



Australia's
Global
University

Crystal methamphetamine use among gay and bisexual men in Perth

Max Hopwood, Kerryn Drysdale, Carla Treloar

Centre for Social Research in Health, UNSW Sydney

Introduction

- Rate of crystal use among gay and bisexual men (GBM) has decreased
- In 2017, 7.2% of all GBM and 20% of HIV+ GBM used crystal
- In 2017, 3.4% of all GBM and 13.3% of HIV+ GBM injected
- Concern remains regarding the social and health consequences of crystal use among GBM
- WA Health-funded qualitative study of GBM who use crystal and Perth-based key informants (KIs)

Method

- Telephone interviews with KIs (n=5)
- Face-to-face & telephone interviews with GBM crystal users (n=16)
- Semi-structured interviews (N=21) explored:
 - (i) patterns of crystal use, sex practices and the sharing of injecting and other equipment;
 - (ii) men's understandings of crystal and harm reduction practices in sexual contexts, and how these perceptions and experiences influence decisions regarding drug use and sex;
 - (iii) feasible harm reduction strategies, including HIV and hepatitis C prevention strategies, for Perth-based gay and bisexual men who use crystal in sexual contexts.
- Interviews lasted between 30-60 minutes each
- Inductive thematic analysis

Findings

Gay and bisexual men (n=16):

- 26 to 63 years of age: median 34 years
- 13 men identified as gay & 3 men identified as bisexual
- some men were heterosexually married, or separated
- less than half of the participants had mostly gay friends
- most gay and bisexual participants mixed in heterosexual networks
- networks were disconnected

Major themes:

1. Controlled/functional crystal use
2. Socially constructed effects of crystal
3. Folk knowledges of Perth GBM
4. Sex-based sociality among disconnected networks

1. Control and functionality

patterns of crystal use varied from daily use to occasional use

men periodically stopped or reduced crystal use to aid control

crystal dependence was often self-managed

having diverse social-sexual networks helped to control use

avoidance approaches implemented to stop/reduce crystal use

men swapped between modes of use i.e., smoking-injecting

some men sought professional help for dependence and mental health

information from the Internet aided control

losing control of crystal use was reported

2. Social construction of crystal effects

- crystal understood as both a sex drug and NOT a sex drug
- an elective affinity between sex-based sociality and the drug crystal meth
- crystal-sex can be a profoundly erotic experience that builds deep connections
- conversely, crystal-sex can lead to erectile dysfunction, behavioural problems, a dependence on using crystal to have sex
- reported transitions and transformations from crystal use: changes in temperament, identity and practices
- crystal was seen to be a good drug for socialising, for creative and intellectual pursuits, and for a variety of activities including physical labour

3. Folk knowledges

folk knowledges: derived from social modelling, personal experience and evidence-based harm reduction information

however, folk knowledges can contribute to risky practice

gaps in folk knowledge were identified about hepatitis C prevention

men knew not to share needles and syringes, but they shared ancillary injecting equipment

reportedly, men who inject in Perth often do not know about the NSP services

men reused needles and syringes, in part because they paid for this equipment from pharmacies

lay experts in harm reduction were untrained peer-educators

4. Sex-based sociality

social media apps and websites were used to organise hook-ups

online profiles contained information about men's crystal use and sexual preferences

online profiles also contained information about men's HIV serostatus

men used biomedical HIV prevention strategies such as ART & PrEP

crystal-sex managed via negotiated agreements, personal risk assessments, STI testing

sex-partying was a feature of men's crystal use and sexual socialising

injecting and smoking crystal occurred during sex-parties

sex-party hosts set party rules and some hosts provided a safer environment than others

Conclusions

men were motivated to avoid becoming dependent on crystal and to avoid other harms

controlled crystal use helped by:

awareness of transitions and transformations

having diverse sexual networks

using avoidance strategies

changing modes of crystal use

building supportive relationships with health professionals

maintaining personal health e.g., a good diet

being supported by family & friends

Conclusions

sexual risk practices included:

condomless anal sex with multiple partners

extended sex sessions

the sharing and reuse of sex toys

practices such as fisting

HIV prevention strategies included:

biomedical interventions ART & PrEP

disclosure of HIV & serosorting

negotiated agreements

personal risk assessments

regular testing

condom use

Conclusions

HIV prevention strategies were viewed as important

however, maximising the pleasure of crystal use and crystal-sex was also a high priority

GBM participants were vulnerable to STIs from low levels of condom use

poor knowledge of hepatitis C prevention

further health promotion messaging needed

key challenges:

developing appropriate harm reduction messages for crystal users

identifying the most effective ways of disseminating culturally relevant crystal-related harm reduction information into Perth's diverse crystal using networks?

Recommendations

Please refer to the report for recommendations arising from the study

WA Health to evaluate the study findings and if appropriate to use the findings

WA Health to consider the implications of sexualized drug use for government departments and service providers e.g., sexual health, mental health and AOD services

Further research to explore the diversity of Perth crystal-using networks

Study of Perth-based folk knowledges, including the local folk pharmacologies, and how these understandings might reduce or exacerbate risk practice

Acknowledgements

We would like to thank the men who volunteered their time to participate in this study.

Also, thank you to the following individuals and organisations for supporting this study:

Lisa Bastian, Manager, Sexual Health and Blood-borne Virus Program – WA Department of Health

Joanne Bryant, Associate Professor - CSRH, UNSW Sydney

Frank Farmer, Executive Director - Hepatitis WA

James Fetherston, PhD candidate – Curtin University

Steve Fragomeni, Volunteer Coordinator – Hepatitis WA

Leigh Andrew Hill, Editor – Out in Perth

Roanna Lobo, Project Manager – SiREN, Curtin University

Justin Manuel, Coordinator – M-Clinic

The Staff - M Clinic

Lisa Tomney, Manager, Clinical Services - The Western Australian AIDS Council (WAAC)

Graeme Watson, Director – Out in Perth

Kevin Winder, NSEP Coordinator – Peer Based Harm Reduction WA