thought of as a boundary violation. Even though Pan has already purchased GHB in preparation for the meeting, they are ultimately unsure whether or not to bring it with them:

When it finally came time to head over, I waffled quite a bit as to whether to bring the G with me. He’d said he wasn’t into it, but I had a sinking suspicion that he would change his mind. So, I brought it. I had one bag that I put the drugs in, and another that I filled with lube and cock rings. I still wasn’t sure at this point whether I was going to tell him I brought it or not. I figured if it came up, I would look suave and prepared, and if not, I would just be carrying around some G. (Pan’s diary)

Pan’s description here captures the multiplicity of bodies as they emerge in relation to wider events. Rather than ‘essences’, ‘internal truths’ or ‘identities’, there are only possibilities (Malins, 2004). Through their connections to GHB, Pan has the potential to appear as either ‘suave and prepared’, or someone who is just ‘carrying around some G’. Importantly though, this cannot be known in advance. Pan continues their story:

I went over to his place quite stoned. I cycled there to build up some pheromones, or in reality because we weren’t really using public transport at that time. Anyways, I assume we made out instantly as usual. The details from there are a little murky. I know we got stoned and basically got straight into it. I think this might’ve been his first sex since the aforementioned chemsex bender. (Pan’s diary)

Like before, cannabis plays a significant role in the sex-on-drug event. Pan is already ‘stoned’ when they arrive at fuckboi’s flat, and they also recall consuming more cannabis with fuckboi once they arrive. Pan then goes on to describe the sex:

I do recall we went very quickly to penetrative sex, with him pounding me. We’d previously discussed taking it slow, since I hadn’t been fucked in a while, but that didn’t really happen. He hadn’t even finished prepping for me to fuck him. I made moves to fuck him, but he shied away because of problems douching. Typical. (Pan’s diary)

Here, Pan references some previous communication with fuckboi, where the two discuss taking time to build up to penetrative (anal) sex. Like with fuckboi’s expressed reluctance to take GHB during sex, this could be interpreted as a sexual boundary, where Pan agrees to sex with fuckboi on the condition that they ‘take it slow’. But according to Pan, this does not happen, which demonstrates that even explicit verbal communication prior to sex taking place cannot guarantee the encounter will unfold exactly as discussed. Pan continues:

I think we went for four rounds. I think I came three times and him the same. The details are murky about when the next bit happened. I do recall being mid-coitus with him inside me, and the fact that I'd brought G came into conversation. He was really down for it while he was fucking me. I believe he talked about how slutty it would make him/us. Then he came. We rolled off each other and had something to drink. I suggested we have a shot [of G] and surprisingly, given that he had been down for it 5 minutes ago, declined. It was like there was some kind of charmed circle drug thing that existed for him, only the boundaries shifted after orgasm. It was weird.

*It wasn't weird enough to not have another few goes of it. I think the G might have come up again during the second/third round. We didn't end up taking any at any point, however.
(Pan's diary)*

At some point during sex, Pan makes it known that they have brought GHB with them. From Pan's perspective, fuckboi seems 'down' to take GHB, at least in the lead up to him having an orgasm. fuckboi talks about how 'slutty' taking GHB would make himself and Pan. We can thus see how the introduction of GHB into the sex-on-drug event transforms Pan and fuckboi into something other, something sluttier, which resonates with Dennis' observation that in her participants' experiences, '[drug-related] affects could be actualised without the drug itself being consumed' (Dennis, 2019, 158). Pan's experience thus calls into question presumed clear boundaries between sobriety and intoxication, and human and drug, which has important implications for our thinking around capacity and consent. Mainstream approaches to these concepts are reliant upon our ability to draw clear boundaries between discrete categories (i.e., sober, intoxicated, and incapacitated states) and then apply them to human bodies as needed, for example in cases of drug-facilitated sexual assault (Ullman, Callaghan and Lorenz, 2019). But as Pan's experience makes clear, bodies can never fully correspond to these categories in practice (Malins, 2004).

The above extract also demonstrates how boundaries can shift during sex-on-drug events. During sex, Pan suggests that they and fuckboi take GHB together, and it seems that fuckboi agrees. But after orgasm, fuckboi's boundaries appear to 'shift' (to use Pan's words), and he does not accept a shot of GHB when offered. While drug intoxication is generally thought to alter a person's sexual boundaries by loosening their inhibitions (Race *et al.*, 2022), Pan's experience demonstrates that the reverse can also be true, where engagement in sex can make someone more or less likely to want to use drugs. I reflect on the wider significance of this point in the 'Concluding thoughts' section of this chapter by considering the implications for sexual health/drug-related interventions.

CONCLUDING THOUGHTS

This chapter has drawn on the notion of boundaries to aid analysis of four participants sex-on-drug experiences, which has been productive in multiple ways. First, it has demonstrated how drugs can be relevant to the boundary work of romantic/sexual relationships (Anderson, Reavey and Boden, 2019; Aldridge, 2020). Libby, Wilber, and Phil all described conversations with romantic/sexual partners that took place while under the influence of drugs, including about relationship status, the kind of sex acts they would like to engage in, and their thoughts/feelings around previous sexual encounters. Drug practices and experiences are thus materially entangled with sex and relationships, which is an important insight that must underpin any attempt to intervene with drug use that takes place in the

context of romantic relationships/sexual encounters. As Libby's story showed especially, connections between people can feel fragile, and it can be through mutual connections to drugs (including the processes of obtaining them) that boundaries of relationships can become more clearly defined. Rather than assuming this to be negative (e.g., as enabling), I argue we should view this as we would other mutual connections in relationships (e.g., shared hobbies, shared friends, shared material circumstances). Assessments can be made, but only through an analysis of the bodily potentials that are opened up or blocked (Malins, 2004).

The analysis presented in this chapter has also problematised the mainstream assumption that drugs alone have the power to alter a person's sexual boundaries, causing them to act in ways that they would not when sober (e.g., by engaging in 'risky' sexual practices or not complying with safe sex guidelines). First and foremost, this point of view assumes a clear boundary between sober and intoxicated states, which Pan's experience of having sex with fuckboi and suggesting they take GHB demonstrated is not always distinguishable in practice. As indicated by the role of GHB in Pan's story, the affective capacities of drugs do not always require consumption to actualise (Dennis, 2019, 158). We must then be attentive to the ways that drugs can affect the other entities that make up sex-on-drug events without assuming that they must be consumed by human bodies to do so.

The blurring of boundaries between intoxicated and sober states also has important implications for how we think about sexual violence prevention in certain settings. If, as sexual violence prevention discourse suggests, we are concerned about the 'impairing' effects of drugs on a person's cognitive, physical, and communicative capacities (and thus their ability to consent to sex or decline/resist sex they do not want to have), does this then mean we should be concerned about any situation where drugs might be present (materially or discursively), even if they are not being consumed? The answer is we already are. For women in particular, entering any space associated with drug consumption (e.g., a nightclub, a bar, a festival) is regarded as a risk because of the potential for drug-facilitated (or as I prefer, drug-related) sexual violence. Women's experiences of these spaces thus emerge in relation to these perceived and actual risks, including their experiences of drug consumption. The threat of 'spiking' is a clear example of this, as it inevitably affects people's behaviours and movement within nightlife spaces, for example by never leaving drinks unattended, not allowing 'strangers' to purchase drinks, staying home rather than going out (see Brownson (2021) reporting on the 'Big Night In' campaign). My point here is that if we are truly invested in enhancing bodily capacities for action (as I have argued throughout this thesis that we should be), we must be mindful of the ways our desire to keep individuals safe from drug-related/sexual harm can in fact be restrictive insofar as it in itself is a part of the world, and can, as any other body, form connections that are limiting/life-reducing.

As well as presuming clear boundaries between sober and intoxicated states, the assumption that drugs alone can be held responsible for altering a person's sexual boundaries limits our understanding of how 'disinhibition' emerges in particular time/space configurations. In Chapter 3, I argued that affording too much responsibility to drugs in the playing out of sex-on-drug events (especially those deemed assaultive) ultimately obscures other relevant aspects of the event that may well hold useful explanatory power. A similar argument can be made here, which is that disinhibition/shifts in sexual boundaries should be considered in relation to the wider sex-on-drug event, rather than regarded solely a result of drug consumption (Race *et al.*, 2022). Libby's diary entry analysed above provides an example of where this is useful. In describing an occasion where she violated a sexual boundary agreed

with her primary partner by not using a condom when having sex with another person, Libby noted a desire to invoke a kind of ketamine-induced disinhibition as an 'explanation' for her behaviour. But even for Libby, this explanation was inadequate, especially because she went on to violate the boundary again the following morning when she was no longer feeling the effects of ketamine.

Pan's experience with fuckboi also complicates the assumption that drug intoxication alters a person's sexual boundaries by demonstrating an instance where the reverse was true (where fuckboi's boundaries around using GHB were altered during sex). This indicates that a person's drug-related boundaries and sex-related boundaries should not be thought of in isolation from one another in the context of sex-on-drug experiences. Because they are deeply entangled and emerge in relation to specific time/space configurations, our interventions (e.g., via sexual health services, drug services, public health messaging) cannot focus on one in isolation from the other. This is supported by existing research that advocates for 'joined-up' policy initiatives that engage with both drug use and sexual behaviour, which at present remain limited, at least beyond chemsex settings (Khadr *et al.*, 2016, 10).

The analysis conducted in this chapter has also provided support for the events-based approach I have taken to considering the ethics of sex-on-drug events throughout this thesis. In relation to Libby's story, thinking with Karen Barad's (2007, 2014) notion of 'cuts' was especially productive in revealing what might be lost in the making of 'consensual sex' as an object of investigation (discussed especially in analysis of Libby's story). As noted by Fischel (2019), the concept of consent restricts the temporal and spatial parameters of discussion by incentivising us to think about a moment (or moments) in time in relation to particular people. Through consent then, boundaries are drawn around what is deemed relevant to the ethics of a sexual encounter. By contrast, my events-based approach allows me to engage with each sex-on-drug event on its own terms. Rather than asking pre-determined questions of the event (e.g., did [person] consent to sex? Did [person] have the capacity to consent to sex?), I have been able to remain open to unanticipated questions/issues relevant to the ethics of sex that arise through specific time/space configurations. Examples of such questions/issues include: the extent to which people who are not physically present during a sex-on-drug event nevertheless have relevance to the ethics of it (Libby's story); the ways that violations emerging from sex-on-drug events are not limited to violations of consent (Libby's story, Pan's story, Wilber's story); and the ways that sexual desires and boundaries can emerge/shift during sex-on-drug events (Phil's story, Pan's story).

CHAPTER 6: CONCLUSION

To reflect on the contributions this thesis makes, I ground my conclusion in a discussion of community-led approaches to sexual violence prevention. First, I provide an example of this kind of sexual violence prevention in practice, which I discuss in relation to the key conclusions arising from chapters 3, 4, and 5. The reason I include an example is to make more concrete what an approach to sexual violence prevention that aims to enhance bodily capacities for action can look like. Following this, I broaden my focus to consider the contributions this thesis makes in relation to law and policy around drugs, intoxication, and sex. I focus for the most part on mismatches between consent culture and related laws/policies – for example the ‘affirmative consent’ policies that are increasingly being adopted on university campuses that emphasise the importance of sobriety (Halley, 2016; Fischel, 2019) – and individuals’ lived experience of sex on drugs. To finish, I reflect on future directions for research, and advocate for ethnographic studies that have the capacity to generate insights into ways that individuals/communities already care for themselves and others in sex/drug-related contexts, which can then form the basis for the development of larger-scale interventions that are sensitive to the needs arising from specific time/space configurations.

A COMMUNITY-LED APPROACH TO SEXUAL VIOLENCE PREVENTION

While in the process of writing up this thesis, I started working as a welfare officer for a club night called ‘Riposte’ held in East London. Riposte describes itself as an ‘art rave’, which showcases artists and DJs who are part of the LGBTQIA+ community (Riposte, 2022). Riposte usually has room separate to the main space that functions as a ‘playroom’ (sometimes referred to as a ‘darkroom’) where attendees can go if they want to have sex. Though Riposte does not describe itself as a sex party, the organisers recognise that sex is often part of a nightclub experience, and so the goal is to provide a space where partygoers can access things that have the potential to reduce sex-related harms, such as condoms, lubricant, safe(r) sex and harm reduction messaging, and the presence of welfare officers.

The employment of welfare officers at nightlife events is not limited to Riposte. At the time of writing, multiple other events/venues across London employ welfare officers, including: a ‘queer rave’ called Crossbreed (Crossbreed, 2022), a venue called Dalston Superstore (Dalston Superstore, 2022), and a venue called Fold (Fold, 2022). There is also a London-based organisation of welfare officers that events/venues can hire called ‘Safe Only Ltd.’ that describes itself as:

A not-for-profit, peer led team of queer nightlife angels, raising the standard one party at a time.

You've seen us on the door. You've seen us working the bar. You've seen us serving welfare realness. You've seen us on the dancefloor.

You know us and we know you ❤️

Our community deserves more from the party planners! We deserve to be looked out for by people who know what we need, who we are, what makes us thrive!

We're done with impersonal security that has no stake in our community's joy. We're done with hiding from management because we're scared of being kicked out. So we're bringing you

the all inclusive security/welfare/harm reduction team of your dreams - hot AF, fully trained, and at your service. (Safe Only Ltd, 2022)

As seen above, the notion of community is central to the ethos of Safe Only Ltd. As self-proclaimed members of the queer nightlife community, Safe Only Ltd understands what is required to keep themselves and others safe. And more than that, they have a 'stake in [their] communities' joy'. Already, we can see how the notion of enhancement underpins this talk ('we deserve to be looked out for by people who know [...] what makes us thrive!'), which reflects the approach to sexual violence prevention I have advocated for throughout this thesis (one that aims to empower bodies by enhancing their capacities for action). To make clearer the connections between key conclusions arising from this thesis and the work of welfare officers in nightlife settings, I now set out what this kind of work involves in more detail by drawing on my own experience of working as a welfare officer for Riposte.

RIPOSTE

At Riposte, the task of a welfare officer is to keep party attendees as safe as possible. At any Riposte event, there are between 6-8 welfare officers, some of whom are stationed in particular places (e.g., a dancefloor, the playroom, the chill space), and some of whom roam around the venue checking for people who seem overly intoxicated and/or in need of assistance of some kind. In the playroom, welfare officers enforce the playroom 'rules' (e.g., no using phones, no cameras), intervene in situations where it seems as though someone might be being taken advantage of, and distribute items like condoms and lubricant as needed.³¹ Sometimes, a playroom user might seek out a welfare officer themselves, for example if another attendee is making them/someone else feel uncomfortable, or if they require condoms/lubricant, etc.

All welfare officers are individuals who, prior to starting the job, attended Riposte events. All are queer, and many are trans/gender diverse and/or people of colour. Like the example of Safe Only Ltd. discussed above, all consider themselves to be part of the 'community' Riposte events cater to (i.e., London-based queers who love techno). This is important for multiple reasons. First, it means that each welfare officer is familiar with the kinds of drugs that tend to be used by Riposte attendees – which in my experience are alcohol, MDMA/ecstasy, ketamine, cocaine, psychedelics, GHB, and amphetamines – even if they do not use these drugs themselves (although many do). Welfare officers are thus familiar with the ways these drugs can be experienced by those who use them, which helps them to know how best to respond if someone is overly intoxicated and in need of assistance. Welfare officers generally try not to involve venue security staff in drug-related situations where possible given the venue's zero tolerance policy around drug use (Electrowerkz, 2022). This reflects wider tensions between venue staff and Riposte staff. While we aim to work as collaboratively as possible, it is clear we have different attitudes regarding the best way to deal with attendees' drug use. This was made evident when venue staff asked us to remove some posters we had placed around the venue advising individual's not to mix alcohol and GHB because of potential health risks (Pittman, 2002). Venue staff were concerned that these posters could be interpreted as encouraging GHB use, which is a common criticism of harm-reduction orientated drug policies (Christie, Groarke and Sweet, 2008).

³¹ See next page for a full list of playroom rules.

The second reason why welfare officers being part of the community Riposte caters to is important is because it means we are familiar with the norms of the space, including in relation to sex. This is especially helpful in playroom situations where there is a need for a welfare officer to intervene. Some familiarity with non-normative sex practices (sex involving BDSM/kink, queer sex) means welfare officers are better equipped to make sense of the dynamics of the sexual encounters they witness, and in turn make decisions over whether interventions are required. In a similar way, familiarity with experiences of drug intoxication is also helpful in playroom situations, as this helps us to make judgements over whether playroom users are too intoxicated to be having sex or if the type of intoxication they are experiencing is ill-suited to sex.

At Riposte, we expect people who are intoxicated from various drugs to be having sex. We know that some attendees will be using drugs, and some will be having sex, so there will inevitably be some crossover. Though we understand there is a potential for harm, it is not our intention to stop sex on drugs from happening at all – especially given illicit drugs are already banned from the venue and partygoers still use them (Marlatt, 1996). Instead, we seek to provide an environment that enhances bodily capacities for action as far as possible (Malins, 2004; Dennis, 2019), which is in line with arguments made around sexual violence prevention in Chapter 3 of this thesis. For example, because most rooms in the nightclub are very loud (including the playroom), we provide a ‘chill space’ where attendees can sit down, rest, and chat with others. This opens possibilities for communication, which would be challenging without this space. Another way in which the chill space opens possibilities for communication is through lighting. In the rest of the venue (e.g., dancefloors, the playroom), it is either very dark or there are flashing (sometimes strobe) lights, which makes it difficult to communicate via facial expressions. Again, the chill space allows for both verbal and non-verbal communication by providing a well-lit area for attendees to use as and when they need.

In addition to the above, one or two welfare officers always stand at the entrance to the playroom, ensuring those who enter have read the ‘rules’ of the space. This means that potential playroom users are required to take a moment to read and reflect, which opens possibilities for alternate choices (e.g., to not go into the playroom, to go to the playroom at a later time) to be made. Rules are printed on A3 size paper and stuck up next to the playroom entrance. Riposte also posts an infographic detailing these rules on their Instagram account in the days prior to the event to give as many attendees as possible a chance to see it (Riposte, 2022). The playroom rules are:

PLAYROOM RULES:

*Above all, **consent is key**. If at any time you feel like your consent has been violated please immediately inform the harness-wearers/welfare team who will be monitoring the playroom so we can keep you and other guests as safe as possible.*

- *Do not touch people without explicit consent*
- *No phones nor cameras allowed inside*
- *Be mindful of staring/looking, seek permission verbally or visually first*
- *If you see that you make someone uncomfortable, step back*
- *Read the room and respect boundaries*
- *Be mindful of the space you take and make sure to create a welcoming space for all – especially trans people and fem people*
- *Solo jerk and solo people are welcome if they are extra careful of consent*

We take the safety of everyone in the playroom very seriously and have a 0 tolerance policy on any forms of consent violations. Anyone found in breach of this will be asked to leave the playroom, and potentially banned.

Because assault and sexual harassment is so normalised in the outside world, we have a tendency to normalise/internalise events that make us feel violated.

If you experience something slightly uncomfortable and are feeling a bit confused, do not hesitate to speak to one of the welfare staff, who are located all over the venue, both inside and outside the playroom.

We would rather hear your experience, big or small, and make sure you're okay and make sure the space is safe, rather than you going home feeling violated and/or confused. (Riposte, 2022)

In Chapter 4, I argued that we need to be creative in our approaches to sexual violence prevention by recognising the molar, territorialising flows of affect (for example hegemonic discourses of 'masculine' and 'feminine' sexualities, prohibitionist drug policies) that impose order by producing 'categories of bodies, roles and subject-positions' (Fox, 2013, 500) and defining what bodies can and cannot do (Fox and Alldred, 2013), while also attempting to increase good, life enhancing bodily connections (for example to alternate discourses and policies) and produce 'lines of flight' where possible (Deleuze and Guattari, 1987, 508). The goal of doing so is reflected in the ways Riposte attempts to introduce alternate discourses around sex/sexuality to their events in the 'Playroom rules' cited above. It is particularly notable that these rules highlight the way that sexual violence is so 'normalised in the outside world', which means active work must be done to resist the urge to 'normalise/internalise events that make us feel violated'. This is then reinforced by the presence of welfare officers at the event itself, who are there to (among other things) respond to feelings of violation as and when they arise, which also demonstrates the ways that discourse (playroom rules) and matter (welfare officers) are 'cut together-apart' as they emerge as bodies-in-events (Barad, 2012).

Also important in the rules cited above is the centring of trans and femme bodies. As discussed in Chapter 4 of this thesis, vulnerability (as a general sense of openness to affecting/being affected) can be experienced unevenly, with the most marginalised bodies generally affected disproportionately by its exploitation while also being denied recognition of a vulnerable status where they do not appear as 'normative victims' (Cunniff Gilson, 2016, 86; see also Ahmed, 2014). That Riposte makes a specific request to those who are not trans or femme to create space for and be welcoming of those who are indicates a recognition of the fact that 'to be feminine or femme is to negotiate 'the possibility of attack' on a daily basis in a patriarchal world' (Dahl, 2017). It also recognises that the vulnerability associated with being femme/trans is restrictive in the way that bodies categorised as such can move and be in the world (Ahmed, 2014; Todd, 2021). Rather than defaulting to advising femme/trans individuals to take care (of themselves) and to stay aware (for example by not becoming overly intoxicated), the onus is placed on others to 'create a welcoming space'. Again, this is in line with arguments made in Chapter 4, where responsibility for enacting care (as a shared practice of empowerment) is distributed among the bodies that make up nightlife events (including clubgoers, welfare staff, discourses, and immediate material contexts).

In addition to the above, the very presence of welfare officers at Riposte provides an alternative to club security staff and law enforcement for dealing with any drug-related issues that arise. This is

especially important considering analysis of Sarah's story in Chapter 4, where her connections to bodies of law territorialised her own body into a narrower range of capacities, meaning (among other things) that she was unable to seek support or report her rape to the two police officers she was speaking to the morning after the event occurred. If welfare officers had been present at some point during the sex-on-drug event Sarah described in her diary, things would likely have played out very differently. However, this is not to suggest that the presence of welfare officers would have definitely prevented Sarah's rape from happening. As my events-based analysis has revealed time and again, the affective capacities of bodies (including welfare officers) can only be 'known' through their connections to the wider event (Race, 2014). While we as researchers can and should speculate about the impact the introduction of bodies to events might have, we cannot assume that an intervention (e.g., the employment of welfare officers) that was apparently effective in one context will be similarly effective in another (Dilkes-Frayne, 2014; Race, 2014). Further research that ethnographically engages with sex-on-drug events (including, I argue, around the use of welfare officers in nightclub settings) is needed in order to make such claims. I touch again on avenues for future sex-on-drug related research in the following section of this chapter.

IMPLICATIONS FOR POLICY/PRACTICE

In the previous section, I set out what an approach to sexual violence prevention underpinned by the ethos of enhancing bodily capacities for action can look like in practice. In doing so, I demonstrated the links between the key conclusions arising from this thesis and the ways that welfare officers attempt to keep clubgoers safe from drug/sex-related harms. By including this example, my goal was not to suggest that this particular approach will be effective at enhancing bodily capacities for action in all spaces and at all times. Indeed, the analysis presented in chapters 3, 4, and 5 demonstrated the need for 'situated, specific, and speculative' sexual violence prevention interventions that emerge from the lived experience of a diverse range of bodies (Dennis, 2019, 165; see also Serisier, 2013; Aldridge, forthcoming). We must be creative and flexible in our approaches, thinking beyond predefined ideas of what 'works' (e.g., affirmative consent policies, emphasising the importance of 'sobriety' for safe sex, criminalising drugs, advising women to be careful while on nights out, advising against sex on drugs altogether), and indeed begin to understand these ideas as part of the world with affective capacities just like any other body, in order to actively 'engage with bodies and problems as they emerge' (Dennis, 2019, 195; see also Aldridge, forthcoming).

While I do not wish to advocate for the use of welfare officers as a form of sexual violence prevention unless it appears suited to the needs of communities arising from specific time/space configurations, I do wish to emphasise the community-led dimension of this approach and consider how this might inform interventions in other places and at other times. As set out in the introductory chapter to this thesis, community-led (or sometimes community-based) approaches to violence prevention are understood to: 1) shift the emphasis from individual actors to communities, and 2) remind us that communities themselves 'are spaces where interventions can be imagined, initiated, and implemented' (Kim, 2018, 227). This kind of 'bottom-up', situated approach resonates with many of the key conclusions of this thesis, especially those emerging from Chapter 4 around care as a shared practice of empowerment.

Following Dennis (2019), I understand the concept of 'empowerment' as relating to bodies' capacities to affect and be affected through their relationality: '[d]isempowerment occurs where these

potentials are reduced or 'blocked', whilst empowerment occurs where these are enhanced' (Dennis, 2019, 189; see also Malins, 2004; Duff, 2014). If our approach to sexual violence prevention is underpinned by the goal of empowering bodies through increasing good, life enhancing connections (as I believe it should be), this must start from a rejection of the idea that bodily connections to drugs are inevitably disempowering and thus dangerous in relation to sex. This in turn directs us away from strategies/interventions/policies that centre on either advising against the use of drugs with sex altogether or minimising this use at the very least. Throughout this thesis, I have demonstrated the ways that sex-on-drug events can come together that enhance bodily capacities for communication, for presence, for pleasure, and for connection (see for example Mia, Kula, Phil, and Pan's stories in chapters 3, 4, and 5). This was especially striking in Sarah's (Chapter 4) description of using cannabis to help her enjoy masturbation following multiple experiences of sexual violence and related ongoing trauma. We must take these experiences seriously if we are to engage with the 'vast array of life-affirming reasons why people use drugs', and why people use drugs with sex (Dennis, 2019, 125).

While connections to drugs are not inevitably disempowering, there is of course a vulnerability that flows through sex-on-drug events that must be acknowledged. However, my analysis in Chapter 4 has shown that this vulnerability does not belong to any one individual body (as mainstream understandings of the concept would have us believe), and thus is not something that can be 'eliminated' by ideas of sobriety, autonomy, strength, and resilience (Cunniff Gilson, 2016). If invulnerability is no longer sought after as a possibility, we can more realistically conceive of strategies/interventions/policies that seek to reduce sex/drug-related harms and enhance the potential for good. Reconceptualising vulnerability as a kind of openness to affecting/being affected (including but also beyond being affected by drugs) demonstrates the way we are all implicated in the potential for the dis/empowerment of others, and thus are collectively responsible (Barad, 2007; Puig de la Bellacasa, 2017; Dennis, 2019).

Ideas of collective responsibility (involving human and nonhuman bodies) are already reflected in some existing approaches to sexual violence prevention, such as ecological models of bystander intervention (Banyard, 2011; McMahon *et al.*, 2022). At present though, these kind of approaches tend to be limited to higher education contexts such as university/college campuses (Gidycz, Orchowski and Berkowitz, 2011; Fenton *et al.*, 2015; Kleinsasse *et al.*, 2015). While there is evidence that ideas underpinning bystander intervention are used in some other contexts (see for example the Transport For London (TFL) campaign aiming tackle sexual harassment on their services (TFL Community Team, 2021)), there is a clear need for notions of collective responsibility to be introduced earlier/more widely (i.e., prior to and outside of university), and for consideration to be paid more consistently to the roles played by nonhuman bodies, like space, resources, ideas and discourses. This is in line with conclusions arising from Chapter 4, where I argued that one way of enhancing bodily capacities for action is through the introduction of alternate bodies (e.g., different ideas about 'masculine' and 'feminine' sexualities, welfare officers in nightclubs, different drug policies) to sex-on-drug events. Connections to these can create lines of flight – 'momentary transformations, temporary movements that fly away from normativity' (Cano Abadía, 2021, 104).

The above point around collective as opposed to individual responsibility is especially important given the tendency for sexual violence prevention discourse/policy to afford a great deal of power and responsibility to drugs in the playing out of sexual encounters – especially those that involve sexual violence (Amara, 2014). As I argued in chapters 3 and 5, this is reflected in the popularity of the phrase

drug-facilitated sexual assault (DFSA) to refer to any instance of sexual assault/rape where the victim was intoxicated from drugs. It is also reflected in the language of the Sexual Offences Act (2003, s.75) where it describes an incapacitated person as someone who has been ‘stupefied’ or ‘overpowered’ by drugs. Through a collective responsibility, we can consider the role of bodies including but also beyond drugs in bringing about dis/empowerment (e.g., city/town infrastructures, environments, discourses, ideas, humans, communities, resources) and thus have more to work with when we imagine how sex on drugs (and indeed sex more generally) could be made better (Banyard, 2011; McMahon *et al.*, 2022).

WHAT COMMUNITY-LED APPROACHES MEAN FOR INDIVIDUAL RESPONSIBILITY

Following my discussion of (and advocacy for) community-led approaches to sexual violence prevention that centre on a collective responsibility, it is necessary to reflect in more depth on the implications of this for the individual, and in particular the notion of individual responsibility. Over the past few decades, there has been a necessary backlash against a widespread culture of ‘victim blaming’ (Mantak, 1995; Bindel, 2010; Rentschler, 2015), which in the context of sexual violence refers to when individuals who are sexually harassed, assaulted, or raped are held in some way responsible (Randall, 2010). Common examples of victim blaming include: the idea that the way a person is dressed might provoke sexual violence; the view that a person must ‘fight back’ during a sexual assault/rape in order for it to be understood as such; or the idea that a person who chooses to become very intoxicated and is then assaulted/raped is responsible for what happened (Rape Crisis, 2023). A key argument made by scholars/activists working to challenge ideas of victim blaming is that by focusing on victim’s behaviour in instances of sexual violence (the way they dressed, the drugs they chose to take), we divert attention from holding the person who caused harm responsible and thus accountable for their actions (Not Ever, 2023; SACE, 2023). This argument is reflected in some recent sexual violence prevention campaigns (e.g., the ‘Don’t Be That Guy’ campaign by Police Scotland) that target the behaviour of potential perpetrators of sexual violence rather than potential victims.

The reason I raise this point is because a similar criticism (i.e., attention being shifted from perpetrators of sexual violence) might well be made of my own decision to take the sex-on-drug event as a primary unit of analysis when considering the ethics of sexual encounters, rather than the individuals or the drugs involved. In Chapter 3, I described how such an approach requires a shift from conventional sociological understandings of human agency where individuals are seen as in control of their own actions, to a more relational ‘capacity to affect and be affected’ that is afforded to all bodies, human and otherwise, and emerges through ‘intra-action’ (Barad, 2007; Dennis, 2019). Because conventional notions of human agency are so closely linked to responsibility – if individuals do choose/control their own actions, then it follows that they are responsible for these actions and their outcomes/consequences (Moretto, Walsh and Haggard, 2011) – rethinking agency necessitates a rethinking of responsibility.

The analysis presented in chapters 3, 4, and 5 of this thesis is underpinned by the idea that a body’s capacity to affect and be affected is relational, and so any ‘control’ individuals may or may not feel in relation to their sex/drug practices must always be considered in connection to other bodies (Dennis, 2019). An example of this is the way that some participants in this study (e.g., Libby, Sarah, Spectre) felt unable to say no to sex they did not want to have, though each for very different reasons. To focus on Sarah’s story in particular, disempowerment (understood as a reduction in her bodily capacity to

affect and be affected) emerged through her connections to space, bodies of law, gendered discourses, drugs, a security camera, prohibitionist drug policies, police officers, club security, a lack of financial resources, and the man who raped her. So, rather than being localisable in any one body, 'responsibility' for the playing out of this sex-on-drug event is distributed (to a greater or lesser extent) across a range of human and nonhuman bodies – a framing that some might understandably see as diverting attention from the task of holding Sarah's perpetrator responsible and thus accountable (whether legally or socially) for his choices and actions.

In response to this, I return to points made in the introductory chapter of this thesis. As argued by Lola Olufemi, locating 'responsibility' for sexual violence in any one individual body (for example the man who raped Sarah) risks individualising the problem of sexual violence rather than 'connecting patterns of harm to the [cultural, social, and material] conditions in which we live' (2020, 110; see also Gavey, 2018). And while focusing on ways individuals who perpetrate violence can be held accountable for their actions is undoubtably a necessary task, so too is speculation about the ways these actions are made possible (or 'scaffolded', to use Gavey's term) by the wider conditions (or as I prefer, events) in which they occur. This gives us more to work with when thinking about prevention. It also empowers communities by harnessing and enhancing the affective capacities of their knowledges and practices – 'communities are [...] sites for prevention, intervention, and transformation, spaces where interventions can be imagined, initiated, and implemented' (Kim, 2018, 227).

At the same time, there are challenges to an events-based approach. The spatial and temporal scope of a sex-on-drug event means that decisions must be made about where to invest focus and energy, and with so many bodies and connections, it can be difficult to know where to start. Moreover, the specificity of sex-on-drug events makes it hard to conceive of interventions that have broad applicability (for example both in and outside of nightlife settings, or across geographical contexts). But these challenges are also calls to action: '[r]ather than having predefined ideas of how to care and what is best for people [...], we must actively and speculatively engage with bodies and problems as they emerge' (Dennis, 2019, 195).

A final point to note is that viewing responsibility as distributed among bodies encourages us to hold some of it for our own. The prevalence of sexual violence means the majority of us as bodies-in-the-world have formed parts of events in which this kind of violence has occurred, even if we would not be considered 'perpetrators'. Understanding care as a shared practice of empowerment means we are all implicated in the (co-)creation of collective tools and visions for the future, where sex on drugs is as good as we make it.

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Press.

APPENDICES

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APPENDIX A: PARTICIPANT INFORMATION SHEET



Participant information sheet

My name is Alexandra Aldridge, and I am a PhD student at Royal Holloway, University of London. I am researching people's experiences of having sex on drugs as part of my PhD studies. Below you will find information about my study to help you decide whether you'd like to participate.

Who can take part?

I am currently recruiting participants to write about 2-3 of their experiences of sex on drugs in a diary (diary provided) and then to take part in an interview. **To meet the criteria for involvement, you will need to have had sex on drugs at least 5 times in your life.** By drugs, I mean things like alcohol, cannabis, MDMA/ecstasy, cocaine, GHB, LSD, magic mushrooms, etc. Every experience is equally interesting and valuable, whether it be in the context of long-term relationships or more casual encounters.

Do I have to take part?

Taking part in this research is entirely voluntary, and you have the right to withdraw your data **up to one-month post-participation**. If you choose to withdraw, please let me know via email and I will delete all your data permanently.

What does participation mean in practice?

If you agree to take part, I will provide you with either a physical paper diary, or a password protected diary template by email. Diaries will contain detailed instructions for your diary entries. You'll be writing about things like where you had sex, who you had sex with, what drug (or drugs) were involved, and to what extent you enjoyed the experience.

Because of COVID-19, I know that opportunities for sex on drugs are less frequent. Because of this, you can either write about sex-on-drug experiences going forward, as they happen, or you can write about experiences that happened in the past. The more recent, the better – mostly because you will be more likely to remember details about what happened.

After you have completed your diary entries (you can take up to 2 months to do this), you can send it back to me. I will read your diary entries, and then ask you to take part in an interview. The interview can happen via Zoom/Skype, by phone call, or through a (secure) messaging app such as Telegram or Signal. I will ask your permission to audio record/copy and paste the interview depending on what platform we use. The interview will depend largely on what you write in your diary, but it is likely that I will ask you for more details about your experiences (e.g., details about the place in which it happened, details about what made it good, or what made it bad, etc.).

Risks/disadvantages of participating:

There should not be any risks in taking part. However, it may be that you feel you don't want to answer certain questions or decide that you no longer want to take part in the research. If this is the case, you are free to withdraw up to one-month post-participation, as mentioned above.

There is a possibility that during the interview certain issues may be raised that you may find distressing. We can discuss whether you want to continue with the interview or not. I can also refer you to any appropriate follow up support.

Benefits for participants:

I cannot promise that this research will help you directly, although most participants report enjoying the process! However, the information you will provide by taking part will help to further understanding of individuals' combining of drug use and sexual activity, and this is an area that is not well understood. I also plan to create a summary of my findings which I will make available to all interested participants.

Privacy/confidentiality

I am aware that sex on drugs is a sensitive subject. Because of this, I am taking strict measures to protect your anonymity. The first is in connection to your diary. **I ask that you do not write your real name, anyone else's name, or any other obviously identifying information anywhere in the diary.** Once you have returned your diary, I will double check that it does not involve any identifying information and then store it securely in line with Royal Holloway's data management policies. Your interview will take place with me and will be transcribed by me. While transcribing, I will remove all identifying information. I will then delete the audio recording (if there is one) and again store the transcript securely in line with Royal Holloway's data management policies. I am also taking steps never to collect any identifying information about any of participants (beyond basic demographics). You will be given a pseudonym, and I will not take note of your real name anywhere at any time.

The information you provide will normally be kept completely confidential unless the researcher is concerned about your welfare. In this case, the researcher would discuss with you an appropriate follow-up response.

How will my data be used?

Your diary and interview data will be used in the write up of my PhD thesis, other academic publications, conference presentations, and other research outputs (e.g., workshops, seminars). Anonymised data will only be accessed by those involved in analysing it. Direct quotes may be used but you will not be identifiable.

.....

Alexandra Aldridge, PhD Candidate, Department of Law and Criminology

Twitter: <https://twitter.com/alexcaldridge>

[https://pure.royalholloway.ac.uk/portal/en/persons/alexandra-aldrige\(6d33e5be-25e7-47f3-99bb-9c0d4087005b\).html](https://pure.royalholloway.ac.uk/portal/en/persons/alexandra-aldrige(6d33e5be-25e7-47f3-99bb-9c0d4087005b).html)

APPENDIX B: TRANSCRIPT OF OBTAINING VERBAL CONSENT

Interviewer: [Interviewer obtains consent to start recording the interview]. Ok cool it's recording now. Just before we start, I'm just going to give you a quick run-through of the bits of info you need to know. Most of this will have already been covered by the information sheet, but I'll also do this to remind you. Um... so what I'm going to do with the recording, once this is finished, is in the next day or two, or week or two, is transcribe it. And when I transcribe it, I'll remove anything identifying, like names and places, that kind of thing. So, they just won't be in the transcript at all. And then when it's finished being transcribed, I'll delete the audio file, so that won't exist anymore. And I'll store the transcript in the same way that I do your diary, so in a password protected folder on my computer. And none of those have any identifying information in them. And... I might use quotes, well, it's very likely that I will use quotes from your diary and your interview in the write up of my PhD, and in journal articles, and stuff like that. Also, things like conference presentations, and workshops. Um... but again, you won't be able to be identified from that. I'll always use your pseudonym and remove anything else that could be identifying. How does that sound to you?

Interviewee: Yeah, yeah, all sounds good.

Interviewer: And the last thing I should tell you about your data and privacy, is that it may be that I collaborate with other researchers on joint projects, in which case I might share diary entries or interview transcripts with them. But again, it would only be the anonymised versions. No one will ever hear like the raw recording of the interview or anything like that, that's just between you and me.

Interviewee: Ok yeah, that makes sense.

Interviewer: Do you have any issues with any of that? Or any questions you want to ask?

Interviewee: No, that all sounds fine.

Interviewer: Ok great. And if at any point during the interview I ask you any questions you don't want to answer, or you want to stop the interview at any time, that's always fine. You don't need to give me an explanation.

Interviewee: Cool, yeah, that sounds good.

APPENDIX C: HANDWRITTEN DIARY INSTRUCTIONS

What should I write about?

I'd like you to tell me the stories of some of your experiences of having sex on drugs. By sex, I mean things like masturbation, kissing, touching, oral sex, penetrative sex, etc. By drugs, I mean things like alcohol, cannabis, MDMA/Ecstasy, 2c-b, GHB/GBL, LSD, magic mushrooms, amphetamines (e.g., speed), crystal methamphetamine, cocaine, etc.

Please write about at least 2 separate occasions, though you are very welcome to write about more if you'd like. **When you are writing, imagine that you are telling me a story.**

Where and when should I write the diary?

Try to write the diary as soon as possible after the experience (e.g., the same day, the next day) so that you don't forget how you felt and what you did. Feel free to write your diary entries while still under the influence of drugs.

What should I write about?

Here are some questions/prompts to help you think about what to write:

- Where were you when having sex? Include all places if you had sex at more than one
- What is your relationship with the person/people you had sex with?
- Was the sex planned/prepared for? If so, how?
- What drugs did you take? When did you take them? Where did you take them? With whom did you take them?
- Did you have a good/bad time? Please give some details about what made the experience good/bad.
- Do you think the person (or people) you had sex with had a good time? Why? Why not?
- How did the drugs affect your sexual experience (e.g. arousal, orgasm, other sensations)?
- How did the sex affect your drug experience?
- Was anyone else around while you were having sex? If so, who?
- What were you doing before you had sex?
- What did you do after you had sex?

You are not restricted to writing. I also encourage you to draw, particularly if it helps you to convey any feelings/sensations you have experienced during sex on drugs.

What should I leave out of the diary?

Please do not write your name anywhere in the diary. If you refer to anyone else in the diary, please use a fake name.

How much should I write?

Please write **at least a paragraph per sexual encounter**, but you can write much (much!) more if you like, there is no limit! Providing details of your experience will be extremely helpful for me, and useful for our follow-up interview.

Thank you very much for taking part! Your time is very much appreciated.



What should I write about?

I'd like you to tell me the stories of some of your experiences of having sex on drugs. By sex, I mean things like masturbation, kissing, touching, oral sex, penetrative sex, etc. By drugs, I mean things like alcohol, cannabis, MDMA/Ecstasy, 2c-b, GHB/GBL, LSD, magic mushrooms, amphetamines (e.g. speed), crystal methamphetamine, cocaine, etc.

Please write about at least 2 separate occasions, though you are very welcome to write about more if you'd like. **When you are writing, imagine that you are telling me a story.**

Where and when should I write the diary?

Try to write the diary as soon as possible after the experience (e.g., the same day, the next day) so that you don't forget how you felt and what you did. Feel free to write your diary entries while still under the influence of drugs.

I also encourage you to write about sex on drug experiences that happened in the past, especially if you feel they were interesting and/or important to you. I am aware that during COVID-19 restrictions, there are fewer opportunities for sex, particularly if you don't live with the people you want to be having sex with! Below you will find a list of questions/prompts that will help you to remember details about what happened.

What should I write about?

- Where were you when having sex? Include all places if you had sex at more than one
- What is your relationship with the person/people you had sex with?
- Was the sex planned/prepared for? If so, how?
- What drugs did you take? When did you take them? Where did you take them? With whom did you take them?
- Did you have a good/bad time? Please give some details about what made the experience good/bad.
- Do you think the person (or people) you had sex with had a good time? Why? Why not?
- How did the drugs affect your sexual experience (e.g. arousal, orgasm, other sensations)?
- How did the sex affect your drug experience?
- Was anyone else around while you were having sex? If so, who?
- What were you doing before you had sex?
- What did you do after you had sex?

What should I leave out of the diary?

Please do not write your name anywhere in the diary. If you refer to anyone else in the diary, please use a fake name.

How much should I write?

Please write **at least a paragraph per sexual encounter**, but you can write much (much!) more if you like, there is no limit! Providing details of your experience will be extremely helpful for me, and useful for our follow-up interview.

Thank you very much for taking part! Your time is very much appreciated.

Before you begin, please provide the following information:

<i>Please choose a fake name:</i>	
<i>Your age:</i>	
<i>Your gender:</i>	
<i>Your race/ethnicity:</i>	
<i>Your sexuality:</i>	
<i>Your occupation:</i>	

You will find space for your diary entries on the following pages.

Experience 1:

[please write about your experience here]

Experience 2:

[please write about your experience here]

Experience 3:

[please write about your experience here]

Experience 4

[please write about your experience here]

Experience 5:

[please write about your experience here]

APPENDIX E: EXAMPLE INTERVIEW SCHEDULE

Intro:

- Talk through information sheet and consent form
- I'd like to know more about what kind of drugs you tend to use, how often you use them, and where do you generally use them (at home, clubbing, outside, etc.).
- Has your drug use changed during coronavirus? If yes, how?
- How did you find the diary writing process?

Experience 1:

- You mentioned that [name] was a man that you'd had a casual encounter with - can you tell me more about what you mean by a casual encounter?
- Can you tell me more about your relationship with your friend [name]?
- You said that when you got to his flat, you felt the exhilarating feeling of knowing you were going to have sex. Can you tell me more about what that feeling was like in your body?
- Can you tell me more about how you knew you were going to have sex?
- You mentioned what you and [friend's name] call the 'prebeat' - can you tell me more about what this means?
- You said that you already felt horny when watching [name] roll the joint - can you tell me more about that?
- You said that after you smoked, you felt more open to anything that might happen that night - can you tell me more about that?
- You said that 'pretty soon, you started fooling around' - can you tell me more about how the fooling around started, and what it involved?
- Tell me more about taking the cocaine - did you decide straight away that you wanted to do it? Or did you think about it a little bit?
- You said that you felt confident, and you felt sure that the others wanted you - can you tell me more about those feelings and how you experienced them, including in your body?
- What made you feel sure that the others wanted you?
- You said that you felt empowered in your movements - can you tell me more about that?
- You said that 'It almost seemed that marijuana and cocaine composed a single thread that tied our three bodies so that sensorially our experience was aligned'. Can you expand on that?
- So based on this it sounds like it was quite a shared experience between the 3 of you - can you tell me more about how you knew that the others were on the same wavelength as you?
- You described feelings of dominance during the sex - is this something that you often feel during sex? Or is it more unusual?
- And can you tell me more about what it felt like to be dominant?
- What does being dominant mean to you?
- Did you continue to take cocaine throughout the evening, or was it just the first time?

Experience 2:

- Could you tell me a little bit more about [name], about your relationship with him?
- And you mentioned you were with a girlfriend as well, can you tell me more about her and your relationship with her?
- And how about [name], what were your feelings towards her?
- When you were in the pub, you described feeling isolated in the conversation - can you tell me a bit more about that?
- You said that [name] offered you more coke when you arrived at hers, and then you started to feel less introverted and more in the mood for sex. Can you tell me more about that mood change? Was it an instantaneous mood change? Or did it happen gradually?
- You said that the cocaine helped you to shut down negative thoughts - were there any particular negative thoughts that were bothering you?
- So can you tell me more about how the sex actually started? Did you guys speak about it beforehand? Or did it just happen? Did one person kind of instigate it?
- So again, it sounds like it was a really collective experience - you said that everyone's pleasure was almost connected - can you tell me more about that?
- Can you tell me more about what kind of sex acts were happening?
- In the previous experience, you said that at least at some points you felt quite dominant - did you have similar feelings during this experience? Were some of you more dominant than others?

Last things:

- I'm interested in consent, and how people go about negotiating consent when they're on drugs. First, can you tell me how you understand sexual consent, what it means to you?
- What are your thoughts on consenting to sex when you're on drugs?
- Can we reflect on the idea of consent in relation to the two experiences we've spoken about?

- Anything else you want to add?
- Anything that you thought I might ask you that I didn't?

