

INJECTING AS A SOCIAL PRACTICE: ILLUMINATING THE PARTY-AND-PLAY PRACTICE BUNDLE AMONG GAY AND BISEXUAL MEN IN AUSTRALIA

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Background:

As a practice, injecting drug use is more common among gay and bisexual men (GBM) than the Australian general population, frequently occurring in sexual settings. Generic approaches to support the wellbeing of “people who inject drugs” may not be equally effective for GBM who inject, due to divergent settings, substances, and symbolism. In investigating “injecting” as a social practice among GBM, this study explored the intersection between social identity and drug practices to contextualise experiences of pleasure and risk, and to identify modifiable elements of detrimental practice.

Methods:

We conducted 19 in-depth interviews with GBM in Australia with lifetime experience of IDU, adopting the Frameworks Method for data analysis. Framed by Social Practice Theory, transcripts were coded deductive-inductively, to delineate the constituent material, competence, and meaning elements of GBM’s injecting practices.

Results:

Of 19 participants interviewed (aged 24-60 years), 17 identified as gay, two as bisexual. Injecting histories ranged from two-32 years; most injected methamphetamine (n=18). Fundamental material, competence, and meaning elements of “injecting” were: substances; injecting skills; sexual utility/predication. These elements were commonly supplemented and shared between multiple GBM. In transactional processes, sexual capital facilitated drug use beyond financial means, with important implications for risk and power dynamics. As means of empowerment, sexual capital and injecting competence enabled access to and acceptance within communities who party-and-play. Pleasurable meanings of belonging, desirability and self-actualisation conflicted with injecting-related stigma, social dependencies, and fear of harms to body, mind, and sense of self.

Conclusion:

Even within a subpopulation such as GBM, “injecting” cannot be considered a singular practice. Shifting configurations between its composite elements influence GBM’s relationships with the practice itself, including experiences of risk and harms. Interventions to support their wellbeing would benefit from taking account of the dynamic interrelationship between the constituent practice elements identified in this study.

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