Arts & Social Sciences
Centre for Social Research in Health

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Crystal methamphetamine use, sex and risk practice among gay and bisexual men

Background

Crystal methamphetamine is a drug that has particular impact on the gay community, where it is often used in sexual contexts such as dance parties, sex parties, sex-on-premises venues and saunas, and in private parties. The unique co-existence of crystal use and sex can create considerable health risks including the risk of transmitting HIV or hepatitis C via injecting or unsafe sex, and other problems related to regular crystal use such as risk of dependence and poor mental health. Our previous social science work in this area identifies how sexual and drug-related risk in these settings can be produced through the unique pattern of social relations in the gay community termed 'sex-based sociality', wherein sex and drug taking are practices that can build belonging and connectedness (Kippax et al, 1998; Dowsett el al, 2005). This project examines crystal use among gay men in sexual contexts using the lens of 'sex-based sociality' to identify the ways that crystal is used, the risks and pleasures associated with its use, and the everyday strategies men employ to reduce these risks.

Australian and international evidence demonstrates the importance of understanding the contexts where high-risk drug use and sex, including group sex, among GBM occurs, but also highlights the dearth of research available to design prevention responses that are relevant to, and effective in, affected communities. With increasing rates of crystal use among GBM, there is an urgent need to address systemic failures to engage with crystal-related risk in relation to sexual activity, while strengthening established strategies of health promotion and risk reduction. The injection of crystal exacerbates the risk for BBV transmission in instances where needles and syringes and ancillary injecting equipment such as water phials, swabs and spoons are shared. Previous research by our team has shown the increased risk of HIV and other BBV transmission when crystal is injected within sexual contexts (Holt et al 2015). Compared to other methamphetamine forms, crystal use is associated with a higher likelihood of progressing to regular use, commencing injecting, and developing dependence. The outcomes of this project will be the development of nuanced, crystal-related harm reduction and BBV prevention strategies for GBM to curb the further spread of BBV infections and other harms related to crystal use.

Specific aims are:

1. To examine GBM's patterns of crystal use, sex practices and the sharing of injecting equipment, and GBM's understanding and use of harm reduction practices in sexual contexts;
2. To investigate how GBM perceive and experience the risks and benefits of crystal use and how these perceptions and experiences influence decisions regarding drug use and sex;
3. To identify feasible and acceptable harm reduction strategies, including HIV and HCV prevention strategies, for scale-up and use by GBM who use crystal in sexual contexts.

Literature review

Australian GBM report higher rates of crystal use compared to the general population (Roxburgh & Burns, 2015; Lea et al 2013) and these rates have increased significantly in recent years (from 9.6% to 11.4% between 2010-2014) (Lea et al, 2016). This is particularly an issue for HIV-positive GBM, who are not only significantly more likely to report using crystal, but also more likely to report injecting it (over other methods of administration) compared with HIV-negative and untested men (Lea et al 2016). Studies about GBM who use crystal identify how its use is often associated with other practices that increase risk of HIV and hepatitis C transmission, including condomless anal intercourse with casual partners, injecting and sharing syringes, multiple sex partners, group sex and 'fisting'(insertion of a hand for sexual pleasure)(Lea et al, 2013; Lea et al 2016; Green & Halkitis, 2006). While occasional crystal use can be unproblematic, the regular and longer-term use of crystal in sexual contexts, particularly via injection, can significantly increase the risk of blood borne virus (BBV) infection.

The concept of sex-based sociality assists in drawing together drug use, sexual practice, BBV risk through its focus on the inter-connected nature of GBM's lives and their drug- and sex-related risk practices (Kippax et al 1998). This framework focuses attention on how men in contemporary, urban, gay communities socialise, often in groups and in places where sexual expression and activity have a central role, such as gay dance parties, in sex-on-premises venues, and in private parties. These are settings where group sex and collective drug use can be commonplace (Hurley et al 2009, Slavin, 2004). Socialising in sexual contexts involving crystal helps to produce distinctively 'gay ways of using drugs' (Dowsett et al 2005), whereby crystal use can heighten a sense of sexual intimacy, disinhibition, social connectedness, enhanced sexual endurance, and reduced pain (Bourne et al 2015; Rawstorne et al 2007). In these sexual contexts, social benefits accrue to GBM who participate in crystal use, however we know very little about 'gay ways of using drugs', the social meanings these carry, and their risks in relation to BBV transmission (Dowsett et al 2005).

To date, most drug- and sex-related research has tended to appraise drug- and sex-related risk as different and separate problems, to be addressed in separate if related policy responses, most usually focused upon individuals (Anglemyer et al 2013; Eu & Roth 2014).

Although useful, such an approach obscures the social embeddedness of sexual and drug-taking practices. Moreover, a focus on individuals alone precludes the development of effective harm reduction strategies that take account of GBM's shared drug-use practices, sexual norms, and sexual contexts (including, for example, how these practices can happen together in ways that prevent harm). To understand increasing rates of crystal use, and increased sexual risk practices among GBM, this project views sexual practice as a collective activity, and drug use in sexual contexts as a phenomenon grounded in GBM's sex-based sociality and relationships.

Research design and methodology

The project uses a qualitative research design over a two-year period, drawing on data collected through in-depth interviews with two groups of participants: 1) **90 GBM** aged 18 years or older who have used crystal methamphetamine in the previous 12 months in settings where sexual expression and activity have a central role; and 2) **30 Key Informants** from LGBTI, HIV, HCV and drug user organisations that work in areas of illicit drug use and harm reduction with gay men. Thus, the project will yield two detailed data sets for analysis, which will highlight similarity within and contrast between GBM's and KIs' understandings of drug- and sex-related risk in sexual contexts. This information is currently unavailable in the literature.

Gay and bisexual men (GBM): 90 GBM will be recruited to take part in a 1 hour face-to-face in-depth interview that will be digitally audio-recorded. Men will be recruited from four cities: Sydney (n=30) and Melbourne (n=30), where there are substantial sized gay communities that will permit analysis by different local drug markets and sexual contexts; and Adelaide (n=15) and Perth (n=15) as examples of smaller cities with potentially different patterns of sex-based sociality. The sampling will be carefully monitored to ensure there are a variety of experiences and perspectives, including from men who inject crystal, who use in sexual and non-sexual settings, who are HIV positive and negative, and hepatitis C positive and negative. Interviews will explore GBM's crystal use and sex practices, their risk-taking, and how sex and drug practices shape and are shaped by sex-based sociality (Appendix 12). Participants will be renumerated $40 for their participation.

Key Informants: 30 key informants will be recruited to take part in a 30-minute in-depth interview that will be digitally audio-recorded. KI interviews will be by telephone. We aim to conduct 10 KI interviews each in Sydney and Melbourne, and 5 each in Adelaide and Perth. Interviews will explore perspectives about GBM's crystal use, sex practice, and their information and service needs (Appendix 13). KI participants will not be offered remuneration.

Analysis: Each GBM and KI interview will be transcribed, verified for accuracy and interviewer consistency, de-identified and thematically coded using the qualitative data software QSR NVivo. This will enable cross-referencing and an analysis of themes and modes of expression, including attitudes, norms, behavioural accounts and language associated with drug- and sex-related practice. The research will utilise key aspects of a grounded theory approach, which

seeks to generate theory from empirical evidence (Glaser & Strauss, 1967). This analytic approach will reveal the ways in which GBM understand sex-based sociality, gay ways of using drugs, and the construction of shared meaning and collective pleasures. The analysis will focus on the collective dimensions of GBM's sexual practice and drug use to understand how sex-based sociality increases (or sometimes might decrease) risk beyond the level of each individual's own risk practice. The analysis will also allow for GBM's experiences to be positioned within a particular historical and cultural context (Kellehear, 1993), which includes reference to factors such as broader societal attitudes towards sexuality and drug use. The outcome will be an analysis that takes into account how risk practices are shaped by, and thus reveal, social values and ideals.

Timeline: Sydney, Melbourne, Adelaide	2017				2018				2019			
	1	2	3	4	1	2	3	4	1	2	3	4
Qualitative interviews												
Liaison with recruitment sites												
Preparation of recruitment materials and strategies												
Pilot interviews with GBM												
AG consultation to finalise interview schedules												
Commence interviews – GBM												
Commence interviews – KIs												
Data management, quality control												
Data analysis												
Preliminary report to AG												
Finalising data analysis and reporting												
Translational work												
AG workshop – strategy and message development												
Focus groups with GBM & harm reduction workers												
Report back/impact enhancement workshop												
Final write up, project close												

Timeline: Perth	2017				2018			
	1	2	3	4	1	2	3	4
Qualitative interviews								
Liaison with recruitment sites								
Preparation of recruitment materials and strategies								
Pilot interviews with GBM								
AG consultation to finalise interview schedules								
Commence interviews – GBM								
Commence interviews – KIs								
Data management, quality control								
Data analysis								
Preliminary report to AG								
Finalising data analysis and reporting								
Translational work								
AG workshop – strategy and message development								
Final write up, project close								

Research participants

The research team has extensive, combined experience in conducting interview-based qualitative studies in the fields of sexuality, education, HIV, HCV, alcohol and other drugs and harm reduction. In our experience, the sample sizes of n=90 GBM and n=30 KI are ideally calibrated to produce a theoretical saturation of thematic categories. Saturation of categories means that data are collected until no new information about any interview theme is forthcoming and no significant new themes are emerging (Glaser & Strauss, 1967). One hundred and twenty interviews provide a large but realistic volume of data to ensure effective and timely project management for high quality analysis and write-up.

GBM participants: To be eligible to participate in the study, GBM will be: 1) aged 18 years or older; 2) living in Sydney, Melbourne, Perth or Adelaide; and 3) have used crystal in the previous 12 months in settings where sexual expression and activity were present.

KI participants: To be selected, key informants will be: 1) currently employed in leadership roles and other roles specific to harm reduction for GBM at LGBTI, HIV, HCV and drug user organisations in Sydney, Melbourne, Perth and Adelaide; and 2) have knowledge about service-based perspectives on GBM's crystal-, injecting-, and sex-related risk practices in sexual contexts, and information and service needs to reduce these.

Recruitment of participants

GBM participants will be volunteers who contact the researchers after seeing study advertisements. Advertisements will be both online (web banners on social media) and in hard copy (fliers and posters) (Appendix 10). All advertisement material will note the eligibility criteria to permit men to determine whether they are eligible for the study. Men who believe they are eligible and are interested in participating can visit the study's website (Appendix 9) or phone the research team to find out more information and to set up a time to be interviewed. All volunteers will be screened over the telephone, using an approved verbal screening script (Appendix 5), prior to scheduling an interview.

Hard copy advertisements will include fliers and posters that will be placed in or distributed through selected community organisations and clinics, such as ACON in Sydney, VAC in Melbourne, SAMESH in Adelaide, and WAAC in Perth. Staff from these organisations are partner investigators on this study.

Online banners advertising the project will be placed on Facebook, and used in the social media of the partner organisations. Potential participants can click on the banner, which will link directly to the secure project website where participants can find more detailed information about the project and the requirements for their participation. Potential participants will be able to leave their contact information.

Screening: Potential participants will telephone the researchers or will leave their contact information on the study website and be phoned by the researchers. During the initial phone

call researchers will determine a potential participant's eligibility using an approved verbal screening script (Appendix 5).

KI participants: CEOs at LGBTI, HIV, HCV and drug user organisations in Sydney, Melbourne, Perth and Adelaide will be sent an invitation email requesting one or two staff from each organisation to volunteer for an interview (Appendix 11). The research team will follow-up the invitation emails one week later with a phone call to the CEO to determine whether any staff are interested in being interviewed and to collect their contact information. The research team will contact these individuals directly to invite them to participate, and provide them with a Participant Information Sheet (Appendix 7)). Key informants will undertake a verbal consent process (Appendix 8) rather than complete written consent, because their interviews will be conducted over the telephone.

Consent

GBM participants will be asked to provide *written consent*. Participants will be sent the Participant Information Sheet and Consent (Appendix 6) via email at the time that they schedule an interview. This will permit them the opportunity to read and ask questions prior to and at the time of the scheduled interview. Participants will be provided with a written consent form to sign prior to the commencement of the research interview. It will be clearly explained to all participants that their participation is voluntary and that they may withdraw their consent at any time, including during the interview or afterwards, by communicating this to the researcher. GBM participants will each receive AUD $40 cash reimbursement to cover their travel expenses and time required to complete the interview. This is a standard type and value of reimbursement used across the range of studies conducted by CSRH with GBM. KI participants will not be offered remuneration.

KI participants will provide *verbal consent* because these interviews will, for the most part, take place over the telephone. Staff who volunteer to be interviewed will be sent the Participant Information Sheet (Appendix 7) via email prior to their scheduled interview. At the time of their interview they will be given the opportunity to ask questions and then asked to provide verbal consent using an approved script (Appendix 8). It will be clearly explained that participation is voluntary and that they may withdraw their consent at any time, including during the interview or afterwards, by communicating this to the researcher.

Risk to participants

Interviews with GBM will involve the description of highly personal and explicit drug- and sex-related experiences. This may cause distress for some men, especially if their experiences have caused problems in their lives. Our partner organisations ACON, VAC, SAMESH and WAAC provide a variety of gay-friendly care services to assist participants who become distressed. The GBM PISC (Appendix 6) provides website and contact information for care services for GBM in each study location (Sydney, Melbourne, Perth and Adelaide). In addition,

participants who experience distress during the interview will be reminded that they can stop the interview at any time. The risk of distress to GBM participants will be minimised during the screening process when it will be made clear by researchers that the interview requires detailed description of sex and drug using experiences (Appendix 5).

We expect there will be few if any risks to KI participants, who will be asked to discuss the content and approach used in their work, and so will not involve discussion of personal experiences.

Privacy and confidentiality

Interviews will be recorded on a digital recorder, and these recordings will be transcribed into Word files by a transcriber working under a confidentiality agreement. Each interview transcripts will be cleaned and de-identified and stored on the secure, password protected UNSW network drive. The digital audio-recordings, which have identifiable information, will be deleted once transcripts have been checked for accuracy and de-identified. All files will be accessible only to the research team via password protection. De-identified data will be stored for a minimum of 7 years and disposed of securely, as per the National Statement on Ethical Conduct in Research Involving Humans, 12.11.

Publication and dissemination of results

The project includes a knowledge translation phase. In brief, the knowledge translation phase in Sydney, Melbourne and Adelaide involves a series of workshops to be conducted with stakeholders from government, community and research, followed by several focus groups with GBM, in order to distil key harm reduction and health promotion messages for GBM who use crystal. In Perth, translational work will include a one-day workshop with the AG for strategy and message development.

A part of knowledge translation will include several lay publications aimed at the community sector, to be made available on the CSRH website and other relevant websites (including those of our partner organisations). The project will also produce a series of refereed journal articles. In all publications, material will be presented in a way that protects participants' confidentiality and anonymity.