
**Session Facilitators:** Michael West (Department of Health and Human Services VIC), and Lisa Bastian (Department of Health WA).

**Panel discussants:** Brent Mackie (ACON), Adam Hynes (Thorne Harbour Health), Travis Atkinson (South Australia Mobilisation + Empowerment for Sexual Health), David Kernohan (Western Australian AIDS Council), Craig Cooper (Positive Life NSW), Nadine Ezard (St Vincent's Health Australia), Christian Vega (Australian Injecting & Illicit Drug Users League).

**Research team:** Carla Treloar, Max Hopwood, Martin Holt, Toby Lea, Peter Aggleton, Joanne Bryant, Kerryn Drysdale, Gary Dowsett, Brent Mackie, Colin Bautrouney, Helen Calabretto.

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## Session Overview

### The Research: 30 minutes

- Joanne Bryant, Kerryn Drysdale
- What do men see to be the main harms and what strategies do they employ, individually and collectively, to address these?

### The Panel: 30 minutes

- Brent Mackie, Adam Hynes, Travis Atkinson, David Kernohan, Craig Cooper, Nadine Ezard, Christian Vega
- How do these findings impact health promotion and harm reduction work?

### Q&A: 30 minutes

- Ways forward

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## The Project – Crystal, pleasure and sex between men

- To examine 1) gay and bisexual men's crystal use and sex practices; 2) document how they protect themselves; and 3) investigate how drug use and sex contribute to social relationships and identities for gay men
- NHMRC-funded 2017-2019
- Additional funding WA Health
- Melbourne, Sydney, Adelaide, Perth
- N=90 in-depth interviews with gay and bisexual men
- N= 30 interviews with key informants

## Focus today

- What do men see to be the main harms in relation to sex on crystal?
- What strategies do they employ *both individually and collectively* to manage these harms?
- Best health promotion responses are found in the everyday, existing care practices of hidden or marginalised settings.

## Main themes

- More than other harms of sex on crystal, men fear developing problematic drug-using habits
- In the perceived absence of effective strategies to prevent developing a ‘drug habit’, men developed their own care practices by drawing on shared knowledges
- These existing care practice reveal several things, including that what we see to be risky can be understood or experienced by men as risk-reducing or even pleasurable

## What do men see to be the main harms in relation to sex on crystal?

- **Addiction**: to the drug (resulting from the pharmacological properties of the drug)
- **Addiction**: to the kind of sex one has on crystal
- And to a lesser extent:
  - HIV transmission (acquiring or transmitting)
  - STIs
  - hepatitis C
  - Plus a range of other material and immaterial harms (to existing relationships, to home and contents, to emotional/mental states and so on)

## Hepatitis C

- Largely silent or seen as a passing concern

> You have to ***roll with the punches*** and wear what… if you are going to put yourself in that situation, then you've got to deal with what comes along. So of course, I'm very conscious of Hepatitis C and do not want Hepatitis C, but, you know …
>
> (Perth – 51yo, HIV+[U], HCV-)

> Hep C is always… well, it's much, ***much less of a worry*** now because of … (The new DAA treatments, yeah?) Yeah. But it was always a little bit of a worry.
>
> (Sydney – 61yo, HIV-[PrEP], HCV-)

- Strategies include: stockpiling sterile syringes, using 'freshies' every time

## STI

- Seen to be inevitable and easily treatable

  'There was a period there about 3 months ago, where I did pick up an STI after about the third time I went to the doctor***, I was feeling quite bad and ashamed***… this is embarrassing to go back and say "I've got another one", so anyway, I'm getting past that a little bit, but if I do have an STI, then … ***I pick it up, I get treatment as quickly as I can***'
  (Sydney - 58yo, HIV-[PrEP], HCV-)

  'I feel I'm in a better position, because ***I do get tested so often*** that those things will get picked up fairly quickly'
  (Sydney - 42yo, HIV+[U], HCV-)

- Strategies include: test and treat, condoms, pre-loading antibiotics.

## HIV transmission

Strategies include a complex combination of…

- Disclosure of various statuses (HIV positive or negative, on PrEP, undetectable) online and in person
- Being on PrEP or being undetectable
- Rules about practice: serosorting, condoms (seen to be unsafe), avoid some practices
- Routines around PrEP adherence; taking PrEP out to sessions; questioning other's PrEP adherence

Have access to a range of effective strategies and technologies: risk is manageable and less worrying

## ‘Addiction’

- Addiction – to the drug (resulting from the pharmacological properties of the drug)
- Addiction – to the kind of sex one has on crystal

## ‘Addiction’

Losing control over the drug (resulting from the pharmacological properties of the drug)

> ‘I would say that it’s because of the feeling you get of being horny and the desire for sex and stuff like that. And then, from what I’ve talked to people, ***it’s some sort of rush when they take it.*** I’ve never had that rush and I seem to be immune to a lot of things, so that doesn’t help me, ***and so after that, they become very reliant on it***, … so I guess that’s why they’re addicted to it.’
>
> (Perth – 28yo, HIV-, HCV-)

## ‘Addiction’

Losing control over the kind of sex one can have, becoming dependent on sex on crystal

‘I then went out looking for sex in nightclubs, which I had never done. I’d go with people, I had rarely had gone, so that’s much more sexually adventurous and needy … there were these awful kind of images that were in the public mind, of people in back lanes in Darlinghurst or Redfern shooting up heroin and you know. I was close enough as it was, with having been injecting, and that started to operate on the mind too… but I ***wasn’t hankering for it. I knew … I was hankering for the sex that it had given me.***’

(Sydney – 67yo, HIV+, HCV+)

## ‘Addiction’

Fear of addiction articulated in talk about:

- Loss of reason and sensible decision-making (getting messy, ‘cooked’)
- Diminishing mental health
- Decreased social participation (friends, work)
- Unable to have ‘regular’ relationships (incl sexual)

= losing control

## If ‘addiction’ is seen to be the main harm attached to sex on crystal…

## What strategies do men employ to prevent or reduce the risk of losing control?

### Strategies to avoid losing control:

- Restrict frequency of sessions
- Restrict amounts to pre-set budget
- Avoid people who use and supply
- Avoid having drug paraphernalia at home
- Participate in sessions with a partner/friend
- Never buy crystal for yourself
- Never allow someone to provide crystal for free
- Consume all drugs by end of session (to better predict end of session)
- Use other drugs to manage effect of crystal – GHB, cannabis, benzos
- Test drive (take partial dose)
- Never inject
- If injecting, never learn to inject oneself
- If injecting, never inject others (help others maintain control over their use)
- Never choose to inject over other modes (cannot control dose)
- Learn to inject oneself
- Choose injecting over other modes of admin (a way to control length of the high, more efficient, and seen to produce easier and quicker come down)
- Prepare preloaded syringes, especially when hosting among friends
- Never use preloaded syringes, especially attending another person's home

**Strategies to avoid losing control:**

1. Restrict frequency of sessions
2. Avoid particular people and networks
3. Avoid particular places (virtual or otherwise)
4. Obey certain rules about purchase and storage
5. Draw on specific modes of using

Underpinned by shared meanings and practices…

**Before we go on…**

- Experiences describing active pleasure seeking together with management of risks. This is focus of today.
- Does not describe experiences of wanting to stop, having regrets, or feelings of not managing and wanting help.

## Restrict frequency of sessions

- main strategy employed to maintain control
- has benefits beyond maintaining control…

> For the most part of my usage history, I would always take a break afterwards and let myself come down… and therefore the next time I used a couple of weeks later, I've already come up and bounced back, ***so the next rush would be just as it was the first time***.
>
> (Melbourne,57yo, HIV+[U], HCV+)

## Modes of using: avoid injecting

### Injecting hastens addiction

> my ex and people that have blasted, seeing how much more intense and addictive it is. I wouldn't want to put myself at risk in that situation of getting that addicted
>
> (Melbourne – 47yo, HIV-[PrEP], HCV-)

### Learning to inject yourself hastens addiction

> my advice right at the beginning from people, the person that first blasted me, that introduced me to meth was "don't learn", you know. And a lot of people say that.
>
> (Perth – 51yo, HIV+[U], HCV-)

## Modes of using: Inject to gain control

### Injecting permits some control over the dose and expected time to come down…

> I found that it was my preferred method… because if I was smoking, I would just keep smoking and keep smoking… [because] it's so incremental and… I would still be awake a day or two later because of the incrementality. But if I blasted, you know it might just be a third of a point or half a point, I'd have to hide, I'd have the sex, but then I would be sleeping and I'd come down.
>
> (Sydney – 33yo, HIV+, HCV unknown)

## Modes of using: 'polydrug use'

### 'Polydrug use' manages effects of crystal… (GHB, Cannabis, alcohol, Valium)

> I find G would be great, because it would help me come down, it would help me relax ***and I wouldn't need anywhere as much T.***
>
> (Sydney – 33yo, HIV+, HCV unknown)

> (How do you manage [comedowns]?) You don't. (You just got to ride it out?) Yeah, sleep if you can. ***Grass can help*** knock you out and Panadol.
>
> (Adelaide – 54yo, HIV-, HVC-)

## Rules of purchase and storage: Consuming all remaining crystal

To avoid another session

> Finish off any drugs that we have… I make sure if there's still T in the pipe, I'll smoke it. By the end of a 2-day bender, like it's not going to do too much. It's not going to be keeping me up all night, but if it's gone, it's gone. It will mean next weekend, I won't be thinking, "oh there's just that little bit left" because if you have a tiny bit, you'll be gone for the weekend. So that's the risk control.
>
> (Sydney – 31yo, HIV- [PrEP], HCV-)

## Choreographies of risk reduction

Taking drugs for sex is organised in specific ways…

- using specific drugs (in specific combinations of 'polydrug use')
- in specific ways (modes of purchase, storage, use)
- at particular times (only on the weekends, once or twice a year, on 'special occasions')
- in particular spaces (planned sex parties, dance or social events, homes, beats)

… in order to minimise risk and maximise pleasure.

## Choreographies of risk reduction

Supported by *shared meanings, knowledge* that circulate within networks of men:

- Avoid regular patterns of use (kept in check by friends)
- Never inject – 'lots of people say this'
- Inject to gain control over session end time
- 'Finishing up all the drugs'

## Sex matters. Pleasure matters.

### Being out of control is hot: maintaining control while being 'out of control'

> Even when I have slammed and in play, when it's fairly, you know, more intense, even at those stages, I've always felt in control… It's interesting, because thinking in advance I would like to be out of control. (Right, so you're planning being in control of your out of control moments?) Yes, yes!
>
> (Sydney – 61yo, HIV-[PrEP], HCV-)

## Main themes

- More than other harms of sex on crystal, men fear developing problematic drug using habits
- In the perceived absence of effective strategies to manage the risks of their crystal use, men develop their own by drawing on shared knowledges and meanings
- Sex and pleasure matter! The sexual setting complicates the choreography

## Some concluding thoughts

- These existing care practice reveal several things, including…
  - many men competently manage their use by drawing on rational choreographies
  - that what we see to be risky can be understood or experienced by men as risk-reducing or even pleasurable
  - Our challenge is to find ways to capitalise on these counterpublic health knowledges and practices to sustain, nurture and protect men's health in ways that are relevant to them.

## The Panel

- What would you do with these results?
- How might these results change your health promotion work?
- What sorts of health promotion messages or interventions can be made to address the shared knowledge and practices of men?
- Thinking about the data provided today, what do you think researchers should know?