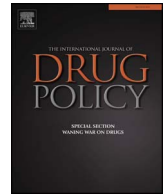




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Policy Analysis

Problematizing LGBTIQ drug use, governing sexuality and gender: A critical analysis of LGBTIQ health policy in Australia

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ABSTRACT

It is well-established that a high prevalence of substance use is found in lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) populations; a finding that researchers attribute to the stigmatised status of non-normative sexual and gender expression, and the role of illicit drug use in the collective production of socio-sexual pleasures, expressivity and disclosure in LGBTIQ communities. Despite the connections between sexual experimentation and substance use, LGBTIQ consumption practices have rarely received the attention they deserve within the alcohol and other drug (AOD) field. In this paper, we draw on concepts from post-structuralist policy analysis to analyse how AOD consumption among sexual and gender minorities is constituted in the policies of three Australian LGBTIQ health organisations. Following Carol Bacchi's (2009, p. xi) observation that we are "governed through problematisations rather than policies", we consider how substance use in LGBTIQ populations has been formulated as a policy problem requiring intervention. Doing so allows us to identify the normative assumptions about minority sexual and gender identities that underpin dominant problematisations of LGBTIQ substance use. These include: a) high rates of AOD use in LGBTIQ populations constitute problems in and of themselves, regardless of individual patterns of use; b) LGBTIQ people are a vulnerable population with specialised needs; and c) sexualised drug use is associated with "disinhibition" and a range of risks (including HIV transmission, drug dependence and mental health issues). Addressing the implications of these assumptions for how LGBTIQ communities are governed, we suggest that problematisation is an embodied, situated process, and that there is much to be gained by reframing dominant problematisations of AOD consumption so that this process is better informed by the inventive practices of LGBTIQ consumers themselves.

Introduction and background

Substance use is known to be more prevalent among lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) populations around the world (Hyde et al., 2013; Lea, Prestage et al., 2013; Leonard, Lyons, & Bariola, 2015; Roxburgh, Lea, de Wit, & Degenhardt, 2016) with explanations varying from "minority stress" to the historical significance of dance culture in sexual community-formation (Lea, Reynolds, & de Wit, 2013a; Race, 2011). Alongside dance drugs, the consumption of psychostimulants such as crystal methamphetamine for sex has given rise to new sexual cultures among gay and bisexual men, referred to as chemsex in the UK, or Party 'n Play ("PnP") in the US, with both terms used in Australia (as well as "wired play") (Race, 2017). Here, stimulants may be used in combination with therapeutic drugs (such as sexuo-pharmaceuticals [e.g., erectile dysfunction

medications] and HIV antiretrovirals [e.g., pre-exposure prophylaxis, or "PrEP"]) to enhance sexual experience, in a manner that mixes recreational and therapeutic logics (Holt, 2009). Despite the fact that only a minority of men engage in these practices, the phenomenon of "chemsex" has become a recognisable cultural form (Race, 2017), generating a growing body of research on the links between sexualised drug use—in particular crystal methamphetamine use—and increased risk of HIV transmission. These links have most often been explained as causally related to sexual sensation seeking (Bancroft, Carnes, & Janssen, 2005; Kashubeck-West & Szymanski, 2008; Newcomb, Clerkin, & Mustanski, 2011) or disinhibition (Benotsch, Lance, Nettles, & Koester, 2012; Green & Halkitis, 2006). Other explanatory frameworks have included cognitive escape from awareness of HIV (McKirnan, Vanable, Ostrow, & Hope, 2001), and internalised heterosexism (Kashubeck-West & Szymanski, 2008). With their focus on risky

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practices, disease transmission and the stigmatised status of homosexuality, these explanations implicitly diagnose gay sexual cultures as pathological and tend to overlook the long history of sexualised drug use which predates the contemporary phenomenon of “chemsex” (Race, 2017). Moreover, although sexualised drug use is associated with a range of risks (including HIV transmission and drug dependence), it is also the site of innovative, new care arrangements in response (Gonçalves, Kolstee, Ryan, & Race, 2016; Hurley & Prestage, 2009; Race, 2015a).

While much recent research on LGBTIQ substance use has focussed on gay and bisexual men’s consumption in sexual contexts, higher rates of substance use have also been documented among lesbian and bisexual women and transgender individuals (Lea, de Wit, & Reynolds, 2014; Roxburgh et al., 2016) but much remains unknown about the contexts, meanings and purported effects of these consumption practices. Given the high prevalence of use within their target populations, alcohol and other drug (AOD) services have become an increasingly prominent feature of LGBTIQ health organisations. However, despite this, little scholarly attention has been paid to how these organisations problematise and seek to address the phenomenon of LGBTIQ substance use within their policies and programs. Responding to this opening in the literature, and applying concepts from post-structuralist policy analysis, this article analyses how the “problem of substance use among sexual and gender minorities” is produced in the policies of three Australian LGBTIQ health organisations, namely the National LGBTI Health Alliance, the Victorian AIDS Council (VAC) and ACON (formerly known as the AIDS Council of New South Wales). Doing so allows us to challenge the status of LGBTIQ substance use as intrinsically problematic and to move beyond the common epidemiological focus on pathology, sexual risk and AOD-related harm.

Approach

To make our argument, we begin by outlining how we conceive the phenomenon of LGBTIQ substance use, clarifying how our conceptualisation differs from the conventional view that the materiality of drugs (i.e. their pharmacology and action on individual bodies) determines their effects and therefore how policy should respond to them. Against the commonplace understanding of drugs as stable entities with unique chemical properties that act to produce certain effects, we draw on a growing literature that conceives the action of drugs and their purported effects as produced in relation to various other actors, contexts and practices (see for example, Fraser & Moore, 2011a; Fraser, Moore, & Keane, 2014; Race, 2009). Informed by the “ontological turn” in Science and Technology Studies (STS), this literature challenges the common-sense realist view that the character of reality is singular, fixed and given in nature. Instead it posits reality as multiple, emergent and produced in practice. As STS scholar Annemarie Mol (2002, p. 7) explains, “ontologies are brought into being, sustained, or allowed to wither away, in common, day-to-day, sociomaterial practices”. Applied to the context of alcohol and other drugs, this means that the materiality of drugs is shaped by networks of other phenomena usually thought to be separate from, if not irrelevant to, the drug itself (Race, 2014). In other words, drugs and their putative effects are materialised in their encounters with an array of practices and phenomena including individual bodies, consumption patterns, gender norms, and importantly for our purposes, policy measures that seek to address substance use. It follows then that practices and contexts *matter* in that they shape the phenomenon of drug use – the individual experience, risks, pleasures and harms – in significant and sometimes unanticipated ways (Duff, 2007).

This relational approach extends well beyond the ontology of drugs and has been productively applied in critical social research to analyse such diverse phenomena as health and disease (Duff, 2014; Fraser & Seear, 2011; Pienaar, 2016), online dating applications (Race, 2015b) and bottled water (Hawkins, Potter, & Race, 2015). It has also informed

recent research in the AOD field on a range of topics including drinking practices and “alcohol effects” (Demant, 2009; Hart & Moore, 2014), contexts of illicit drug use (Dilkes-Frayne, 2016; Race, 2014) and addiction (Fraser et al., 2014; Pienaar et al., 2015). Extending this literature into the domain of LGBTIQ substance use, this is the first study in Australia to apply this very productive set of concepts to analyse the problematisation of AOD use among sexual and gender minorities in health policy. Doing so allows us to challenge the essentialist view that alcohol and other drugs have intrinsic properties that determine their effects and thus how policy should address them. Instead this approach prompts us to examine how LGBTIQ substance use has been problematised in policy, and to assess particular problematisations for their underlying assumptions and their implications for how LGBTIQ communities are governed.

Method

To conduct this analysis we draw on conceptual tools from Carol Bacchi’s (2009) post-structuralist policy analysis approach, “What’s the Problem Represented to be?” (WPR). Unlike conventional policy analysis approaches which proceed on the premise that policies address pre-existing problems, WPR posits policies as active in producing the problems they purport to solve. As Bacchi puts it, this approach conceives problems as “endogenous—created within rather than exogenous—existing outside—the policy-making process. Policies give shape to problems, they do not address them” (2009, p. x). If we understand policies as active in creating certain kinds of problems, then it follows that policy-making is a productive, performative process that demands careful examination. Central to this approach is the notion of *problematization*, a term first coined by Foucault (1988, p. 257) to refer to “the totality of discursive or non-discursive practices that introduces something into the play of true and false and constitutes it as an object for thought”. Applying the concept of problematisation to an analysis of policy entails exploring the processes by which an ensemble of difficulties or social issues is produced as a soluble “problem”. A key purpose of analysing problematisations is to challenge the taken-for-granted status of particular concepts (e.g., sexual minoritisation, drug use, health risks) and to trace how they have come to be translated into specific kinds of “problems” or objects of government. Examining the processes by which particular phenomena are constituted as problems enables consideration of the circumstances, practices, historical conjunctures and relations that have produced them (Foucault, 1991). Importantly, this focus on the situated nature of problematisations makes it possible to resist dominant problem constructions and imagine how they might be constructed differently on the basis of a different set of circumstances and policy imperatives.

Before we outline the key questions guiding a WPR analysis, it is worth briefly mentioning the theoretical links between Bacchi’s method and our STS-inspired approach to the ontology of drugs. Although Bacchi does not position her work within STS, her policy analysis approach has parallels with the ontological turn in STS and indeed in her recent work, Bacchi (2016, 2017) draws on concepts from STS scholars Annemarie Mol and John Law. More specifically, her post-structuralist policy analysis framework addresses ontological questions insofar as it is concerned with the making of objects and subjects in policy. Drawing on the work of Foucault (1991), Bacchi (2009, 2016) emphasises the relationality and contingency of phenomena. As she and her collaborator Sue Goodwin put it in their recent book *Poststructural policy analysis: A guide to practice*, “In this way of thinking, the emphasis shifts from presumed objects to the *relations* involved in their becoming. Relations, and networks of relations, *replace* objects” Bacchi and Goodwin (2016, p. 33, original emphasis). We suggest that these conceptual connections bridge our STS-inspired theorisation of the ontology of drugs with Bacchi’s post-structuralist policy analysis framework. Other social scientists and critical drug scholars have also connected STS concepts with Bacchi’s WPR approach in analyses of

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