

**Title: Intoxicating the ‘charmed circle’: constructions of deviance and normativity by people who combine drugs and sex**

Published in *Criminology and Criminal Justice*

<https://doi.org/10.1177/1748895820937332>

Published online: June 30 2020

**Author:** Alexandra Aldridge

Doctoral candidate

Department of Law and Criminology

Royal Holloway, University of London

Egham, Surrey

TW20 0EX

[alex.aldridge.2018@live.rhul.ac.uk](mailto:alex.aldridge.2018@live.rhul.ac.uk)

**Abstract:** Sex involving illicit drugs is currently receiving close academic attention. For the most part, research in this area is public health orientated and focuses on the experiences of men who have sex with men engaging in ‘chemsex’. In the current paper, I use in-depth interview data from fourteen participants across a range of gender and sexual identities to undertake a queer criminological analysis of sex on drugs. Taking Rubin’s (1984) foundational *Thinking Sex* as a starting point, I argue that participants’ narratives construct a sober/drug-involved sex hierarchy in which the former is afforded a higher status. I then utilise critical work on drug ‘effects’, Dean’s (2015a) work on ‘raw sex’ and notions of stigma to interrogate assumptions underpinning this hierarchy. I argue that the perceived artificial nature of intoxicated intimacy, the unmediated appeal of sober sexual intimacy, and stigma connected to certain drugs and certain sex-on-drug-practices underlie participants talk. I conclude that ‘thinking sex on drugs’ demonstrates the productive potential of criminological engagement with queer theory, and vice versa.

**Key words:** Chemsex; sexualised drug use; substance-linked sex; pleasure; queer theory; queer criminology

**Word count:** 6002

## Introduction

Has the time come for criminologists to think about sex? By sex, I do not refer to biological categories, but rather acts of sex themselves, such as kissing, touching, oral sex or fucking. Importantly, the emergence of 'queer criminology' has placed issues relating to lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals firmly on the criminological agenda. But does thinking about sexuality in relation to criminology necessarily involve thinking about sex? While one might assume the queering of criminology *requires* attention be paid to erotic practice – Gayle Rubin's (1984) assertion that '[t]he time has come to think about sex' is largely acknowledged to have inaugurated the field of queer theory, after all (Dean, 2015b, 614) – queer criminologists have, for the most part, had little to say about sex.

The lack of attention to sex is not reflected in wider criminology. Sex work, sex trafficking and sex offending are all examples of areas with substantial (often feminist) criminological engagement (e.g. Sanders, 2007; Nichols, 2016). But because this work often lacks queer analysis, constructions of sexual deviance and (hetero)normativity are left largely intact (see Wodda and Panfil, 2018). Criminological attention to sex thus perpetuates, rather than challenges, the 'lingering stigma of sexual deviance' that has so characterised the discipline since its inception (Woods, 2014, 18).

In light of this, I argue that future criminological engagement with sex would benefit from queering its framing. Far from presuming deviance, a queer analysis takes *normativity* as an object of critique (Race, 2009). In this paper, I seek to undertake a queer analysis of one particular 'deviant' sex act: sex involving illicit drugs. While existing sex-on-drug research tends to focus on experiences of men who have sex with men engaging in 'chemsex'<sup>1</sup>, this paper concerns itself with those who combine sex and drugs across a range of genders/sexual orientations.

To structure my analysis, I draw on Gayle Rubin's (1984/2011)<sup>2</sup> article *Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality*, which set out a conceptual framework demonstrating Western understandings of 'normal' and 'deviant' sex acts. 'Good' sex (e.g. heterosexual, monogamous) is sorted from the 'bad' (e.g. homosexual, inter-generational). Good sex falls within the 'charmed circle', with bad sex relegated to the 'outer limits'. Though Rubin is not a queer theorist by name, *Thinking Sex* is widely recognised as a foundational text of queer theory (Dean, 2015b). With Rubin's arguments in mind, I explore constructions of normativity and deviance in my research participants' accounts of sex on illicit drugs. I argue that their narratives reflect a hierarchy in which sober sex is more highly valued than that involving drugs. I then draw on critical work on

---

<sup>1</sup> The term 'chemsex' refers to the use of mephedrone, crystal methamphetamine, GHB/GBL to facilitate/enhance sex among MSM, often for extended periods of time and in group contexts (Bourne *et al.*, 2014).

<sup>2</sup> *Thinking Sex* was originally published in 1984. In this article, I draw on a republished version from 2011.

drug 'effects', Dean's (2015a) work on 'raw sex' and notions of stigma to interrogate assumptions underpinning this hierarchy.

## **Sex on drugs**

Sex on drugs is currently receiving close attention (e.g. Edmundson *et al.*, 2018; Stardust *et al.*, 2018; Lawn *et al.*, 2019; Maxwell *et al.*, 2019). The chemsex phenomenon is largely responsible for this attention, with sex on drugs beyond chemsex generating relatively less interest (Lawn *et al.*, 2019). Media representations of chemsex reveal a 'dark, dangerous world' (Strudwick, 2016) consisting of 'multi-day, drug-fuelled orgies' (Flynn, 2015). Mephedrone, GHB and methamphetamine turn sex into 'a marathon of Roman decadence' (Evening Standard, 2015). Public health professionals despair as patients present with 'worn out penises' (Jeans, 2016). Connections are made between chemsex and the onset/exacerbation of mental health issues (Fairman and Gogarty, 2015), paedophilia (Pennink, 2017; Spillett, 2017) and cannibalism (Baker, 2017).

Rubin's work helps make sense of these portrayals. She argues that sex outside the charmed circle has traditionally been linked to 'pathology', 'decadence' and 'disease' (2011, 147). While this resonates with media portrayals of chemsex, it extends to academic attention too. Chemsex-related scholarship frequently focuses on disease; most explicitly when links between sexualised drug use and the spread of sexually transmitted infections (often with a particular focus on HIV) are the object of study (e.g. Bourne *et al.*, 2015; Hegazi *et al.*, 2016; Prestage *et al.*, 2018; Evers *et al.*, 2019). For Rubin, these traditional ways of framing sex ultimately limit our capacity to usefully analyse any kind of sexual practice. More productive ways of approaching sex include social analysis and historical understanding (2011, 147).

Indeed, scholars with links to queer studies encourage us to think beyond paradigms that 'diagnose gay sexual cultures as pathological', and instead understand the 'long and illustrious history' of sex on drugs across genders/sexualities (Race, 2018, 130, 133). With this in mind, this paper explores individuals' experiences of sex on drugs beyond chemsex. While limited research does exist in this area (e.g. Sumnall *et al.*, 2007; Lawn *et al.*, 2019), their mostly quantitative approaches limit their capacity to engage with individuals' own understandings of their sex-on-drug experiences.

## **Methods**

I conducted fourteen interviews with participants across sexual/gender identities. Participants were recruited via purposive and snowball sampling – techniques typical for accessing 'hidden populations' like people who use drugs (e.g. Stuart, 2014). Participants were between 21 and 52 years of age. Seven were cis-male, five were cis-female, and two were non-binary. Twelve identified as white, and two as mixed-race. Participants identified across a range of sexual orientations, including heterosexual, gay, bisexual,

pansexual, panromantic, queer, bisexually straight and demisexual. Seven participants were in relationships - five of these were non-monogamous.

Interviews were 57-107 minutes, audio-recorded and transcribed. Transcripts were coded using qualitative data software *Nvivo*. Data were analysed using thematic (Braun and Clarke, 2012) and narrative (Riessman, 2005) analysis techniques. Thematic analysis involved identifying patterns (or 'themes') across the dataset, while the narrative element of analysis explored how interviewees arranged these themes to form their stories.

The research was granted approval from the University of Cambridge Institute of Criminology's ethics committee. I adhered to the standard code of practice common to virtually all social research: use of information sheets and consent forms, informed voluntary participation, treating disclosures as confidential and using these anonymously, and secure data handling and storage. In lieu of actual participant names, all data are presented using pseudonyms.

## Results and discussion

The analysis below sets out the ways participants constructed a sober/drug-involved sex hierarchy. I then interrogate the assumptions underpinning this hierarchy, with reflection on drug 'effects', sobriety and stigma.

### *Constructing the hierarchy*

Participants' narratives located sober sex within the charmed circle in multiple ways. First, and most explicitly, some used words such as 'normal' or 'regular' to either describe sober sex or distinguish it from that involving drugs:

*[...] I'd also like, just had sex with the guy beforehand, the guy I originally went with. But like... **normal**<sup>3</sup>, just like **regular** sex, I hadn't like taken anything. (Dane, 22, cis-male, homosexual)*

*[I]t feels **normal** I think, when you have sex when you're sober (Sarah, 25, cis-female, bisexual)*

*With weed, we can be really stoned, and still have sex that's fairly similar to our kind of **normal** sex life. (Pink, 24, cis-female, bisexual)*

Participants' language resonates with Rubin's distinction between sex in the charmed circle (i.e. 'normal' sex) and that relegated to its outer limits (i.e. 'abnormal' sex). Since all

---

<sup>3</sup> Text in bold denotes emphasis added

participants quoted above described sober sex as ‘normal’ at least once, it would not be unreasonable to assume sober sex was their norm. This was not the case. Dane was a daily cannabis user and could not recall the last day he had gone without the drug. Accordingly, all the sex he had had during that time involved cannabis. The majority of Pink’s sexual encounters also involved cannabis. When I asked Sarah about the amount of sober sex she had had, she stated: *“I think I haven’t been sober that many times during sex. Probably less than half.”*

So why was sober sex described as normal? Given drug use is often associated with leisure time – something ‘for the weekend’ (Dennis, 2019, 27) – participants’ language might reflect their desire to present sobriety as their normal state, implicitly framing their drug use as ‘unproblematic’ (Room, 2005). Participants often stressed that while they did enjoy sex on drugs, this did not detract from their enjoyment of sober sex:

*I wouldn’t say that sober sex is worse than drug sex. [...] It’s just sex, sex is great. Sex on drugs is like sex with cream on top, but it doesn’t mean I find sober sex in any way boring. (Zach, 22, cis-male, pansexual)*

*I enjoy smoking weed anyway [...] and that can make sex good for me. [...] But also... when I do have sober sex, it’s quite like... fun. (Libby, 25, cis-female, bisexual)*

Retaining the capacity to enjoy sober sex may have been significant to participants because *not* enjoying sober sex is often cited as evidence of dependency on substances (Stuart, 2014; Evers *et al.*, 2019). Only one spoke explicitly about this:

*[...] sometimes I wish I’d not done this whole shit with drugs [...] Because now, normal sex is like... Because when I have normal sex, it’s so... boring (Austin, 30, cis-male, heterosexual)*

Important here is Austin’s desire to enjoy sober sex. He finds ‘normal’ sex boring and ‘wishes’ this was not the case. Austin’s desire reflects a hierarchy in which the capacity to enjoy sex while sober is afforded a higher status than the acknowledged pleasures of sex on drugs. Sexual enjoyment is somehow better if experienced when sober; one should not *need* drugs to have a good time – or indeed good sex.

#### *The artificial nature of intoxicated sexual pleasure/intimacy*

So, what assumptions underpin the higher value assigned to the capacity to enjoy sober sex? Here it is useful to consider how drug ‘effects’ are conventionally understood. For Duff, effects of drugs (e.g. pleasure) are often traced solely to substances themselves

(2008, 385)<sup>4</sup> without attention to the material/spatial/temporal contexts in which they are consumed (see Pienaar *et al.*, 2020). Conceived of in this sense, effects are innate to the pharmacological makeup of drugs. Acknowledging this perspective illuminates why the enjoyment of sex involving drugs might be regarded as lesser than that of sober sex. Sexual intimacy linked to the ingestion of a substance may be seen as ‘inauthentic’ (Derrida, 2003, 26), ‘artificially produced’ (Keane, 2008, 405), and *fleeting*. This narrative is evident in media reporting on chemsex, which one journalist described as:

*A total break from reality which creates a false sense of intimacy. And then an abrupt realization, often followed by severe paranoia and depression. (Smith, 2018)*

Another quotes a regular on the ‘chemsex scene’:

*You are out of it, it’s fake, it’s chemically induced – once you are out of the door you are blocked on the apps: ‘let’s be bro-friends’ whilst you’re taking drugs and having sex and then you’re just deleted. (Hanlon-Smith, 2018)*

The view that intoxicated emotional intimacy is somehow ‘fake’ was also reflected in stories from two participants who experienced emotional connections while on drugs they later questioned.

#### Laura’s story (25, cis-female, bisexual)

Laura met James at a club night she attended some months previously. Her initial ambivalence towards him changed after she took MDMA:

*[...] it’s a little muddied, because I do feel like when I met [James] it wasn’t an instant attraction. And there was definitely a connection between us being on MD and me suddenly being attracted to him and wanting to sleep with him (laughs).*

Laura links her ‘sudden’ attraction to James to MDMA, implying the drug itself has the capacity to generate sexual attraction. This is reminiscent of conventional understandings of drug effects. For Laura, sexual attraction ‘resides in the [drug]’ and is ‘activated as the [drug] is metabolized in the body and the brain’ (Duff, 2008, 385). Laura went on to have sex with James, describing the overall experience positively:

*We kissed a bit. [...] And had sex. In a very... it was quite sensual, I think. [...] [I]t was nice because we were both on this understanding that like, we didn’t want to have sex when we got in straight away. [...] I think we both fell asleep holding each other. And then woke up and had sex for quite a while. Um... and it was good.*

---

<sup>4</sup> Importantly, Duff draws our attention to this ‘conventional’ understanding of drug effects primarily to highlight its shortcomings. Instead, his goal was to put forward ‘a more holistic understanding’ of experiences of drug ‘effects’ (2008, 385).

On their next meeting, Laura's assessment of James changed radically:

*But then [meeting him again] was weird, because I thought in my head we had a good connection and I thought I knew him quite well. But then when I met him after I was like, woah, I don't really know you or like you very much.*

Laura's lack of sober connection with James led her to dismiss their previous (intoxicated) connection as fake – '*I don't really know you*'. Laura decided not to see James again, but why was she certain that their second meeting was indicative of her 'real' feelings? Laura's story was absent of consideration that she and James might connect again on a third meeting, instead attributing any attraction she previously felt to MDMA.

Hanna's story (23, non-binary, pansexual)

*[...] he kissed me on the back of the neck, and [...] I turned around, I kissed him back, and we started to have sex. And the sex was... it was amazing. It was so good. I remember looking at him, and him looking at me, and like... us just fucking, and I was like, what is this? This feels so good.*

Above, Hanna describes their first sexual encounter with Owen. They had both taken 2c-b, a psychedelic substance with properties similar to MDMA (Dean *et al.*, 2013). Prior to sex, Hanna recalled getting 'really close' to Owen:

*[W]e were talking solidly for 3 hours. I remember a haze swirling around both of us, we were laughing... I felt we really connected with one another. And I was aware I was on 2-cb, and it has a reputation as the love drug. So, I know it's seen as dangerous, because it makes you have feelings [...] But I was kind of okay with that, I was enjoying it.*

Here, a tension emerges. While Hanna describes enjoying the feelings of closeness, they also voice concerns over whether these were genuine. That they had taken 2c-b in particular amplified these concerns given its reputation as the 'love drug'. Ultimately, this tension continued for the duration of Hanna's relationship with Owen and beyond:

*I still ask myself, what was the drugs and what was me? And I don't fully know, now. But [...] I was sober when I got there, and I fancied him. So, there was potential. I think the drugs may have amplified an existing attraction.*

Like Laura, Hanna implies drugs have the capacity to create feelings that might not be as strong – or even exist – without them. And again, like Laura, Hanna expresses the view that sober attraction represents real attraction. But what about a sober state of mind lends itself to certainty about one's feelings? It is not as though sobriety is an experience

consistent across time, place and person. For Aldridge and Charles, ‘intoxication is just one of a number of ‘altered states’ in which individuals find themselves, that include other common states such as stress and heightened emotions’ (2008, 193). But would sexual attraction experienced in a state of heightened emotion be dismissed as readily as its intoxicated counterpart? If anything, emotions and sex are ‘inextricably intertwined’ (Farvid and Braun, 2013, 365), with the more emotionally invested a sexual relationship, the higher its status. Again, the perceived artificial nature of intoxicated states seems central as to why intoxicated sexual intimacy is assigned a lesser value.

### *The unmediated appeal of sober sexual intimacy*

Above, I argue that sober sexual intimacy is considered more authentic than its intoxicated counterpart. But why is this the case? Dean’s concept of ‘raw sex’ – which he discusses in relation to ‘barebacking’ (condomless anal intercourse) among MSM – is useful here. For Dean, ‘[t]he idea of sex as raw, unmediated contact with another body or being’ represents a ‘powerful fantasy’ of modern existence – not least because our sex lives are so heavily mediated by ‘social conceptions of what sex is or should be’ (2015a, 224). That participants so often framed sober sex as the norm – even when it was evidently not *their* norm – shows this in action: sex *should* be sober if it is to be considered normal.

The unmediated appeal of raw sex also resonates with participants’ talk around sober sex. For participants, the effects of drugs are what serve as intermediaries to sex with another being, thus taking them further from the fantasy that unmediated (or sober) sex represents. To clarify, I am not suggesting sober sex is in fact less mediated than sex involving drugs. Indeed, Dean asserts that ‘[t]he idea of sex as raw, unmediated contact with another body or being is nothing more than a fantasy’ (Dean, 2015a, 224). On this note, participants’ privileging of sober sex seemed less to do with the state of sobriety than it did about the absence of drugs. To illustrate this point further, I present Libby’s story.

### *Libby’s story (25, cis-female, bisexual)*

Libby was in a long-term relationship with her partner. During her interview, she explained the significance of sex to their relationship:

*[...] sex is really important to me and [partner] for sure. We just like having it, doing lots of different stuff, it works well for us, we have a good dynamic... it’s good for us. And I don’t want to lose it*

Libby went on to describe some difficulties she had been experiencing in connection to her body image:

*But I was losing it [sex with her partner], because all I could think about was how fat I was. And that's all I think about for most of the day anyway, its shit.*

Libby found that her preoccupation with her appearance ultimately detracted from her capacity to enjoy sex (see Calogero and Thompson, 2009). However, Libby appeared to have found a 'solution' to this problem: cannabis:

*[Cannabis] really facilitates sex that I couldn't be having if I wasn't high. [...] I remember having weed, and thinking oh my god, I'm not thinking about my body, and I can just be in it, and I can just be present.*

Libby continued by expressing ambivalence about her use of cannabis:

*I love [cannabis] in loads of ways, but also have mixed feelings about depending on it. [...] In a lot of ways it's like a crutch. And I don't like that. No one likes feeling like they have to have something in order to have sex, that sucks.*

I argue this speaks to the unmediated fantasy that sober sex represents. 'No one' would want to rely on drugs for sex. Here, Libby places a higher value on the capacity to have (and by extension enjoy) sex while sober. However, this appears little to do with the state of sobriety. Rather, the absence of cannabis in its mediating capacity is what appeals to Libby about sober sex.

#### *Complicating the sober/drug-involved sex hierarchy*

Following the above, it is tempting to envision a sober/drug-involved sex hierarchy with all sober sex inside the charmed circle and all drug-involved sex relegated to its outer limits. But to do so would fail to capture the particular stigma around certain drugs in participants narratives:

*Like, I'm a regular drug user, but I don't take meth so... (laughs). (Sarah, 25, cis-female, bisexual)*

*I've been at things where there have been people there who we've had to like... kick them out. There was a guy... do you know what G [GHB] is? [Interviewer: Yeah.] I've never done G myself. When people have been doing that, I've been like oh I'll never do that. (Dane, 22, cis-male, gay)*

Here, Sarah and Dane position certain drugs as further down the hierarchy than others (Palamar *et al.*, 2012, 244). By distancing themselves from these drugs, they appear to justify (or 'neutralise') their other drug use (see Sykes and Matza, 1957; Measham *et al.*, 2011). Sarah's reference to methamphetamine in particular reflects wider tendencies locate certain substances on a hierarchy of drugs (see Ettore, 1992). Use of the licit drug

alcohol, for example, is widely socially accepted – including in the context of sex – while the use of ‘hard drugs’ (a category that often includes methamphetamine) is considerably less so.

Dane’s comments about GHB are also worth unpacking further, especially given its status as a ‘chemsex drug’. They demonstrate that a person’s social circle can itself be a source of drug-related stigma, even when these individuals use other drugs themselves (see Palamar *et al.*, 2012, 244). Particular stigma around GHB is also present in other social settings (e.g. nightclubs). A 2017 *Vice* article suggests that ‘a queer dance party in LA’ warned its attendees that anyone found using GHB would be ‘blacklisted from all future events’ (Blum, 2017). A similar policy was implemented in a nightclub in Melbourne, Australia; those attending were told anyone ‘using the party drug GHB will be banned for life’ (Hope, 2019). Neither of these articles made reference to the banning of other substances, even illicit ones.

Evidence of stigma in participants narratives also extended to certain ways of ‘doing’ sex on drugs, such as chemsex:

*I have strong opinions about [chemsex]. [...] I don’t particularly like injecting drug culture. I find that very quickly goes from a fun thing to oh look, we’ve been shagging for three days straight [...] It’s a bit meat-market, and it’s very clear that everyone is there to get off. I like sex to come with a healthy dose of silly and laughing. And cuddling. Too many people are quite happy to bang, jump up and be like right next person. (Zach, 22, cis-male, pansexual)*

Zach had experienced one chemsex party and the quote above suggests he did not enjoy it. Zach laments the lack of intimacy, portraying chemsex as devoid of emotional nuance (Rubin, 2011, 151). He expresses distaste for ‘injecting drug culture’, making quick links to ‘problematic’ drug use (see Dennis, 2019, 27). In doing so, he positions chemsex as especially deviant – in the outer limits of the outer limits of the charmed circle. Interestingly, Zach was also one of the few participants who had used GHB. Despite its reputation as a ‘chemsex drug’, Zach expressed a fondness for the substance, recalling an occasion where he had taken it, and had sex with, a group of friends:

*Yeah, so we [double-penetrated] someone for the first time, when we were all high on G. Um... and it was just incredibly intimate. And simultaneously, not serious, very fun, very silly. (Zach, 22, cis-male, pansexual)*

The juxtaposition of Zach’s two experiences demonstrates that sex and drug hierarchies are personally and social contingent. Zach stigmatises chemsex as a practice while also describing pleasurable, intimate and fulfilling sex with friends while on the ‘chemsex drug’ GHB. By contrast, Dane (quoted above) regularly attended chemsex parties and described them as enjoyable but was keen to distance himself from GHB. Ultimately, Zach

and Dane buy into constructions of deviance, and reject them at the same time. By positioning themselves as 'different' to what they regard as *especially* deviant, they implicitly portray their own drug use and sexual practices as less so (see Rødner, 2005).

### **Concluding thoughts**

Thinking about sex on drugs provides opportunity for criminologists to put forward new ways of framing sex; ones that do not presume normativity or deviance, but rather take them as objects of critique. This paper draws on Rubin's analysis of normative/deviant sex to argue that participants' stories reflected a hierarchy in which sober sexual intimacy was afforded a higher status than its intoxicated counterpart. Underpinning this hierarchy was 1) the perceived inauthenticity of intoxicated sexual intimacy, 2) the unmediated appeal of sober sexual intimacy, and 3) stigma connected to certain drugs (e.g. GHB, methamphetamine) and certain sex-on-drug-practices (e.g. chemsex).

While Rubin's framework provides a useful starting point for 'thinking sex on drugs', we must also look to criminologically relevant work, such as critical drugs studies, if we are to analyse this practice more fruitfully. Sex on drugs is not just about sex. It is also about *drugs*. If we are to explore the ways drugs can affect sex, we must first make sense of how the effects of drugs are commonly understood.

The consumption of a drug is often imagined to bring about a certain set of effects; things like pleasure, or visual hallucinations, or increased capacity for empathy. As we heard from participants, another is *increased capacity for sexual attraction*. Consistent with the conventional idea that such effects reside in drugs themselves (Duff, 2008, 385), it is unsurprising that sexual intimacy understood by people who use drugs as arising from the effects of drugs would be deemed 'not real'. They are fleeting experiences, lasting only as long as the drug. Indeed, what mattered to participants was the idea that they might feel differently when sober.

On that note, participants talk around sobriety was a productive line of enquiry. While sober sexual intimacy was (often implicitly) idealised, this seemed less to do with the state of sobriety than it did about the absence of drugs. Returning to the work of queer scholars is useful in making sense of these ideas. For Dean, '[t]he idea of sex as raw, unmediated contact with another body or being' (2015a, 225) represents a 'powerful fantasy' – one that I argue underpins my participants' privileging of sober sex. When sex is 'mediated' by drugs, participants are taken further from this fantasy.

Ultimately, this paper seeks to demonstrate the productive potential of criminological engagement with queer theory, and vice versa. Thinking about sex on drugs provides an opportunity for criminologists to reframe traditional understandings of sex as a 'dangerous, destructive, negative force' (Rubin, 2011, 144). By placing constructions of

deviance (and normativity) at the heart of an analysis of sex, they are no longer left to implicitly frame our enquiries.

### **Bibliography:**

Aldridge, J. and Charles, V. (2008) 'Researching the intoxicated: Informed consent implications for alcohol and drug research', *Drug and Alcohol Dependence*, 93(April), 191–196.

Baker, K. (2017) *Cannibal killer who dissolved his policeman victim in acid 'hanged himself less than three months into a life sentence after being taken off suicide watch'*, *Mail Online*. Available at: <http://www.dailymail.co.uk/news/article-4812516/Cannibal-killer-hanged-three-months-life-sentence.html> (Accessed: 16 May 2018).

Bellis, M. A. *et al.* (2008) 'Sexual uses of alcohol and drugs and the associated health risks: A cross sectional study of young people in nine European cities', *BMC Public Health*, 8(1), 155

Blum, S. (2017) *Here's How Queer Nightlife Is Addressing a Rise in GHB Use*, *Vice*.  
Bourne, A. *et al.* (2014) *The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark & Lewisham*. Edited by Sigma Research. London.

Boys, A., Marsden, J. and Strang, J. (2001) 'Understanding reasons for drug use amongst young people: a functional perspective', *HEALTH EDUCATION RESEARCH Theory & Practice Pages*, 16(4), 457–469.

Braun, V. and Clarke, V. (2012) 'Thematic analysis', in Cooper, H. M. (ed.) *APA Handbook of Research Methods in Psychology: Vol. 2. Research Designs*. Washington, D.C, 57–71.

Calogero, R. M. and Thompson, J. K. (2009) 'Sexual Self-Esteem in American and British College Women: Relations with Self-Objectification and Eating Problems', *Sex Roles*, 60, 160–173.

Dean, B. V. *et al.* (2013) '2C or Not 2C: Phenethylamine Designer Drug Review', *Journal of Medical Toxicology*, 9(2), 172–178.

Dean, T. (2015a) 'Mediated intimacies: Raw sex, Truvada, and the biopolitics of chemoprophylaxis', *Sexualities*, 18(1–2), 224–246.

Dean, T. (2015b) 'No Sex Please, We're American', *American Literary History*, 27(3), 614–624.

Dennis, F. (2019) *Injecting Bodies in More-than-Human Worlds*. Oxon: Routledge.

Derrida, J. (2003) 'The Rhetoric of Drugs', in *High Culture: Reflections on Addiction and Modernity*. Albany: State University of New York Press, 19–44.

- Duff, C. (2008) 'The pleasure in context', *International Journal of Drug Policy*, 19(5), 384–392.
- Edmundson, C. *et al.* (2018) 'Sexualised drug use in the United Kingdom (UK): A review of the literature', *International Journal of Drug Policy*. Elsevier, 55(January), 131–148.
- Ettorre, E. (1992). *Women and substance use*. Macmillan International Higher Education.
- Evers, T. J. *et al.* (2019) 'Chemsex among men who have sex with men living outside major cities and associations with sexually transmitted infections: A cross-sectional study in the Netherlands', *PLoS ONE*, 14(5), 1–15.
- Fairman, W. and Gogarty, M. (2015) *Chemsex*. UK: Vice Films.
- Farvid, P. and Braun, V. (2013) 'Casual sex as "not a natural act" and other regimes of truth about heterosexuality \*', *Feminism & Psychologys*, 23(3), 359–378.
- Flynn, P. (2015) *Addicted to chemsex: 'It's a horror story'*, *The Guardian*. Available at: <https://www.theguardian.com/world/2015/nov/22/addicted-to-chemsex-gay-drugs-film> (Accessed: 16 May 2018).
- Glynn, R. W. *et al.* (2018) 'Chemsex, risk behaviours and sexually transmitted infections among men who have sex with men in Dublin, Ireland', *International Journal of Drug Policy*. Elsevier B.V., 52, 9–15.
- Hakim, J. (2019) 'The rise of chemsex: queering collective intimacy in neoliberal London', *Cultural Studies*. Taylor & Francis, 33(2), 249–275.
- Hallstone, M. (2002) 'Updating Howard Becker's theory of using marijuana for pleasure', *Contemporary Drug Problems*, 29(4), 821–845.
- Hanlon-Smith, C. (2018) *FEATURE: My So-Called Chemsex Life, G Scene*. Available at: <https://www.gscene.com/news/feature-my-so-called-chemsex-life/> (Accessed: 26 August 2019).
- Hegazi, A. *et al.* (2016) 'Chemsex and the city: sexualised substance use in gay bisexual and other men who have sex with men attending sexual health clinics', *International Journal of STD & AIDS*, 28(4), 362–366.
- Hibbert, M. P. *et al.* (2019) 'Psychosocial and sexual characteristics associated with sexualised drug use and chemsex among men who have sex with men (MSM) in the UK', *Sexually Transmitted Infections*, 95(5), 1–9.
- Hinchliff, S. (2001) 'The meaning of ecstasy use and clubbing to women in the late 1990s', *International Journal of Drug Policy*, 12(2001), 455–468.
- Hope, Z. (2019) *Chapel Street nightclub to issue lifetime bans for users of GHB*, *The Age*.
- Jean, D. (2016) *'They'll come in with a worn-out penis': The rising trend of 'chemsex' - where men inject themselves with meth and have sex for days*, *Mail Online*. Available at:

<http://www.dailymail.co.uk/news/article-3541046/Rising-trend-chemsex-men-inject-meth-sex-days.html> (Accessed: 16 May 2018).

Keane, H. (2008) 'Pleasure and discipline in the uses of Ritalin', *International Journal of Drug Policy*, 19(5), 401–409.

Lawn, W. *et al.* (2019) 'Substance-Linked Sex in Heterosexual, Homosexual, and Bisexual Men and Women: An Online, Cross-Sectional "Global Drug Survey" Report', *The Journal of Sexual Medicine*. Elsevier Inc, 16(5), 721–732.

Maxwell, S., Shahmanesh, M. and Gafos, M. (2019) 'Chemsex behaviours among men who have sex with men: A systematic review of the literature', *International Journal of Drug Policy*. Elsevier, 63, 74–89.

McElrath, K. (2005) 'MDMA and sexual behavior: Ecstasy users' perceptions about sexuality and sexual risk', *Substance Use and Misuse*, 40(9–10), 1–14.

Measham, F., Aldridge, J. and Williams, L. (2011) *Illegal Leisure Revisited: Changing Patterns of Alcohol and Drug Use in Adolescents and Young Adults*. London: Routledge.

Nichols, A.J., 2016. *Sex trafficking in the United States: Theory, research, policy, and practice*. Columbia University Press.

Palamar, J. J., Kiang, M. V. and Halkitis, P. N. (2012) 'Predictors of Stigmatization Towards Use of Various Illicit Drugs Among Emerging Adults', *Journal of Psychoactive Drugs ISSN:*, 44(3), 243–251.

Parker, H. and Williams, L. (2009) 'Intoxicated weekends: young adults' work hard–play hard lifestyles, public health and public disorder', *Drugs: Education, Prevention and Policy ISSN:*, 10(4), 345–367.

Pennink, E. (2017) *Lawyer began throwing drug-fuelled 'chem sex' parties after being diagnosed with HIV, court hears, Independent*. Available at: <https://www.independent.co.uk/news/uk/crime/lawyer-child-indecent-images-chem-sex-parties-hiv-diagnosis-tim-varchmin-barclays-a8110471.html> (Accessed: 16 May 2018).

Pienaar, K., Murphy, D.A., Race, K. and Lea, T., (2020). Drugs as technologies of the self: Enhancement and transformation in LGBTQ cultures. *International Journal of Drug Policy*, 78, 102673.

Prestage, G. *et al.* (2018) 'Mental health, drug use and sexual risk behavior among gay and bisexual men', *International Journal of Drug Policy*. Elsevier, 55(September 2017), 169–179.

Puffall, E. L. *et al.* (2018) 'Sexualized drug use ("chemsex") and high-risk sexual behaviours in HIV-positive men who have sex with men', *HIV Medicine*, 19, 261–270.

Puffall, E. . *et al.* (2015) "'Chemsex" and High-Risk Sexual Behaviours in HIV-Positive

Men Who Have Sex With Men', *Sexually Transmitted Infections*, 91(8), 564–568.

Race, K. (2018) *The Gay Science*. Oxon: Routledge.

Rawson, R. A. *et al.* (2002) 'Drugs and sexual effects: role of drug type and gender', *Journal of Substance Abuse Treatment*, 22(2), 103–108.

Riessman, C. (2005) 'Narrative Analysis', *Narrative, Memory & Everyday Life*, University(Huddersfield), 1–7.

Rødner, S. (2005) "'I am not a drug abuser, I am a drug user": A discourse analysis of 44 drug users' construction of identity', *Addiction Research and Theory*, 13(4), 333–346.

Room, R. (2005) 'Stigma, social inequality and alcohol and drug use', *Drug and Alcohol Review*, 24, 143–155.

Rubin, G. (2011) 'Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality', in *Deviations: A Gayle Rubin Reader*. Durham and London: Duke University Press, 137–181.

Sanders, T. (2007) 'Becoming an Ex-Sex Worker: Making Transitions Out of a Deviant Career', *Feminist Criminology*, 2(1), 74–95.

Smith, C. B. (2018) *What it's Like to Capture Chemsex, the World's Craziest Sex Party*, *Mel Magazine*. Available at: <https://melmagazine.com/en-us/story/what-its-like-to-capture-chemsex-the-worlds-craziest-sex-party> (Accessed: 26 August 2019).

Spillett, R. (2017) *BREAKING NEWS: Former abbot, 74, who withdrew £182,000 from his Vatican bank account and went on the run in Albania is found guilty of abusing boys at Catholic school*, *Mail Online*. Available at: <http://www.dailymail.co.uk/news/article-5152411/Former-abbot-guilty-abusing-boys-Catholic-school.html> (Accessed: 16 May 2018).

Stardust, Z. *et al.* (2018) 'A community-led, harm-reduction approach to chemsex: Case study from Australia's largest gay city', *Sexual Health*, 15(2), 179–181.

Strudwick, P. (2016) *Inside The Dark, Dangerous World of Chemsex*, *BuzzFeed*. Available at: [https://www.buzzfeed.com/patrickstrudwick/inside-the-dark-dangerous-world-of-chemsex?utm\\_term=.xh7ObWjExY#.ydDyJ05VBr](https://www.buzzfeed.com/patrickstrudwick/inside-the-dark-dangerous-world-of-chemsex?utm_term=.xh7ObWjExY#.ydDyJ05VBr) (Accessed: 16 May 2018).

Stuart, D. (2014) 'Sexualised drug use by MSM (ChemSex): a toolkit for GUM/HIV staff', *HIV Nursing*, 14(2), 15–19.

Stuart, D. and Weymann, J. (2015) 'ChemSex and care-planning: One year in practice', *HIV Nursing*, 15(1), 24–28.

Sumnall, H. R. *et al.* (2007) 'An investigation of the subjective experiences of sex after alcohol or drug intoxication', *Journal of Psychopharmacology*, 21(5), 525–537.

Wodda, A. and Panfil, V. R. (2018) 'Insert Sexy Title Here: Moving Toward a Sex-Positive

Criminology', *Feminist Criminology*, 13(5), 583–608.

Woods, J. B. (2014) "'Queering Criminology': Overview of the State of the Field', in *Handbook of LGBT Communities, Crime, and Justice*, 15–42.