



WIRED *Sex*

COMMUNITY REPORT

Prepared by the Sexual Health and Gender (SHaG)
Research Lab | Dalhousie University

SHaG
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Acknowledgments

Funding received from CIHR Community Based Research operating grant #156919 (2018-2020).

Approval received from Dalhousie University Ethics Review Board.

Report design by Brittany Matchett.

For more information on the Wired Sex project including a list of peer-reviewed publications, please visit our website: <https://shaglab.ca/projects/wired-sex-sexualized-drug-use-and-hookup-apps>

AUTHORS & COLLABORATORS OVERVIEW

Increasingly, sexual encounters in the contemporary gay community are facilitated by online technologies (especially social networking websites and apps) as well as chemical substances (psychoactive drugs, prescription medications, steroids, etc.). The Wired Sex research project drew upon poststructural and queer theory to investigate the experiences of gay, bisexual, and men who have sex with men (GBMSM) with sexualized drug use (SDU) online and in person. This framework allowed us to view the use of chemicals and virtual spaces as formative elements in men's current experiences of pleasure and social connection, shaping how they understand sexuality, health, safety, and community. This community report presents the major themes from our research.

SDU is commonly practiced by GBMSM to experience elevated sexual experiences and escape inhibitions. Online technologies can be used to facilitate GBMSM's access to sex and drugs. This has the potential to impact GBMSM's sense of community in various ways. In some cases, online interactions can foster meaningful, long-lasting connections with other GBMSM and renew a sense of community. However, SDU and the use of online technologies can pose risks to those participating in it, such as problematic substance use, Sexually Transmitted and Blood Borne Infections (STBBIs), and increased risk-taking during sexual interactions.

The objective of the Wired Sex project was to better understand the impacts of online technologies and chemical substances on GBMSM—how they understand their bodies, their sexualities, their health, and their connections with each other. To achieve this, a scoping review was conducted to understand the current state of the literature. Next, relevant perspectives were gathered from frontline service providers (n=12) through interviews and GBMSM (n=50) through interviews and questionnaires. The results of this research may help inform community-based efforts to support the sexual health and safety of the GBMSM community.



EXECUTIVE SUMMARY

THEMES FROM GBMSM INTERVIEWS

- SDU as a coping mechanism allows GBMSM to lower inhibitions and free themselves from stress, stigma, and other issues.
- Online technologies can foster socio-sexual connections and easy access to sex and SDU.
- Meaningful connections are crucial and the main priority for GBMSM when using online technologies and/or engaging in SDU.
- Online technologies can help GBMSM promote and manage their health, safety, and consent by facilitating negotiations.
- Online technologies can help GBMSM set boundaries and mitigate harmful situations.
- However, certain expectations and peer pressure can arise from the culture of online technologies, which can perpetuate marginalization and stigma among GBMSM.

Overview

THEMES

THEMES FROM SERVICE PROVIDERS' INTERVIEWS

- Service providers have a responsibility to destigmatize drug use, support opportunities for GBMSM to connect and form community, and link to health services.
- GBMSM can develop a dependency on sex and drugs, especially if associated with meaningful connection and development of community.
- GBMSM are believed to engage in SDU to escape stigma, shame, and social pressures and to act as a coping mechanism or release.
- Importance of developing policies and practices that are better tailored to the needs and realities of GBMSM.
- Urgency of service providers critically reflecting on any biases they have and how they understand and talk about SDU.
- Harm reduction approaches were encouraged to:
 - Orient service providers to the source of the problem and help GBMSM create healthy, meaningful connections with other GBMSM.
 - Help GBMSM better understand and navigate SDU and online technologies.
 - Mitigate shame, stigma, internalized homophobia, and other psychological trauma GBMSM may experience.
 - Help GBMSM reduce addiction, overdose, risk of STBBIs, and other harms.
 - Provide judgment-free compassion and support
 - Provide culturally competent care to GBMSM.

Overview

THEMES



TERMINOLOGY

Chemsex is a colloquial term that combines the words “chemical” and “sex” to describe sexualized drug use among GBMSM. Some common drugs in chemsex are gamma-hydroxybutyrate (GHB), gamma-butyrolactone (GBL), crystallized methamphetamine (crystal meth), and mephedrone.

GBMSM is the acronym for gay men, bisexual men, and other men who have sex with men.

HIV is the acronym for the human immunodeficiency virus. HIV weakens the body’s immune system and, when untreated, it can develop into AIDS (acquired immunodeficiency syndrome) and can cause eventual death due to infections or cancer.

LGBTQ+ is an acronym that refers to people who identify as lesbian, gay, bisexual, transgender, queer, and other sexual or gender minority identities, typically understood as a historically marginalized or equity-deserving group.

Online technologies are any website or application that require an internet connection to function. We use this term to refer to websites, like chatrooms and social networking sites, and smartphone-based hookup apps, like Grindr and Scruff, that facilitate various types of connections among GBMSM, including any combination of online-only, in-person, sexual, and non-sexual interactions.

PEP is the acronym for Post-Exposure Prophylaxis. PEP is a medication that people take when they are thought to have been exposed to HIV. PEP has been clinically proven to prevent the development of HIV. GBMSM may take PEP after having unprotected sex, particularly if they are concerned about contracting HIV.

PrEP is the acronym for Pre-Exposure Prophylaxis and is intentionally stylized with a lowercase “r” to help differentiate it from PEP (see above). PrEP is a medication that people who are HIV-negative take either regularly or before sex to prevent the contraction of HIV. PrEP is a popular preventative health measure among GBMSM, particularly those who are (or believe they are) at a high risk of exposure to HIV.

PnP is slang for Party and Play, which is a kind of chemsex practice that often involves consuming methamphetamine while engaging in sexual activities. Other drugs may also be used in this setting, however, methamphetamine is the most common.

Sexual health broadly refers to the mental, emotional, and physical health of an individual in relation to their sexual practices and sexuality.

SDU is the acronym for sexualized drug use, the use of prescription or recreational drugs before or during sexual activities that are meant to enhance sexual arousal and pleasure. GBMSM may engage in SDU online or in person, either alone or in the company of others.

STBBIs is the acronym for sexually transmitted and blood-borne infections. Some examples of STBBIs are HIV, chlamydia, gonorrhea, genital warts, hepatitis B/C, syphilis, and more.

This community report is an overview of our Wired Sex research project, which explored GBMSM uses of online technologies and chemical substances for sex. Five published articles resulted from the project; three of which examined SDU from the perspectives of 50 GBMSM (Joy et al., 2021; Holmes et al., 2021a; Numer et al., 2023) Another article summarizes the results from our scoping review on SDU and the role of technologies (Patten et al., 2020). Finally, we produced a paper focused on the perspectives of 13 Canadian service providers who work with GBMSM (Holmes et al. 2021b).

The recreational use of drugs during sex is common among GBMSM. In Canada, almost two-thirds (64%) of GBMSM report substance use and over one-fifth (22%) report using substances for sex specifically (Brogan et al., 2019). Illicit substances that are common in GBMSM's experiences of SDU are crystallized methamphetamine (aka "crystal meth", "crystal", or "Tina"), mephedrone, gamma-hydroxybutyrate ("GHB"), and gamma-butyrolactone ("GBL") (McCall et al., 2015). These substances increase sexual pleasure and endurance and can remove inhibitions (Ma & Perera, 2016).

In the past, GBMSM discreetly met potential sexual partners at bars, clubs, and bathhouses, but more recently, online technologies such as online chat forums and hookup apps have facilitated easier access to sex and SDU among GBMSM (Filice et al., 2021; Gudelunas, 2012). A scoping review of studies on GBMSM sexual encounters online (n=35) found that social networking apps were a leading factor in facilitating encounters that involved drug use (Patten et al., 2020). Therefore, it is imperative that we understand how GBMSM navigate and promote their health and safety as they use online technologies to meet people, engage in sexual activities, and use drugs and illicit substances. While SDU amplifies perceived connections among GBMSM, it can also lead to problematic dependencies and increased risk-taking during sexual interactions (Ma & Perera, 2016).

The Wired Sex project sought a more comprehensive understanding of SDU and the use of online technologies, that can assist in the development of policies and practices oriented toward supporting GBMSM in their pursuits of meaningful and pleasurable encounters. Implementing changes in healthcare systems, the community sector, and related fields will result in improved services and resources that promote GBMSM's safety and health, especially those who face risks and experience harm through their SDU online and in person.

Background

& CONTEXT





Research

PROCESS

The Wired Sex research project used three methods to investigate GBMSM's experiences with SDU and how those experiences were facilitated by online technologies. The first two methods included survey questionnaires and personal interviews with 50 GBMSM from three Canadian cities (Halifax, Ottawa, and Vancouver). In both methods, participants were asked about their sexual identities and practices, as well as the social networking platforms and chemical substances they have used for sexual purposes.

The third method was to interview 13 service providers from across Canada who work closely with GBMSM. We asked them about their interactions and roles working with GBMSM, their attitudes toward using online technologies and chemical substances for sex, and their recommendations to better support GBMSM.

We examined the data from these three methods using discourse analysis, which considers how language is used to give shape to experiences within social and political contexts. In this study, we listened to how participants talked about online technology and chemical substance use and compared that with the common ways sex between men, drug use, and social networking are talked about in society. For example, SDU and online hookups are often framed as risky or potentially dangerous, particularly among gay men where fear of the spread of HIV is prevalent. We took this approach to scrutinize how GBMSM engage with and/or challenge these dominant ways of representing their sexual practices.

Our discourse analysis was informed by poststructuralist and queer theory, which orient toward the social and political effects of sexual practices (Bowden, 2020; Schostak & Schostak, 2007). Online-facilitated SDU constitutes a marginal space of sexual experimentation outside of dominant, especially cis-heteronormative, discourses about sex and sexuality. Poststructuralist and queer theory helped us to understand how GBMSM engagement in these sexual practices may be disruptive, even resistant and transformational, to sexual norms, thereby carving out new spaces for GBMSM to connect and experience pleasure.

GBMSM PARTICIPANTS

Of the 50 GBMSM participants in this study, most of them identified as gay (n=40), cis men (n=47), had an income of less than \$30,000 (n=27) and were predominantly White (n=32). Participants were recruited from Halifax (n=20), Ottawa (n=19), and Vancouver (n=11) and ranged from 18-55 years of age. The most used platforms were Grindr (n = 33), Scruff (n=21), Tinder (n=14), Growlr (n =9), and Squirt (n=9). For an in-depth look at participant demographics and a full list of platforms used, see Tables 1–7 in the Appendix.

GBMSM participants talked about a variety of drugs and illicit substances during their interviews. Cannabis (n=27), poppers (n=21), erectile dysfunction (ED) drugs (n=17), GHB (n=11), and crystal meth (n=10) were the drugs that participants used the most before and/or during sex with other GBMSM. Most participants consumed alcohol when engaging in SDU (n=30) and several participants regularly took PrEP (n=12). The full list of drugs and substances that participants reported using is provided in Table 8 in the Appendix.

SERVICE PROVIDER PARTICIPANTS

Of the thirteen service providers who participated in this study, most reside in large city centres dispersed across several Canadian provinces, including Ontario (n=7), British Columbia (n=2), Nova Scotia (n=2), Quebec (n=1), and Manitoba (n=1). The service providers worked in varied fields including mental health and addictions counselling, service coordination and navigation, and community-based research, among other responsibilities. About half worked in sexual health and HIV/STI prevention (n=7), and about half were involved in community outreach and engagement of GBMSM (n=6). Full information on service providers is available in Table 10 in the Appendix.

The service providers identified the types of substances they knew GBMSM used, such as recreational drugs (e.g., alcohol, cannabis, gamma-hydroxybutyrate [GHB], crystal meth, ketamine or “K”) and prescription drugs (e.g., pre-exposure prophylaxis [PrEP], erectile dysfunction [ED] drugs). Although some GBMSM used opioids and steroids, providers said it was more common to consume alcohol, cannabis, alkyl nitrites (“poppers”), crystal meth, ecstasy, GHB, PrEP, and ED drugs.

Our data analysis revealed several major themes about SDU among GBMSM. Participants explained that SDU helped them let go, **lose inhibitions**, and free themselves from **stress, stigma, and other issues**. Similarly, participants noted that GBMSM would engage in SDU to cope with internalized homophobia and the pressures associated with conforming to heteronormative perceptions of sex. Online technologies provide a space where GBMSM feel liberated to explore and discuss their sexual interests, including SDU, and they allow GBMSM to be anonymous or discreet as they explore such interests, which helps them feel protected from potential stigma.

In this way, GBMSM relied on online **technologies for socio-sexual connections** with other GBMSM, communicating their interests in SDU and arranging sexual activities online and in person. Participants stated that online technologies provide GBMSM with **easy access to sex and SDU**, but their immediacy and impersonal nature can hinder meaningful and lasting connections. Participants noted that their SDU and connections with other GBMSM could change according to the setting and people involved. For example, one participant said their SDU depends on the situation:

I never have a thing where I'm like o.k. well I'm going to hook up tonight, so I better get super high and then like I don't feel a dependency on it. It's more like, you know, if the other person uses cannabis as well it's like a social thing and then you sort of morph into your connection. (GBMSM P23)

We also found that the intimacy they feel with other GBMSM can be enhanced through SDU. Similarly, participants explained that they often intended to develop deeper and more meaningful connections with sexual partners through SDU. **Meaningful connections were crucial and the main priority for GBMSM when using online technologies or engaging in SDU.**

Participants said that the explicit discussions they had online about sex and SDU contributed to expectations about what would happen when meeting in person. In this way, they said online platforms allowed them to negotiate their sexual preferences in advance, which supported safer, more comfortable, and more pleasurable sexual encounters.

Participants said they used their online conversations to talk about condom use, STBBIs and HIV, screening practices, and drug use. GBMSM can assess their compatibility with potential sexual partners online before they ever meet in person, and the anonymity of online technologies makes it easy for them to back out of an in-person meeting if they are no longer interested, often without any consequences.



Themes from GBMSM
Interviews
DISCUSSION

Online technologies facilitated negotiations and discussions about SDU, especially since GBMSM participants said that they were more comfortable having those conversations online than in person. This means that **online technologies helped GBMSM set boundaries and mitigate harmful situations** that can arise during their SDU. Participants also explained that, in comparison to online spaces, public spaces felt heteronormative and constrained the sex-positive and drug-related conversations they wanted to have with other GBMSM as they organized their SDU. However, participants also expressed frustration with **expectations and peer pressure that can arise from the culture of online technologies**. One participant explained:

Technology is really advanced, it's really quite overwhelming... I think it's just going to maybe give those who are new to the scene, to the cruising sites and stuff, the wrong feel... putting ideas in their head and making them be more open and more vulnerable at the same time I think because not everybody wants to do that, but they feel obligated...(P7)

In addition, the anonymity of online technologies makes it easy for GBMSM to discriminate, stigmatize, and shame one another online, and there are few consequences if an individual perpetuates harm. We found that GBMSM who identify as transgender, who are racialized, who are from an older generation, and/or who are living with HIV or other STBBIs are often targets of harassment online. One participant stated:

all the apps have sort of a way of indicating what people's sexual health practices are" (P42). This awareness was noted by many participants, including one who said: I'm definitely concerned about it [HIV]. I always make sure that I'm on top of things and I always have been, so it's important to me and the partners that I'm with, I want them to make sure that they're clean as well before I engage... I think they [apps] made it [STBBIs] known. (P5)

This participant was one of several participants who said that they preferred sexual partners who were "clean" – a stigmatizing term that some GBMSM used to refer to someone who does not have STBBIs or HIV. GBMSM with these and other marginalized identities (e.g., racialized GBMSM) reported being targeted because of their identities and, as such, they sometimes experienced additional harm and identity-based discrimination, stigma, and shame while organizing or engaging in SDU.

These themes show that **online spaces are complicated avenues for seeking safe and meaningful connections**. On the one hand, participants found safety in the anonymity and distance of online communication to discuss their SDU interests and clarify their preferences and comforts in advance; on the other hand, participants reported harassment and discrimination online that reinforced systems of oppression (e.g., racism, transphobia) and stigma around HIV and other STBBIs. This tension shows the need for supports and strategies to successfully navigate the terrain of online spaces to find safe and meaningful sexual encounters.



Themes from GBMSM
Interviews
DISCUSSION

The service providers in this study recognized that GBMSM engage in online technologies and SDU for several reasons, including to escape from inhibitions, feel heightened pleasure during sex, and foster feelings of intimacy, connection, or community with other GBMSM. They observed that some GBMSM engage in SDU to escape from **stigma, shame, and social pressures** and, as such, they described GBMSM's **SDU as a coping mechanism** for the difficulties they experience in their lives:

When gay and bi men go online to seek Party and Play they're also managing and coping a lot with those different types of institutional forces that might criminalize or pathologize them... they could also be understood as a mechanism for coping with the effects of homophobic marginalization. (SP11)

Some service providers expressed concern about GBMSM using SDU to find and develop community since those feelings are linked to their SDU. This can lead some GBMSM to keep engaging in SDU and **develop a dependency on sex and drugs** since they are linked to that sense of community. One provider explained:

The feelings can be really intense, and they can override any natural bonding sensations that we might have and so that becomes the gold standard of feeling but it's chemically driven so of course it's going to be out of this world... So there's this sense that they had a really strong connection, that they felt really loved, every part of them felt connected to this other person but a) that may not be the case, and b) that sets them up for having difficulty finding that when they're sober. (SP10)

Service providers emphasized that online-facilitated SDU should not be a topic that is morally judged by providers and that it is part of their **responsibility to destigmatize drug use, support opportunities for GBMSM to connect and form community, and link GBMSM to health services**:

There's a lot of stigma, a lot of pathologizing, so there's definitely the importance of educating health and social care providers with regards to more culturally sensitive practice... If we can as practitioners be also more reflective, not necessarily assuming that if guys go online for chemsex it's necessarily bad. Perhaps there's some kind of relational needs that guys are meeting online, using substances that we as providers don't understand because we are not part of the community. As providers we should be doing a better job at helping our clients, gay and bi men, who navigate online apps for chemsex to articulate the meanings of those practices. (SP11)

As such, service providers in this study emphasized that it is important to take a harm reduction approach when working with GBMSM who use online technologies and chemical substances. This requires service providers to **focus on the source of the problem and help GBMSM create healthy, meaningful connections with other GBMSM**. Service providers can also provide GBMSM with mental health and social services that address internalized homophobia and other psychological trauma, which could minimize risky sexual practices and problematic SDU. With a harm reduction approach, the focus is on non-judgmental provision of services to prevent further marginalization and harm.

Themes from Service
Providers Interviews

DISCUSSION

Service providers noted that frontline workers need to understand the history of GBMSM issues (e.g., moral judgment and criminalization during the AIDS epidemic), how those issues have evolved over time, and current events impacting GBMSM. It is important for service providers to understand that these factors fuel stigma, fear, and violence against GBMSM communities and contribute to the notion that meeting in secret and hiding one's sexuality can be a necessary safety measure.

Questioning cis-heteronormative assumptions and approaches to GBMSM sexual health is crucial to **providing culturally competent care** to GBMSM who seek support and care services. For example, some said that existing services are not appropriately tailored to fit the experiences of GBMSM:

Say someone is experiencing problematic PnP and they wanted to go to an in-patient treatment program, where would they go? There's nothing. Nothing that's tailored, so you might be in a room with heterosexual men who use opioids. So that sense of safety is just not going to exist in those places. (SP08)

They emphasized **the importance and urgency of service providers critically reflecting on any biases they may carry into their services, especially in terms of how they understand and talk about SDU with their clients.** They said it was important to minimize stigma, support open conversations with clients, and develop appropriate interventions, as needed. However, service providers said that they do not receive enough education or training on how to elevate their cultural competency, particularly as online-facilitated sexual encounters and drug use become the norm for GBMSM. They expressed a desire to learn **policies and practices that are better tailored to the needs and realities of GBMSM** who use online social networking platforms to engage in SDU.

The perspective of service providers reinforced the perception that GBMSM use of online technologies and chemical substances is primarily for the purpose of finding meaningful and pleasurable connections with other men. Recognizing this underlying desire in SDU practices, **they prioritized de-stigmatizing, harm reduction approaches** to validate GBMSM needs and help them **safely navigate online spaces.** For their part, service providers' own needs centred around **more access to training, strategies, and resources that would support tailored services for GBMSM** engaging in online-facilitated SDU.

Themes from Service
Providers Interviews

DISCUSSION

SUMMARY OF THEMES FROM INTERVIEWS

There were a few themes that appeared in both the interviews with GBMSM and the interviews with service providers. First, both populations emphasized that SDU was common among GBMSM. Online technologies, especially hookup apps like Grindr and Scruff, facilitate SDU among GBMSM. **The cultures of these apps normalize and encourage GBMSM's use of drugs and illicit substances**, as it is common for GBMSM to display their interests on their profiles and discuss their interests when chatting online. Online technologies present a paradox of intimacy because they allow for GBMSM to connect and develop socio-sexual relations, but these relations can sometimes be superficial and possibly harmful.

Online technologies hold potential to provide a safe space for GBMSM to discuss their sexual and drug interests and negotiate the parameters of their SDU. Negotiating interests online before meeting in person help GBMSM find like-minded partners and people who respect their boundaries. These online negotiations can help GBMSM promote their safety, health, and consent. GBMSM and service providers in our study talked about how online technologies can raise awareness about SDU and harm reduction. Alongside culturally competent support services, resources can be publicized and shared through online technologies, thereby bringing health information directly to GBMSM.

Summary of
THEMES

RECOMMENDATIONS FOR GBMSM

GBMSM in our studies highlighted a number of harm reduction strategies while engaging with online technologies and chemical substances. These strategies, summarized below, could benefit other GBMSM who are new to or unsure of how to navigate online spaces.

- Many social networking platforms have features that allow users to communicate their sexual health information and sexual practices. These features have helped GBMSM become more informed of their sexual partners' sexual health and of sexually transmissible infections in general.
- Platforms rarely extend such openness to drug use preferences. To signal their drug interests, GBMSM often use coded language on their profiles and in messages with each other (e.g., "treats" = cocaine, "PnP" = party and play, "Tina" = crystal meth). Learning this coded language may help with identifying and communicating with users who have shared interests.
- Sexual activities negotiated online are often seen to be a "done deal," that is, no further discussion or adjustment to terms is needed when physically meeting with partners. However, consent is an ongoing process that starts with online messaging about what users are interested in and continues as people move to connect offline. Setting limits in advance is a strategy GBMSM used to establish thresholds for activities they would negotiate and partake in with other users.



Recommendations
FOR
GBMSM

RECOMMENDATIONS FOR SERVICE PROVIDERS

- We recommend a harm reduction approach that is tailored to the needs and realities of GBMSM by seeking to understand why and how GBMSM engage in SDU and the associated impacts. It is important to be able to recognize problematic SDU and implement interventions that help GBMSM manage their SDU.
- Similarly, we recommend participating in anti-stigma training to address biases about GBMSM and/or SDU and to learn how to offer nuanced support to GBMSM who engage in SDU. Knowledge about LGBTQ+ history and current issues affecting LGBTQ+ people can help minimize discrimination, stigma, and shame that GBMSM may experience while receiving support services.
- The emerging field of online-facilitated SDU has created an online “chemculture” among GBMSM that transcends national borders. Service providers would benefit from learning about this chemculture, especially how it frames sexuality and sexual practices within a certain logic—prioritizing intensities of pleasure and connection between men. Although SDU is often morally judged as risky and harmful, we recommend service providers learning about community-based tactics used within chemculture for cultivating trust, safety, wellness, and intimacy among GBMSM.

Recommendations
FOR SERVICE
PROVIDERS

RECOMMENDATIONS FOR ORGANIZATIONS

- The social networking sites GBMSM use could be effective platforms to raise awareness about important sexual health practices with regard to SDU, problematic drug use, addiction, and STBBI transmission through in-platform advertisements.
- Community organizations may choose to provide spaces where GBMSM can connect and congregate to discuss online and chemical use free from discrimination, stigma, and shame. These spaces could be online and/or in person, depending on the location and target population. They could also be opportunities to provide support and guidance for navigating online spaces safely.
- We recommend developing policies that are sensitive to GBMSM's experiences with online technologies and SDU, which may be problematic in their lives. Encouraging GBMSM to think about and discuss these topics with their sexual partners can help minimize risks and promote safer, healthier, and more consensual sexual experiences.

Overall, we encourage collaborations between GBMSM and organizations so that services are tailored to the needs of local GBMSM communities. A more nuanced and comprehensive approach will enhance the resources available to GBMSM who engage in SDU and will help prevent and mitigate problematic SDU among GBMSM.



Recommendations
FOR
ORGANIZATIONS

The Wired Sex research project gathered important information about the sexual uses of online technologies and chemical substances, from the perspectives of both GBMSM and their service providers. The project helped identify both the challenges brought about by the recent (and relatively quick) rise of online-facilitated sexual communication and activities, as well as the creative ways GBMSM are using this infrastructure to meaningfully and safely connect with each other. This information may be used to inform the practices, programs, and policies of service organizations that work with GBMSM to promote their health and safety.

For more information on the Wired Sex project visit our website:

<https://shaglab.ca/projects/wired-sex-sexualized-drug-use-and-hookup-apps>

Or refer to our peer-reviewed publications listed on the next page.



Final Project

CONCLUSIONS



WIRED SEX PUBLICATIONS

Patten, S., Doria, N., Joy, P., Sinno, J., Spencer, R., Leblanc, M. A., Holmes, D., Numer, M. (2020). Sexualized drug use in virtual space: A scoping review of how gay, bisexual and other men who have sex with men interact online. *The Canadian Journal of Human Sexuality*, 29(1), 106-126. DOI: 10.3138/cjhs.2019-0052

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APPENDIX

Table 1. Age range of GBMSM participants.

Age	N	Percentage
18-25	12	24%
25-35	18	36%
35-45	9	18%
45-55	11	22%

Table 2. Sex assigned at birth of the GBMSM participants.

Sex at Birth	N	Percentage
Female	5	10%
Male	45	90%

Table 3. Genders of the GBMSM participants.

Gender	N	Percentage
Man	47	94%
Non-Binary	2	4%
Non-Conforming	1	2%

Table 4. Sexual orientations of the GBMSM participants.

Sexual Orientation	N	Percentage
Gay	40	80%
Bisexual	2	4%
Queer	3	6%
Gay, Bisexual, Queer, and/or Two-Spirit	5	10%

Table 5. Ethnic identities of the GBMSM participants.

Ethnic Identity	N	Percentage
White	32	64%
Asian Canadian and Pacific Islander	8	16%
Middle Eastern	2	4%
Latinx/Hispanic	3	6%
Indigenous	1	6%
Latinx/Hispanic and White/Caucasian	2	4%

APPENDIX

Table 6. *Income levels of the GBMSM participants.*

Income	N	Percentage
Under \$30,000	27	54%
\$30,000 – \$59,999	6	12%
\$60,000 – \$89,999	10	20%
\$90,000+	6	12%
Prefer not to say	1	2%

Table 7. *Online technologies listed by frequency of use among the GBMSM participants.*

Online technology	Number of participants who used each
Grindr	33
Scruff	21
Tinder	14
Growler	9
Squirt	9
Manhunt	8
BBRT	7
Instagram	7
Craigslist	5
Facebook	5
Plenty of Fish	5
Growler	4
Hornet	4
Recon	3
Bumble	2
DaddyHunt	2
Fetlife	2
Others mentioned once (e.g., Gay411, Kijiji, OK Cupid)	15

APPENDIX

Table 8. *Drugs and substances listed by frequency of use among the GBMSM participants.*

Drug or substance	Number of participants who used each
Alcohol	30
Cannabis	27
Poppers, "Inhalants"	22
Erectile dysfunction (ED) drugs	17
PrEP and ARVs	17
GHB and GBL	15
Unspecified "Speed" and "Amphetamines"	12
Ecstasy, MDMA	12
Crystal meth	10
Cocaine, Free Base	7
Ketamine	5
Testosterone	2
Opioid agonist therapy (OAT)	2
Hallucinogenic mushrooms and Mescaline	3
Stimulants (unspecified)	2
Other illicit drugs (Crack, Heroin, LSD)	3
Prescribed medication (HSV-2, ADHD, Dilaudid, etc.)	5

Table 10. *Service providers' scope of work.*

Scope of Work	Number of Providers
Sexual health, HIV/STI prevention	7
Community outreach/engagement	6
Mental health counselling & navigation	5
Substance use counselling & navigation	5
Service coordination/linkages	3
Program development	2
Capacity building for SPs	1
Community-based research	1