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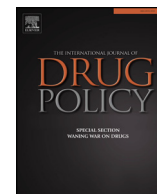
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Editors' Choice

Drugs as technologies of the self: Enhancement and transformation in LGBTQ cultures

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ABSTRACT

The consumption of drugs has long been a mainstay of urban queer cultures and it is well-recognised that complex connections exist between sexual minoritisation and desires to chemically alter bodily experience. Yet despite evidence that rates of consumption are higher among LGBTQ populations, research exploring the gendered and sexual dynamics of these forms of consumption is limited and tends to frame such consumption as a response to stigma, marginalisation and discrimination. Against this dominant explanatory frame, this article explores the diverse experiences of LGBTQ consumers, and in so doing highlights both the pleasures and benefits of consumption, as well as potential risks and harms. Contributing to the growing body of ontopolitically oriented research that treats the materiality of drugs as emergent and contingent, we trace the ontologies of drugs, sexuality and gender that LGBTQ subjects generate through specific practices of consumption. Our analysis draws on qualitative interviews with 42 self-identified LGBTQ people from an Australian study designed to explore how sexual and gender-diverse minorities pursue particular drug effects to enhance or transform their experience of gender and/or sexuality. Our participants' accounts illuminate how drug consumption materialises in relation to sex, desire and play where it enhances pleasure, facilitates transgression and increases endurance. In the context of gender variance, our findings suggest that drug use can transform gendered experience and enable the expression of non-normative gender identities, in the process challenging gender binarism. By considering the productive role of drugs in enacting queer identities, this article treats drugs as 'technologies of the self' (Foucault 1988) and explores how drug consumption, sex and gender shape each other across a range of settings. We conclude by reflecting on the implications of our findings for research and service provision, and suggest ways of engaging LGBTQ consumers in terms that address their diverse priorities and experiences.

Background and introduction

It is well-recognised that complex and long-standing connections exist between sexual minoritisation and desires to chemically alter bodily experience. Illicit drug use is known to be more prevalent among lesbian, gay, bisexual, transgender and queer (LGBTQ) populations in Western countries (Roxburgh, Lea, de Wit, & Degenhardt, 2016), with scholars characterising them as 'early adopters' at the 'forefront of emergent drug trends' (Measham, Wood, Dargan, & Moore, 2011). The use of stimulants such as crystal methamphetamine, often in conjunction with GHB/GBL, has also given rise to new forms of sexualised drug use among gay and bisexual men (Hakim, 2019). These drugs may be used in combination with therapeutic agents (such as sex-
uopharmaceuticals and HIV antiretroviral agents) to enhance sexual

experience in a manner that mixes recreational and therapeutic functions (Holt, 2009). Commonly referred to as 'chemsex', this form of sexualised drug use has become a recognisable cultural phenomenon in recent years and has been the focus of (often alarmist) media attention through its framing as a sexual health issue associated with a range of risks (including HIV infection and drug dependence) (Bourne, Reid, Hickson, Torres-Rueda & Weatherburn, 2015; Bryant et al., 2018). It has generated targeted harm reduction initiatives by LGBTQ health organisations concerned about the emergence of drug-related health issues in gay and bisexual populations (Race, 2009; Stardust, Kolstee, Joksic, Gray & Hannan, 2018). While the term 'chemsex' has reified the association of sexualised drug use with gay and bisexual men, high rates of substance use have also been documented among lesbian and bisexual women and among trans and gender diverse individuals

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(Leonard, Lyons, & Bariola, 2015); Roxburgh et al., 2016), but the embodied experiences, meanings and effects of these practices remain relatively unexplored. Indeed, despite evidence that rates of drug consumption are higher among LGBTQ populations, surprisingly few qualitative studies have examined the gendered and sexual dynamics of these forms of consumption, and approached them as sites for forging social bonds with their own organising logics (notable exceptions include Emslie, Lennox, & Ireland, 2017); Hunt, Antin, Sanders, and Sisneros (2018); and in the context of chemsex scenes specifically, Bryant et al., 2018; Hakim, 2019; Race, 2009, 2011).

Much of the research that does exist in this area characterises substance use among LGBTQ people as significantly higher and presenting greater risk than use among cisgender and heterosexual people (Hughes, 2011; Newcomb, Ryan, Greene, Garofalo & Mustanski, 2014). In their efforts to explain drug consumption in LGBTQ populations, these accounts tend to conceive it as a response to stigma, trauma and marginalisation, and associated with an elevated prevalence of mental health issues (Meyer, 2003). While not suggesting that such explanations are necessarily inaccurate, it seems to us that the assumptions embedded within them are rarely subject to critical scrutiny. By linking the reported high rates of drug use in LGBTQ populations to the persistence of stigma, marginalisation and discrimination against sexual and gender minorities, dominant accounts tend to reduce it to an individual pathology or problem. Not only does this understanding overlook the other social and structural factors contributing to high rates of drug consumption among LGBTQ people, it also neglects the pleasures and benefits it can afford, and importantly, the part drugs play in the forging of queer¹ sociabilities and practices of queer and trans world-making. Moreover, such accounts assume that stigma implies an absence of pleasure. However, our participants' experiences suggest that in some cases stigma can in fact give rise to particular forms of pleasure. For example, the widespread opprobrium of illicit drugs and their taboo status can contribute to the enjoyment of consuming them. Drug consumption among LGBTQ people is not so easily reducible to tropes of pathology, stigma and marginality, and further the assumption that these phenomena cannot co-exist with pleasure does not stand up to scrutiny. We suggest that when drug use is explained in these terms, the complexity and diversity of LGBTQ people's experiences gets routinely overlooked. As one of our participants, Ursula, a 25-year old lesbian woman put it, 'If I could give providers one piece of advice, as a queer person [it would be], "Don't assume that trauma and drug use are related [for all] gay people [... Each person's] life and experiences are going to be different"'.

In line with this important observation, this article aims to offer a nuanced analysis of the diverse factors shaping LGBTQ people's drug consumption, and the varied drug effects that they pursue to transform their experience of gender and/or sexuality. Given their collective history of using different drugs for a wide range of purposes, LGBTQ communities are a particularly rich site for exploring the place of drugs in social life. And as our analysis shows, drugs play a productive role in enacting queer identities. We argue that they constitute 'technologies of the self' (Foucault, 1988) which contribute to, rather than simply threatening to erode, queer cultures and communities.

Theoretical approach: rethinking drug effects

To theorise the relation of drugs, gender and sexuality, we draw on work in the fields of science and technology studies (STS), post-humanisms and new materialisms. Against the commonplace view of

drugs as stable entities with intrinsic properties that generate predictable effects, we follow the lead of critical drugs scholars in conceiving the action of drugs and their purported effects as produced in their encounters with various other actors, contexts and practices (Race, 2014). On this rethinking, the effects of a particular drug are not inherent properties of that substance, but are shaped by networks of other phenomena usually seen as separate from, if not irrelevant to, the drug itself (Fraser, Moore, & Keane, 2014). As Fay Dennis (2019: 21) puts it in a recent posthumanist account of injecting drug use, "Drug effects' cannot be traced to the choices of the user, the essence of the substance or even 'the context' of use, but must be seen as a complex 'intra-action' of [...] bodies, technologies and forces." Distinct from the more familiar 'interaction', the notion of 'intra-action' was coined by feminist science studies scholar Karen Barad (2007) to challenge the assumption that things exist independently of each other and to capture instead their relationality, i.e. the idea that things (including human subjects) are made and changed in their encounters with other phenomena, which are themselves co-constituted. An important implication of this relational approach is that it invites us to decentre the analytic focus on the human subject and attend more carefully to the agency of non-human as well as human actors in generating drug effects. Particularly suggestive for our work, it provides a means of charting the range of actors, practices, relations, meanings and desires that jointly produce particular drug effects and experiences.

This relational, practice-oriented approach has inspired a burgeoning critical drugs literature exploring a range of topics including contexts of illicit drug use (Dilkes-Frayne, 2016; Farrugia, 2015), injecting practices and the materiality of the syringe (Dennis, 2019; Vitellone, 2017), addiction (Fraser, Moore, & Keane, 2014; Pienaar et al., 2017) and treatment interventions such as opioid pharmacotherapy (Fraser & valentine, 2008; Gomart, 2002; Rhodes, Azbel, Lancaster, & Meyers, 2019). Shared by these studies is a resistance to the dominant ontology of drugs and its assumption that the effects of drugs stem solely from their pharmacological properties. Instead the materiality of drugs is understood to be emergent and contingent, rather than fixed and given in nature. That is, drugs and their effects are brought into being and changed in their relations with other (human and non-human) phenomena. In the context of our focus on LGBTQ drug consumption, this array of phenomena includes individual bodies, gender norms, sexual practices, pleasure, transgression and intimacy. Importantly, for our purposes, this body of work recognises that drugs are not only consumed by individual subjects, but are active in materialising these subjects. Building on this literature, the analysis conducted here explores how drugs help to produce gendered-sexual subjects, in the process enabling particular sexual practices, modes of intimacy and forms of gender expression.

Our approach also draws on Foucault's (1988) theorisation of 'technologies of the self' to guide our analysis of the role of drugs in enhancing or transforming experiences of sex, sexuality or gender. Foucault defines technologies of the self as the means by which individuals 'effect [...] a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves' (1988: 18). This approach has since been elaborated by Preciado (2008; 2013) who describes pharmaceuticals as 'a new set of technologies for producing sexual subjectivity', and 'gender' and 'sexuality' as 'techniques of the body', rather than self-evident categories. (Preciado, 2008: 109; 113). In line with this account of the performativity of gender, sexuality and drugs, our analytic approach embraces the possibility that drug consumption practices may be an important modality for enacting new subjectivities, particularly ones that depart from intelligible, disciplinary forms.

Methods

This article draws on in-depth, semi-structured interviews conducted as part of an Australian study designed to explore the

¹ We recognise the contestation surrounding the range of identity categories in the LGBTQ spectrum, and use the term 'queer' as an inclusive and unifying umbrella term that exceeds bounded categories. It is intended here to include people who are same gender-attracted and gender diverse, as well as to acknowledge the intersections of identities within the LGBTQ community.

consumption of licit and illicit drugs among LGBTQ people to transform or enhance aspects of sexual and gender experience. Interviews were conducted in person in Victoria and New South Wales with 42 self-identified LGBTQ people. Participants were recruited through the networks of Australian LGBTQ organisations, social media posts (e.g. Facebook, Twitter), flyers in LGBTQ health clinics and social venues (e.g. sex-on-site venues, LGBTQ bars and clubs), as well as chain referrals. Prospective participants were screened for eligibility and to ensure diversity across age, gender, sexuality, ethnic background and types of drugs consumed. In each recruitment round, we captured these demographic details and identified which categories were under-represented in the sample. We then tailored our recruitment strategy to target the under-represented groups, for example by adapting our call for volunteers and approaching organisations, programs and venues aimed at those groups specifically (e.g. those targeting trans and gender diverse people, or LBQ women etc.). Eligible participants comprised people of diverse genders and sexualities, aged between 18 and 75, living in Victoria ($n = 22$) and New South Wales ($n = 20$). A summary of participant demographic characteristics is included as [Appendix A](#). With the exception of a few regional participants, our data is drawn from a largely metropolitan sample and it is worth noting that the intersections of drug consumption with LGBTQ identities may take different forms in regional contexts. While we aimed to ensure as much gender and sexual diversity as possible, a high proportion of our participants identified as gay cis men. The interest that the study attracted among this group may reflect the distinctive cultures of drug-enhanced sexual practice associated with gay men (often referred to as 'chemsex'). Nonetheless, while 57% of our participants identified as gay and 55% as cis men, we were able to attract a good proportion of participants identifying with other sexual and gender identity categories: 43% of our participants identified as LBQ, polysexual, pansexual or 'other', and 45% as cis women, trans or gender diverse (please see demographics table for specific breakdowns in each sexual and gender category). All participants described consumption of a range of licit and illicit drugs including alcohol, cannabis, stimulants (e.g. amphetamines, methamphetamine, MDMA), depressants (e.g. GHB, GBL), psychedelics (LSD, magic mushrooms), hormones, opioids and sexuopharmaceuticals (e.g. Viagra and Cialis).

The study received ethics approval from the University of Sydney Human Research Ethics Committee (Approval number 2017/735). All participants provided informed written consent and were reimbursed AUD30 for their time and contribution to the research. The interviews involved a dual-method approach aimed at building rapport and expanding the depth of the interview data. Each interview began with mapping exercise in which participants were asked to plot the substances they consume and indicate the frequency of consumption (see [Fig. 1](#) below). Designed as an elicitation and rapport-building technique, the mapping exercise involved asking participants to identify which substances were most closely related to enhancing or transforming their sexual and/or gender experience. They were then asked a series of open-ended questions about their drug consumption, its relevance to their gender and/or sexual experience, what they perceived particular drugs 'do' for them, their modes and contexts of consumption (including any changes to consumption patterns over time), how they manage consumption to maximise benefits and minimise potential harms, their experiences of accessing drug- and health-related services, and any experiences of stigma and discrimination. The interview schedule was informed by the relevant literatures on LGBTQ drug use, as well as the study's aims and input from the project advisory group. Our aim was to develop a nuanced understanding of the experiences and views of LGBTQ consumers, placing accounts of drug consumption in the context of sexual and/or gender experience.

Interviews were digitally recorded and professionally transcribed verbatim, and the transcripts were checked for accuracy. To protect participant identities, each was given a pseudonym and all identifying details were removed from the transcripts. The interviews were

analysed using an iterative inductive approach in which the research team drew up a preliminary list of codes based on the aims of the study, as well as knowledge of key debates and past research on LGBTQ drug consumption. These codes were then tested on a sub-set of data by the first and second authors, and the coding frame was then refined in consultation with the project team: supplementary codes were added across the dataset to capture a wider range of themes derived from the interviews themselves. Saturation was reached after this broader coding frame was applied to the data. The data were coded by the first author using the software program NVivo.

We use the following conventions when presenting qualitative data below: **Bolded text** indicates interviewer speech; square brackets indicate words that have been edited for the purposes of clarity or de-identification in the original verbatim transcript (e.g. [this city]); ellipses [...] indicate that some words from the transcript have been omitted. Accompanying each quotation is basic information about the participant quoted, including their age, and their self-identified sexuality and gender, e.g. *Mira (25, queer trans woman)*².

In the analysis that follows we address **two key themes** related to the dynamics of drug consumption among sexual and gender diverse people:

- 1 Sex on drugs: pleasure, intimacy and enhancement
- 2 Drugs in the making of gender

In doing so, we highlight the generative role of LGBTQ drug consumption in terms of how it constitutes gender and sexuality outside the terms of heteronormative, gender binary discourses. Worth noting in this regard is the fact that while some of the interviews featured accounts of drug use for 'self-medication' purposes, most accounts described more purposive uses of drugs and our analysis reflects this emphasis. We argue that in the context of LGBTQ cultures, drug practices generate sensual pleasures, altered subjectivities and novel forms of sociality. In making this argument, we are not suggesting that drug consumption on the part of LGBTQ-identified people is necessarily related, in all contexts, to sexuality and gender, but that drugs can, on occasion, play a performative role in the emergence and expression of different gender and sexual identities. Indeed, like the category 'drugs', we recognise that these identity categories are themselves contingent rather than self-evident or naturally given. For the purposes of this article, we are especially interested in tracing how these categories materialise, and are sometimes transformed, through drug use. We conclude by considering the implications of our findings for LGBTQ health policy and service provision, and for researchers whose work focusses on LGBTQ communities. Recognising that research plays an active role in constituting realities, we reflect on the kind of realities that may be generated through other ways of doing LGBTQ research, and highlight the political and social purchase of these alternative realities.

Sex on drugs: pleasure, intimacy and enhancement

Many of our participants took drugs to enhance or transform the experience of sex. This was especially common among the gay cis men we interviewed, which we suggest reflects the distinctive and explicit cultures of drug-enhanced sexual practice that have emerged among

² Cisgender refers to a person whose gender conforms to the sex they were assigned at birth. For example, a cis man is a man who identifies as male and was assigned a male sex at birth. Transgender describes a person who identifies with a gender that does *not* align with the sex they were assigned at birth, e.g. a trans woman is a woman who was assigned a male sex at birth and identifies as female. Genderqueer is sometimes used as an umbrella term for gender non-conforming or non-binary identities (e.g. agender, bigender, genderfluid). It describes a person who does not identify with the male/female binary and whose gender expression does not fit into a static identity category.



Fig. 1. Example of participant map.

gay men in recent decades (commonly referred to in the literature as ‘chemsex’). While we have included below examples from LBQ and gender-diverse participants, the emphasis of this section is on accounts from gay cis men, which reflects their prominence in the interview material and also the reification of ‘chemsex’ as a recognisable cultural form.

Sexualised drug use was valued for its potential to generate new ways of relating to sexual partners, to facilitate particular sexual practices that might otherwise be uncomfortable or even unthinkable, and to experiment with what the body can do. A key theme in participants’ accounts of sexualised drug use was the role of drugs in enhancing sex by amplifying erotic desires and pleasures. As Drew puts it, sex on drugs is quite simply a ‘lot of fun’:

I’ve had some extraordinary, wonderful experiences with wonderful people on these drugs [crystal meth and GHB] that I’ve thoroughly enjoyed. And [I’ve] had [...] really great experiences with people on a regular basis [...] with no expectation, just a lot of fun and a lot of sex, great sex.

Drew (46, gay cis man)

The centrality of pleasure in participants’ accounts is not surprising given that the quest for pleasure is a key force animating sex. As Paasonen (2018: 544) argues in highlighting the significance of play and pleasure for studies of sexuality: ‘As autotelic activity, sexual play is practised for its own sake [...] Pleasure is the key purpose of both sex and play: there need not be [any] other telos than the enchantment of the act itself’. Part of the pleasure that many participants derived from sexualised drug use was its capacity to facilitate connection and intimacy:

So the positive for me [of smoking crystal] is feeling like I’ve really connected with that person again [the person] that I have chosen to be with and love [...] And on an intimate level for me, I think why I get really excited about [smoking crystal] is sexually for me [...] I feel like I actually get really connected with my partner after smoking [crystal...] I get experimental in the moment with this person. So, I feel connected with her in that moment and I feel open.

Rhianna (42, queer, cis woman)

While Rhianna attributes these effects to smoking crystal

methamphetamine, Ursula makes a similar point about connection, but in reference to ‘sex on drugs’ more generally:

Sex on drugs [...] just makes sex better. It has made [...] sexual experiences [better] And emotional experiences where I’ll be naked with someone, and not necessarily had sex with them. It gives it a different level of how well you can connect with that other person, even if you are just talking shit on a mattress for six hours.

Ursula (25, lesbian cis woman)

Importantly, we are not suggesting here that enhanced sexual sensation and connection can be attributed solely to the action of particular drugs; rather they materialise in the heterogeneous networks in which drugs are consumed (Demant, 2009). In the context of Ursula’s account, we can extrapolate that this network includes tactile and affective dimensions such as the feeling of skin-to-skin contact, nakedness, attraction, emotional rapport. It also includes non-human phenomena such as a private space, the presence of a mattress and the luxury of uninterrupted time. Inspired by Bruno’s (1992) concept of ‘bodily architectures’ and Race’s (2015) more recent account of ‘intimate infrastructures’, we refer to these infrastructural elements that facilitate intimate encounters as ‘sexual architectures’: the erotic relations, emotions, practices, spaces and meanings that jointly constitute the sexual experience. Within this architecture, drugs play a performative role in the intensification of desire, arousal and sexual pleasure. As Dane explains in relation to the effects of GHB:

[GHB] makes the experience of sexual things like getting fucked or giving someone head or something a lot more [...] intensely sexual. It’s like amping the sexualness of it up. It’s also a lot more arousing. Just makes you more aroused I think, like the touch or getting touched [...] I like it, I like taking it especially in combination with the other [drugs].

Dane (30, gay cis man)

Eli, a 27-year old queer non-binary person, similarly describes how consuming particular drugs (in this case amyl nitrite) in sexual contexts can intensify the experience of sex:

I: Like amyl [...] how would you describe what that does?

R: It feels like the blood rushes to your head and [...] if you are

having sex with someone, it's like you are just surrounded by them [...] like you just really become *in* the situation, really intensely.

Eli (27, queer, non-binary person, original emphasis)

Commenting on the sexual effects of their preferred drugs, some participants observed that consuming these drugs in sexual contexts improves their performance, prowess and comfort. Avery (31, gay cis man) makes this point with reference to the capacities of amyl nitrite and GHB but he stresses that, while amyl in particular minimises the discomfort he experiences during receptive anal sex ('bottoming'), it is not a requirement for engaging in this practice:

I guess bottoming for me has never been super-comfortable. I mean I've always enjoyed it, but there's always been an element of discomfort and I guess [GHB and amyl] are both things that relieve that [...] Yeah, so amyl is something I have pretty often during sex to take [away] that discomfort, to minimise it as much as I can. Like I don't *need* it, it's just a tool, yeah, I guess, is how I would look at it. I mean I have plenty of sex without amyl.

Avery (31, gay cis man, original emphasis)

Insofar as some drugs are experienced as promoting disinhibition and enhancing confidence, they enable sexual practices that might otherwise be uncomfortable, inaccessible or even unthinkable. The disinhibitory effects of certain drugs were described as particularly important in relation to exploring sexuality outside the bounds of heteronormative expectations. For example, Fuego, a 23-year old pansexual, gender-diverse participant, who grew up in a conservative community, describes the productive effects of alcohol in these terms:

In terms of like sexuality and sex, I guess alcohol originally was sort of bound up in [sic] my exploration of my sexuality. Like, you know, making out with boys and that sort of thing. Well, it wasn't necessarily dependent on alcohol, but yeah, that took away my inhibitions because I went to a Catholic high school and grew up in the country, and I don't know if I would say it was frowned upon but that's the way it felt anyway in school. So, like, it wasn't really easy for us to sort of pursue, you know, things that sort of deviated from the norm.

Fuego (23, pansexual, gender diverse)

Beyond merely enabling non-heteronormative forms of sexual expression, many participants identified a key appeal of drugs as being their potential to facilitate the enactment of sexual fantasies and/or animalistic, carnal impulses. For example, Bertie (32, gay cis man) credited crystal methamphetamine ('ice' or 'crystal' in common parlance) with allowing him to entertain his fantasies:

The ice does let me, you know, live out my fantasies, not really, but I mean [...] like my fantasies aren't real. I trawl saunas at 3am just getting any dick that's there [...] Not that I do that by the way, but it makes me less self-conscious or whatever [in terms of making] me want to do that. (*emphasis added*)

In suggesting that ice allows him not so much to act out sexual fantasies as simply to indulge in them as enchanting thought experiments, Bertie's comment could be read as pointing to the nature of fantasies as a form of 'sexual (or erotic) speculation' (Race, 2015: 266), a kind of autotelic play that accretes to intensify desire. Susan Paasonen explains the layered dynamics of sexual fantasies in terms that further illuminate Bertie's account: '[Sexual play is] not literally about "acting out" sexual fantasies. Fantasies can themselves be understood as forms of thought play geared towards intensity of experience. Both memories and fantasies of bodily encounters, motions and sensations contribute to and layer into somatic archives that feed into acts of sexual play [...] fantasies provide affective fuel for sexual desire' (2017: 544–5). We are not suggesting here that drugs release some innate primal nature, but rather that disinhibition (and the related openness to entertaining sexual fantasies) is about switching modes of embodied sociality from

those associated with everyday working life to those associated with erotic contexts. For many of our participants, drugs are a significant, though not determining, agent in facilitating this transition.

In addition to offering fairly general accounts of sexualised drug effects, participants also assigned unique capacities or effects to specific drugs. For example, and as we have observed elsewhere (Pienaar, Murphy, Race, & Lea, 2020; Race, forthcoming) the consumption of crystal can create a sensuously dilated temporality, prolonging play sessions and in some cases extending them beyond the point of orgasm. This effect was prized by many of the gay cis men we interviewed as the following accounts demonstrate:

R: [Crystal] lengthens [play sessions] time wise, definitely, yeah. And even if you do come, you still want to keep going and going. So you can quite easily go for 12 or 24 or 36 hours [...] If you do come, that doesn't make you stop and think, 'Okay, now I'm going to make you a cup of tea and have a cigarette', if you know what I mean. You still want to keep going.

I: So coming doesn't necessarily mean the end?

R: Absolutely not.

Corey (59, gay cis man)

For sex specifically, it lasts longer to ejaculate [when you've taken crystal]. So, it prolongs the intercourse, yeah [...] Sexually it does make a difference, yeah. It does feel better, it feels longer and a bit more confident.

Bryce (30, gay cis man)

The capacity of crystal to delay ejaculation suggests that reaching orgasm is not the sole objective of the sexual encounters our participants describe. Indeed, what is valued in these exchanges exceeds a singular concern with orgasm as a teleological goal; rather it includes crystal's potential to engender an intense, resolute focus on various sexual possibilities and practices, along with the stamina needed to sustain these activities. The intensity and instantaneity of these effects were often seen as contingent on the mode of administration, with some participants indicating a preference for injecting ('blasting') crystal over smoking it for this reason:

[I blast] mainly [for] the rush, you know, and the fact that it strips you bare. So all these preconceptions or worries or ruminations that you might be having about, 'What if?' or [...] 'Am I doing this right?' they tend to be replaced by an instant carnal [...] fleshy craving [...] It knocks out all the big worry [and] enables me to focus very, very sharply [...] on what I'm doing and just get in a zone, you know. I guess it's like a flow-state, where [...] you're not self-conscious, you're just cock-in-mouth, that's it. You're present, you're focused [...] It's a transformation.

Dalston (34, gay cis man)

These accounts of drug-enhanced sexual pleasures resonate with popular media depictions of 'chemsex', although unlike most popular representations (e.g. Fairman and Gogarty's [2015] documentary 'Chemsex'; Flynn, 2015; Strudwick, 2016), they are not negatively freighted. Not only are such depictions overdetermined, often sensationalised and pathologising, they disavow the possibility that sexualised drug use, though not without risks, can actually contribute to sexual pleasure, intimacy and connection. To borrow a formulation offered by Angelides (2019: xxvi) in commenting on the implications of sex panic discourses, 'when the language of fear and anxiety colonizes the social and discursive landscape and predicts or favours the possibility of harm', it becomes extremely difficult, if not impossible, to countenance alternative outcomes for queer people engaging in sexualised drug use. Of course, our aim here is not to erase or diminish the struggles and difficulties that some people encounter. Rather we wish to offer a more balanced account that situates consumption, its risks and rewards, in the context of our participants' diverse priorities and

experiences. Our attention to the beneficial aspects of consumption is a response to the disproportionate emphasis on risk and harms in many popular, scientific and public health discourses. In contrast to these dominant framings, our participants' accounts emphasise the generative effects of drugs, and in so doing challenge the negative connotations of sexualised drug use.

Consuming drugs, remaking gender

Particularly valued for some LGBTQ consumers in our study was the capacity of particular drugs to transform bodily experience and subjectivity. This was especially striking for some trans and gender diverse participants who described how consuming their preferred drug(s) allows them to experience their bodies in ways that are profoundly transformative:

LSD is good because the times I've had sex on LSD, I have lost a certain level of spatial awareness. So, I kind of forget I have a body, which is a very interesting experience. But I've also had like hallucinatory experiences on LSD, mimicking like a mental perception of, you know, like PIV [penis-in-vagina] penetrative sex, which is something that obviously really appeals to me. And that has been a very interesting experience and again that ties back into the like using [drugs to reduce] gender dysphoria and like coming to terms with things.

Mira (25, queer trans woman)

Nico, a 40-year old queer non-binary participant, describes the gender-affirming effects of ecstasy in terms that resonate with Mira's account of LSD but this time in a non-sexual context:

So I had started questioning my gender and then I was so scared of what was coming up for me [...] and then I went out with a friend one night [...] We did ecstasy and I was dancing and I had this extremely vivid, like visual and felt sense of myself [...] (even though I mean I'm non-binary, but I'm definitely sort of trans-masculine) and I saw myself as this man [...] just all of the physical characteristics. And it felt so real and it was such a profoundly affirming experience for me. In that moment I was like, 'I haven't been making all this stuff up, this is what's really happening for me'. It just sort of crystallised all of those questions that I've been asking myself.

These accounts provide important examples of people consuming drugs to cope with stigma and marginalisation as well as to produce the pleasure of new possibilities and self-conceptions.

The role of drugs in (re)shaping gender was by no means confined to the trans and gender diverse people we interviewed. A number of cis-gender participants, often gay cis men, described how consumption facilitated gender play, allowing them to experiment with liberatory forms of gender transgression. Dane offers a particularly rich account of gender play involving drugs that captures the ludic, social dimensions of these activities:

R: We are constantly using [drugs] to like entertain one another and like perform for one another and kind of be silly with one another [...] We will, for instance, maybe have some crystal, take some [MDMA] caps [...] and go dancing [...] and just kind of have the best time like doing a show for one another [...] playing dress-ups for one another, trying on things [...] Most of us are putting on drag [...] *I think we are all willing to push the boundaries of what is socially acceptable with one another* and I think that's what brings us together as friends [...] as we kind of reject ideas of how we are meant to be [...]

I: And these drugs are an important part of that play?

R: Totally, totally, because there is definitely a thrill to them. Like there is an illicitness to them [...] You are not meant to be doing

them and so that kind of plays I guess into this aversion of [sic] social ideas of normal behavior [...] You also get a kind of escape from the reality that we all have to live in and [we get to] kind of exist together in a different place. And these [drugs] definitely are a big part of that.

Dane (30, gay cis man, emphasis added)

Immanent in this example is the role of gender experimentation and transgression ('pushing the boundaries of what is socially acceptable') in queer social scenes: it helps to cement friendships and social bonds and expand possibilities of gender expression. The illicit, taboo status of drugs emerges as an important part of the assemblage of gender transgression here. The consumption of drugs, together with non-normative forms of gender expression and the thrill of indulging in ludic behaviour, generate novel forms of sociality and connections that exceed the prescriptive confines of heteronormative, gender binaries. Echoing Dane's account, Avery describes the potential of MDMA to facilitate gender play and exploration:

I would say MDMA [...has] helped shaped the way I feel about gender [...] I probably see a lot more gender expression and therefore feel more confident in being a bit more explorative in my gender [...] I started doing drag about three years ago and I don't ever perform on any drugs, but [...] instances of being on MDMA before that have helped me get there in terms of the community that I experience generally with MDMA [...] I would say that the community that I meet in a space where I tend to take MDMA [...] has opened my eyes to a broader spectrum of gender and [...]to broader options for experimentation and playfulness with gender than the outside world, outside of the [...] pink bubble of the queer night club. I think I've been on a bit of a journey with [...] my own gender and I have experimented with more feminine manifestations in the real world because of the way that I've felt in these spaces.

Avery (31, gay cis man)

While Avery describes the dynamics of MDMA and gender play in the context of queer social scenes and drag performances, he notes that these experiences have prompted him to explore non-normative gender expression outside the 'pink bubble' of queer scenes. This suggests that the effects of drugs are not limited to the specific temporal and physical contexts in which they are consumed, but ramify through to other domains of everyday life (Jackson, 2004). Dane (quoted above) makes a similar point about the broader benefits of consumption in relation to enhancing his self-confidence, sense of agency and willingness to experiment with gender, noting that these effects extend beyond particular drug events:

I love taking these drugs. I think they clarify a lot of things. I think they illuminate a lot of things [...] I have learnt that I am a lot freer than I have been led to believe I am [...] I have a lot more agency over my own body and my experiences and my feelings. I have learnt that I have a lot more agency over my sexual experiences. I have become a lot more confident sexually taking these drugs. They have allowed me to let go of certain hang-ups and translate those over into non-high drug experiences [...] They have allowed me to [...] push the limits of [...] gender with my friends [...] and feeling uninhibited to kind of play with that.

Dane (30, gay cis man)

Social and/or sexual encounters involving drugs can be seen as a specific manifestation of a more general interest in experimentation and play associated with queer cultural scenes. In these examples, gender is the site of experimentation with participants pushing the boundaries of gender norms and exploring the relational, and sometimes erotic, possibilities that emerge from non-normative gender expression. Here socio-sexual engagements are animated by an interest in rethinking what bodies can do with each other outside the narrow confines of gender binarism, and by a curiosity and openness to the erotic, bodily

and relational effects that such modes of experimentation produce. Within these experimental encounters, drugs play a significant, though not determining role: by facilitating non-normative forms of gender and bodily expression, they contribute to more expansive experiences of pleasure, play and sociality.

For many of our participants their experiences with drugs effectively produced them as different kinds of subjects, transforming them from members of stigmatised minorities to agentive, desiring socio-sexual subjects. In this sense, we argue that drugs can be understood as ‘technologies of the self’ (Foucault, 1988) that enable the articulation of new or different subjectivities. Participants’ accounts of the process of forming such ‘improbable’ subjectivities often referenced collective scenes of experimentation, interaction and play. While intensely personal in their implications and effects, these technologies rely upon and potentiate new forms of intercorporeal and social experience. Importantly, our participants strove to emphasise that the consumption of their preferred drugs enabled particular sexual activities, social engagements and pleasures that were otherwise inaccessible or even unthinkable while sober. Their accounts illuminate the constitutive effects of drugs in transforming the body and the self in significant, and often very affirming ways. Contrary to the dominant view of drugs as risky and dangerous, they emerge here as generative of queer communities insofar as they enable novel modes of sociality, sexual connections and sensual pleasures that transcend prevailing sexual and gender norms.

Conclusion

In this article, we have tracked some of the ways in which drug consumption shapes queer identities and socio-sexual cultures. We have tried to do so without reifying drugs and their effects as fixed. Instead we have sought to explore the sensory and affective pleasures that drugs afford in the context of sex, sociability and intimacy, and the carefully assembled sexual architectures required to generate these effects. In doing so, we have queried normative tropes of pathology, trauma and stigma that are often presented as drivers of LGBTQ drug use. Underwriting these explanatory frames is a view of drugs as intrinsically harmful and corrosive, a source of inevitable decline that reinforces the marginalisation of sexual and gender minorities. Not only does this perspective strip LGBTQ drug use of its specificity and complexity, it forecloses the possibility that drug consumption can actually produce particular pleasures and benefits (hence its appeal to many). Against the all-too-common view of drugs as inherently risky and harmful, we see drug use as one practice among many that helps to materialise queer cultures and identities, rather than threatening only to erode them.

The accounts presented here testify to the diverse reasons why many LGBTQ people are attracted to drug consumption. These include, but are certainly not limited to, the desire to alter bodily experience, increase pleasure, enhance intimacy, cement social bonds, and indulge in erotic practices that may be otherwise uncomfortable or unthinkable. For a number of our trans and gender diverse participants, the experience of drug consumption was profoundly transformative insofar as it aligned their sense of self with their gendered body. Read together these accounts challenge the common narrative of drug use as driven by narcissistic hedonism. In addition to demonising the use of drugs, this dominant narrative reinforces a series of binary distinctions between medications/drugs, therapeutic/recreational use and pain/pleasure (Malins, 2017). But as our participants’ experiences amply demonstrate, these distinctions do not hold: as we know, illicit drugs can be used therapeutically, just as pharmaceutical drugs can be used for recreational and pleasure-seeking purposes. If we recognise that these purposes are not mutually exclusive, we can avoid reproducing the stigmatising associations of illicit drug use with hedonistic pleasure, dependence and loss of control (valentine & Fraser, 2008).

Our analysis has a number of implications for drug policy and service provision, which we comment on briefly to conclude. As noted

above, our participants’ accounts illuminate LGBTQ people’s varied motivations for consuming drugs. These motivations cannot be understood solely through familiar paradigms that use explanatory frames of marginalisation, stigma and discrimination. It is therefore important, we argue, that both research and service provision acknowledge the rewards and pleasures of drug use as well as its potential risks and harms, and importantly that they address the role of drug use in contributing to queer communities and socio-sexual cultures. If we recognise that drug use can be generative of queer communities, it then becomes possible to identify and foster the logics of care, safety and pleasure that are immanent, but all too often overlooked, within these cultures (Race, 2015). Notably LGBTQ organisations in the jurisdictions covered by this study already have a number of innovative projects built on consumers’ embodied experiences, which address the pleasures, benefits and transformative value of drug use, alongside its potential risks and harms (Burgess, Parkhill, Wiggins, Ruth, & Stoové, 2018; Gonçalves, Kolstee, Ryan, & Race, 2016; Stardust et al., 2018). These projects include the ACON Rovers program in New South Wales, and Thorne Harbour Health’s Outreach program, and Harm Reduction Victoria’s DanceWise in Victoria. By incorporating the experiential knowledge of community volunteers and peer support models, such initiatives exemplify practical harm reduction measures developed ‘from within’ (Dennis, 2019) (as distinct from the more familiar notion of ‘harm reduction from below’ [Van Schipstal, Mishra, Berning, & Murray, 2016] which although useful, implies a traditional hierarchy of knowledge). Importantly, they evidence a sensitivity to the dynamics of queer cultural scenes, and an attentiveness to the ‘social pragmatics of pleasure’ and logics of care at work in these settings (Gonçalves, Kolstee, Ryan, & Race, 2016: 14). Working within a pleasure-positive, harm-reduction framework and using approaches designed and delivered by peers, the measures are framed in terms that resonate with LGBTQ consumers (Stardust et al., 2018). As their uptake and effectiveness shows, they promote engagement with LGBTQ consumers on their own terms and in so doing increase the credibility of harm reduction and other drug-related interventions.

In line with these initiatives, we advocate for a move towards a ‘more-than-harm-reduction’ approach (Dennis, 2019). Such a move is inspired by an interest in what might emerge if existing harm reduction efforts are supplemented with initiatives oriented to enhancing pleasure and optimising the benefits that drug use can afford. Implicit here is a paradigm shift in which drug consumption is treated as a ‘matter of care’ (Puig de la Bellacasa, 2011), rather than one of concern. Where ‘concern’ denotes worry about an issue, it retains a certain detachment and passivity: one can be concerned without implying either a sense of connection to the issue at stake or the intention to act on it. By contrast, ‘care’ conveys a strong sense of attachment and commitment, including to neglected aspects of experience, along with a desire to act. In other words, the meaning of care is more suggestive of action and agency, and thus more readily turned into a verb ‘to care’. As Puig de la Bellacasa puts it: ‘Understanding caring as something we do extends a vision of care as an ethically and politically charged *practice*... to care signifies an affective state, a material vital doing, and an ethico-political obligation’ (2011: 90, original emphasis). In the context of drugs, treating drug consumption as a matter of care invites a different way of relating to drugs and those who consume them: it entails recognising our entanglement with the phenomena for which we³ care. We will inevitably be affected by them and in turn modify their potential to affect others. Caring then is not about intervening from a distance but about acting relationally (or as Barad might put it, ‘intra-acting’ from within) and accepting that we will be transformed in the process. It is a collaborative effort in which we are intimately entangled.

³ The term ‘we’ here is intended as an inclusive reference to researchers, service providers, policymakers, community organisations and other stakeholders whose work addresses drug-related matters.

In proposing an ethos of care, we are not suggesting adopting a paternalism that reinforces a view of people who consume drugs as damaged and in need of protection. Rather we are arguing for an approach that recognises and values the agency of consumers, their experiential knowledge, and the situated practices of care they perform to maximise drug-related benefits and minimise potential harms. What would it mean to treat pleasure, the exercise of bodies and their desires, as matters of care? That is, as things that are cared for and cared about in various ways? Engaging people in terms that resonate with their experiences of drug use, and the desires that animate them is to treat drug use as a matter of care. Crucially, the language of care we are proposing is not merely an epistemological, discursive issue. Our ways of researching phenomena and the terms we use to present them have world-making effects (Mol, 1999). As Dennis (2019: 190) puts it research is a “hands-on” practice of maintaining worlds’ and as such we have an ethical responsibility to the worlds we build and those we foreclose through particular knowledge-making practices. Thus the shift to a ‘more-than-harm reduction’ approach in which drugs are treated as ‘matters of care’ is an ontological and ethical pursuit with material consequences. Put simply, cultivating an ethos of care is a commitment to contribute to more liveable, just worlds (Puig de la Bellacasa, 2011). Guided by this ethical sensibility, we can produce more capacious realities attuned to the generative capacities of drug use.

Declarations of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Supplementary material

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