



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

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- 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:
  - Organisational responses to crystal use
  - Health promotion frameworks
  - 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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