

Narcofeminist ‘chemsex’: Rethinking sexualised drug use in a shifting queer landscape marked by public health emergency

The Sociological Review Monographs
2023, Vol. 71(4) 881–901
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DOI: 10.1177/00380261231175728
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Abstract

The potential of sexualised drug use to enact the queer body is largely unaccounted for within the expert public health knowledges where ‘chemsex’ is produced as a predominantly cisgender gay male practice harmful to health. Underpinned by such logics, COVID-19 prevention measures in 2020–2021 limited urban nightlife, which can be thought of as a queer ‘intimate infrastructure’, restricting chemsex to the home. Such changes in routine afforded by public health emergencies provide a particularly clear glimpse into the emergent and situated production of queer bodies. Drawing on ontopolitical research in drug studies, which treats bodily capacities as products of sociomaterial arrangements, I explore the generative effects that emerge from a shifting landscape of sex and drug practices. I draw on in-depth qualitative interviews with members of queer feminist collectives in Berlin, Germany at the time of the lockdowns to ask: what kind of community is enacted through an abrupt transformation in the material settings of sexualised drug use? I argue that the landscape of the home was co-constitutive of a queer narcofeminist collective body, providing an incisive rebuke not only of public health discourse on chemsex, but also of the bifurcation of ‘intimate infrastructure’ into the privatised heteronormative home versus the public gay dark room.

Keywords

chemsex, COVID-19, intimacy, LGBTQ+ narcofeminism, new materialisms, sexualised drug use

Introduction

The potential of sexualised drug use to enact the queer self is largely unaccounted for within the expert knowledges of public health that constitute ‘chemsex’ as a site of risk for LGBTQ+ communities (Glynn et al., 2018; Gonzalez-Baeza et al., 2018; Pufall et al., 2018). Recent scholarship within critical drug studies as well as narcofeminist

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activism has, in contrast, highlighted drug use as an affirmative practice with potential for both reinventing the self and fomenting resistance to dominant social orders (Drysdale, 2021; Florêncio, 2021; Møller & Hakim, 2021; Moyle et al., 2020; Pienaar et al., 2020b). These readings of sexualised drug use stand in contrast to a vast public health literature on chemsex that reproduces normative assumptions about minority genders and sexualities by constituting LGBTQ+ individuals as at-risk and chemsex as problematic. But even cultural studies scholarship that works to de-pathologise chemsex, often implies it is a gay or bisexual male practice (Hakim, 2019; Møller & Hakim, 2021; Race, 2015a), with few notable exceptions (Pienaar et al., 2018, 2020b; Race et al., 2021). This study acts as an intervention into the dominant discourses on chemsex by opening up its feminist potential. By centring the accounts of queer people who not only occupy the margins of the privatised heteronormative nuclear family, but also the margins of gay public sex spaces, I outline the emancipatory effects on queer lives enabled by a reconfiguration of how drugs and sex were *done* during a time of public health crisis.

I will first review some of the major assumptions undergirding the pathologisation of chemsex within mainstream public health literature followed by a discussion of recent critiques of these discourses emerging from the field of cultural studies and critical drug studies. I conclude this section by laying the groundwork for my analysis of the affective potential of sexualised drug use for the making of narcofeminist community. To do this, I trace the shifts in *where* and *how* sex and drugs were done during the COVID-19 lockdowns of urban nightlife in Berlin, Germany to see what generative effects emerge.

A narcofeminist intervention into scholarly discourse on chemsex

'Chemsex' is a term co-opted from gay slang in the 2010s and used, within mainstream public health literature, to signify a predominantly male cisgender practice harmful to health (Race, 2018). One of the major ways normative assumptions have been enacted on chemsex is through establishing associations between sexual HIV risk-taking and drug use, which produces chemsex as 'harmful', 'risky' and 'addictive' (Race et al., 2017). As Pienaar and colleagues conclude in their post-structuralist analysis of how Australian policies problematise LGBTQ+ substance use, chemsex is enacted as a problem requiring policy intervention (Pienaar et al., 2018). These ways of producing chemsex propagate normative assumptions about LGBTQ+ populations including that high rates of drug use are a problem irrespective of the practices of use, LGBTQ+ populations are vulnerable, and sexualised drug use increases the risk of an array of health issues. This over-emphasis on harm perpetuates stigma towards LGBTQ+ people who enhance their sexual experience with drugs; it also constitutes them as subjects in need of state intervention (Moyle et al., 2020).

Another way normative assumptions and unequal distributions of power have been reproduced is through the disproportionate focus on cis men within chemsex analyses. Little scholarly attention has been paid to LGBTQ+ populations beyond gay and bisexual men who have sex with men. Even while higher rates of drug use have been reported among people assigned female at birth, including women, non-binary and transgender people (Lea et al., 2014; Roxburgh et al., 2016), there is scant qualitative research, with several key exceptions (Katzman & Tuchman, 2019; Moyle et al., 2020; Pienaar et al.,

2020b; Race et al., 2021), that addresses the experiences of sexualised drug use among these populations. This erasure of the embodied experiences of sexualised drug use practices of women, trans and gender diverse people has implications for the way health services are delivered; in Germany, for example, regular testing for sexually transmitted infections among women is not fully covered by public health insurance (Poge et al., 2020).

A position paper from the European Chemsex Forum exemplifies the narrow way that chemsex is imagined and responded to. It argues that chemsex, unlike other sexualised drug use, is a phenomenon emerging from gay hookup culture that ‘connects uniquely to gay sex’ (European Chemsex Forum, 2018). I use this as a jumping-off point to redistribute expertise on chemsex by engaging with ‘narcofeminist’ resistance to the hegemony of male-dominated accounts of drugs: the narcofeminist movement unites the struggle to elevate feminist concerns within drug use with the struggle to excise drug use from a harm paradigm. My analysis was inspired by the simultaneous interpretation I did for the interview with the narcofeminist activist group from Eastern Europe and Central Asia featured in this collection. I was moved by their modes of resistance to the disproportionate impact of structural violence and social control on their lives. My notes following the interview speak to their solidarity and mutual support:

There is a dominant narrative of liberation that comes with banding together in an intersectional narcofeminist movement. When we asked about what practices of support they have, the most common one was simply being together, even virtually. . . . The ritual of connecting over a shared, and culturally specific, oppression of gender diverse people who use drugs brings about a sense of resilience and freedom from the violence of society’s misogyny and drug moralism. This is an empowerment through practices of communal care.¹

The narcofeminists spoke of the ways that stigma, criminalisation and discrimination compound at the intersection of drug use and gender diversity; not only are women and gender diverse people who use drugs often in the background of drug users’ rights agendas, this oversight extends into feminist agendas. This led me to ask: and what about the intersection of drugs, gender and sex?

An in-depth discussion of drug use in sexual settings was absent from the narcofeminist interview, but the acts of resistance-through-solidarity described by the narcofeminists were familiar to me. Living in Berlin during the lockdown of public infrastructure (most significantly, night clubs) under the COVID-19 measures, I witnessed how my social circles navigated the closures of spaces that nurtured their relationships, kinship practices and support networks and, yes, the spaces where they had sex and did drugs. Their continuation of drug-enhanced sex under the radar in self-governed spaces was an act of narcofeminist resistance to the heteronormative assumptions of a public health policy that privileged heterosexual monogamous nuclear family arrangements (Pienaar et al., 2021) and rendered alternative kinship arrangements risky. People within these networks were by no means cavalier about their health or the health of others; they kept their finger on the pulse of the emerging pandemic, forming online discussion groups to monitor regulations and emerging data, and adjusting their behaviours accordingly. They did not, however, follow government regulations blindly; rather, it was a sort of ongoing

calculation that factored in the notion of chemsex as a life-affirming practice and staying within their community – a matter of survival (Florêncio, 2021).

The queer feminists around me were well aware of the absence of women and gender diverse people in public health discourses on chemsex as well in the everyday relations of public gay sex, like the dark rooms of Berlin's clubs. They were accustomed to spear-heading creative community-led efforts to make space for their sex and drug practices that pre-dated the pandemic. In an effort to make chemsex among women and gender diverse people visible on *their* terms, I took a narcofeminist position. As Wanda Gaimes, the co-founder of a feminist collective in Berlin, put it,

[we have] been explicitly feminist from the beginning – and by that, I don't just mean in a 'femme to the front, women to the front' way, but feminist in the sense of having a politics that goes beyond just inclusion and representation – a politics where we try to constantly trouble the status quo, and educate ourselves further about what the stakes are for personal and collective liberation. (Repatterning, 2023)

In this vein, I did not exclude cis men from my interviews, but I did pursue queer people's (including cis men's) accounts of narcofeminist resistance – acts to reclaim the 'right to use drugs and experience pleasure' for those usually unaccounted for, as stated in the Barcelona Declaration composed by narcofeminists (The Barcelona Declaration, 2019). I traced how these acts of resistance entangle a web of drugs, sex, space and bodies to see what kinds of generative effects on community emerged.

The relevance of the cyborg to queer chemsex

This study answers the call within alcohol and other drugs scholarship to rethink the way public health researchers and policymakers problematise the desire to chemically alter bodily experience within queer communities (Møller & Hakim, 2021; Pienaar et al., 2018, 2020a, 2020b; Race et al., 2017). I take the advice of Pienaar et al. (2018) that there is much to be gained from making policies that are informed by the 'inventive practices of consumers themselves' (p. 193).

So, I follow the experiential knowledge of queer people who use drugs in this work. But I do so with an important caveat: embracing the 'ontological turn' in social science, I do not take the effects of sexualised drug use for granted, possessing universal effect potential, but, rather, I see them as *made in practice* (Barad, 2007; Bennett, 2010; Darke & Garces, 2017; Fox & Alldred, 2015; Lemke, 2014). And practice is, simply, the way an object, subject or concept *is done*; the way it materialises through its interactions with human and non-human components, including people, animals and things that come together differently at different times (Coleman & Ringrose, 2013).

This analytical framework has two important implications for my analysis.² First, the non-human becomes imbued with the capacity for agency (Bennett, 2004, 2010). Donna Haraway's (1991) well-known feminist technoscience work on the cyborg – a hybridised posthuman metaphor that is both human and animal, person and machine – is a prominent non-naturalist example of the coming together of human and non-human elements. Crucially, the machine elements of the cyborg are not only made by, but are making the

human experience: ‘Matter as an active force is not only sculpted by, but also co-productive in conditioning and enabling social worlds and expression, human life and experience’ (Sencindiver, 2017, p. 7). In my analysis, I paid attention to material arrangements in the making of the queer body. I studied the body as it interacted with components of the home where drugs and sex happened: the way that the lighting was adjusted to ‘make a good party’, the performative rituals of drug consumption that made use of others’ body parts, and the kitchen plates used to distribute lines of drugs. I interrogated how these elements came together to perform the queer body in particular, varying ways.

Second, this framework draws a distinction between attending to how meaning is made in relation to an object versus *a whole ontological approach that troubles whether objects can ever stably be*. The image of the cyborg opens up the possibility that a singular reality composed of discrete building blocks, congealed through unequal power relations (or politics) is mutable: ‘The cyborg is our ontology; it gives us our politics. . . . This essay is an argument for pleasure in the confusion of boundaries and for responsibility in their construction’ (Haraway, 2006, p. 118). Suddenly, bodies, drugs and spaces can *become* different. Perhaps chemsex can do *more* for queer world-making than it is purported to do.

The role of material arrangements in the making of narcofeminist sociability

There is a body of literature which explores the generative power of sociomaterial arrangements in configuring new forms of sexual community. Kiran Pienaar et al. conclude that drug use can transform gendered experience and make way for the enactment of non-normative gender identities (Pienaar et al., 2020b). Coining the term ‘infrastructures of intimacy’, Kane Race (2015a) attends to the ways that objects, technologies and environments enact erotic encounters. His analysis of the relations between hookup technologies and sexual communities prompts a rethinking of how digital devices arrange sex and intimacy in new sociomaterial settings (Race, 2015b). Johan Andersson takes a similar analytical path, using the example of Berghain, Berlin’s renowned techno club, to outline how infrastructures bring new queer worlds into being (Andersson, 2022). A refuge from a world of heteronormative expectation, Berghain has become a haven for gay subculture. Andersson provides a rich account of the affective relations of what they call a ‘pharmacolibidinal constellation’ (composed of industrial architecture, multisensory stimuli through music and vibrations, gay sex and libido-enhancing drugs) on sexual categorisation. They explore how the pharmacolibidinal constellation affects ‘encounters not predetermined by previous erotic trajectories’ (Andersson, 2022, p. 452). Andersson writes that sexuality is ‘located within the building itself’ (p. 451): in a reversal of traditional scripts of compulsive heterosexuality, under the hegemony of Berlin’s gay community and through the tactile interactions with the erotic agency of Berghain’s structure, gay culture transfers to heterosexuals.

This is where I interject with this study: certainly the pharmacolibidinal constellation within Berlin club culture has made headway in dissipating dichotomous subjectivities (straight/gay, cis/trans, femme/masc, top/bottom), but what are the limits of

these infrastructures of intimacy? If not heteronormative, how do they reproduce *homonormative* limits on mutual satisfaction, sexual connection and conviviality for those on the margins? As Ben Trott (2020) explains (and Andersson also grapples with):

At times such spaces can and do themselves reproduce and reinforce hegemonic norms, existing social hierarchies, and modes of exclusion – including those of race, nation, class, disability, and gender (performance). (p. 97)

Certainly, there is a reason that the feminist collectives I spoke to trace their roots back to a material transformation of the gay dark room, in particular. Embracing the narcofeminist mission of making visible the processes of marginalisation associated with drug use, the members of these collectives seek to reconfigure the infrastructure for sex within clubs to account for gender and sexual exclusion:

Hailing from Berlin, which already boasted a vast sex-positive infrastructure for gay men, our mission has been to make that queer rave space more inclusive and responsive to the needs of the sexually oppressed. But how exactly do you empower the margins? How do you queer a dark room? (Lecken, 2023)

With the closure of clubs, then, under the COVID-19 lockdowns, the rapid shift in infrastructure for queer sex and drug use opened up new infrastructures of intimacy, without completely erasing old ones. Even while they were closed, the spatial dimensions of the club continued to act – an effect in absence – bringing an edited pharmacolibidinal constellation into the homes. But this transfer came with an important caveat: now architects of their own desire, the narcofeminists could decide how to configure the space. In the next section, I outline the processes through which the shift in settings enabled a critical intervention into the hegemony of hetero- and homonormative infrastructures of intimacy.

Generating data in the home during public health emergency

I was assigned female at birth and present femme so predominantly-gay public spaces never felt accessible to me. Their closure drove queer life underground; in Berlin, Germany – a centre of urban queer life in Europe – at-home gatherings consisting of more than a handful of people were banned for the majority of 2020–2021. This presented an opportunity for me to take up space in queer environments that resonated with my embodied experience. Largely run by feminist queer collectives, the homes that I became a part of welcomed men, irrespective of gender, sexuality or presentation but they remained ‘femme-forward’ spaces.³ While not necessarily referring to their members’ presentations as ‘femme’ (although the proportion of femme-presenting people was significantly higher than in any traditional gay public space), this term is rather a way to signify a communal intention to give space to those with traditionally less power and to enable a feeling of safety in their vulnerabilities. In line with Pienaar et al.’s (2020b) conclusion that drug effects can enable non-normative gender expression, the spatial dimensions of the home, occupied by people whose gender identity and physical

presentation were not indexed to each other in traditional ways, gave way to an intimacy that allowed for new gender, sexuality and drug scripts to develop. Ultimately, this intimacy enabled my gender transition.

I followed how people in my communities, a group of self-identified queers in Berlin, practised drugs and sex at the time of COVID-19 lockdowns. I conducted audio-recorded interviews with 16 participants lasting 76 minutes on average from May 2020 to March 2022. The participants, aged 21–45, were present during the time of the lockdowns at queer feminist gatherings; some were members of feminist collectives and others just adjacent to them or, simply, attendees. They included a wide range of nationalities (France, Greece, Bulgaria, Syria, USA, Tunisia, the Kyrgyz Republic, Canada, Ukraine, Germany, Slovakia, etc.), gender identities (trans women, trans men, non-binary, cis women, cis men, agender, etc.) and sexualities (queer, lesbian, gay, bisexual, pansexual, etc.). I conducted the interviews in person (with the exception of one on Zoom) and mainly in English (two interviews were in German). I transcribed the interviews using Trint software. Ethical approval was granted by the Yale University IRB (No. 2000031833).

Lancaster et al. argue that public health emergencies allow us to ‘see evidence-making as entangled and situated within . . . communities, generating knowledge and responses with and for those communities simultaneously and in time’ (2020, p. 485). Certainly, everything is always in-the-making, but ruptures can, by necessitating rapid rearrangement, expose the ‘everyday actual relations’ (Puig de la Bellacasa, 2017, p. 87) that go into the making of things, exposing their taken-for-granted nature. The dramatic shifts in where, how and with whom queer people had sex and used drugs occurred in compressed time frames during the COVID-19 lockdowns, rendering the emergent nature of chemsex and its effects particularly visible. With the backdrop of a public health emergency, I followed the sociomaterial arrangements of drug use and sex at this particularly fluid time and analysed the limits and capacities on queer sociability flowing from these arrangements.

Locking down queer modes of life

In limiting physical contact to monogamous, coupled, nuclear families cohabitating with their partners, health measures aimed at combating COVID-19 shut out alternative kinship arrangements that characterise many queer relationships (Pienaar et al., 2021). The crisis posed particular challenges to queer people who rely on mutual care and kin-making to correct for their exclusion from heteronormative institutions (Trott, 2020). Berlin, one of the world’s cultural capitals of queer life, was no different. In the two and a half years since COVID-19 hit Berlin, the nightclubs – a central meeting point of queer life – were closed for 20 of these 30 months. As a feminist rave collective in Berlin wrote on their Telegram channel:

For many of us, queer migrants exiled from intolerable places of origin and families of genetic coincidence, embracing precarious and non-conforming lives, raving is more than a casual weekend distraction. It’s the most generative and inclusive safety net many of us have found. An elective family of affinity, and hopefully lasting sustainability.⁴

There was a strong sense during this time that nuclear hetero-families were prioritised over other families including our chosen families. Isak elaborated the meaning of community within queer circles:

As queer people, you know, it's having the same kind of discrimination, relying on chosen family more than blood family, wanting to fuck all the time, and wanting to have space for this and not feel bad about wanting to fuck those people. . . And I think that's why, like, queer people hold chosen family really close to them because you have empathy about that person having similar needs as you. And you know what it's like to feel that pain and that makes you want to do something about it.

But, suddenly, those spaces to 'fuck all the time' and hold people close were shut down indefinitely. As the spaces that are host to non-normative relationships such as clubs, bars and even gatherings outside and in the home were barred, queer people had to choose between cutting ties with their networks or finding alternative paths to sustain queer modes of life. As Ben Trott explains,

contemporary queer socialities – including the friendship networks and the alternative modes of community and kin-making that can form in and around bars, clubs and other spaces – are partly the product of histories of banishment from the family (and from the social and political institution of the family), shared experiences of sexual stigma, a need to escape from the policing of gender, and a desire for sanctuary from threats of homo- and trans-phobic violence (2020, p. 88).

From one day to the next, we were separated from our kin.

What does a queer future without its infrastructure look like? Alternative queer modes of life are rooted in these spaces, so what happens to drugs and sex when these spaces change? And how does this affect queer communities? Queer collectives resorted to adaptive responses and modes of care to keep their kin afloat. For sure, some stayed in their homes alone, but, overall, the people I interviewed continued to socialise. Beyond the intimacy with friends on which they relied for their well-being, the majority were precariously employed and relied on their networks to make ends meet. They continued to meet at home in new ways, skirting the ever-changing restrictions on the numbers of people allowed to congregate.

The feminist collectives I was part of maintained a heightened focus on the materiality of the spaces they occupy out of necessity: when organising parties and raves, they manipulated materials, lighting and the texture of surfaces of a space in an attempt to multiply access for underrepresented groups. As an example, dark rooms frequented by gay men are constructed for sex for people with penises; there are few comfortable surfaces where people with vulvas can comfortably lie down. They were well-versed in restructuring spaces to cater to the erotic expression of women, femmes, trans, inter and non-binary people (e.g. ensuring there were places to lie down, soft furnishings, hiring people to work to monitor the spaces and provide support). But this bending of the infrastructure always had its limits, enforced by club security, club owners, the legal/political climate and club promoters. Now they turned to the private home, refashioning their parties to sustain their community.

First, I explore these restructured spaces, then the drug and sex rituals these produce, and finally, I tease out the generative effects this has on queer community and kin-making.

From the club bathroom to the living room

During the lockdowns, for many people, party rituals and drugs in the home became central as few other outlets existed. The monotony of the work week blended into ritualised home parties on the weekends. As Trina explains, ‘A lot of people just feel like OK my life is just boring. We are just working Monday to Friday, and then in the weekends we are not allowed to do anything.’

Jo’s musings speak to the emerging nature of these COVID-19 home gatherings – so much so that these gatherings even evade categorisation:

At home it’s not an orgy ’cause that’s all about sex, it’s not a chill because that’s very druggie through the chill app, it’s not a party ’cause it’s so silent. So what is it? You can call it a party with a little giggle at the end, I think. Yeah, a party [giggle].

I see the giggle as a nod to the resistance inherent in gathering despite restrictions on queer forms of life. The home, traditionally a space of domesticity where pleasure is de-prioritised, especially for people socialised as women, becomes here a vehicle of resistance by placing pleasure front and centre. The giggle is also a stand-in for the wild excess characteristic of many of these gatherings – a stark contrast to the asceticism of lockdown.

The hard-to-pin-down gathering at home is enacted through the contrast to gathering in a club. The open-ended nature of a gathering in someone’s home is experienced in several ways beyond its namelessness: the boundaries are blurred in terms of time frames, drug consumption and behavioural norms. And the main difference lies in temporality. Clubs offer a more contained, controlled environment that ritualises drug and sex practices through regimented time frames.

Well, with clubs. . . your drug use is contained, meaning I would say like two main aspects: like one, you’re going to a toilet cubicle to use them. So that requires waiting. It also requires efficiency, meaning like you’re in the cubicle, you want to hurry up. Let’s [say] we have an agenda, which is, do this drug, this drug, this drug and get out and enjoy ourselves. And then you also have the dance floor. So like a lot of the times, it revolves around that or say, the dark room you go, you take drugs, you get fucked up and. . . But even then, there’s an agenda where it’s like, ‘Let’s get together, let’s use and then let’s go, enjoy ourselves. Let’s dance our asses off, let’s fuck our brains out.’ Like, you know, there’s like a rinse and repeat process. (Leon, 36, trans man)

Indeed, at clubs the geography of the space brings about a particular ritual of drug use. At most clubs, drug use is restricted to the toilet cubicle, out of sight of club staff and security. People huddle together in the cubicle and distribute lines or doses – a ritual preceded by a (usually long) wait in the queue. This arrangement is mutually beneficial because it gives the club plausible deniability in front of the authorities in terms

of condoning drug use while providing a space for clubgoers to use in private without repercussions. It also brings people onto the same schedule because a group of people consume in the same rotation. Jonathan explains, 'And at a club you all go take a line, trip out together on the dance floor. You're all ready for another line of ketamine at the same time. Right? Like most drugs have like, a time sequence.' Mirroring a dance, they enter into a drug consumption rhythm, or a loop.

The queue of people waiting for the bathroom in clubs, often time consuming, creates a natural limit to how much one can consume. In contrast, gatherings at home become a blurry phenomenon and hard to pin down. Olena describes, 'With house parties it's open-ended. So I think you can take drugs whenever, wherever.' A key point here is the ritualisation of drug use within clubs made it so that entering a bathroom to do a line or take a shot of G⁵ could never be done solo and, because of the people waiting at the door for their turn, it was always limited in time. When I ask Wyatt about whether he would go into a bathroom cubicle on his own to do drugs he laughs:

In clubs - never. No. No. Ah that's funny. I haven't even thought about that until you brought this up. No, because it's just a natural thing that you're on a schedule with other people. And like if you go in and rack up lines for yourself, you're taking up a lot of cubicle space, that could be shared with other people to make the efficiency a lot better. And I don't know for me, like I want to do drugs with people, that's the main reason why I take drugs is I share the experience with other people.

Brahim explains that 'a house party kind of disrupts this sequence. You know, you can get on your own schedule and you can very much abuse or misuse that schedule by yourself. You know, I think people keep each other in check and, with house parties, they don't. And I think that's why it was detrimental to people's drug use.'

When transferred to the home, the looped consumption event of the club broke down and the unbounded house party lacked not only limits on drug use but also a space to process, move and connect: the dance floor. As Akylbek explains:

And the dance floor was always a neutraliser. So like, you're too high on a pill, you're too high on ketamine, you go dance it off. You know, you had a maybe you were turned down in the dark room and it bummed you out. You go dance, you go find people on the dance floor like, Yeah, it's kind of like a meeting point. You don't have that in the house party. Yeah, they're like, there's like the club revolves around the dance floor. A house party there's nothing that everything revolves around. It's just everybody's in their own loop.

Centring around the dance floor, the club provides more distinct boundaries between the club and the outside world with its ritualised and repeating time sequences bounded quite literally by the walls of the toilet cubicle. The dance floor is a centrepiece surrounded by cubicles and darkrooms that provide a natural progression from drug-taking to sex to 'dancing it off'. Rinse and repeat.

Without the space and temporal boundary on either end that a club provides, home gatherings became unruly and open ended. Parties became longer and harder. Rami explained:

Now during lockdown, it's really, I don't know how big this scene is that used to regularly take drugs. But around me and my friends, I'm a bit, uh yeah, I'm a bit. . . *besorgt* [concerned]. Like maybe, say, four or five of them. They just do drugs regularly every weekend and they stay awake at least two nights every weekend. Now people just do 40 lines and 25 doses of G in one weekend.

The sheer quantities of drugs people were consuming signified the crossing of new boundaries that extended also to sex. Rami, who identifies as gay, went on to explain how he witnessed more gay men in his circle having sex outside of their usual gender preference, sometimes with women. This temporal dilation of parties, produced by the unstructured home environment, also brought people into loops that allowed for sexual practices outside of their usual scripts.

A queer intimacy emerges

But drug use in house parties was not always an individualising process. In the feminist queer collectives that I followed, accounts of drug use and sex at home during lockdowns began to take on a communal ritual of their own, in ways that made up for the solitude that the closing of the clubs elicited. In contrast to the increased social isolation predicated on the decline of queer social spaces outlined in the literature on chemsex (Race, 2015a; Race et al., 2017), the at-home drug and sex rituals overwhelmingly produced a strong sense of affection, conviviality and intimacy. Almost as a way of making up for the lack of architectural and temporal boundaries in the home extinguishing the looping drug–sex–dance rituals, people described creative coping strategies they enacted to instil a sense of order and collective responsibility.

Many participants spoke to a new intimacy that emerged through the weekly ritual of bonding that gathering at each other's homes entailed. With the number of contacts reduced and the threat of penalties for gathering looming, many remained in tight knit circles circulating from house to house. As Lea points out, 'Things are more intimate. . . I think that like the intimacy also makes people share more as well, which is why it's a really nice thing and why I've gotten so close with people.' Many described spending days together doing drugs, listening to music, having sex and, mainly, talking. Intimacy here was enacted through the formation of a collective that went beyond close personal relationships and encounters:

It's also a nice thing to be together with people around you and then everybody just loses their limits and their boundaries and all this stuff. And this is what I really enjoy, this just being free with people and just I don't know if you feel like getting naked. . . You can just do it and people don't judge. . . You just feel good, and sex is more intense. The penis is more sensitive. (Jay, 38, non-binary)

Joanna Latimer defines intimacy 'as a site of connection through which a sense of belonging and alterity might arise in relation to human and more-than-human others' (Latimer & Gomez, 2019, p. 254). The intensity of the drug and sex experience in such a home is a distinguishing factor, again enacted through the interconnectedness between the humans and the objects within it.

The intimacy afforded by the materiality of the home was a prominent feature of people's accounts. The number of sleepless days in these homes produced an intimacy with the home setting itself: 'we became part of the couch'; 'it's a place where you can just open the fridge and take a Club Mate'). People I interviewed became entangled with each other's body parts – 'We all really got to know each other's assholes' – personal items (e.g. toothbrushes), and, as I outline in the next section, drugs (e.g. G).

In contrast to what Tarek called the 'faceless meat market on the apps',⁶ Jean describes, tongue in cheek, the institution of the 'crack home' – a community home defined by mutual care and intimacy. Here, Jean is misappropriating the term 'crack house' – a derogatory term used to demonise the spaces where people use drugs – as a form of narcofeminist resistance. Rather than a crack *house* – a bare structure – the crack *home* is a place of community and mutual care. The selectivity of such a space goes hand in hand with a particular intimacy that every participant has with the 'crack home', where each has a responsibility to the place, as though it, in part, belongs to them too. Only those with a connection can be brought in through an undefined process of vetting that often allows for complete strangers. In such a space, intimacy becomes an effect of the material infrastructures of the home. Aron highlights a distinguishing physical feature of the crack home:

Like one thing I see is that people have toothbrushes at these places. It's always about the toothbrushes. Like when somebody has toothbrushes for other people in their apartment that aren't just for them and their partner, it's real. . . We have 40 fucking toothbrushes in our bathroom.

Indeed, the objects of the space produce the crack home. The toothbrushes also make an interconnectedness and interdependency, enacting 'the many' that group together like a collection of toothbrushes in a cup. We see a bodily becoming as a collective body begins to emerge – a body that blurs the boundaries between the individual and the group and the human and non-human components of the surroundings.

Key to such a home is the practice of self-governance where the rules are made by those who frequent it and feel comfortable there. The 'party', including drug and sex practices, is a key component of such a space, something Shaun calls 'rituals almost more than rules'. I explore these drug and sex rituals in the next section.

Governing through drug rituals

As I detailed in the sections above, participant accounts enact the home as a lacking structure – a sort of void. This void, enabling a descent into a 'chaotic' form of drug use, is enacted through a contrast to the regimented and controlled infrastructure of the club. As Tina notes, '[In the home] there's kind of like a lack of rules or lack of oversight of a club or like a space that's holding you.' I began to get a sense from participants' accounts, however, that feminist collectives, keenly aware of the danger that social isolation posed to their communities, began to practise drug use and sex differently when the home became the only available space for socialisation. Tina continues, 'So like, if it's somebody's house, I think it's a lot easier to hold community together because I know it's personal. You're in somebody's house.'

I began to follow the way that queer collectives ‘hold community together’ in times of crises through drug and sex rituals. A lack of oversight in the home, usually enacted by the structures, policies and staff of a club, meant that the oversight had to be taken into their own hands enabling a form of self-governance. My analytic lens turned to the care practices that emerged to fill this gap.

Regulating each other’s drug use is one such instantiation of care practice. Gilda describes the processes of regulation that developed in the home:

You know, Ronnie might have a really high bar for intervening with people in terms of substance problems or life problems. But he will step in, you know. Like when he thinks it’s problematic or when he thinks that a person needs help. When everyone is buying from this crack home or a lot of their usage is in this crack home, then the creators of the crack home actually have a lot of oversight into how much usage there is. So in a way that they actually become monitors of other people’s usage, even if they’re not the best examples themselves.

Gilda’s account produces the space as a touchpoint of care, where problematic drug use patterns can be reined in. The familiarity and communality of the space are key features that produce a visibility around drug use and enable community care. Although many did not meet at times of heightened COVID risk, either when someone tested positive or incidence was high, their continued meetings in the face of restrictions were driven by these principles of community care, knowing full well that falling into individual loops of use at home could bring dangerous consequences. Indeed, the ‘crack home’ kept many afloat by keeping their drug use entangled.

And this interconnected drug use had transformative effects. One of the substances that elicited the most concern was G. Because of the small margin between a recreational dose and an overdose, the paraphernalia for administering G are critical. Oleh sourced plastic bottles instead of glass with graduated pipettes; the plastic made sure that the bottle wouldn’t shatter and the markings on the pipette allowed for more accurate dosing. Moreover, the overall volume of the pipette (about 1.5 ml, a high, but probably not lethal, dose for GBL) made sure that, on the off chance that someone misread their dose, they wouldn’t consume a lethal amount. Oleh handed these out to the people in his crack home in a move he called (‘my holy G war’). This practice not only ensured that their use would be ‘quite a bit safer’, but, in a striking example of how the non-human affects the human, also enacted the community itself. He elaborates, ‘it’s also a bit of like a branding thing and, in a fucked-up way like, who’s in this kind of network, like who has a plastic G bottle and who has a red pipette, you know?’ María Puig de la Bellacasa (2017, p. 88) argues that ‘thinking with care’ has potential to disrupt dominant dualisms, precisely because care requires a curiosity and knowledge about the situated needs of the other. And such an arrangement can only become possible through co-transformations, wherein beings transform each other through their intimate relations. Here, Oleh’s group of friends was interconnected through the care relations of the ‘holy G war’: administering G using a particular bottle and pipette united them into a collective.

We see that their collective body was not only produced through toothbrushes but also through rituals of drug use, including drug effects. Sia explained that the drug trajectory for a party is often made collectively:

I mean I think a lot of it is kind of like a communal decision, right? Like what are we feeling you'll ask your closer friends or maybe even the broader group you notice, 'Oh some people are taking MDMA, right that's like a bit more of an investment. So hey, maybe we'll do that with them' and then kind of get the whole party rolling on the same vibe.

The consideration of others when choosing a drug – another care relation – speaks to the way that drugs enable co-transformative connections between people and things. The particular effects of a drug, including the intensity and length of the high, directly affect others to the extent that the sociality of the moment is broken if the highs are mismatched. With the heightened intimacy of a home environment, bodies become even more reliant on other bodies for their experience of pleasure. Given the restricted number of people in the home, the decision as to which drug to take is of heightened importance and affect potential on others' bodies. As Dalia describes:

If we're entering into this new activity or experience, maybe let's enhance it or alter it with ketamine or Tina [methamphetamine] or MDMA, you know, like a state change and like just to kind of emphasise the state change that's happening when you're going from not having sex to having sex.

A switch from one drug to another can also enact a state change for the entire group. This makes an individual's drug use, in fact, never solely individual, but a coordinated dance enabled in the embodied effects between people.

An instantiation of the collectivity of drug use were the myriad drug consumption rituals that I witnessed – an affective spectacle of close relationality, made possible by the spatial dimensions of the home. Indeed, the home allowed for drug rituals that were far more intimate and elaborate than what the clubs could provide. Bell's account provides a vibrant example. He describes how he administered MDMA anally (called 'boofing' or 'booty pump') to a group of friends:

And so then we like weighed out a bunch of like the right amount of MD [MDMA] so it was properly dosed. . . And then we mixed it, diluted it in water and then we like put an equal amount in every syringe so then we can do it all kind of at once. And then, everyone put their asses in the air. . . And then, yeah, basically, I went down the line of ten people who were just on their hands and knees. . . I was wearing this fake leather jacket. I was pretending to be Jim Jones. Because that's how much of a ritual it was. I was literally giving people their poison, you know. I was like, it's time to drink the Kool-Aid kind of situation.

Bell's ritual booty pump, an intentionally over-the-top performance laced with humour, produces each participant's anus as public. The mode of administration was a key part in the making of the collective queer body, generating intimacy through the application of the same substance, in a repeating pattern, in equal measure, enabling everyone to experience a similar drug affect. The looping ritual of the club was thus recreated in the home, but with a heightened sense of intimacy, which produced a more entangled community, a sort of queer collective body.

Elevating narcofeminist matters of care in queer chemsex

Through an analysis of narcofeminist drug and sex practices during the COVID-19-related lockdowns of queer infrastructure in Berlin, I have provided an account of sexualised drug use as *generative of narcofeminist queer community*. This research itself – one of the very few studies dedicated to femme-forward sexualised drug practices – works as an intervention to trouble the taken-for-granted effects of sexualised drug use by drawing on the situated, practice-based dynamics of sex and drugs within a feminist queer community responding to an evolving health crisis.

By highlighting the capacity for a materially reconfigured sexualised drug use to foster queer bodily autonomy, it raises the feminist issues at stake in masking the multiple gender enactments folded into chemsex. The interactions between the gender diverse people in this study, the dance floors and the dark rooms they used to take over, and now the home – reappropriated for drug-enhanced semi-public displays of sex – reoriented desire away from masc cis male domination to enable erotic expressions for women, femmes, trans, intersex and non-binary people, etc.

In this section, I reflect on the two key ways that my analysis undercuts mainstream discourses on chemsex: (1) I attend to the feminist potential that queer chemsex holds for enabling sexual autonomy through community cohesion and (2) I comment on how the encounters in this study subvert the bifurcation of ‘intimate infrastructures’ into the privatised heterosexual home versus the public gay dark room. I conclude by reflecting on how this analysis opens up space for a narcofeminist reconfiguration of infrastructures of intimacy.

The feminist potential of queer chemsex

In resisting isolation, the reassembled setting of sexualised drug use produced a particular type of narcofeminist community. I take community to be a mode of relating, without presuming a fixed arrangement, that forms a constellation of bonds, a sense of belonging and a collective agency (Race, 2015b). Following a set of studies centring the life-affirming qualities of sexualised drug use by lowering inhibitions and increasing closeness, the community in this case study constituted through communal practices surrounding drug and sex rituals (Anderson et al., 2018; Hakim, 2019). Some people attending these lockdown-gatherings in the home did not previously know each other, but their presence in the space enabled relations of mutual care and commitment at a time of crisis. Their modes of caring can be seen as ‘relational justice’: putting care practices centre stage as a rejection of their neglect within dominant culture – a neglect that impoverishes resistance to capitalism’s hold on our lives (Lynch et al., 2021). This calls to mind Hakim’s (2019) situating chemsex within a need for affective collective intimacy at a time when competitive individualism overrode other forms of relating. Through his qualitative study, he describes chemsex as a line of flight from the crumbling community infrastructure, a burning desire to ‘feel together’ as a resistance to neoliberal norms.

The enactment of community in this case study can be read as a product of a sort of ‘collective chemical intimacy’. The drug-enhanced sex that the people I spoke to participated in, rather than an individualised act affecting oneself, was produced as a collective

action, affecting a state change in the bodies of others. Lykke described how a sexual encounter enacted care: ‘they saw I was sad and asked if they could fuck me. I wasn’t so into it sexually and it seemed like they weren’t either, but it was such a beautiful act of friendship. I immediately felt better.’ Sometimes the rituals affected an entire group, such as the temporally coordinated drug-taking that enacted a state change for everyone and everything present (‘the vibe’). Puig de la Bellacasa emphasises the transformative embodied effects of touch between human and non-human elements: ‘Significantly, in its quasi-automatic evocation of close relationality, touching is also called upon as the experience par excellence where boundaries between self and other are blurred’ (p. 96).

There are echoes here from another subcultural context where I have done research: in prisons in the Kyrgyz Republic, rituals of heroin use create bodily health through the making of a communal body where ‘healing is commensurate with an agency afforded through the incorporation of the individual into a collective body’ (Azbel & Morse, 2020, p. 58). In Kyrgyz prisons, like in the queer gatherings I describe here and the narcofeminist interview in this collection, drug use peels itself away from the harm versus pleasure paradigm where it has become so stubbornly stuck. Instead, we see that drug use can be a community-making ritual, enacting a more-than-human more-than-individual body in ways that, rather than necessitating subservience, enable self-expression.

Hakim (2019) concludes that it is ‘a stretch to argue that chemsex is a counter-hegemonic practice’ (p. 270). This study begs to differ. Banding together in an intersectional queer feminist movement through rituals of drug use and sex against the backdrop of implicitly anti-queer restrictions on queer cultural spaces, produced a sense of liberation. Many queer people I spoke to found that the lockdown gatherings allowed for an (at least partial) excision from both the hetero- and homo-norms in which they had been embedded, enabling previously inaccessible expressions of desire. As material arrangements were reorganised so that queer collectivities could endure, queer people who found themselves standing on the margins of the dark room were suddenly moved to the centre of the home. As Bohdan, a trans man, pointed out, ‘I had more casual sex during the lockdown than ever before. I don’t know why. Maybe something about the abundance of soft surfaces for people with pussies to lie on. Or just fucking in socks. People love to fuck in socks.’

Reconfiguring intimate infrastructures

This case study provides a compelling example of the active role that intimate infrastructure plays in the making of collectivity and sociability. I have described how the geography of the home enacts an ‘affective intimacy’, wherein queer community emerges from the dynamic encounters between bodies and things. Given the potential of infrastructures to produce capacities on what the body is capable of, attending to the localised politics of intimacy is a narcofeminist project.

A strong sociological critique of the bracketing off of intimacy to home environments has been mounted. Race, in his study of how space produces gay sociability, calls attention to the reductive nature of divisions of gay life into the neoliberal anonymous transactional quick sex as opposed to the care inherent in domestic partnership and coupledness. Dissolving the binary between casual sex, indexed to gay public spaces, and coupledness,

indexed to the privatised home, he describes ‘how something called sexual community might have emerged in contexts so carefully geared to quick sex opportunities’ (Race, 2015b, p. 498). As Berlant and Warner (1998) argue in ‘Sex in Public’, the localisation of intimacy in the home can be seen as a ‘privatization of intimacy’ –producing a hegemonic heteronormativity that inhibits non-normative sexual cultures. This is, in part, why gay sex so often localises in public places (e.g. night clubs, saunas, bars and sex shops). But the shift of gay sex into the home, via a trend towards sexual encounters through online hookup platforms, is read as a demise of community resulting from the decline of publicly accessible gay spaces over the past 10 to 15 years (Race, 2015a; Westhaver, 2005).

But how, then, do we account for the liberationist effects on queer lives emanating from the home in this study? How can the privatised home – part and parcel of enacting the nuclear neoliberal family (Lewis, 2022) – become a space enabling the collective transgression of both hetero- and homosexual norms? The feminist at-home gatherings I attended painted a different picture in ways that cut across the public versus private divide inscribed by such studies. We see that the boundary between heteronormative tropes that tether intimacy to the home, on the one hand, and the gay rebuke that fosters a sense of intimacy in public, on the other, is flipped on its head. Neither private nor public, coupled nor casual, club nor home (look no further than the name of the gatherings: *Klubheim*), gay nor straight, these queer feminist gatherings produced effects that cut across a wide range of binaries. Indeed, they partook in a dance that reconfigured not only their sexual capacities and bodies but the infrastructures of intimacy themselves.

Let’s think back to Bell’s row of anuses publicly displayed in the home. The participants’ faces, turned to the wall, were not even visible to the audience as only the most intimate body part was made public, working to repurpose the home, the most private of spaces, into a vehicle for non-normative communal expressions of sexuality and gender. Bell concluded, ‘And it was a very interesting experience because I really had to feel everybody’s ass.’ Bell’s act of feeling here has an affective charge on the infrastructure of intimacy itself: it produces alternative modes of relating, enacting non-normative sexualities onto the privatised home. This rebuilding of infrastructures of intimacy works through the touch itself, the material distribution of intimate affect, ‘further highlight[ing] the political potential of affect in studying intimacies’ (Kolehmainen et al., 2022, p. 2).

Puig de la Bellacasa writes that touch is a neglected mode of relating that amplifies a sense of concern with compelling potential to build alternative worlds. Indeed, *Klubheim*’s touch was a project of queer world-making. Beyond affording a powerful sensorial experience, consensual touch can be a relation that transforms beings, enabling an entangled closeness rather than a detached distance. Puig de la Bellacasa calls on us to ‘reclaim touch as a form of caring . . . with the potential of marginalized oppositional visions to trouble dominant oppressive indifferent configurations, a transformative desire that also requires resisting idealization’ (p. 98) Gayle Rubin (2011) recounts the history of parties at a sex club called the Catacombs in San Francisco in the early 1980s on the eve of the AIDS epidemic.⁷ Home to gay male fisting parties, this club took on the role of a community centre for the S/M population. Having overcome the calls to exclude women, the Catacombs eventually evolved into hosting mixed-gender sex parties. Rubin writes:

Good fisting . . . require[s] a great deal of attention, intimacy, and trust. . . . Moreover . . . the application of carefully chosen physical stress is a method for inducing transcendental mental and emotional states. (Rubin, 2011, p. 231)

As we have seen in this study, touch can do even more, as I'm sure it did in the Catacombs: it can induce transcendental *material* states.

The material is political

Public health emergencies, by virtue of the adaptive responses they necessitate in compressed time frames, lay bare new relationalities. In this case study, the shift in the geography of sexualised drug use from public queer spaces to people's homes had transformative effects on queer lives and intimate infrastructures. The capacity of a queer chemsex to transcend categories and open up new potential for what the queer body can *do* became evident. A self-governing narcofeminist community co-constitutive of a queer infrastructure of intimacy took shape as an effect of material shifts in sexualised drug practices.

There are important lessons here for a narcofeminist rethinking of queer infrastructure. How can public health policy consider the ways in which space produces drug effects? How can the architecture of the club be considered in the production of drug effects? Is the current geography amenable to harm reduction endeavours? And, even less commonly acknowledged, how can we make our spaces productive for pleasure for those whose pleasure has often been discounted? The adaptive self-governance practices during COVID-19 lockdowns of queer spaces teach us that community is made through *material objects and our interactions with them*, drug use being a key practice. As Ben Trott notes, infrastructures intertwine with queer world-making:

Queer futures are unthinkable without the infrastructures – including but not limited to bars and clubs – that facilitate unforeseeable encounters and those forms of contact that can help produce new types of community. (2020, p. 98)

At a time when the prevailing order that brackets intimacy to the privatised, nuclear monogamous, heterosexual household was inscribed into policy, the narcofeminist at-home chemsex rituals I have detailed here expanded the horizons of intimacy. Turning the home into a space for queer conviviality and pleasure, they performed a range of collective drug and sex rituals that produced alternative logics of care and worked to disrupt dominant social orders. Beyond providing a critique of privatised intimacy as indexed to the home, the gatherings I have explored here took it a step further to provide an intervention into the public chemsex rituals within clubs that are co-constitutive of gay community: breaking the divide between the privatised hetero home and the gay public, they made the home public and the public queer.

Funding

The research on which this article is based was funded by FLAGS – the Fund for Gay and Lesbian Studies, LGBT Studies at Yale University.

Notes

1. Personal fieldnotes, 16 December 2021.
2. This and the following paragraph are adapted from my PhD thesis: Azbel, Lyu (2020) *Methadone as indiscipline: The making of the virtuous subject in Kyrgyz prisons*. PhD thesis, London School of Hygiene & Tropical Medicine. <https://doi.org/10.17037/PUBS.04657358>
3. I reject the term FLINTA (female, lesbian, intersex, non-binary, trans, agender), often used by Germany's queer communities, as a useful analytical concept. As Syd Ramirez, a historian, argued in personal communication from 28 January 2023, the term is defeatist for feminist goals. She wrote in a Telegram message: 'The term isn't useful because it makes assumptions about what differentiates experiences of cis men and everyone else that cannot possibly hold. It reinforces gender binaries that have no actual relation to people's lived experiences, for example, by excluding effeminate gay men from claiming commonality of experience. I think especially in the way it used in the German political scene, it tends to assume shared political goals among all the people included, as if all trans people see their struggles as aligned with cis women when that is easily not the case. . . . And it leads people to conclude cis men have no places in our struggle, no experiences which they share with others that might be useful: frankly it's a really white concept to claim that 'men' do not experience discrimination that 'everyone else' does But really, what does FLINTA try to successfully exclude? Not penises, but instead. . . . Masculinity? Ok, but there are trans masc people, butches. Aggression, patriarchal attitudes? Okay, but women can bring those too and the whole point of understanding these structures is that they are inescapable and must be dealt with in their totalizing presence.'
4. 'Lecken News' Telegram channel, 12 May 2022.
5. A drug commonly used in chemsex: gamma-hydroxybutyrate/gamma-butyrolactone (GHB/GBL).
6. e.g. Grindr.
7. The state's closure of public queer spaces is nothing new, especially during public health emergencies. Like the persistence of the lockdown of queer spaces during the COVID-19 pandemic long after other public spaces reopened, sex clubs and bathhouses in San Francisco had been forced to shut as a way of managing the AIDS crisis in 1984.

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