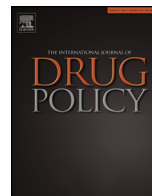




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The rush to risk when interrogating the relationship between methamphetamine use and sexual practice among gay and bisexual men

Joanne Bryant^{a,*}, Max Hopwood^a, Gary W. Dowsett^{a,b}, Peter Aggleton^a, Martin Holt^a, Toby Lea^a, Kerry Drysdale^a, Carla Treloar^a

^a Centre for Social Research in Health University of New South Wales, Sydney, NSW 2052, Australia

^b Australian Research Centre in Sex, Health and Society, La Trobe University, 215 Franklin Street, Melbourne, VIC 3000, Australia

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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 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 engage in these practices with or without drugs. We suggest that both interpretations are problematic in that they individualise and cast drug and sex practices as inherently risky and biopsychologically determined. We outline a more historically, socially and politically engaged way to understand methamphetamine use in the context of sexual activity by drawing on the concept of *sex-based sociality* and the ways in which gay and bisexual men may use methamphetamine and sex as social resources around which to build identities, establish relationships, participate in gay communities, and maximise pleasure while protecting themselves and others from harm.

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Introduction

Public health research has made important contributions in identifying a link between methamphetamine use among gay and bisexual men and sexual risk-taking practices. However, the precise nature of this link is not well defined by the current research and is typically based on assumptions or varieties of 'common wisdom' (Race, Lea, Murphy, & Pienaar, 2017) about stimulant drug use. In this paper, we examine the relationship between methamphetamine use and sexual risk practices and

explore how this relationship has been investigated and understood in research. In line with recent commentary about 'problem inflation' in methamphetamine research (Dwyer & Moore, 2013; Moore & Fraser, 2015; Thomson & Moore, 2014), we argue that the link between methamphetamine use and sexual risk practice in the context of gay men's social worlds is poorly defined and imprecisely understood. This creates space for potentially incorrect or commonplace assumptions about methamphetamine use to take hold.

The prioritizing of biomedical forms of knowledge production in public health analysis has played a central role in producing overly individualised understandings of the methamphetamine/sexual risk relationship. Broadening the purview of current research to engage with the historical, social and political dimensions of methamphetamine use in the context of sexual activity among gay and bisexual men will lead to a greater understanding of how methamphetamine is used as a social and

* Corresponding author.

E-mail addresses: j.bryant@unsw.edu.au (J. Bryant), m.hopwood@unsw.edu.au (M. Hopwood), g.dowsett@latrobe.edu.au (G.W. Dowsett), p.aggleton@unsw.edu.au (P. Aggleton), m.holt@unsw.edu.au (M. Holt), toby.lea@unsw.edu.au (T. Lea), k.drysdale@unsw.edu.au (K. Drysdale), c.treloar@unsw.edu.au (C. Treloar).

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sexual resource: something that gay men invest in to build their identities, to establish relationships, to participate in gay communities, and to maximise pleasure while protecting themselves and others from harm.

This article draws partly on a systematic review of the methamphetamine literature (Hopwood, Cama, & Treloar, 2016), which examined methamphetamine use among gay and bisexual men to help understand the social–sexual contexts of the drug's use within Western urban gay communities. The review included scholarly international literature published between 2005 and 2016 because methamphetamine research has burgeoned during this period. This article draws upon a selection of the peer-reviewed methamphetamine research conducted in Australia, the UK, and the USA, as gay communities in these high-income countries, while distinct, also share cultural similarities. The review found that an overwhelming majority of published articles in this topic area derive from the disciplines of epidemiology, psychology and public health, and that this research mostly uses quantitative methods, particularly cross-sectional surveys, as the preferred research method (Kavanagh, Daly, & Jolley, 2002). A smaller number of articles have reported longitudinal modeling from cohort studies (e.g., Halkitis, Mukherjee, & Palamar, 2009; Hoenigl et al., 2016) or discussed the outcomes of systematic literature reviews (e.g., Darke, Kaye, McKetin, & Dufrou, 2008) and meta-analyses (e.g., Vu et al., 2015).

The relationship between methamphetamine and harm: acknowledging unproblematic use

One of the main findings from our review was the established clear link between regular methamphetamine use and poor health outcomes including drug dependence (Degenhardt et al., 2016; McKetin, Kelly, & McLaren, 2006), and physical and mental health problems such as cardiotoxicity, depression and blood borne virus (BBV) infections (Darke et al., 2008; Hoenigl et al., 2016; Roxburgh & Burns, 2015; Scott, Caulkins, Ritter, Quinn, & Dietze, 2015). However, the review also found that the form of methamphetamine, the way it is administered, and how often it is used matters significantly to the nature and extent of harms associated with methamphetamine use (Degenhardt et al., 2008; Holt et al., 2015; Lim, Cogger, Quinn, Hellard, & Dietze, 2015; Moore & Fraser, 2015). Despite this, the research described in the literature rarely attempts rigorous explorations of different kinds of methamphetamine using practices and their varying relationships to harm (Moore & Fraser, 2015). In addition, published research rarely notes the context or location of use, despite longstanding recognition that place and setting of use matter greatly in relation to harm (Duff, 2008; Zinberg, 1984). This absence perpetuates popular views that methamphetamine use is *inherently harmful*, regardless of form, frequency, mode of administration and setting (Dwyer & Moore, 2013; Thomson & Moore, 2014). These views persist despite evidence demonstrating that methamphetamine can carry less risk than other illicit drugs. For example, mortality and other harms have been shown to be substantially greater among opioid users than among methamphetamine users (Degenhardt et al., 2008). Moreover, in the relatively few studies that have differentiated between forms of methamphetamine (i.e., crystal, powder, or base), the way in which the drug is used (i.e., smoked, ingested, or injected) and the frequency of use, the greatest harms were reportedly associated with the regular injection of crystal methamphetamine (Degenhardt et al., 2008; Holt et al., 2015; Lim et al., 2015). Crystal injection reportedly leads to an elevated risk of dependence, mental health problems (e.g., depression, psychosis) and BBV and sexually transmissible infection (STI) acquisition (Degenhardt et al., 2008; Holt et al., 2015; McKetin et al., 2006).

Acknowledging and analysing the diverse ways in which people use methamphetamine provides an opportunity to consider which kinds of use are most risky, but, also importantly, which kinds might be less harmful or even unproblematic such as the use of powder methamphetamine, or using crystal occasionally, or using via smoking, or ingesting rather than injecting (Leonard, Dowsett, Slavin, Mitchell, & Pitts, 2008; McKetin et al., 2006). It may also permit recognition of the positive experiences of drug use, which are often reported by users, but rarely documented in research. It is important to acknowledge the way that drugs can be experienced as transformative, emotive and pleasurable, and facilitate relationship building (Holt & Treloar, 2008; Moore, 2008; Race et al., 2017) or, more contentiously, how particular patterns of drug use may also be harnessed for HIV prevention and harm reduction, among gay and bisexual men (Race et al., 2017).

Existing scholarship on gay men's sexualized methamphetamine use

In Australia, gay and bisexual men report a rate of injecting drug use that is around ten times higher than men in the general population and those men who inject are more likely than those who do not to be HIV-positive, hepatitis C virus (HCV)-positive, have recently used drugs during sex and had condomless anal intercourse with casual partners (Lea et al., 2013). In numerous studies of gay and bisexual men, the regular and longer-term use, including injecting, of crystal and other drugs in sexual contexts has been associated with an increased likelihood of engaging in sexual practices that pose a high risk for BBV transmission and STIs, such as condomless sex with casual partners, multiple sex partners, group sex and sexual practices such as fisting (Eu & Roth, 2014; Halkitis, Levy, Moreira, & Ferrusi, 2014; Holt et al., 2015; Lea et al., 2016; Prestage, Degenhardt et al., 2007; Rajasingham et al., 2012; Rawstorne, Digiusto, Worth, & Zablotska, 2007; Reback, 1997; Semple, Zians, Strathdee, & Patterson, 2009; Semple, Strathdee, Zians, & Patterson, 2010; Vosburgh, Mansergh, Sullivan, & Purcell, 2012; Vu, Maher, & Zablotska, 2015). These studies highlight a strong link between methamphetamine (and other drug use), risky sexual practice and poor health outcomes, although the exact nature of this link is obscured by the problem of bi-directionality in cross-sectional research designs whereby the path of causality is unknowable. Exploring this relationship requires the use of different research strategies such as quantitative longitudinal studies that have more capacity to establish causality (of which there are some underway, see Hammoud et al., 2017; also see Halkitis et al., 2009) and qualitative studies that are rigorously underpinned by social theory. In relation to qualitative studies, however, only a few examples exist.

The existing qualitative literature provides useful insights into how gay and bisexual men understand their own drug use in the context of sexual activity and its relationship to sexual risk practice (Bourne, Reid, Hickson, Torres-Rueda & Weatherburn, 2015; Bourne, Reid, Hickson, Torres-Rueda, Steinber et al., 2015; Green and Halkitis, 2006; Halkitis, Fischgrund, & Parsons, 2005; Mimiaga et al., 2008). Here, crystal and other drugs are seen by gay men to augment sex by increasing self-esteem and libido, improving sexual endurance, diminishing inhibition and facilitating sex with more men over longer periods of time (Weatherburn, Hickson, Reid, Torres-Rueda, & Bourne, 2017). Gay and bisexual men in these studies also believed their drug use can complicate the negotiation of sex, including sexual consent (Bourne, Reid, Hickson, Torres-Rueda, Steinber et al., 2015) and that their drug use had unwittingly led some men to take risks, leading to their HIV acquisition (Bourne, Reid, Hickson, Torres-Rueda, Steinber et al., 2015; Bourne, Reid, Hickson, Torres-Rueda & Weatherburn, 2015; Mimiaga et al., 2008).

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