

Finding pleasure in risky combinations of sex and drugs: crystal methamphetamine use among gay, bisexual and other men who have sex with men in Australia

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Background

“Chemsex” has gained increasing traction over the course of the first two decades of the 21st Century to denote a set of common health-related conditions of considerable concern:

- Defined as the *intentional* and *simultaneous* use of drugs to facilitate, enhance, and/or prolong sex within an identifiable pattern of settings, relations and practices ascribed to gay male culture.

Crystal-enhanced sexual practices among gay and bisexual men, include condomless anal intercourse, group sex, vigorous sex, sex for extended periods, and intravenous injecting - all of which have been associated with increased transmission of blood-borne viruses and sexually transmissible infections.



CRYSTAL, PLEASURES AND SEX BETWEEN MEN

The aims of the study were:

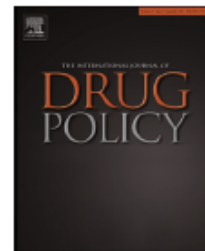
- To examine gay men's patterns of crystal use and sex practices
- To document how men protect themselves in situations of drug use and sex
- To investigate how drug use and sex contribute to social relationships and identities for gay men.



CRYSTAL, PLEASURES AND SEX BETWEEN MEN

Qualitative interview-based study, conducted from 2017 to 2019:

- Gay and bisexual men from Sydney (n=28), Melbourne (n=28), Adelaide (n=16) & Perth (n=16)
- Key informants from national organisations (n=4), and state-based organisation (New South Wales = 10; Victoria =10; South Australia = 6; Western Australia =5).



The rush to risk when interrogating the relationship between methamphetamine use and sexual practice among gay and bisexual men



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ABSTRACT

Much research concerning drug use in the context of sexual activity among gay and bisexual men derives from public health scholarship. In this paper, we critically examine how the relationship between methamphetamine use and sexual risk practice is treated and understood in this body of research. While public health has made important contributions to establishing the link between methamphetamine use and sexual risk-taking, the precise nature of the relationship is not well defined. This creates space for ungrounded assumptions about methamphetamine use to take hold. We outline what appear to be two dominant interpretations of the methamphetamine/sexual practice relationship: the first proposes that methamphetamine has specific pharmacological properties which lead to sexual disinhibition, risky behaviour and poor health outcomes; the second proposes that methamphetamine attracts men who are already inclined toward highly sexualised interactions and risky practice, and that such men are likely to



The Rush to Risk

In some public health research, assumptions about the relationship between “risky” sexual behaviour and the acquisition of BBVs or STIs regularly frame gay and bisexual men's sexual activity as problematic:

1. The consequence of consuming what is characterised as a highly potent and addictive substance,
2. The practice of risk-inclined and reckless individuals.

Sex-based sociality

Sex-based sociality = the ways in which gay communities are constituted by common histories, cultures and politics that produce shared identities, relations and practices, structured by a shared sense of difference from normative assumptions of sex and sexuality.

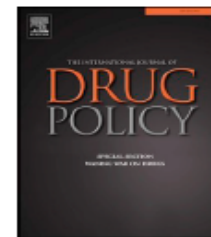


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Research Paper

Destabilising the ‘problem’ of chemsex: Diversity in settings, relations and practices revealed in Australian gay and bisexual men's crystal methamphetamine use



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ABSTRACT

In Australia, the crystalline form of methamphetamine (“crystal”) is a commonly used illicit substance associated with sexual activity among gay and bisexual men. Attention to psychoactive substance use among this population is the subject of increasing global concern regarding the intentional and simultaneous combination of sex and drugs, often referred to as “chemsex”. While not all gay and bisexual men who use psychoactive substances report problematic use, those who do often become representative of chemsex practices more generally, and the harms they experience become attributable to all men who use drugs for sex. The way in which these practices have been framed over the past few decades contributes to the rise of a narrow set of understandings of chemsex defined by the circumstances and behaviours presumed of drug-enhanced sexual activity. In effect, these understandings now align recognisable combinations of sexual and drug-using practices with assumed correlates of risk.

The *Crystal, Pleasures and Sex between Men* study conducted 88 interviews with gay and bisexual men in four Australian cities between 2017 and 2018. Findings from the project revealed that men used crystal in a variety of settings and relations, which mediated their sexual practices and patterns of use. In looking at the wider context in which practices were associated with the combination of sex and drugs, we identified experiences that the



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Chemsex consolidation

Our reading of the now substantial literature suggests that the definition on chemsex relies on three key intersecting elements:

1. it is facilitated by online technologies;
2. drugs are used intentionally for sexual purposes; and
3. chemsex practices are necessarily risk-inducing.

Destabilising the problem

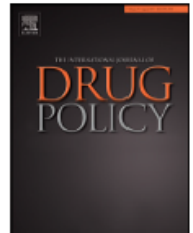
- If chemsex is only conceived of in terms of its 'problem', then it necessarily confines the approach to a set of related health-conditions, which limits the analyses made possible within the parameters of this problematisation, and therefore inhibits the responses available to men who use crystal for sex.
- Rather than approaching chemsex as a singular object or narrow set of practices, we sought to destabilise the term so that a greater diversity and contingency of practice is captured.
- This critical approach to understanding chemsex retains the term's discursive and practical value in public health in providing a framing of drug-enhanced sexual practices but moves beyond stabilised definitions of contexts and behaviours.



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Research paper

Stigma as understood by key informants: A social ecological approach to gay and bisexual men's use of crystal methamphetamine for sex



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ABSTRACT

This paper explores the perceptions of 35 key informants (KIs) in a range of relevant health and community sectors regarding the stigmatisation of GBM's crystal methamphetamine use and sexual practice with view to informing stigma reduction efforts. A modified social ecological model was used to guide analysis and interpretation. At the individual level, KI participants indicated that crystal methamphetamine was used by some GBM to reduce the effects of internalised stigma. At the network level, KIs thought that some drugs and types of use could attract more stigma and that this could erode support from GBM networks for men who use crystal. KIs felt that few "mainstream" organisations could provide appropriate services for GBM who use crystal and furthermore, that there was significant work to "undo" misperceptions of the harms of crystal use. At the policy level, mass media anti-drug campaigns were seen to be a significant generator of stigma with irrelevant and patronising messages that lacked useful information. Efforts to reduce stigma about crystal methamphetamine use amongst GBM must address individual, network, organisation and policy issues and be underpinned by understandings of social power in relation to sex, sexuality, drug use, infectious status and sexual minorities.

Stigma

Stigma as experienced:

1. at the individual level
2. Within social and sexual networks
3. Affecting community/operations of services and organisations
4. From public policy

Stigma ecologies

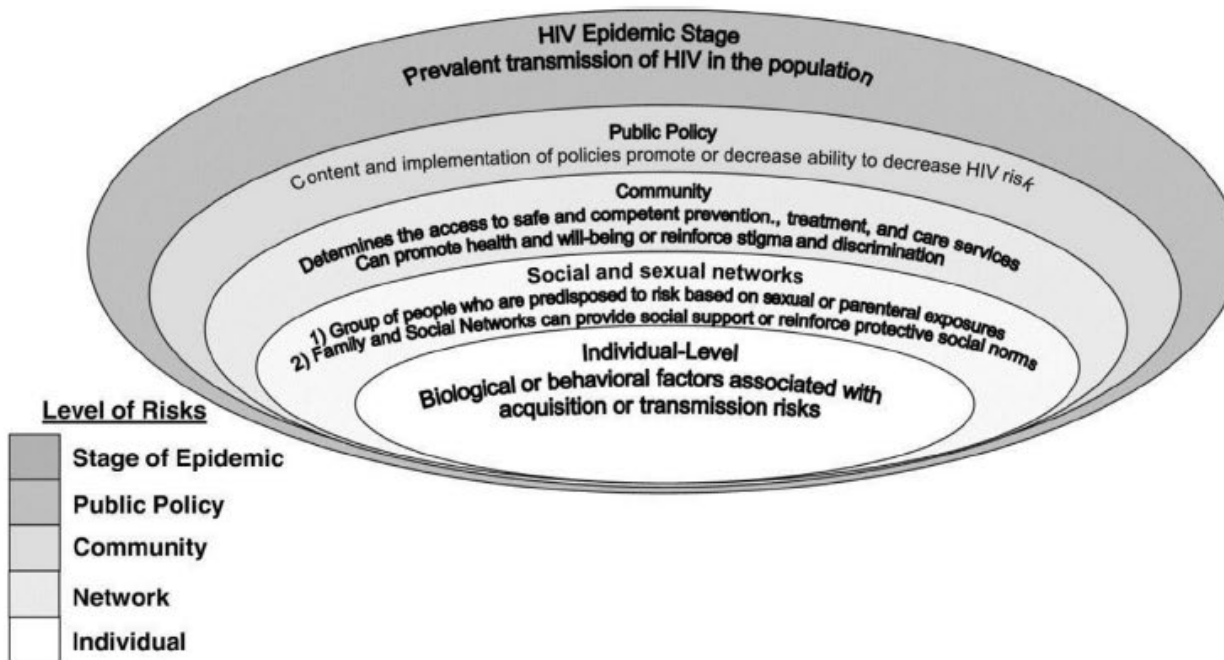


Fig. 1. Social ecological model (Baral et al., 2013).



Research paper

Priorities and practices of risk reduction among gay and bisexual men in Australia who use crystal methamphetamine for sex



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 Addiction

ABSTRACT

Crystal methamphetamine (hereafter crystal) is associated with deleterious health outcomes, such as drug dependence and physical and mental health disorders. While some harms from crystal use can affect all users, there may be additional risks for people who combine the use of drug with sex. Compared with the broader population, gay and bisexual men in Australia report a higher prevalence of methamphetamine use, and crystal is the most commonly injected illicit drug among this population. The *Crystal, Pleasures and Sex between Men* research project was conducted between 2017 and 2019 and examined gay and bisexual men's crystal use in four capital cities in Australia, with the aim of identifying how to best support men who use crystal for sex. In this article, we examine how risk is understood and prioritised by gay and bisexual men who combine crystal use and sex and identify the range of risk reduction practices that they used. We classified these risks as those associated with the transmission of HIV, HCV and STIs, and those associated with dependence on either crystal or the sex it facilitated. Gay and bisexual men overwhelmingly prioritised the risk of dependence over any other risks associated with crystal-enhanced sex, and this prioritization was reflected in the risk reduction practices they employed. While some of the strategies that gay and bisexual men have adopted may contradict anticipated public health principles, they derive from a carefully considered and shared approaches to the generation of pleasure, the maintenance of a controlled form of feeling "out of control", and the negotiated reduction of risk. The consolidation of these strategies effectively constitutes a "counterpublic health" undermined by forms of "sex-based sociality" which

Risk reduction practices

Table 1
 Reported practices to reduce harms from crystal use and sex.

<p>Restricting opportunities to engage in sex and/or drug use</p> <ul style="list-style-type: none"> • Restrict frequency of group sex sessions • Restrict amounts of crystal to pre-set budget • Avoid people who use and supply crystal • Avoid having drug paraphernalia at home • Consume all crystal by the end of the session • Delete hook-up apps from phone when on breaks from crystal-enhanced sex 	<p>Avoiding drug-associated harms</p> <ul style="list-style-type: none"> • Test drive (take a partial dose) • Use other drugs to manage effects of crystal (e.g., GHB, cannabis, benzodiazepines) • Prepare preloaded syringes, especially when hosting among friends • Never use preloaded syringes, especially attending another person's home
<p>Managing social/sexual relations to control sex and/or drug use</p> <ul style="list-style-type: none"> • Relying on existing social networks to ensure accountability • Only participate in crystal-enhanced sessions with a partner/friend • Never have a sexual relationship with a dealer • Build a trusting relationship with dealer • Never buy crystal for yourself • Never allow someone to provide crystal for free 	<p>Managing modes of drug administration to minimize risk</p> <ul style="list-style-type: none"> • Never inject • If injecting, never learn to inject oneself • If injecting, learn to inject oneself • If injecting, have more experienced others do it for you • If injecting, never inject others • Choose injecting over other modes of administration such as smoking • Choose smoking over other modes of administration such as injecting

Counterpublic health

Counterpublic health = the situated knowledges and practices that develop out of the specific structures and meanings in marginalised settings.

This gives primacy to the everyday understandings and practices of gay and bisexual men in Australia who combine crystal and sex and demonstrates how these are often focused on forms of care for the self and others.

Crystal Clear Podcasts

EP1: Crystal: The Beauty and the Trap

EP 2: Cultures of Care: Conversations with people who provide support to crystal users

EP 3: Health care professionals engaging gay and bisexual men using crystal for sex



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<https://www.unsw.edu.au/arts-design-architecture/our-research/research-centres-institutes/centre-social-research-health/our-projects/crystal-pleasures-and-sex-between-men>