

Injecting as a sexual practice: cultural formations of 'slamsex'.

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Abstract

'Slamsex' has emerged in gay vernacular in recent years to denote a particular way of taking drugs and a particular kind of sex. *Slamming* refers in this context to the practice of injecting drugs - typically crystal methamphetamine - intravenously. To pair 'slamming' with 'sex' is to propose that a particular mode of drug administration is constitutive of a particular kind of sex - a relatively novel idea that deserves some unpacking. What does it mean to make a route of drug administration definitional in the delineation of a sexual practice? What does this move reveal about contemporary practices of sex and drug consumption? In this article we explore these questions with reference to theories of drug effects and practitioners' accounts of slamsex. We conclude by considering the implications of our analysis for slamsex relations and associated harm reduction measures.

Keywords

chemsex - injecting drug use - slamsex - methamphetamine use - route of administration

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Introduction

The term ‘slamsex’ has emerged in gay vernacular in recent years to denote a particular way of taking drugs and a particular kind of sex. *Slamming* refers in this context to the practice of injecting drugs – typically crystal methamphetamine – intravenously. Crystal methamphetamine can also be smoked through a glass pipe, snorted, or ‘booty bumped’.¹ To pair the term ‘slamming’ with ‘sex’ is to imply that a particular mode of administering this drug is constitutive of a particular kind of sex – a relatively novel idea that deserves some unpacking and explanation. What does it mean to make a route of drug administration the definitive element in the delineation of a sexual practice? What does this move reveal about contemporary discourses and practices of sexualised drug consumption? In this article we explore these questions with reference, firstly, to theories of drug effects and secondly, to practitioners’ experiential accounts of slamsex.

Slamsex can be situated as a subcategory of chemsex – a term that sexual health practitioners transposed from gay vernacular in the early 2010s to name what they saw as a problematic set of behaviours (Race, 2018). But where professional definitions of chemsex specify the use of particular substances (typically crystal methamphetamine, GHB/GBL and mephedrone) and contexts (app-mediated hook-ups) as integral features of the practice, *slamsex* is unique for referencing a particular way of *administering* the relevant substances, and has emerged as a specific object of interest only more recently. Preliminary studies are somewhat inexplicit about

the pleasures, desires and motivations that animate the practice, concerned as they are primarily with the ‘wide array of high-risk injecting and sex-related practices’ that slamsex poses (Scheibein et al., 2020) – especially HIV and hepatitis C transmission.² In this article we set aside these concerns and explore the qualitative dimensions of slamsex and the meanings, attachments and roles that constitute it as a sexual practice.

A further provocation of the term slamsex is the suggestion that slamming (or ‘blasting’, as it is also commonly known in Australia) might be understood as a sexual *preference*. This framing makes the route of drug administration much more than a technical question of economical drug delivery. It also directs attention to the erotic attachments that some practitioners develop to various aspects of the experience, including: the rituals of preparing and arranging the drugs and equipment; the activities involved in administering the drug and the various roles this entails; and the characteristic feelings and intensities of the ‘rush’ (or drug high) and the sexual possibilities to which these give rise. To frame slamming as a sexual preference is to suggest that people’s attachment to this method of drug administration is linked to their desires for a particular kind of sexual experience. It implies that this mode of drug administration might be considered *part* of the sexual encounter, rather than simply a means to an end. And finally, it suggests that people’s preparedness to take methamphetamine using this quite specialised route of administration becomes a significant consideration in the selection of sexual partners. The best evidence for this is relayed by one of our participants, who reports ‘people these days rename their [hookup app] profiles based upon their drug use. Like there’d be like a guy called Blasting or Two Points or something, you know what I mean?’ [Hamish].

Theorising slamsex

To make a case for the coherence of slamsex as a sexual practice, perhaps the most ready-to-hand conceptual approach is Simon and Gagnon's (1986) theory of sexual scripts. For Simon and Gagnon, sexual scripts lay out normative guidelines that structure sexual encounters; link sexual fantasies to social meanings; and provide a basis for 'patterned improvisation' in the interactions through which sexual desires and expectations are established (1986: 98-9). While Simon and Gagnon's approach gives sexual actors some degree of latitude to improvise sexual scripts on the basis of the interpersonal dynamics of the sexual encounter, these scripts tend to consolidate into routines and become formulaic, as the following passage suggests:

Few individuals, like few novelists or dramatists, wander far from the formulas of their most predictable successes. Once finding a formula that works, i.e the realization of sexual pleasure as well as the realization of sociosexual competence, there is an obvious tendency to on some levels 'fix' or para-ritualize the formula (1986: 111).

This passage offers one perspective on how diverse erotic and improvisational possibilities consolidate into sexual practices, but perhaps there is more to say about the formation of such attachments.

Sexual script theory is best known for its influential intervention into functionalist, behaviourist and psychoanalytic currents in sex research. Committed to social constructionism, it 'rejected the whole apparatus of biology that located the explanations of sexuality as internal to the body' - a point that Simon and Gagnon underline in their blunt assertion, 'in our view there is no sexual wisdom that derives from the relatively constant physical body' (2003: 492).. In the decades since Simon and Gagnon first conceived sexual script theory, the notion of the body as

a 'relatively constant physical' form has of course been thoroughly debunked by scholarship in corporeal feminism, new materialism, affect theory, assemblage theory, Science and Technology Studies and philosophical critiques of the mind/body dualism. For Elizabeth Grosz, bodies are zones of volatile intensities, propulsions, affects and forces that constitute sex as 'a kind of wild and experimental free play that re-marks, reinscribes orifices, glands, sinews, muscles differently' (1995: 289). Moira Gatens describes the body as 'a nexus of variable interconnections, a multiplicity within a web of other multiplicities' whose identity 'cannot be viewed as static and inert since it is a body that is in constant interchange with its environment' (1997: 7). For Bruno Latour, the body is an 'interface that becomes more and more describable as it learns to be affected by more and more elements [...] leav[ing] a dynamic trajectory by which we learn to register and become sensitive to what the world is made of through practical engagements with diverse devices, technologies and environments (2004: 206). As these various conceptions suggest, bodies are 'far from being constant or fixed in their intensities, attachments and affectations' (Paasonen, 2018: 39). This point becomes all the more compelling when our conception of human embodiment expands to encompass the various extensions, devices, prostheses and technologies that equip bodies of all kinds with new capacities.

The sociotechnical arrangements and extensive relations within which bodies acquire distinctive capacities have become central concerns within the field of critical drug studies in recent years. Drawing on science studies, assemblage theory and new materialisms, scholars in this field approach drug effects, not as the intrinsic properties of stable entities called substances but as the emergent outcomes of the networked relations within which drug consumption takes place, which may include material settings, technologies, routes of administration, affective dynamics and all manner of heterogenous entities (see Dennis, 2019).

This relational approach to drug ontologies eschews analytic fixations with the human subject and invites us to attend to the forms of agency that emerge from particular arrangements of human and nonhuman actants. Drug effects are approached in this literature as the ‘contingent outcomes of the collective activity of a diverse range of actors, both human and nonhuman, including techniques, devices, objects, meanings, affects, environments, practices, prehensions, narratives, etc.’ (Race, 2011: 410). Numerous empirical studies set out to trace the complex material-discursive associations that are assembled in particular scenes of drug consumption on this basis.

However, sexual bodies – their passions, propulsions, pulsations and excitations – rarely constitute an explicit point of focus within this literature. While a number of studies explore the affective dynamics of the networked arrangements within which different kinds of drug consumption occur (Duff and Moore, 2015; Dennis 2019; Farrugia, 2015), it is relatively rare to encounter detailed figuration of the carnal intensities and desires that might otherwise be seen as generative forces in the formation and transformations of drug assemblages (Malins, 2017). This is not to suggest that such flows of desire need necessarily be understood as sexual, but rather that accounts of sexualised drug use are useful for making such embodied feelings and intensities explicit. Erotic experimentation and sexual play might be considered ‘particularly prolific scenes of associative events and activity, not only because of their promiscuous and labile nature [but also] the sheer multiplicity of the associations they are capable of generating’ (Race, 2020: 177). They demonstrate the startling creativity and elasticity of bodies in the making of new attachments.

Participants in this study were remarkably articulate about, and sensitised to, the contingency of drug effects and their mediation by particular routes of administration. They saw the practice of

injecting crystal methamphetamine as capable of re-wiring the body in dramatic ways, and creating new investments in other bodies, technologies, activities and arrangements. When slamming is framed as a sexual practice we get a vivid sense of how bodies and their variegated capacities for sensation connect with various prostheses (drugs, syringes) to produce affective and temporal transformations that are narrated and experienced as intensely sexual. ‘The sexual’ emerges in these accounts as a dramatic intensification of sensation and desire in which everyday concerns and anxieties recede and the erotic connectivity of bodies becomes an overwhelming and immediate priority. While we would not argue that such transformations are *necessarily* sexual, or that feeling sexual always feels like this, the fact that they are coded as such by our participants provides insight into the constitution of new sexualities in which stimulant-injection has come to operate as a pivotal element.

Methods

This article draws on in-depth, semi-structured interviews with 42 people conducted as part of the Chemical Practices project, an Australian study exploring the consumption of licit and illicit drugs among LGBTQ people. The study received ethics approval from the University of Sydney Human Research Ethics Committee (Approval number 2017/735). A full description of the research and recruitment methods appears elsewhere (Pienaar et al., 2020) and in the interests of space we will not rehearse it here. This article is based on interview material generated by the 13 participants who reported injecting crystal methamphetamine for periods ranging from under a year to over a decade. All were gay men from diverse backgrounds, ranging in age from 27 to 66 and twelve of the them lived in metro Sydney or Melbourne. Interviews were audio-recorded, transcribed verbatim, anonymised and coded using NVivo software. Pseudonyms are used to preserve participants’ anonymity.

Contingent effects: slamming versus smoking

Almost all of the participants who reported slamming or ‘blasting’ crystal also reported some experience of smoking or ‘puffing’ it. When asked to compare the experience of smoking crystal to injecting it, smoking was associated with much more gradual waves of arousal, and thus to a wider range of activities than just sex. Some discussed having smoked crystal to socialize with friends or even engage in everyday activities (see Drysdale et al. 2020). In a view that was unanimously shared by our informants, Byron characterised the experience of injecting crystal as ‘exceptionally different, like it’s a different headspace’. Hamish’s comparison of the two modes and experiences was especially evocative:

[Smoking] gives you that sense of warmth, this tiny sense of warmth in a way like, in doses, and you feel warm all over. And if it’s good stuff, it gravitates towards your loins and you feel warm and kind of horny [...] and then you end up getting aroused, but it takes a few puffs for you to get there, you know? So you sort of ease yourself into it [...] It’s almost like having a glass of wine throughout your getting ready, getting dressed to go out [...] and then you’re pouring more wine, you’re putting more crystal in the pipe.

But with blasting it’s different. When you have a blast and it’s a good amount and it’s good stuff, you feel this fucking great intensity. The shot’s in your arm, you’ve hit the vein, the tourniquet’s off and you feel the rush of it ... It goes straight to your head and then it sort of rains down upon you and you get [...] this great warm tingly feeling that activates all the sensitive parts of you. So suddenly your nipples get sensitive, your hole just gets fucking hungry and then your cock just ... some guys pre-cum, some guys cum when they fucking have a blast ... It’s like 20 times harder, intense.

Like Hamish, most informants located the difference between smoking and injecting in terms of the intensity of the rush associated with slamming. Bertie described this experience as going ‘from zero to a thousand in a second’ while Sterling emphasized the ‘immediacy’ of the rush and described it as a sensation of ‘heat rushing from your soles to your head’ that made him feel ‘invincible sexually’. The thermal and temporal registration of the rush (heat, warmth, acceleration, urgency) was often articulated through masculinist metaphors of strength and power. Corey remarked, ‘you feel pretty bulletproof once you’ve had a blast’. And yet as Hamish’s comments suggest, this intensification is also registered as an increased sensitivity of bodily zones associated with heightened receptivity (‘your nipples get sensitive, your hole gets fucking hungry’). In this respect, the rush could be understood as an embodiment of what João Florêncio has discussed as ‘porous masculinity’ (2020).

On Dalston’s account, the rush has a focalizing effect that is at once physical, mental and emotional, generating a dynamic momentum that propels him to connect sexually with others:

What do you like about [blasting]?

Mainly the rush [...] and the fact that it strips you bare. So all these pre-conceptions or worries or ruminations that you might be having about [...] ‘am I doing this right?’ or whatever, they tend to be replaced by an instant carnal sort of fleshy craving and it’s just like a sense of wholeness or completion to have someone’s cock in your mouth at that point ... It knocks out all the big worry or enables me to focus very, very sharply [...] on what I’m doing and just [get] in a zone. I guess it’s like a flow-state, where you’re not self-conscious, you’re just cock in mouth, that’s it. You’re present, you’re focused [...] It’s a transformation.

The transformative intensity of the rush tended to give slamming a distinctive place in the sequencing of the sexual encounter. For Hamish, the intensity of the rush consolidates a material-semiotic connection between blasting and sex, in contrast to the apparent versatility of smoking:

Blasting for me has always occurred right before sex. I'm naked, I'm on the bed, and I'm about to fuck a guy who's hot. Smoking you could do on your own. It wasn't an immediate sexual urge. It was like just energy. You need energy to have a shower, to go out, to go walking, to do anything, just to socialize a bit, and fix anything that's like put in front of you, like a bit of furniture. But with blasting, because the feeling was so intense, I would have no choice. I would even surpass all the places where smoking would take you slowly, I would just speed past them and get to this point where it's the fucking bit.

Similarly, Corey, who enjoys slamsex with casual hookups together with his partner, commented:

We definitely wouldn't use [puffing] to start off the sexual experience by any means. We'd only blast. To get things switched on straight away. Who wants to hang around for 20 minutes waiting for something to happen? [laughs] You know what's going to happen next, you're not waiting around for someone to make the first move or something like that because everyone's on the same level and so it's like an instant kick-off, I suppose[...] With the blasting [...] it's the rush that's really the great part about it and I think when you smoke it, I never sort of felt really sexual in the same way. Occasionally, we might smoke if we're just coming down, maybe just hanging out by

ourselves or a mate, but we're not really having sex anymore. We're just watching a bit of porn and all that sort of thing. We might pass a pipe around then because it just sort of keeps you a bit mellow [...] but certainly not for the sex thing because you're not getting that rush out of it.

Elsewhere, Corey contrasted the temporal rhythms of blasting with the effects of drinking a shot of GHB, stating, 'G comes on more in waves, just wave after wave, but [injecting crystal is like] a bolt of lightning and a bang'. As in Dalston's account, here slamming is valued as a way of switching gears between a socially encumbered self – freighted with everyday concerns and interpersonal anxieties – and a more carnal, sexually focused, erotically amplified mode of being in which sexual intents become self-evident.

The sense in Corey's account that slamming is best used to 'kick-start' the sexual experience suggests that it occupies a distinctive place in the slamsex 'script'. But if slamming has come to serve a very particular role in the sequencing of this sexual script, it is worth noting that this is by virtue of the visceral intensity and affective jolt that practitioners associate with this route of administration. For our participants the rapid onset of the rush and the use of slamming to 'kick-start' sex brought certain considerations into play in terms of arranging the sexual encounter and setting the scene. Whereas smoking crystal was conceived as an activity one might undertake in the course of searching for sexual partners online, slammers felt it was best to have everything, including one's desired sexual partners, 'in place' before administering crystal. Participants also implied that slamming is a very specialised sexual preference, in part because of the stigmatised status of injecting, even among chemsexers. For some informants this only added to the excitement of slamming. Sterling commented, 'it's still such a secretive thing and it's still so taboo, it's so exciting but you know, also fraught with social danger in as

much as if my sister found out, my parents found out or some of my friends found out about it, they'd be mortified. It's that skating on thin ice thing. It's exciting'.

The stigmatised and specialised status of injecting within the chemsex/hookup scene led our participants to 'sound guys out about their level of comfort with it' in advance [Sterling]. As Van remarked, 'it's important for me to find out whether they blast, because I have a significant history of less useful engagements when they smoke and I blast, because the take up is different'. Drew indicated that if he didn't know a sexual partner was comfortable with injecting, he 'would either not do it, or would smoke it, or go into another room and do it'. But for most of our participants establishing whether their sexual partners were comfortable with injecting in advance was important, not simply to avoid those who might disapprove of it, but because they regarded slamming as *part* of the sexual experience. Van described injecting in front of consenting non-slammers as 'awkward' and 'quite clinical' before explaining:

[The rush] has an immediate impact on me that just totally, totally overwhelms me with sexual feelings and desire and every possible warm, wonderful feeling. I associate it with engagement with other people and I'm not interested in taking it on my own ...If you were really keen on somebody and you knew they were going to do it too, then doing it together really, really kicks things off I suppose, because we know what's going to happen next, we've sort of given each other sufficient information to know that it's really going to fire, then that does become part of ... it's almost part of the play [...]
Doing it together is a very high point for me.

Hamish echoed the significance and enjoyment of sharing the experience, likening the intimacy of blasting with sexual partners to kissing:

When you do kiss someone, it's like this connection that you get which sort of makes everything else amplified, and if you can have that connection on top of [...] say we both [...] inject crystal as well - we have a blast together, that connection, it just makes you feel closer and it pushes the world away further, so your bubble is kind of like stronger.

Hamish characterised this intimacy as a matter of being on the same 'wavelength' but also conceives it in spatial terms - as a 'bubble' or special place: 'When you both blast at the same time right before sex, it's like a passport to a certain place'.

Interestingly - perhaps counter-intuitively - the distinctive temporality of the rush (its initial immediacy and gradual denouement) and the tight material-semiotic connection drawn between slamming and sex was thought by some to make their crystal use easier to control, and less prone to potential mishaps than smoking it, since it helped them confine their drug consumption to specifically sexual occasions.

The reason why I inject it is because I can control my use. Once it's gone, it's gone. It puts me in the state where I can ... where I want to be. The comedown is a lot less than what you do puffing. Your body processes it better and gets rid of it better, and I just find that I'm not always constantly going to the pipe.

[Alberto]

Now I use the intense focus, I just use it for sex and I focus on the sex bit, and that's how I use drugs these days. I don't use it for energy. I don't use it to clean the house

[...] Once I've had my blast, and I've had sex and I've masturbated, once I cum, my body reminds itself you have a digestive system and a circulatory system and you have to breathe and eat and sleep.

[Hamish]

As these passages imply, participants had a precise sense of the appropriate timing and frequency of slamming, and this rhythm was contrasted with their observations about smoking. As Alberto scoffed, 'if you're going to slam meth, you don't do it every hour. You do it once every two to three hours and kind of stretch it out,' while Van complained smokers 'always seem to be going back to their pipe' which he experiences as an interruption to the sexual encounter.

Roles and Relations

The sexual connotations of needles and the symbolism of penetration have been observed among injecting drug users since as long ago as 1971 (Howard and Borges, 1971), although notably that study discussed injecting as a *substitute* for sex rather than as an integral part of sexual experiences. Studies of injecting among sexual partners have also identified gendered and sexual patterns with men being more likely to inject their partners, and themselves, than women (see Vitellone, 2003; Rhodes et al. 2017). Since slamming was commonly regarded by participants as *part* of the sexual experience rather than an independent precursor to it, it might come as no surprise that the roles, practices and events associated with injecting have become, for some, a source of eroticisation and libidinal investment themselves. However, we could not discern any strict correspondence between drug-administration and preferred sexual roles (top/bottom). Indeed, on Van's account, sometimes 'no-one gets hard, it's about pleasure, not

about necessarily penetrative sex,' though others mentioned fucking, being fucked, and giving or receiving oral sex after slamming.

Injecting was described as requiring specific technical skills and competence – an association that conferred the role with a certain degree of social status. Benjamin recounted how he learnt to inject properly (by 'googling and practising') after a couple of botched attempts on the part of others trying to inject him, such that he could now boast, 'that's my role in the group ... Now I am actually skilled enough that people will pay me money to drive to me to do that. I'm like the guy people call when they can't get it [the vein]'. Somewhat differently to Benjamin's account of injecting expertise as a form of labour that was highly valued by others, Hamish described learning to inject himself as a way of achieving a degree of independence, and of minimising the risks and costs associated with missing the vein:

Some guys want you to blast them. And that's a huge turn-on for them as well. For me, it's an expensive thing. So, once you pay like 100 bucks for two points, you want to make sure that it gets in your arm right [...] So I'll say, just from experience, I know how to blast myself, I'd rather do it myself.

By contrast, Sterling discussed refraining from learning how to inject properly as a way of moderating his own drug use. Relying on others to inject him meant he was not tempted to do it by himself when he had drugs in the house. 'I don't know if that's a level of addiction or just a head thing or whatever, but I just am really careful not to be so expert in it.' .

Injecting others was also seen as entailing specific responsibilities, from administering the drug correctly (hitting the vein), to ensuring the prevention of disease transmission (using sterile

equipment, recapping needles), to making sure others are ok after the hit. Corey's account is illustrative:

Quite a lot of guys who come over, they're perfectly capable of blasting themselves, but they like to be blasted because it's part of sex with them. So we're administering the drug to sort of create that scene. And I like being injected as well, so I think it is a bit of that ritual. [My partner] always goes last anyway just to give that window of opportunity, in case something happens to someone, they fall over or someone feels sick. At least one person is still straight enough to be able to call the ambulance and do something about it, whereas if we all did it at exactly the same point and something went tits up, it could get a bit messy, you know what I mean?

Julian said his willingness to inject sexual partners was informed by other considerations. 'I prefer not to,' he said, 'but it also depends on the relationship I have with that person. I don't want to be enabling that person'. Julian is discerning about who he injects because he wants to avoid feeling responsible for an initiate's subsequent drug consumption.

As can be gathered from some of the above accounts, it seems common in slamsex circles for people to want to be injected by others. While this is sometimes due to lacking the requisite skills and technical confidence, the desire to be *subject* to slamming, rather than actively injecting oneself, is clearly part of this picture. In our study, the most detailed account of the pleasures of 'being blasted' was offered by Dalston, who preferred to have someone 'blast' him rather than doing it himself, 'especially if they're really good at it.' He mentioned two of his sexual partners in particular who were 'really thorough, they always do things really carefully'. As Dalston explained, 'there's something very personal about having someone blast you as

well. It's kind of a fierce penetration of sorts and you're trusting them'. He suggested there is 'an element of Russian roulette involved with it as well', mentioning the risk of a stroke or heart attack.

It's an interesting dynamic because I've often wondered, 'what is this fascination, why am I not just doing it myself?' I mean, I can do myself. I think there's something about it that's really about trust [...] and it's kind of intimacy in itself. You know, 'I'm letting you put this inside me and I know you'll take care of me if something happens', yeah, 'but I wouldn't mind having sex with you as well,' – it's kind of like that.

For Dalston, the drama of submission and the stakes involved in relinquishing control are clearly part of the eroticism of such scenarios. 'I give my arm over and it's like a submission of sorts'. Indeed, the scene of being blasted is so sexually charged for Dalston that he eroticises the distinctive styles of his slamming partners:

They have different methods, basically. Ben is like pomp and swish ...He can be straight in and out, like Zorro [laughs]. Jerry is usually very thorough [*Does that mean slow?*] Yeah, slowly: click, clack, front and back. Meaning, you've got a tourniquet on, everything's methodical and it's done with quite a lot of care and concern. Although sometimes he'll be cheeky and just go 'jab' as he puts it in, because he knows where to go ... I kind of like Ben's furiousness and there's something naughty about it, because I've always kind of had a crush on him. It's a bit sexual in a way.

On this account, the sounds, speeds and styles of administering crystal are erotically distinctive enough to emerge as aspects of these partners' sexual personae.

Interestingly, enjoyment of the activities of injecting is not limited to the recipient of the drugs: The rush emerges as a source of vicarious pleasure for those watching as well. Sterling said of one occasion, 'aaaaaaaaaargh!' and I loved that. It's thrilling to see someone change and be so fucking cock hungry'. The corporeal transformation of the drug-affected body and its 'narrative separation from the usual world' manifests here as a source of significant libidinal investment and collective excitement for all who participate in the event; making it a cultural rite of sorts (see Fitzgerald et al., 1999: 498).

In addition to the technical prowess, power dynamics, sense of danger/vulnerability and the sounds and styles of slamming, participants mentioned eroticising other aspects such as the 'flush' (when the plunger of the syringe is pulled back to reveal blood, indicating that the syringe has punctured a vein); the equipment (e.g. the tourniquet - 'I let them dress me up' [Dalston]), syringe and swabs; and the anticipation entailed in the process. For example, Corey itemized the erotic components of slamming as follows:

So that would be the anticipation, the excitement building up to it and then there's the actual physical act of doing it; some of it is the sight or feeling the needle, looking at the flush of blood, and then I always call it the point of no return.

What stands out here is the mediation of desire in an assemblage of anticipation that is so pronounced in its momentum and magnetic in its charge that it can lash out and attach itself to any aspect of the procedure, no matter how incidental or small it may seem, investing it with thrilling erotic intensities. This assemblage pulls towards the prefigured intensity of the rush in

a formation shot through with sparks of anticipation and electrifying expectancies over the course of its build-up and release. Interestingly, the rush itself is figured as dynamic explosion of potentialities that are indeterminate in form but inevitably clamorous and collective in scope – as Corey puts it, ‘everything’s about to go off’. This phrase evokes a perverse and vigorous scene of jubilation, animation, and vibration in which everything starts moving.

The explosive multiplication of sexual possibilities associated with the rush was evident in many of our informants’ accounts. Where the activities of arranging the scene and preparing to inject tended to be fairly tightly scripted (though no less sexually charged for that matter), the rush itself was figured as a dramatic transformation in being, a new threshold of intensity, or ‘passport to a certain place’ in which the pressures and prescriptions of socio-sexual scripts fell away in a frenetic multiplication of possibilities. Where role allocation and procedural concerns tended to be negotiated meticulously prior to the hit (who is blasting who was significant for many), what takes place *after* blasting was far less specific and predefined; much more random in the sense that the encounter might open out into any number of sexual alternatives. Dalston described this as a ‘flow-state’, ‘where you’re not self-conscious’ and everyday worries are replaced by:

an instant carnal sort of fleshy craving and it’s just like a sense of wholeness or completion to have someone’s cock in your mouth at that point. I usually like to go straight down on the person while they’re having their shot or vice versa, which is probably one of the most highly eroticised things for me, just having a rush and they’re getting their dick sucked or myself, same deal, yeah.

On this account, sexual possibilities multiply; the exhilaration of the rush is characterised by an ecstatic sense of versatility and the loosening of fixed attachments. In this respect, slamsex scenes might be conceived as perfect examples of ‘event-networks’ – a term that Gomart and Hennion (1999) use to describe all those arrangements and technical procedures that amateurs put in place to enact their passions and facilitate a sense of ‘active dis-possession’. In this work, they capture the significance of the event’s indeterminacy; the sense in which the formation of passionate attachments depends not merely on action but also a certain receptivity to what might happen. Here passionate attachments emerge *out of* networks as mediated effects (see also Müller and Schurr, 2016; McCormack 2020). In our study the accounts of slammers suggest that affects, desires and passions operate actively as *generative forces*, even while the drug assemblage channels these desires and their affective intensities in certain ways. This reveals a small but significant difference in the conceptual affordances of actor-network theory compared to assemblage theory: for Deleuze and Guattari, affect ‘*becomes together* with the assemblage, not as a result of it’ (Müller and Schurr, 2016: 224). Confronted with our data, we want to underline the *energetics* at play in the formation of slamsex assemblages and the engineering of these event-networks. In order to convey the dynamism and intensive relations of such arrangements as well as their disaggregating, disorganising propensities, we feel it important to attend to bodily desires, their directions and flows, their generative power as they enter into probable and improbable relations and make new connections; the speeds, rhythms, accelerations and anticipations involved in the binding and unbinding of volatile affects; the inexorable momentum and nervous excitabilities of carnal hankering. Indeed, this approach might work as a way of feeling out all kinds of sex and drug assemblages.

Conclusion

This article has discussed how slamming has emerged as a sexual preference for some participants in chemsex scenes. This route of drug administration is not merely a technical preference but operates as a constitutive element in a specific kind of sex that practitioners routinely differentiate from, and are inclined to choose over, other kinds of (chem)sex. For our participants, knowing that a prospective sexual partner was into slamming seemed to be as important a consideration as their appearance, location, sexual role and erotic interests. To frame slamming in this way is to embed this mode of drug administration within the practical scenarios in which it becomes meaningful and desirable for participants. While the interviews we conducted for this study testify that drugs can be used for a whole range of purposes – even among those with shared social or cultural identities – the recurrence and consistency of the connection between slamming and sex in our participants’ accounts was marked and striking. However, we do not read this as an indication of pharmacological or technological determinism, but evidence of an emergent sexual culture that values the corporeal intensities, distinctive temporalities and embodied sensations of the specific kinds of sex explored here.

A number of points that challenge assumptions about drug injecting and sexualised drug use can be drawn from our discussion. Evidently some slamsex practitioners attach erotic and intimate meanings to the roles of injecting and being injected. This complicates ‘common-sense’ health advice to take control of one’s drug consumption and self-administer in the interests of personal safety. While delegating the responsibility for injecting to a casual sexual partner undoubtedly has its risks, we found the notion of putting oneself and one’s corporeal being in the hands of another was a sexually, and emotionally invested aspect of the experience. Against the stereotyped characterisation of people who inject drugs as reckless and indiscriminate, we found the role of the injector to be freighted with specific responsibilities and a degree of social status denoting technical competence, the expectation to care for sexual

and injecting partners should something go wrong, and the responsibilities of safe injecting. Some of our informants reported being selective about who they let inject them, while others refrained from letting anyone else inject them on the basis of their distrust of casual sexual partners. Whatever the case, in these accounts, injecting with others does not emerge as a free-for-all but takes the form of a careful negotiation informed by interpersonal fantasies and relational desires, erotic attachments to subjecting oneself to the proficiency of others, or else being perceived as a source of the others' pleasure, and the degree of responsibility one is prepared to take for the act of injecting and its divergent consequences. Sometimes framed as a form of labour that may be more or less arduous in the context of group sex, the role of injector is not without its rewards: social status, vicarious pleasure, even payment, and whatever other benefits might flow from being reputed for one's capacity to produce thrilling transformations in others. In this respect, the acquisition of injecting skills can be considered a way of enacting a particular sexual identity. As Benjamin boasted, 'it's my role in the group...I'm the guy people call'. Syringe competence is performative.

On this point, we want to highlight the constitutive role of the syringe and the act of injecting in the creation of particular relations - of trust, intimacy, obligation and arousal - as well as identities. Most of the literature on injecting within sexual partnerships focuses on heterosexual partnerships that precede the injecting event (see Fraser, 2013; Rance et al. 2016; Rhodes et al., 2017, Dennis, 2019). This research has produced important insights into the gendered dynamics of needle use, but the sexual partnership is generally figured as a stable dyadic unit that mediates the injecting event, even if available to technical intervention (Fraser, 2013). In our study, sexual partners were not limited to romantic or conjugal partnerships, but extended to different kinds of intimate relations- with casual sexual partners and fuck-buddies for example. While questions of trust and reputation evidently informed participants' decisions

about injecting roles and practices in these contexts, we were struck by the sense in which competent use of the syringe bore the potential to *constitute* relations of trust, submission, vulnerability and care among participants, helping to performatively constitute slamsex relations and identities: the competent injector; the submissive recipient; the erotic dynamic between them. Nicole Vitellone (2003, 2015) has proposed a syringe sociology in which the injecting event is approached ‘in terms of what emerges, what is shaped and composed through the process of attachment’ rather than being conceived as a mere reflection of larger structures or pre-existing relations, and our findings resonate with this approach. The identities and relations of event-participants emerge in the process of their encounter rather than preceding it (Race, 2018).

Finally, it is difficult to ignore the testimony – repeated in various forms by a number of participants – that their preference for injecting is informed by concerns around health and managing their drug use. This flies in the face of orthodox harm reduction advice which tends to discourage injecting on the basis that it is riskier than other modes of drug administration. A question arises about how to handle this discrepancy between the attachments of slamming practitioners and harm reduction experts: should crystal injectors be disabused of their ‘erroneous beliefs’, or is there a more diplomatic way of handling this situation that pays more respect to the experiential knowledge of people who inject methamphetamine?

One way of proceeding would be to mobilise Latour’s (2004b) concept of ‘matters of concern’, which he coined to disrupt the subordination of cultural ‘beliefs and values’ to unquestioned scientific ‘facts’. For Latour, the fact/value distinction is untenable; what we are dealing with are differential *matters of concern*; things – debates, issues, problems, propositions – which a variety of stakeholders gather around because the propositions in question affect them and

have material consequences. A chief concern of harm reduction experts is preventing the potential harms of syringe use and the transmission of pathogens through needle-sharing practices. Our participants shared these concerns; no-one wanted to transmit or acquire HIV, hepatitis C or anything else through sharing or misusing injecting equipment. But another concern that moved some of our informants was the problem of managing their methamphetamine consumption, which they sought to address by tethering their use to specific occasions. As more than one participant suggested, the main alternative to injecting crystal – smoking it – allows methamphetamine consumption to creep more easily into a wide array of everyday contexts and activities by virtue of its practical versatility, the frequency of administration, and the less bounded temporality of the high. For these informants, blasting crystal helped them confine their methamphetamine use to sexual occasions and this was thought to construct temporal and practical parameters around their consumption.

Rather than counterposing the ‘objective facts’ of harm reduction to the ‘folk beliefs’ of people who inject crystal, we might take the experimentation and expertise of our participants seriously and recognise their concerns as valid, material issues that call for pre-emptive measures.

Indeed, taking our cue from Maria Puig della Bellacasa (2011) – who supplements Latour’s ‘matters of concern’ with her notion of ‘matters of care’ – we might go further and propose that slamming is something that certain practitioners more actively care for and care about; an experience of erotic connection and transformative intimacy that transports them to another place in connection with others. They report that injecting crystal rather than smoking it enables them not only to experience something extraordinary – an exhilarating sense of erotic connection in a troubled world – but (more pragmatically), to draw a temporally bounded circle around the consumption event – something they would find harder to accomplish using other methods. This does not deny the legitimacy of harm reduction concerns about injecting-

related risks- this remains a valid matter of concern - but maintains that other cares, concerns and attachments should legitimately inform the problematisation in process (Harris and Rhodes 2012). Thinking *with* people who inject drugs (Race, 2017), rather than about or against them, enables the co-articulation of harm reduction strategies that are embedded in and responsive to the material-semiotic relations and attachments that constitute and transform worlds and desires and lives.

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References

- De La Bellacasa, MP (2011) Matters of care in technoscience: Assembling neglected things. *Social Studies of Science*, 41(1): 85-106.
- Dennis, F., 2019. *Injecting Bodies in More-than-Human Worlds*. Routledge.
- Drysdale K, Bryant J, Hopwood M, Dowsett, GW, Holt M, Lea T, Aggleton P and Treloar C (2020) Destabilising the 'problem' of chemsex: Diversity in settings, relations and practices revealed in Australian gay and bisexual men's crystal methamphetamine use. *International Journal of Drug Policy*, 78; 102697.
- Duff C and Moore D (2015) Going out, getting about: atmospheres of mobility in Melbourne's night-time economy. *Social & Cultural Geography*, 16(3): 299-314.
- Farrugia A (2015) "You can't just give your best mate a massive hug every day": Young men, play and MDMA. *Contemporary Drug Problems* 42(3): 240-256.
- Fitzgerald JL, Louie R, Rosenthal D and Crofts N (1999) The meaning of the rush for initiates to injecting drug use. *Contemporary Drug Problems*, 26(3): 481-504.
- Florêncio J (2020) *Bareback Porn, Porous Masculinities, Queer Futures*. Routledge.
- Fraser S (2013) The missing mass of morality: A new fitpack design for hepatitis C prevention in sexual partnerships. *International Journal of Drug Policy*, 24(3): 212-219.
- Gatens M (1996) Sex, gender, sexuality: Can ethologists practice genealogy. *The Southern Journal of Philosophy*, 35 (Supplement): 1-19.
- Gomart E and Hennion A (1999) A sociology of attachment: music amateurs, drug users. *The Sociological Review*, 47(1_suppl): 220-247.
- Grosz E (1995) Animal sex: Libido as desire and death. In: Grosz E and Probyn E (eds) *Sexy Bodies*. Psychology Press, pp.278-299.

- Harris, M and Rhodes T (2012) Venous access and care: harnessing pragmatics in harm reduction for people who inject drugs. *Addiction*, 107(6): 1090-1096.
- Howard J and Borges P (1971) Needle sharing in the Haight: some social and psychological functions. *Journal of Psychedelic Drugs*, 4(1): 71-80.
- Latour B (2004a) How to talk about the body? The normative dimension of science studies. *Body & Society*, 10(2-3): 205-229.
- Latour B (2004b) Why has critique run out of steam? From matters of fact to matters of concern. *Critical Inquiry*, 30(2): 225-248.
- Malins P (2017) Desiring assemblages: A case for desire over pleasure in critical drug studies. *International Journal of Drug Policy* 49: 126-132.
- McCormack DP (2020) Is ANT capable of tracing spaces of affect?. Blok A, Farias I and Roberts C (eds) *The Routledge Companion to Actor-Network Theory*. Routledge, pp. 181-189.
- Müller M and Schurr C (2016) Assemblage thinking and actor-network theory: conjunctions, disjunctions, cross-fertilisations. *Transactions of the Institute of British Geographers*, 41(3): 217-229.
- Paasonen S (2018) *Many Splendored Things: thinking sex and play* MIT Press.
- Pienaar K, Murphy DA, Race K and Lea T (2020) Drugs as technologies of the self: enhancement and transformation in LGBTQ cultures. *International Journal of Drug Policy*, 78, 102673.
- Race K (2011) Drug effects, performativity and the law. *The International Journal of Drug Policy*, 22(6): 410.
- Race K (2017) Thinking with pleasure: Experimenting with drugs and drug research. *International Journal of Drug Policy*, 49: 144-149.
- Race K (2018) *The Gay Science*. New York: Routledge.

Race K (2020) What possibilities would a queer ANT generate? In: Blok A, Farias I and Roberts C (eds) *The Routledge Companion to Actor-Network Theory*. Routledge, pp. 168-180.

Rance J, Rhodes T, Fraser S, Bryant J and Treloar C (2018) Practices of partnership: Negotiated safety among couples who inject drugs. *Health*, 22(1): 3-19.

Rhodes T, Rance J, Fraser S and Treloar C (2017). The intimate relationship as a site of social protection: Partnerships between people who inject drugs. *Social Science & Medicine*, 180: 125-134

Scheibin F, Wells J, Henriques S and Van Hout MC (2020) Slam sex – sexualised injecting drug use: A scoping review. *Journal of Homosexuality*.

Simon W and Gagnon JH (1986) Sexual scripts: Permanence and change. *Archives of Sexual Behavior*, 15(2): 97-120.

Simon W and Gagnon JH (2003) Sexual scripts: Origins, influences and changes. *Qualitative Sociology*, 26(4): 491-497.

Vitellone, N (2003) The syringe as a prosthetic. *Body & Society*, 9(3): 37-52.

Vitellone N (2015) Syringe sociology. *The British Journal of Sociology* 66(2): 373-390.

¹ Where the drug is mixed with water and squirted into the anus using the barrel of a syringe or similar implement. Among Australian gay men, crystal methamphetamine is most commonly smoked.

² ‘Attraction for use appears to be enhancement or prolongation of sexual experiences/ pleasure; intimacy and the facilitation of a range of potentially ‘unsafe’ sexual activity’ (Scheibin et al., 2020).