Accounts of contemporary gay life in Sydney: Summary of findings of the QUICKIE study, 2007

Author:
Bernard, Diana; Holt, Martin; Race, Kane

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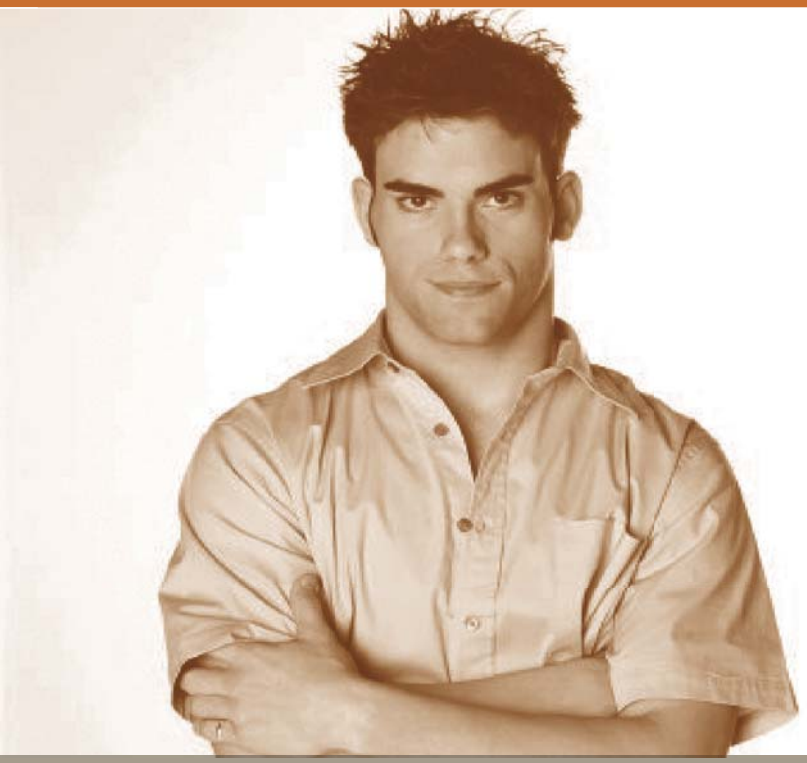

Diana Bernard
Martin Holt
Kane Race

NCHSR

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Diana Bernard[1]
Martin Holt[1]
Kane Race[2]

[1]National Centre in HIV Social Research
[2]University of Sydney

National Centre in HIV Social Research
Faculty of Arts and Social Sciences
The University of New South Wales

NCHSR

Copies of this report or any other publications from this project may be obtained by contacting:

National Centre in HIV Social Research

Level 2, Robert Webster Building
University of New South Wales
Sydney NSW 2052 Australia

Telephone: +61 2 9385 6776
Fax: +61 2 9385 6455
Email: nchsr@unsw.edu.au
Website: http://nchsr.arts.unsw.edu.au

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Contents

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Acronyms

AIDS	Acquired immune deficiency syndrome
HIV	Human immunodeficiency virus
STI	Sexually transmissible infection
UAI	unprotected anal intercourse

Executive summary

The Qualitative Interviews Concerning Key Issues and Experiences (QUICKIE) project is a small-scale qualitative study designed to provide regular accounts of contemporary gay life in Sydney. The project complements the existing behavioural studies conducted by the National Centre in HIV Social Research, providing context to statistical data and identifying current or emerging issues that merit additional attention.

Community

- In other forms of social research, the participants in the QUICKIE study would be regarded as 'gay-community-attached'. However, they expressed common reservations about being part of a gay community or communities, and appeared to engage in a considerable degree of personal reflection on how they related to other gay men and the community at large.
- The commercial gay scene, as perhaps the most obvious and visible location of contemporary gay community, was singled out for sustained criticism. This may reflect the difficulties that men, and particularly younger men, had in negotiating the venues that were part of the scene (due to ageism, racism, drug use and the focus on physical appearance) but it may also reflect a yearning for alternative forms of community and connection that were not readily sustained through commercial venues.
- The solution for some men was to distance themselves from the scene and develop social networks not exclusively focused on gay men. Others remained engaged in community activities but felt ambivalent about their participation. These are likely to be common and longstanding patterns of community engagement for men regarded as 'gay-community-attached'.

Ambivalence about participating in or belonging to Sydney's gay community is an ongoing feature of gay men's relationships to wider community activities and structures. While ambivalence about community may not affect the ability of community organisations or researchers to address gay men, deploying notions of a cohesive, bonded gay community appears to invoke a sense of ambivalence or nostalgia rather than having straightforward positive connotations. The idea of an older, unified gay community perhaps serves as a way to critique current problems with Sydney gay life, rather than reflecting an accurate picture of Sydney's gay history. The participants' accounts underline longstanding problems in engaging with commercial gay culture and the importance for many men of social networks that extend beyond what is commonly thought of as 'gay community'.

HIV

- HIV was seen as increasingly less visible in Sydney by both HIV-positive and HIV-negative participants. As in men's accounts of gay community, there appeared to be a nostalgic view that HIV/AIDS had been easier to identify and manage in previous decades of the epidemic in Sydney (although, once again, this perception is unlikely to reflect the full history of HIV in gay Sydney). Participants suggested that the presence of HIV was less obvious in gay sexual networks and social scenes than in the past, despite the relatively high prevalence of HIV among gay men in inner Sydney and many men's personal contact with the epidemic.
- Discussions of sexual negotiation suggested that HIV-negative men in particular continue to wrestle with the subtleties of mutual responsibility and the disclosure of HIV serostatus. Assumptions about HIV serostatus are still common. Different expectations of responsibility, disclosure and care for partners across the 'sero-divide' continue to generate problems for men trying to negotiate safe encounters.

Our findings suggest that men perceive a waning of attention to HIV, despite rising prevalence rates. Men continue to test, experiment and wrestle with an expanding range of strategies for negotiating safe sex with or without the disclosure of HIV serostatus, as well as tackling differing expectations of responsibility across the sero-divide.

Sexually transmissible infections

- QUICKIE participants perceived sexually transmissible infections (STIs) to be less significant than HIV in their assessments of sexual risk. This finding accords with the findings of research with other gay men in Sydney (Holt et al., 2004).
- Participants were aware that it was relatively easy to contract STIs and reported having regularly attended clinics to be tested. For STI testing they preferred to attend specialist clinics or go to general practitioners who had expertise in sexual health or gay men's health.

STIs continue to be less of a priority for gay men than HIV. Regular STI testing is seen by gay men as an acceptable strategy for maintaining sexual health.

Generational issues

- The lack of alternatives to venues that were part of the commercial gay scene was an issue described by both younger and older men.
- Younger men described the challenges they faced when first negotiating the commercial gay scene and identified a lack of gay role models in public life.
- Participants perceived that older men were not as valued or accepted in the wider gay community as younger men. Older men discussed their concerns about retirement planning and aged care.

Participants' accounts suggest a desire for alternative social spaces outside of commercial gay culture for both younger and older men. Younger men in particular reported struggling to learn how to negotiate the commercial gay scene. For those younger men looking for role models, mentoring or 'buddying' may be useful. For some older men, financial planning and the provision of gay-friendly aged care services are becoming increasingly important issues.

Relationships, sex and agreements

- Participants reported being in a variety of types of relationships, with varying agreements with partners about sex within and outside primary relationships.
- For some participants, the idea of casual sex outside a primary relationship and the negotiation of 'open' or 'non-exclusive' relationships were difficult issues to discuss with partners.
- Raising the issue of STI- or HIV-testing within the context of a relationship could be tricky for some men as, once a relationship was established, testing could be seen as undermining the trust between partners.

Encouraging open discussion of different forms of relationships and strategies for negotiating trust, safety, monogamy or casual sex could be useful for gay men. The specific issue of STI and HIV testing within steady relationships requires further attention.

Casual sex

- While most participants reported that they routinely practised safe sex, men reported incidents where sex partners displayed relaxed attitudes to the risk of HIV and where safe sex was not always expected or requested. Men linked these incidents to their perception of a waning in the significance of HIV among Sydney gay men.
- In these situations, participants felt under additional pressure to assess the risk of sexual situations and a heightened sense of responsibility for themselves or their sexual partners.
- Men reported having used a range of risk reduction strategies with casual partners, some of which were less effective or more difficult to manage than others. Men expressed particular uncertainty about risk reduction strategies such as 'serosorting' (choosing a partner on the basis of HIV status), strategic positioning or the use of viral load as an indicator of HIV infectiousness.
- Some men responded to the perceived fallibility of risk reduction strategies by reiterating a commitment to universal condom use.
- For some, and particularly younger men, the way that risk was assessed in casual sexual encounters sometimes appeared to rely on perceptions of 'dirt' or 'cleanliness' as a way to assess the potential risk or safety of sexual partners, echoing previous imaginaries of risk.

It continues to be important for men to identify simple strategies that can assist them in negotiating safety in casual encounters and maintaining a sense of trust with casual partners. Fallible or complicated risk reduction strategies that rely on negotiation or the disclosure of HIV serostatus can be confusing and appear to lead to misunderstandings and unintentional risk-taking by

gay men. In some situations, men continue to rely on appearance or other unreliable indicators to guess the HIV serostatus or safety of partners.

The internet

- Most QUICKIE participants used the internet to arrange casual sex, but many were sceptical about whether the fast and anonymous nature of internet sex-seeking lent itself to developing more enduring relationships.
- The reliability of information posted online by other men was also questioned.
- There was no indication that the men in our study used the internet to seek out higher risk sexual activities or groups.

There was some scepticism among participants about the use of the internet to meet friends or long-term partners and a suspicion about the accuracy of information posted online and the reliability of other internet users. Online interventions may need to take into account such scepticism. For some, this sense of scepticism or realism has led to a re-engagement with traditional venues (such as bars and sex-on-premises venues) as a way to meet other men.

Drugs and alcohol

- Overall, participants described a broad range of use of alcohol and other drugs.
- While some participants, particularly younger men, were critical of the apparent normalisation of illicit drug use in gay social spaces, others described the 'strategic and sensible' use of drugs for pleasure, partying or sex as acceptable and commonplace.
- However, participants were also aware that drug use could be problematic and many expressed fears about the effects of particular drugs, notably crystal methamphetamine and alcohol.
- Viagra and Cialis were unusual in being singled out as drugs that could assist in maintaining condom use rather than increasing risk-taking, although this finding merits further investigation given that it contradicts behavioural data.

The excessive use of alcohol among gay men may deserve more attention than it has received to date. The effects of crystal methamphetamine use remain a cause for concern among gay men. The various uses of Viagra and Cialis by gay men, including in enhancing or maintaining condom use, deserve critical attention.

Introduction

The Qualitative Interviews Concerning Key Issues and Experiences (QUICKIE) project is an annual series of qualitative interviews with a small group of community-attached, sexually active gay men in Sydney. The project aims to provide regular qualitative data on gay men's lives in order to monitor their changing experiences of sex, drugs, relationships and community engagement.

The study was designed to complement quantitative surveys conducted by the National Centre in HIV Social Research, particularly those that monitor gay men's sexual practices and drug use. The qualitative data from the QUICKIE project provide accounts of significant aspects of contemporary gay life, as well as allowing timely responses to emerging issues and trends that are of interest to gay men and the community sector. Using interviews, the study explores gay men's personal and social relationships, sex and drug practices, participation in different social and sexual scenes, and experience of sexual health services, as well as participants' personal, political and social concerns.

It should be noted that, given the small sample size, QUICKIE is not designed to provide a representative account of gay men's lives in Sydney, but rather offers an annual snapshot of some of the current experiences of gay-community-attached men. Given its annual recruitment and analysis cycle, QUICKIE provides an opportunity to 'test out' new ideas with an engaged group of gay-community-attached men. Rather than providing in-depth, intensive analysis of issues affecting Sydney gay men, the study provides an overview of a range of issues and concerns that can be used as a starting point for further discussion and analysis.

Method

Sampling and recruitment

Gay-identified men living in the Sydney metropolitan area were the target sample for the study. Men were considered eligible if they were aged over 18 years old and reported that they had been sexually active with male casual sex partners in the previous two years. Both HIV-negative and HIV-positive men were eligible to participate. To avoid eliciting well-rehearsed opinions, employees of gay community organisations, HIV research centres and related government organisations were excluded from participation.

Recruitment was centred on 'gay Sydney'—the eastern suburbs and the inner West. The project wanted to represent both 'ordinary' gay experiences and highly engaged community members, and this was facilitated with flexible but purposive recruitment strategies and ongoing monitoring of the sample. To attract participants, we made use of well-established methods, such as advertising in the gay press and over the internet, word-of-mouth and 'snowballing' (asking existing participants to refer others to the study). We also publicised the project through local community organisations such as Positive Life NSW (formerly People Living with HIV/AIDS NSW), and Twenty 10 (a support group for young lesbians and gay men). Since the project wished to include the views of men who engaged in more esoteric sex practices, the Men's Erotic Network (a private group that organises sex parties for gay men) was also asked to publicise the project to its members. Ethics approval for the study was obtained from the Human Research Ethics Committee of the University of New South Wales.

Interviewing

Semi-structured interviews were arranged at locations that were convenient for participants, including their homes, interview rooms at a university research centre or public locations such as parks. Interviews commenced only after participants had read an information sheet about the project, had had any questions about the study clarified and had provided written consent. Interviews were semi-structured around key topic areas and digitally recorded. On average, interviews lasted for between 60 and 90 minutes.

At the start of each interview, the researcher presented the participant with a set of interview prompts on large cards (see Farías & Montero, 2005). On each card was written one topic for discussion. Topics included 'community', 'the internet', 'socialising', 'relationships', 'health', 'HIV', 'living with HIV', 'sexually transmitted infections', 'sex', 'condoms' and 'drugs and alcohol'. Presenting these general topics to the participants at the start of the interview was a way for the research team to share its agenda, minimising suspicion and allowing respondents the freedom to choose topics in whichever order they found most comfortable. This was found to be an effective way to facilitate the communication process and gave respondents the satisfaction of knowing that they were progressing through the interview schedule as they 'used up' the cards.

One of the key topics in this year's interviews was a focus on the changing visibility and context of HIV in Sydney gay life from the perspective of both HIV-negative and HIV-positive men. Participants were encouraged to discuss the significance of HIV for them personally, the perception of HIV among gay men and the community, its effects on sexual practice, and their expectations and experiences of disclosure of HIV status between sexual partners.

After the interviews were completed, the recordings were transcribed, checked for accuracy, de-identified and then coded and analysed for key themes. All names of participants quoted are pseudonyms.

Participants

In 2006–07, the first year of the study, 31 gay men participated. Details of participants are given in Table 1. As

intended, the sample comprised a broad cross-section of Sydney gay men, both HIV-negative and HIV-positive and from different age groups and backgrounds. One participant identified as Aboriginal Australian.

Participants will be given the option of participating in subsequent years of the study, provided they still meet the eligibility criteria.

Selection of results

The results presented in this report do not represent the full range of topics identified during coding and analysis and are necessarily brief in their coverage of key themes. We have deliberately restricted the number of sections presented here in order to concentrate attention on a limited range of ongoing and potential issues and to stimulate further debate between researchers, educators, policy-makers and community members. We encourage interested parties to contact the authors with questions and requests for further information and analysis.

Table 1: Characteristics of participants (*n* = 31)

Characteristic	*n*	%
Age (in years)		
20–29	9	29%
30–39	8	26%
40–49	9	29%
50–59	3	10%
60 and over	2	6%
Education		
Year 10 or equivalent	1	3%
Year 12 or equivalent	3	10%
TAFE/Trade qualification	8	26%
University	19	61%
Income		
$40 000 or less	15	48%
$50 000–59 999	3	10%
$60 000–69 999	5	16%
$70 000–79 999	2	6%
$80 000–89 999	0	0%
$90 000 or more	6	19%
Employment		
Full-time	21	68%
Part-time (& studying)	4	13%
Unemployed	3	10%
Retired	3	10%
Country of birth		
Australia	20	65%
Other	11	35%
Relationship status		
In relationship (partner/boyfriend)	14	45%
Single	17	55%
Living arrangements		
With partner	8	26%
With other(s)	10	32%
Alone	13	42%
HIV status		
HIV-positive	9	29%
HIV-negative	22	71%

Findings

1 Community

One of the concepts we examined was that of 'community' and the meanings ascribed to it by gay men. Responses tended to question whether the gay community could be thought of as a unified or coherent whole and suggested that, if a gay community existed, it was looser and more fragmented than before. Gay men's accounts therefore invoked liberal social contract and communitarian notions of community (where political unity and consensus are valued) and contrasted these concepts with an idea of diverse, contested and fragmented gay communities (see Fraser, 2004; Secomb, 2000). There were also significant differences in the views of community between older men and men under 30 years old. Older men tended to see gay community as an all-encompassing part of their lives, while younger men viewed it as one aspect of their lives rather than as something that defined them, which may echo shifts from gay identity politics to a postmodern individualism (Reynolds, 2002, 2007). Some young men suggested that they did not wish to be defined by gay community at all, echoing research previously conducted by the National Centre in HIV Social Research (Fraser, 2004). The distinction between the concept of a 'gay community' and 'the commercial gay scene' of bars and clubs was very blurred, with the scene often viewed as failing to live up to idealised or 'organic' notions of community:

> I really feel like it's such a loose term, 'community'. There is almost no community. It seems to be more something you use to have a good time or to meet people. It's not like the Italian community, for example, where they all get together and celebrate and help each other out. I don't feel it is such a tight community.
>
> (*Adonis, 25, HIV-negative*)

' I think these days it's very segmented … I think it's about people wanting diversity and wanting a voice. The more you get that, the more it can be divisive in terms of the community as a whole.'

Older men felt that gay men had obtained more acceptance and legal rights over the past few decades and that this was why 'gay community' had less relevance today. The promotion of diversity in multicultural Australia, the decline of the pursuit of identity politics and a rising sense of individualism and social fragmentation were seen to have affected the idea of a cohesive gay community. Older men recalled a politicised past with gay men united by struggles for the decriminalisation of homosexuality and an end to discrimination, although we should bear in mind that this is only one strand of the history of gay life in Sydney and is perhaps tinged with nostalgia (Reynolds, 2002, 2007). Compared to this idea of a united past, the contemporary structure of gay community could seem weak or lacking in camaraderie:

> I think these days it's very segmented … like all communities, whether it be by nationality, like the Italian community—once that was one big homogenous community and now it's really segmented. I think it's about people wanting diversity and wanting a voice. The more you get that, the more it can be divisive in terms of the community as a whole. Rather than speaking with one voice, you are speaking with many voices or a chorus. Then it's no longer a chorus just lots of people shouting. Partly that's because we have much more acceptance nowadays whereas previously there wasn't much acceptance in the general community.
>
> (*Adonis, 25, HIV-negative*)

> I think a lot of the political work has been done, like in the early eighties and the nineties, and people have moved on and people these days are different. Hard to say they don't care but they are evolving in different ways doing different things. I don't think they have the fear of others' expectations of them.
>
> (*Baxter, 46, HIV-positive*)

> Compared to the gay community which I came up with, which is in the eighties, I think there is still a sense of community, but I don't think it is as strong or as liberal. I think the members now have higher expectations of one another. In the eighties there was no stereotyping, but there was more subcultural stuff within the community and everybody just seemed more supportive, everybody got along better, and it was much easier to build up friends in those ways.
>
> (*Ted, 52, HIV-positive*)

The emergence of HIV/AIDS in the 1980s, and gay men's response to the epidemic, was seen to have contributed to the idea that there was a cohesive gay community in Sydney in the late twentieth century. The development of effective treatments for HIV and the reintegration of

'The sense of community has dissipated and perhaps that's a good thing that we don't focus on such a negative thing and in other ways the community has become a lot more diverse, and dispersed.'

positive men and women into the broader community were also considered to have contributed to the decline in importance of a tightly bonded gay community, as was the recognition that the community had grown and diversified:

> It's kind of like it was the AIDS community then and even if you were negative you could contribute. Now positive people go back to work, have mortgages and schnauzers … but it's not like a white cloud that people were aware of and bonded through. The sense of community has dissipated and perhaps that's a good thing that we don't focus on such a negative thing and in other ways the community has become a lot more diverse, and dispersed. Oxford Street is not a particularly gay-friendly street a lot of the time.
>
> (*Sean, 34, HIV-negative*)

> Yes, that was when we had a really intimate sense of community, where most people weren't just fly-bys, they were actually friends.
>
> (*Ted, 52, HIV-positive*)

The changing geography of the commercial scene was also thought to have affected men's relationship to the idea of a gay community. There was a perception that in recent years Oxford Street, the traditional heart of the commercial gay scene, had become 'de-gayed'. We should bear in mind that this may reflect one in a long line of shifts in focus, vibrancy and number of venues in Sydney's gay commercial scene,

'For me, … in my generation, the ghetto was very important. It was our safety zone, our place to be without fear of being physically or verbally abused and it was a very exciting place.'

although some older men suggested that younger men were less interested in gay venues than their predecessors:

> You know Oxford Street is less gay than yesterday and so it makes less of a community. Like, you used to walk down Oxford Street and think it was your prize, but now it's not like that.
>
> (*Karl, 46, HIV-positive*)

> I am part of the community. For me, growing up in my generation, the ghetto was very important. It was our safety zone, our place to be without fear of being physically or verbally abused and it was a very exciting place. Whereas the vast majority of younger men I meet say there is no need for a ghetto. They go out with their straight friends and happily dance with their gay friends at nightclubs and the issue of sexuality doesn't seem to matter so much for them, so Oxford Street has broken down in that respect.
>
> (*Ray, 47, HIV-positive*)

Some have argued that a sense of loss is built into the concept of 'community' itself (Nancy, 1991). 'Community' can evoke a sense of a bond that was once nourishing and life-giving but is now lost. So when gay men refer to significant changes in the urban experience of gay life, the idea of community lends itself to nostalgic narratives that do not necessarily reflect current forms of experience and belonging. Focusing on the idea of 'gay community' can generate accounts of loss that have little to do with participants' distinct practices of belonging. We saw this dynamic in the accounts of many QUICKIE participants who indicated that they gained a sense of community from a broader network of friends and family, where sexual identity was not the only organising factor. This reflects the increased blurring of boundaries between gay and straight worlds, especially for the young. It also reflects the shift from geographically or culturally distinct ideas of community to what have been referred to as 'personal communities', smaller, dynamic, affective networks composed of kin, families of choice, friends and lovers (Pahl & Spencer, 2004). Both older and younger participants mentioned the importance of these networks in providing alternatives to gay community or, more specifically, to the commercial gay 'scene':

> There is definitely a gay community in Sydney. I don't actually feel as if I'm part of it and that is by choice more than anything. As I get older I find it's quite alien to me. I tend to work and play pretty much in the straight world. I have gay friends but my gay friends and I don't tend to live on Oxford Street.
>
> (*Toby, 37, HIV-negative*)

> I don't think it's a community. I think it's labelled falsely. I think it's about 20 different communities, many of which have absolutely nothing in common and shouldn't be even 'umbrella-ed'. I think I have more community with a lot of my straight friends.
>
> (*Dennis, 30, HIV-negative*)

While many gay men looked to the gay community for a sense of belonging, some described challenges to belonging, such as the perceived focus on beauty and physical appearance among gay men, racial prejudice and the apparent normalisation of illicit drug use in scene

> '… I tend to want to identify with belonging to the community and there is a part of me that doesn't want to belong to the community as well.'

venues or parties. Others talked about the limited number of issues or topics of interest that connected them to other gay men and the apparent superficiality of a life based around the scene:

> Looks matter so much more in the queer scene so that when I talk to my straight friends, their relationships are built more on chemistry, connection and friendship, whereas when I talk to my gay friends it's always 'he's hot' or 'he's not'.
>
> (*Caleb, 22, HIV-negative*)

> When I'm with my straight friends I talk about politics, sport, fun, jobs, life and a range of topics but when I'm with my gay friends, and this is the first time I have thought about this, there is a bit of pressure to talk about the scene, drugs, pretty boys and things like that. That is upsetting for me because it's so, yeah … it's harder to get something a bit more meaningful. It's always around these surface kind of things.
>
> (*Adonis, 25, HIV-negative*)

For many of the QUICKIE participants, 'gay community' was largely indistinguishable from the commercial scene of gay bars, clubs and dance parties. Within these terms of reference, problems with the commercial scene, and the perceived lack of alternatives to it, were seen as problems with gay community itself:

> The scene and the community are combined for me. My experience of it is that it's unsupportive and destructive in lots of ways. There are other people who make a living from it or are just engaged in it in some way, if that is their life choice. It's just that I've made different life choices and I've made some happiness away from all that.
>
> (*Peter, 46, HIV-positive*)

> Yes, I think in the gay community there is so much vanity these days; it's become such a vain scene and it's a terrible shame that people are judged on how they look and how beautiful their bodies are. I think because it's such a body-beautiful culture, guys don't want to commit to relationships, because there is another beautiful body they can have, and there's just this constantly trying to get something better and something more adorable so no one wants to commit.
>
> (*Ted, 52, HIV-positive*)

> The Sydney scene is all about bars, clubs, etc., and if you don't really like that there are not many options. It's a very judgmental community, which means it tends to fragment into things like the young and the beautiful versus the old and decrepit, the HIV-positive and the healthy, and so on.
>
> (*Jeffrey, 52, HIV-negative*)

Overall, participants expressed both a desire to connect to some form of gay community and ambivalence about what this would entail for their sense of self, particularly when the commercial scene of bars and clubs was regarded as the most visible and accessible part of 'gay community':

> I think, for me, the community has changed ever since I've been a gay man but I tend to want to identify with belonging to the community and there is a part of me that doesn't want to belong to the community as well.
>
> (*Baxter, 46, HIV-positive*)

Ambivalence about participating in or belonging to Sydney's gay community is an ongoing feature of gay men's relationships to wider community activities and structures. While ambivalence about community may not affect the ability of community organisations or researchers to address gay men, deploying notions of a cohesive, bonded gay community appears to invoke a sense of ambivalence or nostalgia rather than having straightforward positive connotations. The idea of an older, unified gay community perhaps serves as a way to critique current problems with Sydney gay life, rather than reflecting an accurate picture of Sydney's gay history. The participants' accounts underline longstanding problems in engaging with commercial gay culture and the importance for many men of social networks that extend beyond what is commonly thought of as 'gay community'.

2 HIV

Almost all participants believed that HIV had become, or was becoming, less visible in Sydney. There was a common perception that in the 1980s and 1990s HIV/AIDS had been a highly prominent feature of gay life in Sydney and that the status of HIV had changed in Sydney since that time. As in men's accounts of gay community, there appeared to be a nostalgic view that HIV/AIDS had been easier to identify and manage in previous decades of the epidemic in Sydney, although once again this perception is unlikely to reflect the full history of HIV in gay Sydney.

In contrast to these accounts of the first 10 to 15 years of the epidemic in Sydney, participants said that the gay men they knew today rarely discussed HIV. Some said that since the advent of antiretroviral treatments there were few reminders of the presence of HIV within 'gay Sydney', as HIV-positive men were living longer and healthier lives. Older men suggested that younger men viewed HIV as a manageable chronic illness and were ignorant of the issues associated with treatment difficulties, side effects, life expectancy or AIDS. Younger men said that there was little attention drawn to HIV among their peers:

> In the early days, AIDS was everyone's obsession because it was so prominent. We all knew people who were dying or in the process, so we spent a lot of time thinking about it and I think a lot less is thought about it now.
>
> (*Darcy, 71, HIV-positive*)

> People are complacent. People think, 'You get positive; if you take your medication, you are fine' [but] there are problems. It [the medication] gives you shocking cholesterol; you die of a heart attack five years later. You get disfigured, little things like lipodystrophy—that is not an uncomplicated disease. It has major impact on all the aspects of life, but I think people making short-term decisions—'I want to get fucked', 'I want to fuck'—they no longer see the Grim Reaper status …
>
> (*Paul, 41, HIV-negative*)

> There is almost no discussion of it [HIV] amongst my friends.
>
> (*Adonis 25, HIV-negative*)

'People are complacent. People think, "You get positive; if you take your medication, you are fine."'

As a parallel to the perception that HIV had declined in visibility, other participants felt that the 'safe sex' message had diminished in relevance or impact for gay men in recent years:

> I think that the safe sex message has been lost in translation now and that maybe we pushed it hard for too long. Then we went to the other extreme and didn't push it at all and now it's time to push it again, maybe after the horse has bolted. I don't think it registers with a lot of guys how easy it is to pick up, not just HIV but a lot of other things.
>
> (*Tom, 24, HIV-negative*)

Given a perception that other young gay men were not attending to the safe sex message (which does not necessarily accord with current surveillance data), younger participants sometimes made suggestions about how the safe sex message could be made more relevant for them and their peers:

> I don't know if people are taking notice. I think a lot of people are looking and saying, 'I've seen that message over and over. It's like a CD playing.' I think it needs to be changed. A lot of young people use MySpace, so that is a different form of attracting young people who are very in touch with computers and stuff where you could have messages.
>
> (*Dennis, 30, HIV-negative*)

Some younger men said that they appreciated positive messages encouraging them to stick with safe sex strategies and condom use. Particular mention was made of a recent ACON campaign, 'Right here, right now', launched to coincide with Sydney's Gay and Lesbian Mardi Gras in 2007:

> I really like the ACON ad in the press at the moment because it is positive instead of saying 'something is on the rise'. It just says HIV rates in New South Wales are falling because gay men are using condoms with casual partners, and then it says, 'We have to keep it up'. I like the different point of view.
>
> (*Adrian, 20, HIV-negative*)

When talking about looking for and meeting sex partners in Sydney, HIV-negative participants aged 30 and under seemed in general to have little awareness that they could be meeting or having sex with HIV-positive men, unless they had had a friendship or relationship with an HIV-positive man. Older HIV-negative men were more aware of the chance of meeting HIV-positive casual partners in Sydney, although they often described that they inferred the HIV status of a potential partner from his behaviour or appearance rather than discussing it directly:

> I have always had this attitude, mainly in the saunas, that if someone wanted to bareback I could only assume that they must be positive—it was just an automatic assumption that I just immediately had in my head. If they didn't want to have a condom on, I thought, 'Okay, you must be positive.'
>
> (*Toby, 37, HIV-negative*)

Most HIV-negative men asserted that they were not prejudiced against HIV-positive men but many said that they preferred to have casual sex with other HIV-negative men because they thought that having sex with an HIV-positive partner would be a risk they did not wish to take. Unless they had already had a relationship or friendship with an HIV-positive man, few HIV-negative men had thought through the consequences of this preference, particularly in the context of the disclosure of HIV status.

HIV-negative men who had not had relationships or friendships with HIV-positive men tended to expect (or hope) that HIV-positive men would disclose their HIV status if they met for sex. These participants were aware that expecting disclosure might not be realistic in every casual sexual encounter and some had worked out situations in which they felt comfortable asking about HIV serostatus directly:

> Stupidly, yes, I do actually [expect HIV-positive men to disclose]. Or if I was to ask I would expect some honesty. I wouldn't ask someone I was having safe sex with but I have asked people who I haven't had safe sex with and I assume they are telling the truth.
>
> (*Gabriel, 26, HIV-negative*)

Few of these HIV-negative participants had considered how they might respond to the disclosure of HIV-positive status by a potential casual partner, or how the casual partner might feel if he were rejected after disclosing his HIV status. HIV-positive participants described how HIV-negative men did not always react well to the disclosure of HIV-positive serostatus:

> I talk about my status and if it freaks them out then it does. You get used to being rejected because of that and so what? I'm not going to let that upset me because I feel I am being honest and doing what I can to protect myself and them.
>
> (*Darcy, 71, HIV-positive*)

> We all need to take responsibility for ourselves. I think negative people, um … I have had the experience where someone has wanted to have unsafe sex and I disclose my status and then they've rejected me because they didn't think I was positive, so there is that and … you know, it's humiliating and at the same time you feel like telling them 'get a life' and the whole undercurrent that comes with it, that it's not a very nice feeling to say, 'You are the baddie in the book.'
>
> (*Baxter, 46, HIV-positive*)

Some HIV-positive men said that, although they recognised the legal requirement in New South Wales to disclose their serostatus to potential sex partners, in some casual sex settings, such as sex-on-premises venues, norms of anonymity and little or no verbal discussion worked against explicit disclosure, as indicated in the earlier quote from Toby in this section. This was a source of stress and concern for some HIV-positive men:

> I'm getting to the point where the whole negotiating thing around my health status, I am agonising over it. Legally I'm supposed to tell them. Sometimes you never exchange a word, so how do you?
>
> (*Ray, 47, HIV-positive*)

Other HIV-positive men said that disclosing one's HIV status to a casual partner was an intimate and uncomfortable experience. Poor reactions to such disclosure, or feeling that HIV status was a personal and private aspect of one's life, could make it hard for HIV-positive men to disclose their HIV status, as in the case of the following participant:

> When I was first diagnosed I couldn't have an erection unless I told the partner. At the same time, I was thinking, as far as casual sex goes, you meet someone once and never see them again and so trying to tell them something personal when I haven't told my own family, I found pretty weird. Then I did a lot of research on viral load so my personal belief is that you are safer having sex with a guy with undetectable viral load than with a negative guy using condoms because he might have just got it [HIV] and his viral load's through the roof so if you suck his dick you might get it from pre cum. So now that I'm undetectable I don't feel any

> responsibility to tell a partner because I don't think there is any danger of passing it on. I don't want to tell them something that is personal that they might go and tell someone else.
>
> (*Karl, 46, HIV-positive*)

Karl found it difficult to discuss his HIV status with casual partners and believed that the effectiveness of his antiretroviral treatments meant that he posed less of a risk to HIV-negative men. Here, difficulties with disclosure are merged with optimistic beliefs about clinical markers (in this case, viral load) and pessimistic beliefs about men who do not know their HIV status. These beliefs, together with Karl's practice of always using condoms with casual partners (described elsewhere in his interview), provided Karl with a rationale for not disclosing his HIV status to casual partners.

HIV-negative men who had had relationships or friendships with HIV-positive men were far more aware of HIV and its impact on gay men's lives than other HIV-negative men. These men spoke about having a much keener awareness of HIV-positive men being present in the sexual field, and how having a relationship or friendship with a positive man had made them reflect on their attitudes to issues such as the disclosure of HIV serostatus. They were also aware that placing expectations of disclosure on HIV-positive men could create difficulties for those men in terms of stigma and the likelihood of rejection by HIV-negative men:

> I can understand there must be a lot of rejection and for that reason I think they [HIV-positive men] would rather not talk about it and so long as a condom is being introduced then there is no real reason to have the conversation in the first place.
>
> (*Toby, 37, HIV-negative*)

> I admire those [HIV-positive men] who disclose because it takes a lot of strength, as there could be a strong possibility of rejection. So I can imagine it is hard to disclose and, if I am in a back room playing, it is unrealistic to think they will say, 'By the way …'
>
> (*Daniel, 26, HIV-negative*)

> I don't think disclosure is a responsibility. It is a bonus.
>
> (*Caleb, 22, HIV-negative*)

Some suggested that requiring the disclosure of HIV status could further stigmatise HIV-positive men and undermine attempts to encourage a collaborative response to HIV among gay men:

> I read about the activism when HIV started and AIDS. There was a sense that we were actually going to look after each other. Now we are afraid of each other; that's why we are protecting ourselves—'I won't sleep with an HIV person even with a condom; what if it breaks?', those sorts of attitudes. I know about disclosure but I also know if we create a society which stigmatises this [being HIV-positive] and puts it in the closet, then disclosure won't happen. You can't expect someone to be honest. So I always go into sex with the assumption that the person could be HIV-positive.
>
> (*Caleb, 22, HIV-negative*)

As well as understanding some of the difficulties involved in disclosing HIV-positive status, HIV-negative men who had had relationships or friendships with positive men appeared to have reflected on the safety of their previous sexual behaviour:

> In terms of sleeping with someone with HIV, I am more aware of what I am doing and conscious of cuts on my fingers and ulcers in my mouth. I'm much more aware. The silly thing is that, a year ago, the amount of casual sex I was having without knowing the person and not even thinking they could have HIV. It didn't really dawn on me.
>
> (*Daniel, 26, HIV-negative*)

Some of the HIV-positive men in the study described how they preferred to meet other positive men for sex. Although one or two of the participants called this strategy 'serosorting' (selecting partners of the same serostatus), the primary aim of this strategy was not always unprotected sex, as 'serosorting' is defined in the research literature (e.g. Elford, 2006). For some HIV-positive men, having sex with positive partners or looking for a positive boyfriend were practices that allowed them to avoid the ongoing difficulties of disclosing their serostatus and circumvented the lack of understanding or acceptance of HIV that they perceived among HIV-negative gay men:

> '… if we create a society which stigmatises this [being HIV-positive] and puts it in the closet, then disclosure won't happen.'

> There is a lot of stigma and stigma is about not feeling good about yourself, so today I would tend to—if I was looking for a relationship I would probably be serosorting for a person who is HIV-positive or HIV-compassionate or friendly ... [edit] Going back to sex, I would also tend to have sex with someone who was HIV-positive now … not so much worrying about using condoms although that is part of the barrier. You could say the condom is the symbol but it is the fact that you

> don't have to worry about discussing your health status with someone. It's all OK.
>
> (*Baxter, 46, HIV-positive*)

HIV status was also an important consideration within regular or steady relationships. Of the 14 participants in relationships at the time of the study, the majority were in seroconcordant relationships (in which both partners were either HIV-positive or HIV-negative) and five were in serodiscordant relationships (in which one partner was HIV-positive and the other was HIV-negative). Most men in seroconcordant relationships said that they had unprotected anal intercourse with their partners. Men who were HIV-negative and in seroconcordant relationships reported having unprotected anal intercourse with their partners after they had been tested for HIV and had confirmed that they were HIV-negative (sometimes referred to as 'negotiated safety', e.g. Crawford et al., 2001).

Men in serodiscordant couples described how HIV had had an impact on both partners within the relationship, so that in some senses both partners were 'living with HIV':

> Living with the changes and the anger he experiences … I guess I need to talk to someone about it.
>
> (*Ralph, 52, HIV-negative with an HIV-positive partner*)

Men with serodiscordant partners described how concerns about protecting the negative partner from HIV affected their approach to sex and heightened their focus on safety. This could affect men's sense of intimacy within a relationship:

> Well it [HIV] creates its own thing in the lovemaking—we do all that is regarded as safer sex but it's a tension that is unfortunate as [my partner] likes to have his cock sucked and we don't use a condom for that—but I don't do it if I have any—I check my mouth beforehand—but that is again a tension. We do safer sex but it would be nicer if we didn't have to do all that. I'm not really comfortable with tongue kissing … I mean, I would be if I weren't positive ...
>
> (*Jack, 57, HIV-positive with an HIV-negative partner*)

> The limitations on my sex are that I will let him know in a roundabout way if I have a cut in my mouth or an ulcer—like the other week I came home from work and said, 'I've had this ulcer in my mouth all day', so I didn't want to say, 'We can't have sex', so I'd planned what I was going to say so it doesn't offend and I find myself more thoughtful around the topic. I still would like to know more, get an understanding of more aspects.
>
> (*Daniel, 26, HIV-negative with an HIV-positive partner*)

> My health status is one of the uncomfortable factors for my partner. Obviously I don't want to infect him.
>
> (*Ray, 46, HIV-positive with an HIV-negative partner*)

Contemplating a serodiscordant relationship had prompted some to re-evaluate what they wanted from a relationship:

> Unprotected sex isn't going to happen in your relationship and that degree of intimacy and enjoyment. I think that will be an issue for me. I have had to rethink but then there are a lot of things you have to compromise in a relationship and if that is the only thing you have to compromise on, then it might make a good relationship. I don't know!
>
> (*Damien, 38, HIV-negative*)

HIV-positive men described the continuing challenges and opportunities they faced in adapting to life with HIV. For some, adapting to their diagnosis had been a major struggle:

> I think part of me was in denial, that I hadn't accepted the fact that I was HIV-positive and probably hoping for some sort of cure which would simply get rid of it. So when I went on treatments there was probably a bit more of an acceptance of where I was at in my life. I think going on treatment has actually helped me get a better balance in myself and feel better about myself; in fact it's given me a good boost in a way.
>
> (*Baxter, 46, HIV-positive*)

Many had used their diagnosis and treatment as prompts for what they felt were productive changes in their lives. For some this meant becoming involved in a community of other HIV-positive gay men, while for others it meant quite the opposite:

> It's just that I've made different life choices and I've found some happiness away from all that [the scene] because I have become part of that community of men who are HIV-positive, who are dealing with similar issues or have dealt with similar issues in different ways, and we do actually care for each other, when we get together and talk or get together and say we will do things for each other—actually make an effort to do what we can.
>
> (*Peter, 46, HIV-positive*)

> I've moved myself very much away from the HIV community. Like a lot of people I've decided that my best chance of living a really productive life is to move myself away from the things that were restrictions and HIV was one of those things which was a restriction, because if you live your life with gay HIV-positive people and you could live in the community where these people constantly are, you are almost expected to be constantly living an HIV lifestyle … so it's always there in front of you but, if you move yourself away from it, it becomes just one of those parts of your life.
>
> (*Ted, 52, HIV-positive*)

Other HIV-positive participants described how being diagnosed with HIV had prompted them to re-evaluate aspects of their lives, including relationships:

> Actually it affected the relationship, but in a good way, because it made me realise that my relationship was quite dysfunctional … and the HIV actually gave me the opportunity to say it was time to get out.
>
> (*Baxter, 46, HIV-positive*)

In the QUICKIE project, HIV-positive men's accounts of living with HIV largely echoed themes already documented in social research. For example, there are already data to show that some men feel the need to re-evaluate their lives following an HIV diagnosis (Crossley, 1999) and that HIV-positive men's engagements with an HIV community or identity are changing and diversifying (Bartos & McDonald, 2000).

Our findings suggest that men perceive a waning of attention to HIV, despite rising prevalence rates. Men continue to test, experiment and wrestle with an expanding range of strategies for negotiating safe sex with or without the disclosure of HIV serostatus, as well as tackling differing expectations of responsibility across the sero-divide.

3 Sexually transmissible infections

Discussion of sexually transmissible infections (STIs) other than HIV centred on general perceptions of STIs, experiences of being diagnosed with or treated for an STI and barriers and incentives to testing. (It should be noted that STIs were not a central feature of the interviews in 2006–07 and are likely to be explored in more depth in the 2008 interviews.) Unsurprisingly, although most men in the QUICKIE study knew that they could be exposed to STIs through their sexual practices, they viewed STIs as less important than HIV when managing the risks associated with sex. This concurs with previous research that showed that gay men knew that most STIs were treatable, knew that it was difficult to avoid all STIs even if they consistently used condoms and were therefore not willing to significantly change their sexual activities to try to avoid STIs (Holt et al., 2004).

'Really, the fact is I am not so concerned but when I was younger I was really concerned about contracting something.'

Some QUICKIE participants were aware that syphilis had re-emerged as a problem in Sydney. However, most men knew that, should they receive a diagnosis, treatments existed for syphilis and other STIs and they were therefore not overly concerned about STI risk. Some men indicated that they may have been more concerned about STIs when they were less sexually experienced, but now did not see STIs as a major priority:

> Really, the fact is I am not so concerned but when I was younger I was really concerned about contracting something.
> (*Adonis, 25, HIV-negative*)

Younger men expressed more concerns about STIs, as did some men who had recently contracted an STI. Some HIV-positive men were also concerned about how STIs could potentially affect their health:

> In my opinion you are more likely to contract an STI than HIV. I have certainly been strongly aware of it when I have had periods with lots of casual sex where you might be putting yourself at greater risk. I've been keenly aware of that because I think you take the precautions for HIV and you can be safe to a large degree, whereas with STIs you can place yourself more at risk.
> (*Sean, 34, HIV-negative*)

> I'd like to do an inspection of certain areas to see if there was any sign of anything.
> (*Adonis, 25, HIV-negative*)

> Yes, there is a difference now. You don't want to get other infections when you have something that is already damaging your immune system, so you are concerned. I have had enough STIs to know how easy it is to pick them up.
> (*Karl, 46, HIV-positive*)

> I realised that I had very inferior knowledge of STIs [after being diagnosed with two STIs on the one occasion].
> (*Jack, 57, HIV-positive*)

Men generally reported having been tested for STIs when they went for HIV tests or, if they were HIV-positive, when they went for routine clinical monitoring. QUICKIE participants appeared to have had STI tests very regularly, with the majority having been tested every three to six months. Preferred venues for testing were trusted, gay-friendly GPs and inner-city sexual health clinics. The latter were favoured by the majority for their anonymous and non-judgmental approach and their knowledge and expertise in sexual health. As Dennis suggested:

> It's not just the anonymity. I've just found the staff to be very—they deal with sexual things every day so you can say whatever you want and not feel like you are being judged and there are a lot of good resources there so they know what they are talking about and they are good to talk to in that way.
> (*Dennis, 30, HIV-negative*)

This preference for anonymous, expert clinics accords with the results of previous research among Australian gay men (Smith et al., 1999). Also in line with previous research, men indicated that they were prompted to seek STI testing when they felt they had engaged in a high-risk incident, when they had experienced unexplained symptoms or as part of a routine check-up (Holt et al., 2004).

> I do test, basically when I have had a reason to, because I've had symptoms or because it's been a while.
>
> (*Carl, 35, HIV-negative*)

A few participants mentioned continuing barriers to testing, although these were usually confused with the fears associated with undergoing an HIV antibody test, rather than STI testing per se:

> I think the fear of knowing … of being HIV-positive, because it would be a sentence really, wouldn't it?
>
> (*Gabriel, 26, HIV-negative*)

STIs continue to be less of a priority for gay men than HIV. Regular STI testing is seen by gay men as an acceptable strategy for maintaining sexual health.

4 Generational issues

Younger men

Although QUICKIE participants similarly expressed many issues regardless of age, there were some issues that divided men aged 30 or under and older men. For some younger men, participating in the gay social scene was challenging, especially when they had recently 'come out'. They commented negatively on what they saw as normalised drug use and an overemphasis on physical attractiveness on the scene. The desire to belong and 'fit in' was complicated by ambivalence about adapting to the norms and practices of the scene:

> What I think is missing is normal ways to meet gay [men] that aren't just 'the scene'.
>
> (*Tom, 24, HIV-negative*)

Some younger men expressed difficulties around being assertive when negotiating sex. They noted that although they were relatively well informed about safe sex, putting that knowledge into practice could be challenging, especially when faced with more experienced sexual partners:

> The thing is, with a lot of younger people, although we are taught it [safe sex] and stuff, it's not enough. We don't have the confidence and knowledge to be assertive, especially for the younger people who are playing with older people. There is the power influence and that is a bit of a dilemma sometimes. Sometimes I feel I can't be assertive and I don't know why. I'm generally a very confident person but often I don't feel I can use them [condoms] either.
>
> (*Adrian, 20, HIV-negative*)

'We don't have the confidence and knowledge to be assertive, especially for the younger people who are playing with older people. There is the power influence and that is a bit of a dilemma sometimes.'

A further issue discussed by some young men was that of growing up with expectations of marriage and family life informed by heterosexual norms, and the issues generated by coming to terms with their sexuality and finding their own 'script' for life. Some said there was a paucity of gay role models to emulate or draw inspiration from. The 'freedom' from heterosexual norms was also seen to bring challenges, particularly in working out which aspects of life were meaningful and worth pursuing:

> So I thought I'd get married, I'd pretty much live a life similar to my parents. I held that belief for so long and once I changed it, it was like, 'OK, now what? Now what do I do to add meaning?' … I think we suffer more, because we don't have that background script, 'Get married and have a family.' We don't have those role models, the people you know who have walked down that path a million and one times before you have to show you how to do it, all the social norms to show you how to live.
>
> (*Tom, 24, HIV-negative*)

For younger men from cultural or ethnic backgrounds different from the white Australian majority, negotiating being gay in Sydney was marked by particular challenges and tensions. These participants described the experience of racism and different cultural constructions of and responses to 'Western' gay life. For example, one man described the tensions between his migrant family's expectations and his sexual identity:

> [My parents] haven't told anybody in the extended family [that I'm gay] … they still think it's possibly a Western disease. If they hadn't come here I wouldn't have turned out gay. They're hoping for a turnaround, getting married, children, etc. So that's really hard and my mother is particularly emotional. My dad was much more pragmatic: 'Show me the evidence. Show me the science that this is how you were born and there's nothing we can do to change it', and of course the science is inconclusive. 'Well, you just have to accept it,' I said to him.
>
> (*Caleb, 22, HIV-negative*)

> [W]hen I first landed here I still had issues about coming out and being gay and accepting it. Back in [my country of origin] I wasn't out and I felt I was always being judged. So when I came to Australia I didn't want to associate with any people [from my country of origin] … My mother visited three years ago; she came over, I took her out and showed her a lot of Sydney and stuff and that was it. I had to change a few things, of course, but I feel there is no need to tell them.
>
> (*Ghazi, 29, HIV-negative*)

Although men like Ghazi often appreciated the relative freedom to be gay in Sydney, others reported having experienced racism in the gay community:

> I think all the community is racist but for some reason the gay community is very overt about that ... My experience is that it's fetishised. It's either you're a big, brutal type or the exotic oriental … or it's just complete indifference, like 'I'm just not interested in anyone that looks not white' … You're never taken on who you are but there's always a filter of your ethnic identity first, so usually the first question is, 'Oh, where are you from?' 'Well, actually, I'm from [Sydney]. I've lived here for most of my life.'
>
> (*Caleb, 22, HIV-negative*)

Older men

Echoing some of the younger men's concerns about the valuing of physical attractiveness in gay Sydney, men aged over 30 reflected on the challenge of ageing and feeling invisible or no longer desirable in gay social spaces. Some men described losing interest in the gay commercial scene

> 'I think a lot of gay men have their self-worth from how attractive they are or how much sex they are having because that's how the scene is set up, and that's an issue once people get to 40 … A lot of gay boys are left with the sense of, "Well what do I do now?" '

and how their identities and self-perceptions were affected as they distanced themselves from the more visible aspects of Sydney gay life:

> The gay world is very beauty conscious. Superficial and judgmental attitudes prevail and so I think older guys tend to have a hard time when they go out because people don't want to talk to them.
>
> (*Jeffrey, 52, HIV-negative*)

> I think a lot of gay men have their self-worth from how attractive they are or how much sex they are having because that's how the scene is set up, and that's an issue once people get to 40 when people have partnered or are getting tired of clubbing every weekend. A lot of gay boys are left with the sense of, 'Well what do I do now?' I think a subgroup go off to saunas and become sex pigs and that continues on in a different form, and others feel quite lost. I see quite a lot of people around my age questioning what their lives are about.
>
> (*Damien, 38, HIV-negative*)

Some older men described fears of becoming lonely as they grew older and saw having a regular partner or boyfriend as a way to combat this in older age. However, finding a partner was recognised as potentially more difficult as one aged:

> You do get quite lonely. Loneliness is quite prevalent in the gay community and I sometimes worry about later on in life. I certainly hope I have a partner as I get older because I would hate to be an older single gay man. There is a lot of age prejudice in the gay community.
>
> (*Toby, 37, HIV-negative*)

> I think ageism is probably bad in the age group of 55 and up because there is not much there for them. They are not going to the bars as much and they haven't really got any social networks, unless they have long-term friends, and I think there are a lot of lonely older gay guys around. I have a couple of friends who are really struggling with their purpose and don't see themselves as meeting someone or living fulfilling lives. They are stuck in little apartments in the city working and I think that age group is where the ageism thing cuts in.
>
> (*Baden, 43, HIV-negative*)

More practical concerns were also expressed by older men. Some discussed the lack of options available to gay men when planning for old age, including the unavailability of gay-friendly retirement facilities. Others suggested that some gay men might need to be directed towards financial planning for later life. Participants suggested that some of the freedoms available to gay men when they were younger could lead to insecurity in later life:

> Looking at my father in his retirement village with his network of friends, I think, 'What is there going to be for me when I get to that age? Do I want to go into a straight retirement village or will there be special

villages for me—or at least a community where they give a stuff about each other?'

(*Ray, 47, HIV-positive*)

[B]ecause gay men and lesbians typically don't have children [and] because gay men in particular haven't seen a great future in the family sense, they tend not to plan so much for the future and I think that is a great pity … I feel very sorry for guys who are around my age … who, for example, don't have a house or any real assets and you think, 'When they stop earning, what will they be on, the pension?' … It's that issue of 'What's going to happen to me when I get old?' and 'Who is going to care for me?'

(*Jeffrey, 52, HIV-negative*)

Participants' accounts suggest a desire for alternative social spaces outside of gay commercial culture for younger and older men. Younger men in particular reported struggling to learn how to negotiate the commercial gay scene. For those younger men looking for role models, mentoring or 'buddying' may be useful. For some older men, financial planning and the provision of gay-friendly aged care services are becoming increasingly important issues.

5 Relationships, sex and agreements

We found that what constituted a gay relationship varied among participants. Relationships were negotiated in the context of the partners involved, expectations of trust and fidelity, sexual experiences, feelings of intimacy, support and belonging and the social networks in which people participated. We interviewed 12 men who could be regarded as having steady relationships; they talked about their boyfriends, partners and lovers. Most of these men lived with their partners.

For men with a regular or live-in partner, one of the main issues discussed was that of negotiating relationship agreements, and specifically the acceptability or otherwise of casual sex outside the relationship. Negotiating 'open relationships' is a long-standing issue for Sydney gay men and participants described a range of arrangements with their partners about casual sex. Some men had explicit agreements with their partners, either precluding or allowing some forms of casual sex outside the relationship. Others described varying degrees of disclosure and discussion between partners:

> I love the excitement and fun of casual sex but I prefer a bit more depth and I think sexual relations are much better in a partnership. That is my view. My ex-boyfriend thought that casual encounters were the best and really fun, fresh meat, fresh blood, but that is not so much my thought.
>
> (*Adonis, 25, HIV-negative*)

> When we got together I was fairly insistent that the relationship be an open one because I am not a monogamous person—I couldn't do it. I wanted a relationship with this man and I still do but I couldn't do it as a monogamous one. It took him a little while to get used to the idea.
>
> (*Ray, 47, HIV-positive*)

> No, it is really a Clintonesque don't ask … but when we started this I said, 'I don't want this to be sneaking around. I will tell you,' and he said, 'No, I don't want to know.'
>
> (*Paul, 41, HIV-negative*)

'I wanted a relationship with this man and I still do but I couldn't do it as a monogamous one. It took him a little while to get used to the idea.'

A few men chose to have sex with other men when their regular partner was also present. For these men, participating in 'threesomes' or group sex was seen as a way to add sexual variety to a relationship without risking the distrust or jealousy that might arise in an 'open' relationship:

> That is my way of having sex and socialising, in groups primarily.
>
> (*Ray, 47, HIV-positive*)

The type of relationship agreement that partners had negotiated had a variety of implications, including for men's engagement with sexual health services and the acceptability of HIV and STI testing. For example, one younger man spoke of being uncomfortable about proposing STI testing to his regular partner because of what this might imply about his own sexual conduct or that of his partner in what was supposed to be a monogamous relationship:

> The only issue I have with it [testing], which is why I didn't wish to go, is that if I have a monogamous relationship with him and then I go and get tested and say he should get tested too, there is usually the assumption that one of us has been playing up.
>
> (*Adonis, 25, HIV-negative*)

The difficulty of discussing or seeking ongoing testing to confirm HIV-negative status within the context of a monogamous relationship was an important issue, given that men like Adonis had a 'negotiated safety' agreement. This agreement allowed Adonis and his partner to dispense with the use of condoms within the relationship

after HIV testing had confirmed that they were both HIV-negative:

> Well, I've been with my partner for almost a year and after three months we decided to be tested and everything was fine, and we just turned our backs on it [condoms]. We are not open—like with other partners … We're monogamous.
>
> (*Adonis, 25, HIV-negative*)

Some men were not involved in conventional 'boyfriend'-type relationships and described the merits of single life or having more fluid relationships that could involve 'fuck buddies' or partners seen regularly for casual sex and/or friendship:

> I am very comfortable to be on my own and it's rare for me to find someone I can spend an amount of time with in my life. I'm not really a co-dependent sort of person.
>
> (*Aidan, 36, HIV-positive*)

> I've met people over the internet and we've had long-term casual sexual relationships and over that time you develop more of an understanding of each other's sexuality and what you will and won't do and I guess it develops more to where you have a relationship going. One or two of them have actually become good friends post the sex, which is nice.
>
> (*Carl, 35, HIV-negative*)

> [I]t's hard for a lot of people to understand [an ongoing threesome] but there's actually none of that jealousy there—it was unique because I think [the third party] had a genuinely loving relationship, equally loving relationship, with both of us, so it was very equal and so there was no issue ... and we all slept in the same bed. There was no 'It's your turn' or 'You're getting more than I am'—there was none of that.
>
> (*Barclay, 42, HIV-negative*)

> Well, I have a sexual partner presently. He's a gentleman I met in the local park near the public toilets, or in the public toilets at a beach, and I asked him back to my place and we introduced ourselves, talked a little bit about ourselves and, well, I will tell you what I said to him. I said to him roughly, 'You are a nice guy. I like having sex with you but I don't want a relationship around sex, but if I am here on the day and you buzz me and you come up and see me for sex, we'll have sex,' and we do that.
>
> (*Peter, 46, HIV-positive*)

These quotes highlight that men had been able to find a variety of relationships that satisfied their needs for sex or company or friendship. QUICKIE participants did not necessarily regard a conventional, boyfriend-type relationship as the only way they could achieve intimacy or sexual pleasure.

Encouraging open discussion of different forms of relationships and strategies for negotiating trust, safety, monogamy or casual sex can be useful for gay men. The specific issue of STI and HIV testing within steady relationships requires further attention.

6 Casual sex

Changing norms and attitudes

Data collected in the Sydney Gay Community Periodic Survey show that there has been a gradual but significant decline in the proportion of men who reported having had any unprotected anal intercourse (UAI) with casual partners, from just over a third in 2002 to around 30% in 2006 (Imrie & Frankland, 2007). Despite this shift in behavioural data, which would suggest a reduction in risk practice among Sydney gay men, participants in the QUICKIE study believed that attitudes to sexual risk, primarily the risk of HIV transmission, had become more relaxed in the past few years. They described a range of impressions of, and responses to, what they saw as changing attitudes and practices. We have already discussed changing perceptions of HIV in an earlier section. Here we focus on perceptions and experiences of casual sex practices in Sydney.

'My observations and experience are that sex [in sex-on-premises venues] is unprotected and it's occasional and it's with multiple partners …'

A number of men talked about encountering increased risk-taking and more relaxed attitudes to UAI, particularly in Sydney's sex-on-premises venues:

> My observations and experience are that sex [in sex-on-premises venues] is unprotected and it's occasional and it's with multiple partners and there is very little lip service to health safety issues apart from posters and unused condoms.
>
> (*Peter, 46, HIV-positive*)

> I've have had a few friends say that it is a bit of a scary thing at the saunas these days if you are wanting to practise safe sex. They say you are not quite sure whether the people you pick up are going to agree, or half the time, if you've had a few drinks or a smoke and you are half out of it anyway, you are not quite sure what is going on.
>
> (*Toby, 37, HIV-negative*)

Sex-on-premises venues are significant because they are locations where gay men observe each other engaging in sex, as well as looking for sex partners themselves. Observing UAI at a sex-on-premises venue or other public setting may therefore create an impression that safe sex norms are waning among gay men in general, or that these venues are places where risk practices are concentrated. Whatever conclusion the participants drew, attending a sex-on-premises or other venue and witnessing UAI could prompt men to re-evaluate their own practices and expectations of other men.

To the following participant, Paul, seeing UAI, which he referred to as 'barebacking', at a sex-on-premises venue suggested that there were HIV-positive men present who may have negotiated UAI with each other through a 'secret handshake', because they knew they were not at risk of passing on HIV to each other. He also speculated that HIV-negative men may also have been engaging in UAI in the hope that their partners were HIV-negative:

> Whether all the guys who were barebacking were the positive ones who had somehow sorted themselves, or maybe there is a new secret handshake that I'm missing because I'm negative, but I'm sure some of the guys who were barebacking were negative, and just keeping their fingers crossed. It [barebacking] was very, very prevalent and I would just largely take myself out of that environment and the times I did fuck at that party, it was 'condoms, no negotiation' and the guys who I was fucking had no trouble with that.
>
> (*Paul, 41, HIV-negative*)

Paul's solution in this situation was simple; he insisted on using condoms. However, we should note his perception that HIV-positive men were negotiating or implying their willingness to participate in UAI with each other through a hidden code, signalling, or the ability to identify each

other by serostatus. Other accounts from HIV-positive participants suggested that if a 'secret handshake' did exist between HIV-positive men in some contexts, it was not consistently used or understood:

> We hadn't spoken. We were naked at a [sex-on-premises venue]. There were three of us. One of them disappeared and the boy in front of me just turned his bum and put it on my dick and there you go. So my thought was, 'He must be positive.' It's not a good assumption but it turned out to be right.
>
> (*Ray, 47, HIV-positive*)

Other men suggested that they were receiving more requests than in the past for UAI from casual sex partners in Sydney, but without clear disclosure or the negotiation of serostatus. For Damien, who had not sought unprotected sex with casual partners, the apparent increase in the number of men wanting to dispense with condoms was challenging, especially given the risk of assuming serostatus:

'… I always say I have to have protected sex. I think it's quite surprising how many people will ask to have unprotected sex.'

> I think it's quite strange that in Sydney a lot of people out there ask whether we have to use a condom. I've never got out of them whether they are saying that because they are negative and they want to know if I am and we can have unprotected sex, or whether they are positive and they think if we are both positive we can have unprotected sex—but I always say I have to have protected sex. I think it's quite surprising how many people will ask to have unprotected sex.
>
> (*Damien, 38, HIV-negative*)

Whether there is a growing desire for UAI with casual partners among gay men in Sydney, regardless of actual rates of UAI, is of course difficult to ascertain. The practice of matching serostatus to facilitate 'safe' UAI is probably as old as the HIV test (Race, 2001) but the persistence of the practice in casual sexual contexts, even if it is relabelled as 'serosorting' by some, continues to generate challenges, particularly for HIV-negative men:

> I went home with a guy and he didn't have condoms and he asked me if I was clean and I said, 'Yes,' and he said, 'Well, so am I so we can have sex without a condom,' and I said, 'No, because we have just met and we don't know each other and we shouldn't trust each other.' So, because of this mentality and even though we have so much information, people still play without condoms, like having sex without ejaculation, because they think the risk is low.
>
> (*Octavio, 30, HIV-negative*)

As Octavio's account suggests, the negotiation of UAI by HIV-negative men in casual sexual settings requires men to trust each other and assume that they have not been exposed to HIV since their most recent test results. For Octavio this was too risky a strategy, as was having UAI but withdrawing before ejaculation. We should also note that the use of the euphemism 'clean' in place of 'HIV-negative' (or 'not infected with STIs') invokes longstanding associations between hygiene, morality and safety (Douglas, 2002). In this kind of account, the implication that HIV-positive men are 'unclean' and unsafe is unspoken but present, generating concerns about the continued stigmatisation, however unintentional, of gay men living with HIV.

Risk reduction strategies

The majority of gay men in Sydney (around 70%) always use condoms with casual sex partners (Imrie & Frankland, 2007). However, as suggested above, sexually active gay men in Sydney may encounter situations where safe sex practices are questioned or challenged by partners requesting UAI or when men observe others 'barebacking', for example. In response to these encounters, QUICKIE participants reported having improvised and implemented a wide range of risk reduction strategies to protect themselves from HIV and other STIs, sometimes using condoms and sometimes not.

Strategies participants described included limiting the time they spent in bars, saunas and other venues, avoiding sex parties, certain sex-on-premises venues and venues with dark rooms, avoiding men whose internet profiles were viewed as 'sleazy' and presuming that men who were familiar, friendly or good-looking were less likely to pose a risk in terms of HIV or STI transmission:

> I like to have sex in fully lit rooms … that other area [the dark room] is where unsafe sex happens, and that is an area that I avoid when I go there [to the sex-on-premises venue].
>
> (*Paul, 41, HIV-negative*)

> You use conversations like, 'What do you do? Where do you go?' and get a feel for what they are like.
>
> (*Adonis, 25, HIV-negative*)

Unsurprisingly, strategies that did not include the use of condoms could be found to be unreliable or not particularly protective. Those who employed such risk reduction strategies could appear to be relying on dubious

'I think sometimes there is an assumption because this person has not said anything they are not poz [HIV-positive]. That is a big assumption.'

assumptions or inaccurate knowledge of effective HIV and STI prevention. Some men were aware of the potential fallibility of assumptions they made about casual partners, particularly when an assumption they made had turned out to be incorrect:

> People make assumptions! They think, 'He's big and buff and beautiful; he must be fine.'
>
> (*Tex, 34, HIV-positive*)

> I think sometimes there is an assumption because this person has not said anything they are not poz [HIV-positive]. That is a big assumption.
>
> (*Toby, 37, HIV-negative*)

> I assumed he was negative and he assumed I was positive and we were getting into it and I ended up saying, 'This isn't right; we should be using condoms,' and he said, 'Yeah, well you know I am positive,' and I said, 'No,' and he said, 'Well, I assumed you were as well.' So that was my own stupidity for assuming rather than asking, particularly in a [sex-on-premises venue].
>
> (*Baden, 43, HIV-negative*)

Strategies such avoiding certain venues (e.g. sex-on-premises venues) at certain times (e.g. late at night, after drinking alcohol), or assessing appearance or personality as a marker of potential risk or safety, are among a broad range of protective activities documented in the sexual health literature (Donovan, 2000a, 2000b). While avoiding venues or activities can be useful for men who find it difficult to negotiate safety in particular contexts, relying on assessments of appearance or character, or making assumptions about HIV status, are not reliable indicators of behaviour or HIV/STI safety (Holt et al., 2004).

Interestingly, when asked about other risk reduction strategies that have been identified in social research, QUICKIE participants were often suspicious of their safety or effectiveness. Strategic positioning, in particular, was discussed by a number of men. Strategic positioning refers to a practice used by gay men to decide which partner should be the insertive or receptive partner when engaging in UAI, using HIV status to determine each partner's position during UAI. Research has suggested that HIV-positive men may opt to be receptive partners and HIV-negative men insertive partners, based on the assumption that receptive partners are more susceptible to infection and insertive partners are at less risk of contracting HIV (Van de Ven et al., 2002). While participants acknowledged the perception that it was less risky for the HIV-negative man to be the insertive partner when engaging in UAI, many were not sure whether this was a reliable strategy and few, if any, said they would use it as a premeditated strategy when having UAI. Instead, participants said that an awareness of strategic positioning might be consoling after unplanned incidents, such as when a condom broke:

> I think in my head that if I'm being the active partner then I am less at risk. I think medically that's not true. I don't know for sure but in my head I feel less at risk.
>
> (*Carl, 35, HIV-negative*)

> I wouldn't use it as a strategy but if the condom broke and I was topping that would help me to calm down rather than freaking.
>
> (*Caleb, 22, HIV-negative*)

Similarly, a number of participants discussed the idea that HIV-positive men whose viral loads were undetectable, due to the efficacy of antiretroviral treatments, were less infectious than other HIV-positive people. This belief in the relative safety of an undetectable viral load is thought to feature in the risk evaluations of sex partners who engage in UAI when one of the partners is known to be HIV-positive. The practice has been identified among some gay men in serodiscordant regular relationships in Sydney (Van de Ven et al., 2005). Although they were aware of this use of viral load, no QUICKIE participants described having used this strategy with either regular or casual partners. Instead, some thought that it was unwise to rely on viral load as an indicator of safety or lack of risk:

> I'm negative, you're positive. OK, I'll fuck you and you can fuck me but you don't come inside me because you say you have an undetectable viral load. To me undetectable is not nonexistent; it's just undetectable. That is still too high a risk but other guys will do it.
>
> (*Paul, 41, HIV-negative*)

> I hear conversations about having an undetectable viral load and therefore being less at risk of passing the virus on but I myself don't think that is true.
>
> (*Baxter, 46, HIV-positive*)

Responses to changing practices

When faced with ambiguity in sexual settings, the difficulty of expecting or initiating the disclosure of HIV serostatus, uncertainty about risk reduction strategies and the challenge of reliably assessing the risk or safety of potential partners, it was perhaps unsurprising that many

men responded by reaffirming their commitment to clear-cut, unambiguous safe sex practices. Some HIV-negative men said they had reasserted a strict policy of condom use:

> You don't always have to negotiate. You get into the situation where you are about to fuck someone and there are condoms all around the place and you just pick one up and put it on and if the guy has a hissy fit I say, 'Dude, it's not happening, goodbye.' I'm thinking about someone else's sexual health as well and I'm not going to have that negotiation.
>
> (*Paul, 41, HIV-negative*)

> If someone says on their website that they are into unprotected sex then I would not go with anyone who says they do that and I would specify that there is no negotiation on that. Generally I won't even reply if they put that on their website; I find it a real turn-off. Apart from condoms, I have other rules like I don't let anyone come inside me.
>
> (*Carl, 35, HIV-negative*)

> Condoms, no negotiation.
>
> (*Tom, 24, HIV-negative*)

Other men talked about participating in group sex environments in which a clear and enunciated ethics of safety had been elaborated by the group. For example, Ray described the safe sex policy of Men's Erotic Network, a long-standing Sydney-based group that organises sex parties for gay men:

> [C]ome to this venue, we will provide the condoms and lube and you can play as hard and as long and as safely as you like. Men's Erotic Network strategies include safe sex, condoms always. No attitude. Say 'Yes' enthusiastically and 'No' politely. Have to be naked. Barebacking out the door, because that is one of our strongest rules. Safe sex only! It's to protect the community.
>
> (*Ray, 47, HIV-positive*)

Although these men had reaffirmed their commitment to safe sex practices in the face of ambiguity related to disclosure, the status of partners and what might be indicated by men asking for UAI, we should note that these will not be the only responses to changing norms and practices of casual sex in Sydney. Attention will need to be maintained as the ethics of prevention and pleasure shift and are renegotiated among Sydney gay men.

It continues to be important for men to identify simple strategies that can assist them in negotiating safety in casual encounters and maintaining a sense of trust with casual partners. Fallible or complicated risk reduction strategies that rely on negotiation or the disclosure of HIV serostatus can be confusing and appear to lead to misunderstandings and unintentional risk-taking by gay men. In some situations, men continue to rely on appearance or other unreliable indicators to guess the HIV serostatus or safety of partners.

7 The internet

We know from various studies that many Sydney gay men, both HIV-negative and HIV-positive, use the internet to find male sex partners (Fogarty et al., 2006; Murphy et al., 2004; Zablotska et al., 2007). In 2005 around half the men in the Health in Men and Positive Health studies reported having used the internet to find male sex partners (Fogarty et al., 2006).

In the QUICKIE study nearly all the respondents had used the internet to look for sex partners. Current users valued the internet for the ease with which they could locate potential partners and the speed with which they could organise casual sex. Many mentioned the advantages of being able to stay at home to 'cruise' for partners, and the increased potential for matching one's sexual tastes or preferences with those of others, either by reviewing the online profiles of other men or through virtual discussion.

> 'It's great in terms of accessibility 24/7 … It's also like a shopping cart … It's about being able to access an immediate selection of people you might be interested in. I think that is a bonus.'

> It's like dial-a-pizza.
>
> (*Caleb, 22, HIV-negative*)

> If you have the urge, you can find a place to get rid of it, because if you go on [the internet], there is more chance of finding someone else who is after the same thing as you than going out to the club or pub.
>
> (*Adrian, 20, HIV-negative*)

> It's great in terms of accessibility 24/7. I might be really busy at work but I can get onto the internet at 11 o'clock at night so I can organise my sex around my work schedule. It's also like a shopping cart. You can go, 'OK, I'm interested in Caucasian men,' or whatever, down to sexual preference. It's about being able to access an immediate selection of people you might be interested in. I think that is a bonus.
>
> (*Sean, 34, HIV-negative*)

The internet was seen as useful for men who wanted to find out about gay-related news and events, for those who were visiting other cities and for connecting gay men who were geographically isolated:

> Connecting with people, chatting with people, especially when you are not out and when you're isolated geographically as well. When I was in the suburbs that was how I met a lot of people. It was also good for lots of information when I was coming out.
>
> (*Caleb, 22, HIV-negative*)

> The internet has been great for keeping the community connected in that you can access the gay press, and it's a means to seeing what gay activities are on and what's happening and that has always been great.
>
> (*Adrian, 20, HIV-negative*)

For HIV-positive men, the internet was regarded as a safer space in which they could signal their HIV serostatus to other positive men without explicitly disclosing it. However, it was not clear how HIV-negative men interpreted information posted online, such as 'safe sex: needs discussion', and some men doubted the veracity of the information posted online:

> I have put whatever the appropriate option is. Some [websites] don't have positive as an option. They say 'barebacking' but I don't necessarily choose that as an option. I will choose 'after discussion' or something; that is usually the option I have to choose … [edit] but if you hook up over the internet it's not guaranteed that someone will disclose—you can't guarantee it.
>
> (*Ray, 47, HIV-positive*)

The potential advantages of using the internet to meet sexual partners were also offset by some limitations. The speed and relative anonymity of gay chat sites allowed our participants to arrange casual

I think a lot of people have the intention of making friends [online] but it is such an atrocious way of meeting people.

sex with ease, but were less promising or in fact outright disappointing for those of them who wished to initiate friendships or more enduring relationships. Spending time online was seen by some as potentially very wasteful:

> I think a lot of people have the intention of making friends [online] but it is such an atrocious way of meeting people. It rarely happens.
>
> (*Tom, 24, HIV-negative*)

> [M]y very rough guess is that 70% of the people that are on the internet just want sex, probably around 20% just want to talk and maybe 10% are interested in being social, maybe meeting, having friends and perhaps have a relationship. So the odds are stacked against you; it's 90/10. It is hard. When you take into account all the other problems of the internet, such that people aren't always who they claim to be, the fact they use fake photos, etc., it's a huge time-waster and you need, well personally I think you need, to be very careful how you use it. It can swallow up your life if you aren't careful.
>
> (*Jeffrey, 52, HIV-negative*)

Even for those who wanted to arrange casual sex, arranging an encounter online could have its drawbacks. Some participants believed that many men exaggerated or posted unreliable information and pictures online, and said it was difficult to assess the likelihood of finding someone physically attractive from online images. A number of participants expressed a preference for meeting men face-to-face in a bar, club or sex venue, citing the immediacy of meeting someone 'in the flesh' as a major benefit for assessing mutual attraction, and allowing them to get to know one another without the encounter automatically having to lead to sex:

> I used to be addicted to it [internet] but I find it a cat-and-mouse game now. People just bullshit … They lie about themselves. They organise to meet. They are this, then they are something else. I remember when I used it I would hook up with, say, four people but none of them looked the way they said they did. It was all lies. So I thought, 'I'm not going to play this game.'
>
> (*Gabriel, 26, HIV-negative*)

> The timing between meeting someone on the internet and you going to their place or vice versa, I think I get nervous in that time with the expectation and I find it quite confronting, whereas I find [sex-on-premises venues] easier because you're there and it's instantaneous and it can happen. There's no concern about performance or whether you get on.
>
> (*Damien, 38, HIV-negative*)

> I'm one of those very few people who never even bothered [with the internet]. I prefer much more personal interaction with people. I tend to get an idea from people straight away from their eyes or the way they smile or how they react; that's what I like. I find that whole net thing so bizarre.
>
> (*Sam, 43, HIV-negative*)

> I like to have a conversation. As I said to a friend, 'I want someone to take me out for a meal first, before they have their meal.'
>
> (*Baxter, 46, HIV-positive*)

Many participants seemed to have come to the conclusion that the internet was effective for arranging casual, fleeting sexual encounters, but for lasting relationships they needed to pursue men through more traditional means:

> Well, OK, if I'm going to meet someone for casual sex, it's virtually always through the internet, or originally I've met them through the internet, but if I'm going to meet them for anything else, as in friends or tentative boyfriends, that sort of thing, it's through more normal means—through clubs, friends, that sort of thing.
>
> (*Tom, 24, HIV-negative*)

Among participants there was some scepticism about the use of the internet to meet friends or long-term partners and a suspicion about the accuracy of information posted online and the reliability of other internet users. Online interventions may need to take into account such scepticism. For some, this sense of scepticism or realism had led to a re-engagement with traditional venues (such as bars and sex-on-premises venues) as a way to meet other men.

8 Drugs and alcohol

All QUICKIE participants were asked about their use of alcohol and other drugs. Men were encouraged to discuss their own experiences with drugs, their attitudes to drug use, what they saw as the relationship between drugs, sex and risk-taking, and the significance of drugs in 'gay Sydney'. As discussed in the 'Community' section earlier, drug use was seen as very common among Sydney gay men:

> Drugs are really prevalent in the gay community.
>
> (*Sam, 43, HIV-negative*)

Most participants reported some use of alcohol and other drugs. The range of drugs men reported having used for pleasure or recreational purposes included alcohol, ecstasy, amphetamine, cocaine, crystal methamphetamine, marijuana, ketamine, gamma hydroxybutyrate (GHB) and Viagra/Cialis. All participants had consumed alcoholic drinks, although not all reported current alcohol or illicit drug use. Some men thought illicit drug use was acceptable for particular purposes and in particular contexts (e.g. sex, partying or socialising) and described positive aspects of drug use:

> For me, drugs are purely a private recreational experience, or with one or two friends who also enjoy sitting around smoking pot and watching movies or going for a walk in the park. It's a way of relaxing.
>
> (*Sean, 34, HIV-negative*)

> I quite enjoy a bit of coke; it's a lot of fun. It makes me a lot more alert and interested in sustaining conversations, etc. It's very social.
>
> (*Lance, 22, HIV-negative*)

'I think drug use is a huge issue. It seems that nobody can go anywhere without drugs on board, which I think is a problem because it's causing problems financially and health-wise and risky behaviour.'

However, attitudes to illicit drug use divided the sample. While some saw drugs as a common feature of gay social life in Sydney, very few thought this was unproblematic. Many, particularly younger men, were strongly critical of drug use among their gay peers and the belief that drug use was normalised in gay Sydney:

> I think drugs are one of the elements that make the community less strong because when you are on drugs the relationships you have seem really intense, with ridiculous highs, and people are experiencing happiness that is baseless and relationships that are unsubstantiated.
>
> (*Tom, 24, HIV-negative*)

> There is a lot of pressure to do drugs, I think, in the community and in the scene. It tends to revolve around how pissed you can get before you do other drugs. It's things like K [ketamine] and crystal and ecstasy ... Me? I don't do drugs.
>
> (*Caleb, 22, HIV-negative*)

> I think drug use is a huge issue. It seems that nobody can go anywhere without drugs on board, which I think is a problem because it's causing problems financially and health-wise and risky behaviour. I know it is pretty clichéd but I think alcohol is a big problem as well.
>
> (*Baden, 43, HIV-negative*)

> I've tried cocaine a few times but stopped because I realised it was a drug I really could get into. It was very social. There was a bit of peer pressure and I went, 'No, stop, cannot do this any more.' I found it difficult from the social aspect that everyone else was using.
>
> (*Lance, 22, HIV-negative*)

> It's hard to stop. I've been brought into the notion that it's part of the norm. Places [on Oxford Street] are littered with drugs. There is ecstasy everywhere. I distance myself from it. I don't do drugs that often. It's for the 'stay-awake effect' at dance parties but it definitely affects your behaviour.
>
> (*Adrian, 22, HIV-negative*)

While participants perceived drugs to be commonly used and easily available in gay bars and clubs, they typically did not report using drugs excessively themselves. For our participants, drugs such as ecstasy tended to be viewed as substances that could be taken occasionally for particular purposes, such as attending a dance party. Among those who did use illicit drugs, it was seen as acceptable to use them on an occasional basis in the company of friends, rather than on one's own. Participants who used illicit drugs typically valued a restrained and strategic approach to drug use (see Parker et al., 2002), in which staying in control of one's use was seen to be important:

> 'I smoke marijuana and take ecstasy, always at parties with friends, but even if I take a lot I always keep control.'

> I've tried [ecstasy] a couple of times but I just don't like feeling out of control, not knowing what is going on, the whole mind-altering side of it. I've also tried cocaine a few times but stopped because I realised that was a drug I could actually get into and I saw myself as some 40-year-old coke-head sitting in some bar somewhere.
>
> (*Lance, 22, HIV-negative*)

> I smoke marijuana and take ecstasy, always at parties with friends, but even if I take a lot I always keep control. Maybe it's because I'm so paranoid or because of my … background but even under the effects of chemicals I keep control.
>
> (*Octavio, 30, HIV-negative*)

However, some men said they found it difficult to maintain self-control while using drugs. The following account by Carl illustrates that the association of drug-taking with sex could undermine safe sex practice for some men:

> [W]here drugs are involved, there have been a couple of times when I haven't used them [condoms]. That's happened a few times in the last 12 months but I have never done it in my life and I don't understand why suddenly I am doing it. I have never used drugs much either before. I never equated sex and drugs but the equation seems to have come more into play … It's mostly ecstasy. I've taken ketamine as well, occasionally, and it seems, the harder the drug I use, the more I equate it with wanting sex and the more my sensibilities go out the window. I've allowed people to penetrate me when I've been on drugs, without condoms.
>
> (*Carl, 35, HIV-negative*)

Interestingly, alcohol and crystal methamphetamine were singled out as being the most problematic substances, both among users and non-users of these drugs. Ketamine was thought to be the next most problematic. There has been a significant increase in the use of crystal methamphetamine in Sydney since 2002, with just over a fifth of gay men reporting having used it in 2006 (Zablotska et al., 2007). The potential appeal of crystal was recognised, with men describing it as enhancing stamina, confidence and sexual appetite:

> It's appealing because it keeps people awake, gives them a sense of confidence and increases their sexual desire further. I think for gay men that's fairly attractive as far as drugs are concerned.
>
> (*Damien, 38, HIV-negative*)

One participant described being a regular user of crystal and discussed how he had found ways to monitor and manage his use:

> I make sure I go to work and my bills are paid. I just sort of plane it and sort of get away with it. It's taken me years to learn to maintain this sort of fun I like to have and maintain work but it can take away your ability to focus on tasks and functions on a day-to-day basis, like forget to go down to the shop and get milk, which is the ridiculous aspect of it.
>
> (*Aidan, 36, HIV-positive*)

However, crystal was seen by many as a drug that people could not control effectively and to which people could easily become addicted, with the negative social consequences that dependence can entail:

> We were still very close and then they [my friends] started whacking [injecting] crystal and the only way I can describe it is, it was like watching a heroin addict. I was living it and seeing my two friends just destroyed from the stuff. Two very funny and social people going along looking like they were suffering from chicken pox scars and anti everything—really cutting and negative in their demeanour. Then they became paranoid. Crystal is not a social drug. It is a nightmare! I went to counselling after that.
>
> (*Daniel, 26, HIV-negative*)

> I have a friend who has just come out of a big problem with crystal and I've seen other people with big problems. It's so addictive it has tentacles that take over your life. It causes financial burdens, psychological problems—people withdrawing, unable to communicate with their friends or go to work effectively. Also aggression and a sense of victimisation, that the whole world is against them. I think it's worse than smack because of the psychosis and the violence that often accompanies the psychosis.
>
> (*Barclay, 42, HIV-negative*)

> I have a friend who is addicted to the pipe [crystal]. I've seen him go from one personality to another and I just look at him and think, 'Ooh, definitely, aggressive, nasty, vindictive,' and he was a nice guy before that.
>
> (*Gabriel, 26, HIV-negative*)

A few men linked the use of crystal to sexual risk-taking and recklessness, either on their own part or the part of others. They credited crystal with the ability to generate an insatiable appetite for sex:

> It [crystal] made me want to have a lot of sex. It made me practise unsafe sex too. I'd used marijuana and ecstasy but not to the extreme amount I started to use ice, because I started to use it for sex, so I couldn't have sex unless I was using ice so it got really hard.
>
> (*Baxter, 46, HIV-positive*)

> I've encountered people on crystal at sex venues and their care factor in terms of condoms is zero. What they want to do is party, party, party, and mostly in a submissive role. I don't think I've ever encountered a crystal boy who wants to top.
>
> (*Ray, 47, HIV-positive*)

In general, crystal was seen as a pleasurable and seductive drug that could be highly problematic because of its ability to intoxicate, its potential to become addictive and its negative effects on physical and psychological well-being and safe sex practice. Some, like Baxter, found that counselling assisted in dealing with problematic use:

> I changed probably a year ago. I decided to get some help, some counselling [for crystal use]. I noticed I had withdrawn a lot from the world. I was getting angry, agitated at people. I really didn't like myself. I was losing weight. My teeth were starting to rot. So I went to a counsellor and got some support. I was lucky I was able to pull myself back from it.
>
> (*Baxter, 46, HIV-positive*)

The use of alcohol was also seen as problematic by participants. Because it is a licit and socially acceptable substance, participants were open in describing instances of excessive drinking. Men reported problems with impaired judgment, memory lapses and risk-taking when inebriated:

> I kind of scare myself when I'm drinking and not remembering.
>
> (*Gabriel, 26, HIV-negative*)

> My drinking these days is different to my youth. It was binge drinking which clouded my judgment and my behaviour. Nowadays I do it at home and there are certain times I set myself, like I have an afternoon wine session and my friends know if they ring me … they are going to get me a bit drunk.
>
> (*Peter, 46, HIV-positive*)

> Sometimes if I'm out and about in Oxford Street and I get a bit under the weather or am enjoying myself a bit too much, I'm likely to not trust myself, to take risks I would ordinarily stay away from, usually because of alcohol use. If I have had too much to drink I might decide to slip up, well not decide, it just happens and it's not really a conscious decision. So I try to protect myself by not drinking too much and not going to … [sex-on-premises venues]. I know if I was pissed all the time I would be more likely to slip up.
>
> (*Toby, 37, HIV-negative*)

Participants like Peter and Toby saw excessive drinking as an activity that could impair their ability to make decisions and lead them to engage in sexual practices that were risky for HIV transmission. They described having developed strategies to moderate these potentially harmful effects of alcohol, including changing where and when they consumed alcohol and how much they consumed, avoiding sex-on-premises venues when inebriated, and not drinking in company. Others felt confident enough to rely on condom use as a strategy to protect them from the risk of HIV while they were under the influence:

> Yes, drugs make you high and they also make you horny so you go to a bar, look around, no one is paying attention so you get pissed and go to a [sex-on-premises venue]. You walk in, get a condom. I go for anyone who uses them as it's a rampant place for unsafe sex …
>
> (*Carl, 35, HIV-negative*)

There were two other drugs of note that QUICKIE participants discussed in relation to sexual activity. These were the prescription medications Viagra (sildenafil citrate) and Cialis (tadanafil), both designed to treat erectile dysfunction. The use of Viagra by gay men has increased significantly in Sydney since 2002, with just over a fifth of men reporting having used it in 2006 (Zablotska et al., 2007). International behavioural studies have shown associations between the use of Viagra and other drugs and risk practices such as engaging in UAI with casual partners (Swearingen & Klausner, 2005). Although it is sometimes difficult in these studies to identify whether men used Viagra at the time of a risk event or on another occasion (Elford, 2006), the recreational use of Viagra and other 'sexuopharmaceuticals' remains a cause for concern among behavioural researchers. A few QUICKIE participants described using Viagra for recreational purposes:

> A friend of mine gave me [Viagra] once and said, 'You should see this,' [edit] when I was [overseas] for a while, they sold it over the counter; we used to buy it now and then for a bit of a laugh really, but it wasn't really a regular requirement, just really a novelty.
>
> (*Baden, 43, HIV-negative*)

Other men also described using Viagra or Cialis. These men emphasised how the medications could be useful in offsetting the effects of alcohol and other drugs and could support condom use. No participants described using Viagra, Cialis or similar anti-impotence drugs when engaging in UAI:

> My normal practice is condoms but then again it comes back to the alcohol factor. If I've had too much to drink, I might decide to slip up. Well, not decide. It just sort of happens and it's not really a conscious decision. I have a problem putting and keeping condoms on. As soon as the rubber hits my dick it tends to say, 'See you later,' so I've been experimenting a bit with Cialis and that actually works, which is great. If in the event I can't get it right, I'm happy to be a bottom but as such obviously I'm going to make very sure that the person going down that path has definitely got a condom on.
>
> (*Toby, 37, HIV-negative*)

> A friend said to his doctor, 'I want you to prescribe me Viagra because I don't get hard enough to fuck with a condom; I can fuck without one but I don't want to be in the situation where I'm tempted to.' The doctor said, 'That's a good safe sex strategy and here's your prescription.' I've since spoken to quite a few guys who will do that. So you take a Viagra, you are hard enough to fuck with a condom, there is not that temptation of wanting to not have a condom, and you add drugs on top of that and amphetamines are notorious for killing erections and plus your judgment becomes clouded on drugs, so you are now hard enough to fuck, but you are not going to be tempted to do it without a condom,' and I've come across that in a few situations. Quite frankly I'd like to see that promoted.
>
> (*Paul, 41, HIV-negative*)

'A friend said to his doctor, "I want you to prescribe me Viagra because I don't get hard enough to fuck with a condom; I can fuck without one but I don't want to be in the situation where I'm tempted to." '

The belief that the use of Viagra or Cialis is beneficial, whether for pleasurable sexual activity, maintaining safe sex or countering the effects of alcohol or illicit drugs on erectile function, explains much of the popularity of these medications among gay men. However, the unofficial and recreational use of these medications merits further attention. The belief that Viagra and similar drugs are beneficial in supporting safe sex practice is not unproblematic, particularly if the drugs are being used in combination with alcohol or illicit substances and because they can be used to enhance both safe and unsafe sex. Given that Viagra, Cialis and similar drugs are clearly used by many men without a prescription, there may be poor awareness of recommended dosages, contraindications and potential side effects (e.g. Eli Lilly and Company, 2007; Pfizer, 2007). In order to identify appropriate harm reduction strategies, it is important to understand the other uses and effects of Viagra and similar drugs, such as their role in extending sexual activity, and the contexts in which these kinds of drugs are used.

Overall, participants described different levels of consumption of alcohol and other drugs. While some participants, particularly younger men, were critical of the apparent normalisation of illicit drug use in gay social spaces, others described the 'strategic and sensible' use of drugs for pleasure, partying or sex as acceptable. However, participants were also aware that drug use could be problematic and many expressed fears about the effects of crystal methamphetamine or excessive alcohol consumption in particular. The various uses of Viagra and Cialis by gay men, including in enhancing or maintaining condom use, deserve critical attention.

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