

**SEX, DRUGS AND THE CITY: QUESTIONING  
DRUGS IN AFFECTIVE OR SEXUAL  
RELATIONSHIPS**

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# SEX, DRUGS AND THE CITY: PART ONE – QUESTIONING DRUGS IN AFFECTIVE OR SEXUAL RELATIONSHIPS

Méline Germes

Only the half of the “**Sex, Drugs and the City**” event could take place. Due to the COVID-19 pandemic, we had to cancel the participative discussion planned for the broader public in the evening. The academic afternoon took place on October 22, 2020, in Bordeaux under the title “Alcohol and drugs in affective or sexual relationships: transactions, consent, grey zones?” A video recording of the event is available in French via the Narcotic City webpage.

## “Alcohol and Drugs in Affective or Sexual Relationships: Transactions, Consent, Grey Zones?”

Our first guest was **Sarah Perrin**, PhD student in sociology at Bordeaux University, reporting on material from her advanced research on the invis-

ble existence of women in drug contexts. She responded to our invitation with a contribution on: “**Partnerships and Drugs: Mutual Influences of Partnerships, Gender and the Selling, Use and Buying of Illicit Substances.**” (*Couple et drogues. Influences mutuelles du couple, des rapports de genre et des ventes, usages et achats de substances illicites.*) Sarah Perrin interviewed socially integrated, mostly white, mostly heterosexual couples who engage in frequent use of substances, from cannabis to cocaine and amphetamines. Mostly in festive contexts, this use may also be daily. Some of them resell what they buy in order to be able to finance their own consumption. Their relationships are entangled with the consumption of drugs: they had often met in festive spaces where consumption of substance is a part of partying. Drug



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use seems to be one of the factors in endogamous practices. Interviewees express the need to be with a partner with similar consumption habits in terms of substance and intensity of use – even if heterosexual men prefer partners who consume less than themselves in order to restrain their own use. The partners do influence each other's consumption: consumption is often a couple's practice, with rituals and norms, sometimes with an expectation of exclusivity following the script of sexual exclusivity. The effects of substance consumption on partnership are reported as positive when it allows them to achieve better sexual communication and performance, and as negative when the intensity and frequency of consumption increases: this leads to impaired sexual activity and communication, coming apart and disapproval. Gendered roles can also be observed in the practices of buying and selling drugs. Buying is said to be dangerous for women. Women may be subjected to sexual harassment or swindled, but at the same time they have less of a risk of being stopped by police, and they may be able to negotiate lower prices while flirting, which is sometimes disapproved of by their masculine partners who are most often the buyers. When drug selling is organized as a partnership activity, roles are still gendered with the aim of better profit.

Our second guest was **Alexia Boucherie**, PhD student in sociology at Bordeaux University, re-reading the empirical material from her early research about the grey zones of sexuality under the lens of alcohol use and places in a paper entitled: “**Alcohol Use as an Amplifier of the Grey Zones in Sexual Consent? Findings on the Sexuality of French Young People in Private Party Settings.**” (*L'usage de drogues comme amplificateur des “zones grises” dans le consentement sexuel ? Éléments de réflexions sur la sexualité de jeunes français-e-s dans le contexte de festivités privées*). Alexia

Boucherie's PhD project consists of interviews with young hetero- and homosexual people about their sexuality. Out of this empirical material, she produced an analysis of the role of alcohol consumption at parties and the role of places. She investigated the role of alcohol on sexual consent and grey zones. Not all of her interviewees mentioned grey zones, but most who did were women. She defines sexuality grey zones as sexual interaction that is consensual but not desired. Drugs and alcohol are both associated with easier flirting and enhanced sexuality, and with the inability to give proper consent. Three main results were exposed. First, in the setting of heterosexual couples' sexuality, alcohol makes the grey zone bearable for the partner who does not desire sex: sex doesn't feel like as much of a constraint anymore. What is consented to under the influence of alcohol doesn't have to be done at another sober time, when it could hurt. In this respect, alcohol is considered a relief from the sexual constraints that may be enforced in heteronormative relationships. Second, in the setting of recreational sexuality, alcohol contributes as an incentive to post-party sexuality. This script of nightlife and sexuality includes flirting on-site and having sex in private places afterwards. Acceptance of the transition from the common party place (a house, a bar) to a private place (a room, a home) is interpreted by the interviewees as an implicit consent to sex – for LGB men and women. Moreover, playing the script all the way from flirting to disappearance into private places under the observation of peers and the public is a kind of validation of identity and gender performance. Third, alcohol consumption in nightlife can lead to sexual scripts (for heterosexual, lesbian, gay or bi people): once drunk at night, going back home on one's own is considered dangerous, particularly for women. The sleepover seems to be a script of its own: it may lead to consensual but not

desired sexual relationships, accepted because of a lack of alternatives – the sleepover reveals itself as an immobilization.

Our last guest was **Laurent Gaissad**, social anthropologist and researcher in the EVCAU and SASHA institutes, reporting on diverse multi-sited ethnographical long-term research conducted since 2010 (Sidaction, 2010–2015 and OFDT, 2018). His presentation was called: “From Festive Circuits to Chemsex: Medicalization and Confinement of Gay Sexuality” (*Du circuit festif au chemsex : médicalisation et confinement de la sexualité gay.*) The development of a gay party circuit in Western societies was quickly interpreted as a response to the stigma and violence associated with AIDS. In this context, drug excesses were tied to the idea that – if you were even still alive – you might not be fit enough to go dance and collectively celebrate your own sexuality at the next party. In Europe in the 2010s, Gaissad observed the resurgence of festive, sexual, hyper-gendered rallying at a massive level, coinciding with the biomedical normalization of the disease and the forecast of a possible end to the epidemic – for example, the party La Demence in Bruxelles, or the Mr. HIV

contest in 2013 with the aim to end all taboos on seropositivity. The new Pre-Exposure Prophylaxis treatment (PrEP, preventive treatment against contracting HIV) allowed the return to a fearless, lustful sexuality, with this medicalization of sexuality often advertised and initiated from peer to peer. Harm reduction in sex and drug use is a collective responsibility – not without ambiguities, sometimes with incentivizing effects. The collective movement of almost exclusively gay men involves party activities and sex under the influence of drugs in many public places of our metropolises, re-performing these activities by moving to private homes for private sex parties, mediated by geolocalised dating/hook-up apps. This raises the question of another space-time mirroring of the AIDS crisis, highlighting issues of harm reduction related to sexual risks as well as drug-related risks, in the context of changes in public/private spaces and the increasing medicalization of gay sexuality.

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### Geographies of Drugs in Affective and Sexual Relationships: The Mobile Continuum between Places of Socialization and Places of Privacy

These three presentations gave us insights not only into the wide variety of roles that drugs and alcohol play in sexuality and affective relationships, but also into the role of drugs as pharmaceuticals in a broader sense.

Drugs play a big role in the sociality of partying that surrounds sexuality – from casual hook-ups arranged via app to long-term relationships. Being on the same page about drugs is key to performing as a couple (also in terms of drug exclusivity) or performing sex. Often, drugs are what allow sexual interactions that wouldn't happen otherwise, for lack of consent or because of the health risks. Functioning on the one hand as enablers of pleasure in consumption and pleasure in sex, drugs also appear to be part of broader gendered scripts, reproducing gender roles and also diverse forms of sexualized violence. Drugs are part of a wide range of sexual scripts and relationship scripts: this is what I would call the drug/sex nexus.

While there is not enough space in this newsletter to address the full complexity of our discussion and the diversity of places we discussed – from Bordeaux to Montreal, Brussels and the French countryside of Lozère, I would like to conclude with a few words on the spatialities of the drug/sex nexus through the

lens of these three contributions.

This drug/sex nexus constitutes a meaningful aspect of *places of socialization* such as commercial partying places, private parties, festivals and sex parties, as well as places of privacy such as couples' homes or private rooms. One could be tempted to reactivate a public/private space dichotomy, but this is risky given the imprecision of these terms. Following the analysis of the contributors, I would rather enhance the continuum between these places, entangled in a continuum of mobilities, within the city, within buildings, led by (digital) invitations as well as sexual scripts and gendered performances. The drug/sex nexus ties places of socialization and places of privacy together in different ways, so that they cannot be understood without one another. Focusing on their entanglement calls attention to the norms, scripts, expectations and performances that lead to a mobile continuum. For example, with respect to the three case studies discussed here, one might point to the radical difference between implicit and explicit spatialized scripts of drugs/sexualities. Whereas the interviewees from Laurent Gaissad's study freely address their consumption, desires and expectations regarding sex, the interviewees from Alexia Boucherie's work report that these issues are not addressed, while the couples met by Sarah Perrin seem to negotiate roles in an implicit script.