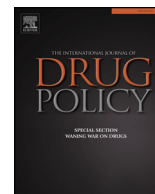




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## The management of methamphetamine use in sexual settings among men who have sex with men in Malaysia

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## ABSTRACT

**Background:** The intentional use of illicit drugs for sexual purposes (also known as ‘chemsex’) is well known within the MSM communities in Malaysia although research in this population is scarce primarily because both drug use and homosexuality are illegal and stigmatised in Malaysia.

**Methods:** From April to December 2014, interviews were conducted with twenty men (age range 21–43) living in Greater Kuala Lumpur who had sexual intercourse with other men in the past 6 months and who used illicit drugs at least monthly in the past 3 months. Fourteen men were recruited via gay social networking smartphone applications or websites while six were referred by the participants. Data were analysed using thematic analytic approach.

**Findings:** The average duration of illicit drug use was 6.4 years (range 1–21) and all participants were using methamphetamine (‘ice’ or crystal meth) with frequency of use ranged from daily to once a month. Participants came from diverse ethnic, economic, and occupational backgrounds. Most participants used an inhalation apparatus (‘bong’) to consume methamphetamine and injection was rare in the sample. The primary motivation of methamphetamine use was to increase sexual capacity, heighten sexual pleasure and enhance sexual exploration and adventurism. Socializing with friends (‘chilling’), and increased energy for work were secondary motivations. Participants emphasized the need to control the use of methamphetamine and some have established rules to control the amount and duration of use and a minority of men have maintained condom use during anal sex while under the influence of methamphetamine. Participants who professed to be in control of their drug use characterized themselves as functional users regardless of the health and social consequences from continuing use. Overall, participants perceived themselves differently from the traditional opioid users and reported limited access to sexual health and substance use treatment services.

**Conclusion:** There is a need to increase access to HIV prevention services such as PrEP and PEP, professional support, and substance abuse treatment for drug-using MSM. A more open and friendly environment towards drug-using MSM may help them access and engage with the health services.

## Introduction

Drug use and homosexuality are social taboos in Malaysia. A study of active injection drug users demonstrated that the use of amphetamine-type stimulants (ATS), including crystal methamphetamine (MA) has increased in the past 10 years in Malaysia (Chawarski, Vicknasingam, Mazlan, & Schottenfeld, 2012). In the same period, the East and Southeast Asian countries have become the major producers and consumers of ATS (United Nations Office on Drugs and Crime, 2013). The primary type of ATS use in these countries is

methamphetamine (abbreviated to MA), and to a lesser extent ‘ecstasy’ or MDMA (methylenedioxy-methamphetamine). In 2014, 26.4% of all drug misuse cases in Malaysia were attributed to ATS use (Malaysia National Anti Drug Agency, 2015). In particular, psychiatric sequelae such as psychosis have been found to be high among patients with methamphetamine dependence (Sulaiman et al., 2014).

The use of ATS among men who have sex with men (MSM) has been a public health concern in many Western countries (Colfax et al., 2010; Vu, Maher, & Zablotska, 2015), and increasingly, ATS has been reported among MSM in the Asia Pacific and Southeast Asia, including

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China (Feng et al., 2010; Liu & Detels, 2012; Xu et al., 2014), Indonesia (Morineau et al., 2011), Malaysia (Lim et al., 2015), Taiwan (Ko et al., 2012), Thailand (Chariyalertsak et al., 2011; Holtz et al., 2015; Newman, Lee, Rongprakhon, & Tepjan, 2012; van Griensven et al., 2013), and Vietnam (Nguyen et al., 2016; Vu et al., 2016; Yu, Clatts, Goldsamt, & Giang le, 2015). The prevalence of drug use for sexual purposes among MSM in this region ranges from 7.0% in Malaysia (Lim et al., 2015), to 17.6% in Thailand (van Griensven et al., 2013), and 14.3% in Vietnam (Vu et al., 2016). The popularity of ATS among Asian MSM is significant as ATS, particularly crystal methamphetamine, has been found to be a strong predictor of HIV seroconversion (Menza, Hughes, Celum, & Golden, 2009; Plankey et al., 2007). A systematic review and meta-analyses of 35 studies found statistically significant associations between ATS and HIV infection across cross-sectional, case-control, and longitudinal studies (Vu et al., 2015).

The strategic use of recreational drugs to enhance sexual pleasure has become integrated into gay subcultures, particularly in certain Western countries (Drumright, Patterson, & Strathdee, 2006; Stall & Purcell, 2000). The intentional combining of MA, ecstasy, or GHB (gamma hydroxybutyrate) with sex has been termed ‘chemsex’ (Bourne, Reid, Hickson, Torres-Rueda, & Weatherburn, 2015). The situated cultural norms and practises surrounding MA use in Southeast Asian countries may be different from those in Western countries. Understanding the social and cultural contexts of drug use is important for health and harm-reduction activities to be developed and delivered to this population. Therefore, the objective of this qualitative study is to understand the motivations for, and management of, MA use among MSM in Malaysia.

## Methods

We conducted 20 in-depth interviews of MSM living in Greater Kuala Lumpur from April 2014 to January 2015. Participants were recruited through social media popular among MSM (e.g. Grindr, Planet Romeo, Facebook) as well as referral from AIDS NGO staff and snowballing. To be eligible, participants had to self-report as biologically male, aged 18 years and older; have engaged in oral or anal intercourse with men in the past 6 months; and have used recreational drugs (e.g., cocaine, MA, ecstasy, ketamine, erectile dysfunction drugs, etc) at least monthly in the past 3 months. Participation in the study was voluntary and anonymous, and participants were paid RM50 (USD15) for their time.

The in-depth interviews lasted for 1–1.5 h and took place at venues requested by the participants, including the meeting room of our research center, quiet and private premises and residences. All interviews were conducted in Malay, English, or in a mixture of both languages depending on the choice of participants. We used a semi-structured guide containing a set of questions that allowed flexibility and exploration in specific areas (Gorden, 1992), including perception of drug use (“What are your views on using recreational drugs in the sexual context in Malaysia”), initiation of drug use (“Can you describe to me how you started taking recreational drugs?”), motivation for drug use, patterns of drug use, sexual behaviours (“Can you share with me your sexual experiences during or after taking recreational drugs, including bareback sex?”), as well as physical and mental health consequences of drug use. Before the interviews, we explained the benefits and potential risks associated with the study as well as the procedures for interviewing, audio recording, confidentiality and data storage. During all stages of the study, participants were asked to use a fictitious name. No identifying information such as names or national identification numbers were collected. A unique identification code was created to identify the participants. At recruitment, some participants provided their cell phone numbers which were deleted after interviews. Other participants contacted the research assistant via social networking applications to arrange the interview. Similarly, we obtained verbal informed consent instead of written informed consent to protect their

**Table 1**

Socio-demographic characteristics of participants (n = 20).

Age	
median (range)	34 (21–43)
Race	
Malay	11 (55%)
Chinese	4 (20%)
Indian	1 (5%)
Indigenous people (Kadazan)	1 (5%)
Mixed	2 (10%)
Thai	1 (5%)
Living in	
Greater Kuala Lumpur	20 (100%)
Education level	
Less than secondary	2 (10%)
SPM/A level (pre-University)	1 (5%)
College/University	15 (75%)
Masters’ degree	2 (10%)
Employment	
Full time	15 (75%)
Part time	1 (5%)
University student	3 (15%)
Self-employed	1 (5%)
Recruitment methods	
Social media (Facebook, Grindr, PlanetRomeo)	15 (75%)
Referral by NGO	2 (10%)
Referral by participants	3 (15%)
Language of the interview	
Bahasa Malaysia	8 (40%)
English	12 (60%)
Primary Method of Consumption	
Glass water pipe (“bong”)	19 (95%)
Injecting	1 (5%)
History of drug use, median (range)	5.5 years (0.5–21 years)
Frequency of stimulant use	
Daily	3 (15%)
Once a week	5 (25%)
2–3 times a week	3 (15%)
At least once a month	9 (45%)
HIV status	
Positive	6 (30%)
Negative	8 (40%)
Unsure/never tested/did not mention	6 (30%)

confidentiality. This qualitative study was approved by the Medical Ethics Board of University of Malaya.

Most participants were Malay with a median age of 34, fully employed and attained tertiary or higher education (see Table 1). Two-thirds of the participants were recruited through social media and more than half of the interviews were conducted in English. Almost all participants used a water pipe – known colloquially as “bong” – to consume MA and participants reported a wide range in years of drug use (0.5 years–21 years). Participants also reported a range in frequency of MA use. About half of the participants used MA at least once in a month.

## Analytic approach

All interviews were audio recorded, transcribed, and translated into English for analysis. Transcripts were coded and categorised into themes using thematic analysis approach (Braun & Clarke, 2006). Analysis is an iterative process in which the investigator (first author) and coder (second author) held regular discussions to further revise and refine codes to identify new themes and relationships within major themes. The first and second authors reviewed and analyzed the transcripts independently.

## Findings

Although the study was designed to include MSM who use recreational drugs in general, all MSM in our sample used MA as participants reported MA to be their drug of choice. Three key topical themes were

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