

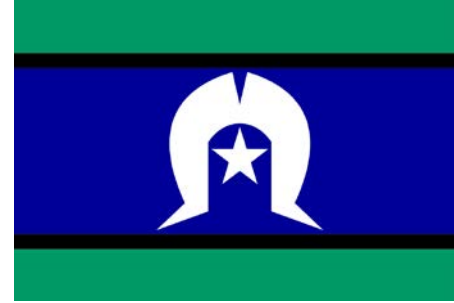


## Injecting as a social practice: illuminating the critical elements of gay and bisexual men's injecting drug use

**Schroeder SE<sup>1,2</sup>**, Bourne A<sup>3</sup>, Doyle J<sup>1,2,4</sup>, Hellard ME<sup>1,2,4</sup>, Pedrana A<sup>1,2</sup>

*<sup>1</sup>Disease Elimination Program, Burnet Institute, <sup>2</sup>School of Public Health and Preventive Medicine, Monash University, <sup>3</sup>Australian Research Centre in Sex, Health and Society, La Trobe University, <sup>4</sup>Department of Infectious Diseases, The Alfred Hospital*

## Acknowledgement of Country



*I acknowledge and pay respect to the Traditional Custodians of Country throughout Australia and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.*

## Disclosure of Interests

- MH and AP receive investigator-initiated research funding support from Gilead Sciences, Abbvie and Bristol-Myers Squibb and Merck.
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- SS has nothing to declare.



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## Background and Aims

## Substance use harms are variable

- Substance use – incl. injecting drug use - elevated among gay and bisexual men (GBM)<sup>1,2</sup>
- People who inject drugs (PWID) experience poorer health and social outcomes<sup>3-5</sup>
  - Hepatitis C prevalence among PWID = 40.1% (2019) <sup>6</sup>
  - HIV prevalence among PWID = 2.1% <sup>7</sup>
  - HIV prevalence among gay / bisexual PWID = 35.3%
  - Increased odds of injecting drug use among GBM living with HIV
- Changes in hepatitis C/HIV co-infection epidemiology among GBM<sup>8</sup>
  - Hepatitis C transmission associated with “Chemsex” or “Party and Play” (PnP)<sup>9</sup>
  - Increasing incidence = changing sexual & drug use practices?<sup>9,10</sup>



## Risk is socially interactive

- Among GBM, injecting often occurs where drugs are used to enhance sexual experiences (Party and Play = PnP)
- Differential prioritisation of sexual vs injecting risk reduction<sup>13</sup>
- Some drug-injecting GBM identify with GBM communities; not 'PWID'<sup>14</sup>
- Intersectionality may reduce effectiveness of generic harm reduction interventions<sup>15</sup>

**AIM:** to understand the critical elements that shape “injecting” as practiced by GBM



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## Methods

# Methods

## Recruitment

- Purposive & snowball sampling from GBM and PWID cohorts

## Data collection

- Semi-structured in-depth interviews (zoom)
- Audio recorded, transcribed, anonymized
- Nvivo 12

## Data analysis

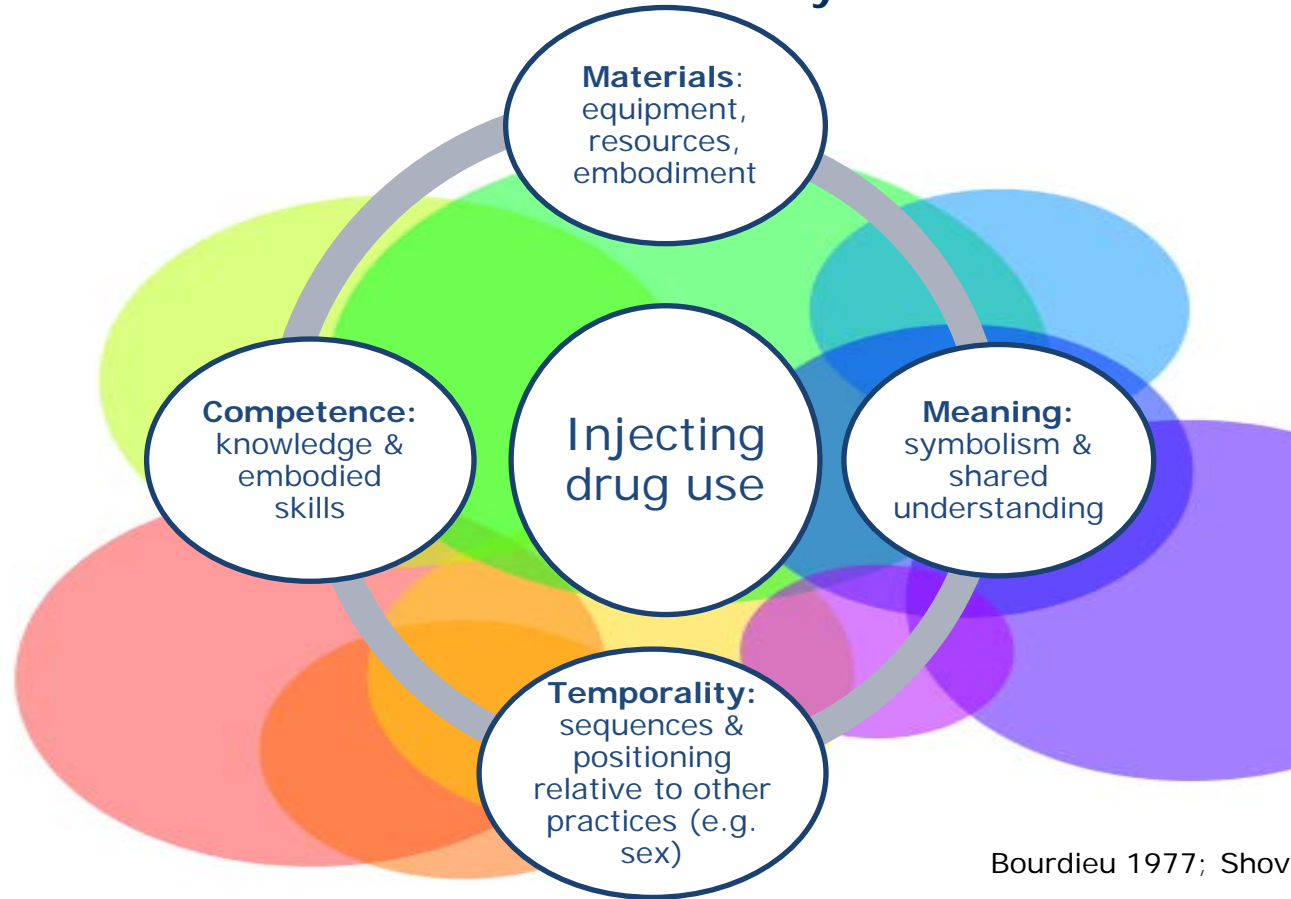
- Directed qualitative content analysis<sup>1</sup>
- *Deductive* coding of main elements of practice (from Social Practice Theory)
- *Inductive* coding of sub-elements (from the data)



<sup>1</sup>Hsieh & Shannon, 2005



# Conceptual framework: Social Practice Theory



Bourdieu 1977; Shove et al., 2005



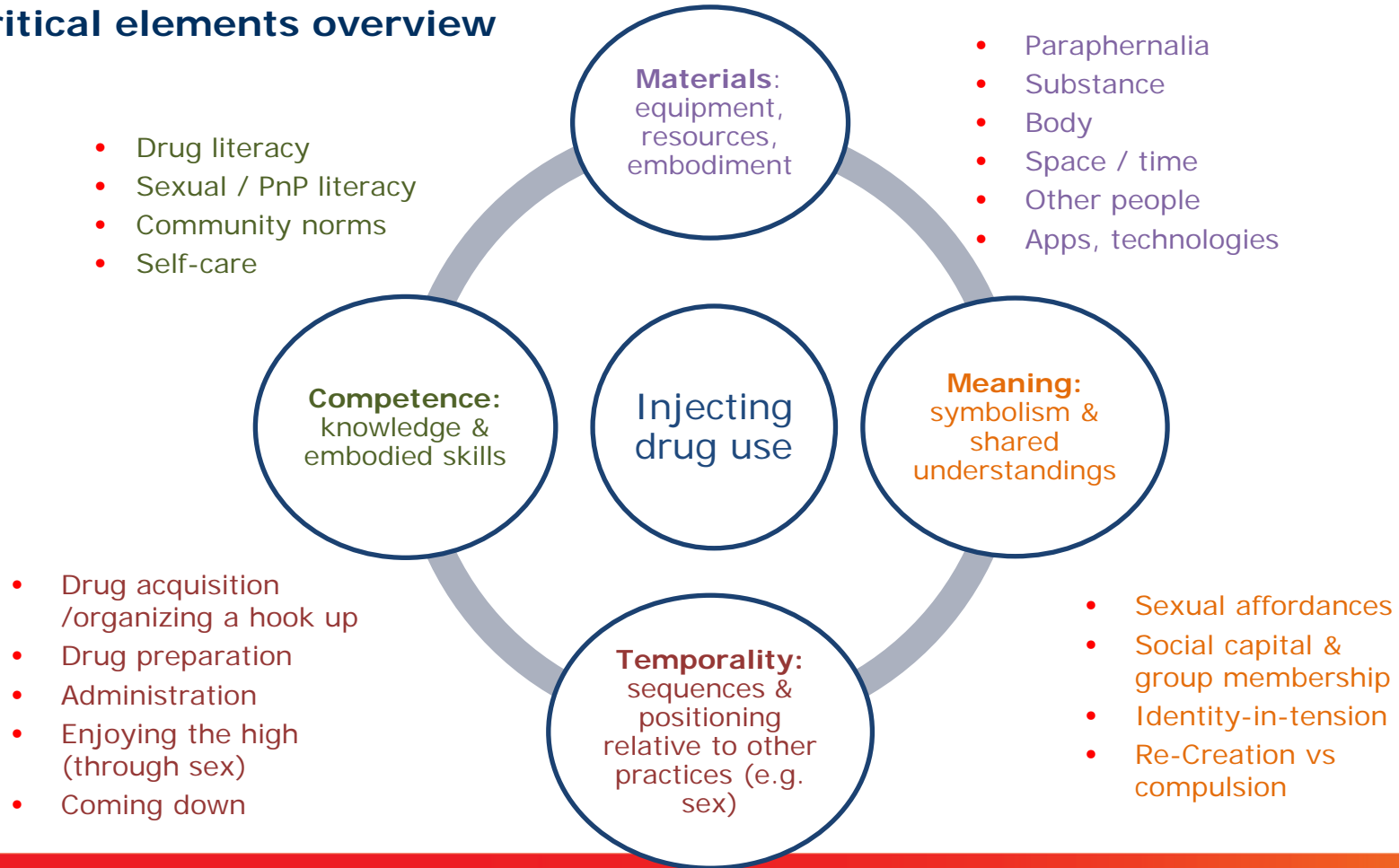
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## Results

## Who did we interview?

Participant characteristics (n=19)		Injecting experience	
Age	38 [24-60] years	Current (<6 months)	n=14
Gender (male)	cis: n=18, trans: n=1	Time since first injection	1 - 32 years
Sexual identity	gay: n=17 bi: n=2	Time since last injection	2 days - 4 years
Residence	Capital cities	Methamphetamine	n=18
HIV negative	n=11 (5 on PrEP)	Heroin	n=1 (4)

# Critical elements overview



## Focussing on three key features

- Injecting has a distinct sexual function
- Injecting is a dyadic/communal practice
- Injecting involves psychosocial risks

*\*Names are pseudonyms*

## Meaning: Injecting improves sexual competence

“For me, being high and having sex is about **doing the sexual act as well as I can**, feeling it as much as I can, physically connecting with a complete stranger or someone I love as much as I can. [...] When I play, I play rough, either as a top or as a bottom; and crystal allows that, **it allows me to push myself as far as my body is capable of.**”

- Rowan, 60

## Competence: Injecting skills are social capital

“Lots of people can't do it. And culturally a big part of it is **if you can't inject yourself, you will provide drugs for somebody to inject you. So that's kind of the, I guess, the fee.**

People will be online and they'll say ‘I need a nurse’ you know, they call it a nurse.”

- Trent, 46

**“I'd take the role of doing it for everyone. So I'd mix it up and then I'd go around and shoot up everyone [...] I'd feel proud that I could do something well in an environment that is quite negative.”**

- Hugh, 40

## Materials: Unequal distribution impacts on power dynamics

“Sex is expected to happen. It’s tricky because also I feel like **who controls what happens is also a question of who has the gear [...]** And, you know, if I’m using somebody else’s gear, I’m obliged for if I want to use, and especially if they have [...] the equipment to slam, then **I felt obliged to lower what I feel comfortable with**”

– Oscar, 39



## Materials: Sexual capital enables access to 'injecting'

**“I’ve traded my looks for free drugs.** So, I would never bring in any drugs. I don’t know any dealers. I don’t have any like smoking apparatus on me because the idea of being like busted by the police scares me to like death [...] It’s like a transaction for my time for free drugs [...] **that has, one, saved me a lot of money, but two, just made me feel like, yeah, not great about what I’m doing with myself.”**

– Kym, 32

## **‘Injecting’ enables access to community – risks social exclusion**

“You could go over to peoples’ houses and [...] it would just be a revolving door of different people to come through and **you get to meet some great people.... if you’re down for having sex and you’re down for having a wired session, pretty much anyone was welcome.**”

– Ben, 33

“**Within the community that does inject there's more acceptance.** In the wider gay community there is still that stigma that, you know, you are a junkie or you are a **lower class within the gay society because that's how you practice.**”

– Hugh, 40



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## Implications

# Injecting among gay and bi men in Australia

- Injecting has a distinct sexual function
  - Acknowledge the positive benefits (sexual pleasure, self-efficacy, community)
- Injecting is a dyadic/communal practice, with distinct psychosocial risks
  - Affords transactional engagement
  - Interdependence, indebtedness and stigma may become matters of concern
- Injecting is not equal
  - To meaningfully support GBM, we must consider the ***differential integration of materials, skills and symbolism*** within injecting practices

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85 Commercial Road Melbourne, Victoria, 3004

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## Sophia Schroeder

PhD Candidate, Monash University  
Research Assistant, Burnet Institute  
E [sophia.schroeder@burnet.edu.au](mailto:sophia.schroeder@burnet.edu.au)  
T +61 468315305



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85 Commercial Road Melbourne, Victoria, 3004