Crystal methamphetamine use among gay and bisexual men in Perth:
‘Part of the social and sexual landscape now ...’

Kerryn Drysdale, Max Hopwood, Carla Treloar
Centre for Social Research in Health, UNSW Sydney
• Rate of crystal use among gay and bisexual men (GBM) stable from 2008-2016

• ~11% crystal use among all GBM and ~38% crystal use among HIV+ GBM (Perth Gay Community Periodic Survey, 2016)

• Concerns remain 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) September-November 2017

• Face-to-face interviews with GBM crystal users (N=15) ongoing

• Semi-structured interviews with KIs explored:
  o Organisational responses to crystal use
  o Health promotion frameworks
  o Barriers to best-practice health promotion

• Interviews with KIs approx. 30 minutes each

• Preliminary thematic analysis of KI interviews
• KIs discussed:
  – understandings of gay community
  – understandings of men who have sex on crystal
  – integrated-coordinated services
  – structure of ‘the sector’ in Perth/WA
  – harm reduction strategies

• Preliminary thematic analysis identified four themes:
  – The ‘normative’ use of crystal among GBM in Perth
  – Stigma avoidance
  – Reductive structures in health promotion
  – Peer-based harm reduction
1. The ‘normative’ use of crystal

- Crystal use among Perth GBM is often occasional and opportunistic

- Hook-up apps used to connect crystal users with each other and with crystal suppliers

- Some GBM ‘get quite annoyed’ about seeing crystal suppliers and ‘blazed’ users on apps

- This is despite the apps ‘best efforts … to kind of expel [crystal] from those platforms’

- KIs reported that seeing crystal on the apps is ‘part of the social and sexual landscape now in 2017’

- ‘Normative’ means discussion of crystal among GBM is ‘more fluid and free-flowing than it used to be’
The ‘normative’ use of crystal (cont.)

- Crystal is not heavily stigmatised among Perth’s LGBTI communities
- Crystal use is even ‘more socially acceptable in parts of the gay and bisexual community’ e.g., among sexually adventurous men
- Overtime, crystal smokers are becoming crystal injectors
- Crystal use ‘develops a sense of sub-community’ and users tend to ‘only have sexual partners who were using methamphetamine’
- Some GBM transition from SAM networks to other gay networks & introduce riskier practices - ‘try something new’
2. Stigma avoidance

• GBM avoid services that ‘judge’ them, however services in Perth described as mostly ‘gay-friendly’

• Some GBM are wary of some AOD rehabilitation services, but Cyrenian House and Next Steps described as ‘very, very LGBTI aware and inclusive’ or ‘buzzing with gay men’

• Audit of AOD sector recommended to see ‘how comfortable’ staff are with GBM clients:
  ‘… a real opportunity for AOD services that provide services to GBM or LGBTI people in general to upskill their staff on the issues that were needed’

• WAAC is ‘trying to get everyone in the sector to a point of understanding’ about GBM crystal use
3. Reductive structures

- Identity- and practice-based services can alienate some clients

- People often have multiple identities, practices and/or diseases

- Health promotion needs to become more complex and intersectional

- Services criticised for overlooking race, ethnicity, and other social determinants (e.g., low SES, differently-abled)

  ‘[T]here’s still a lot of work to do in regards to finding out what are going to be, I suppose, the hooks that people are going to really identify with and that they are going to want to engage with’

- Mainstream AOD programs, reportedly, do not record sexual identity – they assume crystal is used within heterosexual dyadic relationships
Reductive structures (cont).

- Reportedly, services need to become more aware of their diverse clientele, and staff training programs in cultural and structural competency are needed.

- A gay male KI from an AOD service recognised men who attended his service from ‘the scene’:
  
  ‘there’s more people accessing the service that were MSM/GBM who were injecting methamphetamine than we record or realise as an organisation’

- A disadvantage of targeted services is that staff can make false assumptions about clients during a service interaction - leading to clients feeling stigmatised and alienated.

- Some support among KIs for less reductive, more inclusive organisations/services.

- However, services and their staff need to be comfortable with GBM and the explicit kinds of crystal-related harm reduction information men require.
4. Peer-based harm reduction

- Community-based health promotion for GBM described as in ‘a state of flux’ due to PrEP, social media, fracturing of ‘gay community’ and sexual identities, online sourcing of illicit drugs

- HIV prevention-era approaches need re-thinking and/or discarding

- However, strong commitment remains to community-based harm reduction principles: peer-education, non-judgmental, client-driven, client-centred

- Crystal harm reduction ‘still a work in progress’

- Important ‘nuances’ to crystal harm reduction for GBM e.g., interactions with ART and need to address sexual dysfunction (i.e., crystal-dick)
Peer-based harm reduction (cont.)

• WAAC’s approach to crystal harm reduction is to train ‘ambassadors’ to educate GBM about safer crystal use

• But finding ambassadors is proving a challenge because ‘gay community is not as strong as it used to be’

• Still, peer-based ‘word-of-mouth’ harm reduction was described as ‘the best tool ever’

• Iterative process: learn how GBM reduce crystal harms and feed this info back to GBM networks

• Messages (e.g., U=U) around bio-medical interventions (e.g., PrEP, PEP, ART) has helped raise awareness of HIV prevention among GBM
Conclusion

- Among Perth GBM, crystal use is ‘normative’ NOT normalised: while crystal use is becoming more salient, most GBM do not use crystal

- GBM avoid services that stigmatise them; gay-friendly services are key to engaging GBM with crystal-related harm reduction and AOD treatment

- LGBTI health, viral hepatitis, & AOD orgs and services tend to be based upon identity/practice/disease models of health promotion; but orgs and services need to be more complex and inclusive; however staff need careful selection and thorough training for orgs to cope with diverse clients

- Community–based harm reduction remains a preferred model for GBM crystal users; however, KIs called for further work to develop appropriate crystal-related harm reduction for GBM
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