The Drug Use and Gay Men Project Issue Papers

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The Drug Use and Gay Men Project

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About The Drug Use and Gay Men (DUGM) Project

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Aim of the DUGM Project

To examine the intersection of social sexual and (injecting and non-injecting) drug using networks to identify ports of entry for health promotion.

Project Summary

The DUGM project aimed to provide comparative qualitative data on drug use from two geographically and culturally distinct yet connected gay communities from mid 1997 to late 1998. The sites for this project were inner-city Sydney and one large regional centre we have called Sinclair. DUGM grew out of a smaller study, the Gay Men and Drug Use (GMADU) project, and sought to explore patterns of use first identified in the Sydney Men and Sexual Health (SMASH) study. The key focus areas of the DUGM project were:

- *Drug use and sexual practice* - drug using and sexual/social networks, contexts, meanings, practices, negotiation and norms;
- *Injecting drug use networks* - injecting practices and knowledge around HIV and HCV, service provision and education; and
- *Issues for HIV positive men* - interaction issues, drug "holidays", and the experiences of HIV positive people.

Method

- *Text Review*- Survey and analysis of representations of drug use in the Sydney gay press since 1985.
- *Field work: mapping the field in two geographic locations* - This involved consultation and field observation at public spaces such as dance parties, bars and night clubs.
- *Indepth semi-structured interviews* – This involved semi-structured indepth individual and group interviews with service providers and gay men who use drugs, both injectors and non-injectors. The interview schedule covered areas such as: most recent drug use experience; current drug use; drugs of choice; social/sexual contexts of drug use; and injecting practices (where applicable).

Recruitment

Interview participants were recruited using a variety of means, including: the use of fliers and posters to advertise the project; newspaper articles in the local gay press; ads in dance magazines; ads posted on the internet; and by "snowballing" through networks of users.

Sample

The sample consisted of interview data collected for the GMADU project and DUGM. In all, 67 gay community attached men were interviewed. This includes 49 from Sydney and 18 from Sinclair. In addition, 10 key service providers (5 from each research site) were interviewed. Ages ranged from

between 18 to 51 years. Twenty five men said that they were HIV positive and 7 men stated that they were hepatitis C positive.

About the DUGM Issue Papers

The Issue Papers cover 5 major areas. These are:

- Control and risk
- Drug use networks
- Injecting drug use and risk
- Sex and drug use risk
- Drug use in a large regional NSW town.

Also included is a glossary of drug use and other terms.

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We weclome any feedback and comments on these issue papers. Please address them to:

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DUGM Glossary

Benzos - (Benzodiazepines). Sedatives used to reduce anxiety and promote sleep. Usually come in tablet or capsule form and sold as pharmacy medicine requiring a prescription. Benzos are addictive and some people experience a range of side effects. Overdose is rarely fatal unless mixed with other "downers" like alcohol or heroin.

Blast – to inject a drug. Other common terms for injecting include, "shooting up" and "having a hit".

Coke – (Cocaine) – A short acting stimulant that produces a sense of alertness, confidence and well-being in the user. Cocaine is usually snorted (sniffed via nasal passage), smoked (as in "crack") or injected.

Come-down/ Coming down – this refers to the period when the effects of a drug(s) begin to wear off and the user reports various physical and psychological sensations, usually ranging from feelings of tiredness and disorientation to agitation and anxiousness, depending on which drug has been used. Some come-downs can be very unpleasant, as is the case for injecting cocaine, whereas other come-downs can be gentle, ending in sleep.

Crystal meth – (Methamphetamine) – A potent relative of amphetamine. Effects include increased energy and euphoria and they can last up to 24 hours. Crystal meth can be smoked, snorted or injected and is very habit forming.

Dosing – refers to taking a drug, that is, the quantity as well as the mode of administration.

Double-dipping – occurs when injectors fill their syringe a second time from a shared spoon after having earlier injected. If an injector draws back the drug/water mix from a shared spoon for a second injection without using a new needle and syringe, then there is a strong likelihood of contaminating the drug/water mix on the spoon for injectors who follow. Transmission of blood borne viruses is possible.

Ecstasy/eccies/E – (MDMA/ 3,4 methylenedioxymethamphetamine). Another widely used dance drug, effects are euphoric and facilitate socialising and dancing. When taken orally, effects last for around 4-6 hours. Ecstasy most commonly comes in tablet form or occasionally in a capsule and is usually swallowed or shelved (suppository) and sometimes injected. Recent research estimates that 70 per cent of drugs sold as ecstasy contain no MDMA, the active ingredient.

Fuck Buddy – a casual partner seen on a regular basis for sex.

GBH (Grievous Bodily Harm)/Liquid E/Blue Lagoon/Phantasy – (Gamma-Hydroxy Butyrate) – A drug that removes inhibitions and makes the user feel very relaxed. Sometimes used to come-down off other drugs as it promotes sleep. In larger doses, GBH can cause unconsciousness, coma and death.

Glory hole – a hole in a wall that men place their penis through, usually for the purpose of having insertive oral sex with someone on the other side of the wall.

K-hole – special K users "fall into" what is known as a K-hole when they have had too much of the drug. Experiencing a K-hole usually implies the user is immobilised by the drug and out of contact with the outside world. Variously described, falling into a K-hole is often likened to entering a dark, subterranean world.

Mode of administration – the way in which a dose of a drug is delivered into the blood stream. Usually "mode of administration" refers to either smoking, injecting, inhaling, swallowing, or shelving a drug.

Normison – A popular benzo, often used to help come-down off drugs like ecstasy or speed.

Pacing – refers to the time left between dosing episodes. Correct pacing enables users to maximise the pleasure of their drug use and avoid overdosing or other negative drug use effects.

Peak – this is the climax of a drug's effect. It is the point at which the drug has maximum effect on the user, for example, the peak from ingesting LSD occurs about 2-3 hours after taking an acid trip.

Polydrug use - combining drugs to create specific effects, and to enhance the effects of other drugs.

Rush – the period immediately following the injection of a drug is often characterised by the "rush". This is the drug entering the blood stream and being carried to the brain and often results in pleasant sensations that last from a few seconds to several minutes, depending on the strength and type of drug that has been injected. Non-injecting drug users also report a rush from taking drugs orally.

Sequencing – refers to polydrug use, that is, the combining of different drugs to create a desired effect. For example, a user takes acid after the effects of her/his ecstasy has come on, in order to heighten the sensation of colour and sound.

Shelving/Shafting – placing drugs in the anal cavity (as in a suppository) in order to be absorbed via anal capillaries. Results in a gentle "come-on" of the drug. Popular mode of administration among some people who believe certain drugs, such as ecstasy, are best taken this way.

Snowball sampling – a sampling technique whereby participants are recruited through subjects that have already taken part in the study. The DUGM project used snowball cards containing details about the study. These were handed to early participants who in turn passed the cards on to other people they thought would be suitable for the research.

Special K – (Ketamine) – An anaesthethic often used in veterinary practice. In low doses the drug creates relaxed feelings in users. In high doses the drug creates vivid and powerful hallucinations and dissociation (feeling separate from one's body). See K-hole.

Speed/goey – (amphetamine). Most widely used of the dance drugs. Provides energy and a euphoric feeling with increased confidence, that can last for up to 8 hours. Speed is addictive. Speed is usually either "snorted" (inhaled through the nose), swallowed or injected.

"Test-driving" drugs – a folk harm reduction strategy recommended in order to avoid an overdose or other negative drug effect. Test driving involves taking a small portion from a batch of drugs to test for purity and effect. This is normally done sometime prior to a major event, like a dance party, where the drugs will be consumed.

The "scene" – in Sydney, refers to the spaces (clubs, bars, shops, cinemas, gyms and restaurants) in the Oxford Street and Darlinghurst/East Sydney/Surry Hills areas of the inner city that lesbians and gay men live and/or frequent. Can also include the King Street, Newtown area of the inner west, another popular location in Sydney for lesbians and gay men. The "scene" is also used as a generic term for any gay and lesbian community centred around commercial gay and lesbian sites and venues of a city.

Trips/acid/LSD – (Lysergic Acid Diethylamide). – A powerful psychedelic drug that produces aural and visual hallucinations. The effects of trips normally last for about eight hours. Usually swallowed.

2x2x2 – If injecting equipment has to be reused, the 2x2x2 method can sterilise the needle and syringe. The method involves washing the barrel of the syringe and the needle twice with tepid water, twice with hospital strength bleach (5.25%) shaking vigorously for 30 seconds each time, and twice with tepid water again. When done carefully, this process can destroy HIV that may be present in the needle and syringe. However, this is not guaranteed. This process will not destroy the hepatitis C virus.

Refer to these publications and websites for more information about drugs and drug use practice:

Gott, R. (1995). *Under the Influence: Drugs in Australia*, Carlton: Cardigan Publishers.

New South Wales Users and AIDS Association with the Northern Sydney Area Health Service produced a publication titled *Rave Safe* in June 1996. Contact NUAA on (02) 9369 3455.

Nicholas Saunders website – www.ecstasy.org/dancedrugs.html This site contains a wealth of information dealing with a variety of drugs.

DrugLinks website – www.ceida.net.au (The Centre for Education and Information on Drugs and Alcohol).

Other good websites to browse – lycaeum.org and www.hyperreal.org/drugs/

The Social Construction of Risk and Control – DUGM Issue Paper 1

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Introduction

The DUGM participants used a number of terms to denote "losing control" during drug use events. These include: "freaking out" "getting messy", "dying", "passing out", "getting trashed" and "going psychotic". While injectors as well as non-injectors used these terms to mean losing control, injectors also tended to use the word "overdose" to describe a negative drug effect, unconsciousness or death. Injectors did not perceive themselves to be at significant risk of overdose. The men generally referred to "overdose" as an undesirable and avoidable consequence of ill-managed drug use.

Controlled Drug Use

Controlled drug use within specific sub-cultures of the Sydney gay "scene" is a normalised activity. Two major patterns of drug use emerged from the data. One pattern is associated with attending dance parties and clubs and the other pattern revolves around having sex. Proficiency in the consumption of illicit drugs comes from experimenting with these patterns. Patterns are learned and fine-tuned primarily to maximise the pleasure of attending gay dance parties and clubs and having sex.

All the men interviewed for DUGM acknowledge the high prevalence of polydrug use within gay community. Polydrug use refers to taking combinations of drugs (eg speed with ecstasy during dance parties and Normison to "come-down"). Careful dosing, pacing and sequencing of drugs is considered necessary for patrons to last the duration of a major dance party, clubbing or extended sex sessions. These practices were undertaken to avoid negative drug effects that would spoil a good night out.

The men in DUGM often mentioned their personal "limits" of drug use. For example, Jim, a 38-year-old gay man, says he takes enough of a drug "to sustain the feeling that I enjoy, rather than going beyond that." According to Jackson, a 48-year-old gay man, controlling his drug intake enables him to stay "just on the verge of being messy". This was defined by Jackson as "somewhat impaired but just enough to have a great time".

The Importance of Folk Harm Reduction Strategies.

Below are some of the major folk harm reduction strategies employed by the DUGM men.

- *Overdose or other negative drug effects can be made less of a danger if they occur among trusted friends and someone is able to take control.*
  Many of the participants stressed the importance of using with friends. This enabled knowledges and practices relating to harm reduction strategies to be passed between user-network members and for these strategies to be implemented if a negative drug effect occurs.

- *Care with polydrug use.*
  Most men said that they avoid an overdose by carefully monitoring their drug use. Many men claimed that they knew which drugs to take together and which to avoid using simultaneously, however, not all men had reliable information. For example, a participant reported using ecstasy in an attempt to calm the effects of a trip. A friend had to seek medical help for him when this strategy went wrong.

- *Test driving drugs – resist the temptation to "race".*
  Generally, careful dosing, pacing and sequencing enabled users to avoid an overdose and enjoy a drug use event. Many of the men we spoke with said that they either tested their drugs (ie sampled a portion) sometime prior to an event or they dosed themselves gradually on the night in order to gauge the strength and purity of their drugs for a dance party or other major event. When using the gradual dosing method of test driving drugs, some men mentioned a temptation to hurry the process. Participants cited overdose as more likely to occur when this process was sped up.

- *"Call an Ambulance" - Reticence in seeking help when trouble occurs.*
  Injectors and non-injectors alike spoke of occasions when users resisted seeking medical help for a friend who had overdosed or was experiencing a negative drug effect. These people assumed that the police would automatically become involved. In one incident, a man died after combining alcohol and heroin while in the company of a friend who was too afraid to raise the alarm.

- *Limits on Use – Can't get "trashed" because of work/money/health considerations.*
  Many men cite financial restrictions as the primary control mechanism on their consumption of drugs. The high cost of drugs meant most men had to be selective and economical in their choice of drugs for a major event. Similarly, several men mentioned that the demands of their work acted as a major control on their drug use. These men owned businesses or were in positions of authority or considerable responsibility. Some men also cited health reasons for curbing their drug intake. Daphne, a 28-year-old gay man, explained that "getting trashed for long periods of time" is incompatible with the desire to stay healthy and look good.

Overdose

There was a tendency for DUGM participants to perceive "overdose" as an issue for injecting drug users or "junkies" and not a concern to people who did not inject. Injectors were often characterised by non-injectors as chaotic and out-of-control drug users and therefore more susceptible to overdosing. However, accounts were given of occasional or less experienced non-injectors "losing control" or "passing out" from taking speed, ecstasy, trips and other "uppers". While it is evident that generally a high level of controlled drug use occurs, non-injectors and injectors are both potentially at risk of overdose.

Issues raised by the DUGM participants

- *Negative effects from taking trips.*
  Several DUGM participants spoke of bad reactions from using LSD ("trips" or "acid"). Overdosing on trips was characterised as total disorientation or an inability to come-down off a trip. Anti-psychotic medications and benzodiazepines were often used to counter these effects. Sometimes these drugs were ineffective antidotes to trips. Several men reported anxiety attacks requiring medical intervention that were brought on from taking trips. Some

men indicated that they had injected trips. Perry, a 35-year-old gay man talks about this practice:

> "I've shot acid which is not the done thing. Well, yeah I mean you like get a spoon and you used to put a little tab with some water and poison, which is basically what it is, dissolved it into the water. The thing is I mean when you blast it within four or five seconds, [click] you're instantly tripping. You know, it's just a bit wild."

Several men said they had ceased to use trips due to the unpredictable quality and strength of the product that is generally available.

- *Injecting "speed".*
  Going for days without sleep and injecting speed was highlighted by some men as producing deleterious psychological effects. Some users reported "weird thinking", "[going] schizophrenic", and "psychotic" tendencies, as well as experiencing seizures when finally falling to sleep after extended periods of injecting speed.

- *Injecting cocaine.*
  Similarly, the injection of cocaine was reported to produce negative psychological effects after extended periods of use. A typical report comes from Terry, a 26-year- old gay man, who says that after a period of injecting cocaine he becomes "wired", "spacey" and "weird". Because of the need for multiple injections to sustain the high, he feels he becomes a "different person", "uncomfortable" within himself, "agitated" and "paranoid". This observation was echoed by several cocaine injectors who added that they often use heroin, methadone or alcohol to help them come down from an episode of cocaine injecting.

- *Injecting ecstasy.*
  A small number of DUGM participants talked about the experience of injecting ecstasy. The men agreed that the intensity of the rush, the peak and the come-down makes the experience very different from taking ecstasy orally. The effects from injecting ecstasy are described as overwhelming and the men say that the drug is more enjoyable when swallowed or shelved (suppository). Terry, a 26-year-old, recalls a time he injected ecstasy:

  > "[I]t's too much. You can't enjoy it, it's like oh, god I'm going to die. And then so all you want to do is come down off the rush because it's so intense. It distorts your vision and stuff. You can't see properly and sometimes you can't hear or talk properly. Um, sometimes you can't move properly. And my experience is that I'm just hanging out to come down off that rush."

- *Bouts of depression after using large amounts of drugs over extended time frames.*
  Several DUGM participants reported experiencing bouts of depression in the period following heavy use of speed and ecstasy. In some men, this lasted for several days and included symptoms such as fatigue and uncontrollable outbreaks of crying.

- *"Picked up" while being "messy".*
  Two men recalled episodes at dance parties and night clubs where they had been "picked up" while experiencing an overdose or negative drug effect. For example, Slim, a 36-year-old gay

man, had been drinking alcohol after injecting speed and became quite "messy" while dancing at a night club. He explains:

> "[I became] comatose on the dance floor standing there with my hands on my knees unable to move...This other muscle man was trying to dance with me, grabbing my hands and trying to dance and I just looked at him and said, I'm too fucked to move, leave me alone. So, he's trying to pick me up. I mean how desperate can you get. Trying to pick someone up when they're comatose like that. Oh it's pathetic [laugh]".

Key Points

- Harm reduction messages designed to avoid overdose may be effective if they highlight the concept of "safety in numbers". The value of friendship networks in the event of an overdose or other drug related emergency should not be under-estimated.
- Recognition that many drug users still believe that calling an ambulance or going to a hospital in the event of an overdose or drug related emergency means the police will automatically become involved.
- Recognition that overdose or other negative drug effects can happen to people who don't inject drugs. It is not just a problem for those people who inject.
- Recognition that the two principal patterns of Sydney gay men's drug use (dance parties/clubbing and sex) involve the use of drugs in combination. Polydrug use and experimentation with drugs is a strong norm for the majority of gay men who use drugs. More information needs to highlight the interaction effects of different classes of drugs. Most gay drug users are polydrug users and need reliable information about which drugs to use together and which ones to avoid combining.
- There is a need to highlight the positive folk harm reduction strategies of Sydney gay men who use drugs. These strategies need to be addressed and used in health education and intervention campaigns.
- A need exists for educators to be aware of and to use culturally appropriate language in health education and intervention campaigns. If the term for overdose or getting out of control from the use of drugs is for example "messy", then this should be the word/language featured in such campaigns.

Drug Using Networks in Inner Sydney – DUGM Issue Paper 2

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Introduction

The DUGM project explored the social setting in which gay men use illicit drugs. We asked DUGM participants about the contexts of drug use and who they used with. This led to a focus on drug using networks that enabled us to gain an understanding of group norms, knowledges and practices, what activities network members considered to be risky, and how these men maintain control over their drug use. This paper discusses the significance of drug using networks as sources of harm reduction, the role of key people within these user networks and the problematic aspects of user knowledge.

Characteristics of drug using networks in Sydney gay community

The DUGM project identified a number of key characteristics of drug using networks in Sydney gay community. These are:

- Drug use was seen as a **collective** rather than individual practice. All participants interviewed for the DUGM project spoke about using drugs with their friends and sexual partner(s). Men, including those who injected, rarely used alone;
- Networks are often intergenerational (ie they are made up of people of all ages);
- Networks are fluid (ie membership of friendship and sexual networks can change);
- Men can belong to multiple drug using networks (eg a man who goes to the gym will use steroids with his gym partners. The same man also belongs to a friendship network that uses ecstasy and speed at dance parties. He may also use speed with partners at sex clubs);
- Networks and patterns of drug use are linked to specific contexts. For example, a group of friends will use ecstasy to enhance social activity and assist in bonding each weekend at nightclubs; and
- While most of the networks consisted of men, in some networks women (lesbian, bisexual and heterosexual) also played a significant role.

Networks as key sources of knowledge

Men stated that information about how to use illicit drugs came from a range of sources including the gay and lesbian press, the internet, medical and health literature, public health campaigns, personal experience and the experience of friends within the users' network(s). This information is normally shared among network members to increase enjoyment and reduce the risk of using. **An overwhelming majority of DUGM participants cited their friendship networks as the primary source for obtaining information about the safe use of illicit drugs.** The next most common source for obtaining drug related information was the men's personal experiences of drug use.

Examples of the types of information shared among drug user networks in DUGM

The types of information valued by the DUGM participants included: the effects of different drugs; effects from combining drugs; ways to administer specific drugs including information about safe injecting; harm reduction strategies to reduce the likelihood of an overdose or negative drug effect; information concerning the dosing, pacing and sequencing of drugs for a major event; the risks associated with using; and ways of maintaining control of one's drug use. In addition to these knowledges and practices was information concerning the reliable acquisition of drugs and rules about appropriate network norms of behaviour. Networks also provided emotional support and companionship for users which was reported as contributing to safer drug use.

Similarities between non-injecting and injecting drug user networks

Both injectors and non-injectors relied on their networks for knowledge and practices pertaining to safe drug use. Practices and knowledges related to: the types of drugs that were considered desirable; modes of administration that were acceptable; contexts in which drug use was suitable; activities performed while using drugs; and importantly, ways in which users could reduce the harm to themselves from using drugs. Networks reinforced norms around controlled use. Controlled drug use was defined as an integrated practice of lifestyle. The norm dictated that drug use should not interfere with work or financial stability or spoil a good night out.

Differences between non-injecting and injecting drug user networks

While gay injectors and non-injectors most often used with other gay men, there were a number of gay injectors who stated that they also used within heterosexual street-based injecting networks. These men also injected with lesbians, heterosexual and bisexual women. This represented a cross-over between heterosexual, homosexual and queer injecting networks. Injector network boundaries tended to be less rigid than those found among gay non-injectors. Gay injectors would cross between these boundaries, for example, when using with straight friends before attending a gay dance party. Some gay injectors found more acceptance of their drug use among predominately heterosexual injecting networks. There is, however, evidence of networks comprised exclusively of gay men who inject speed for the purpose of going to sex clubs and having sex.

While drug use is a normalised activity among specific sub-cultures within the gay community, injecting drug use was a marginalised and stigmatised activity, considered "extreme" or "full on" by the majority of gay men we interviewed.

The injecting drug use networks that gay men belonged to served several functions, including providing a "safe" and accepting place to use and people to use with and disseminating information about safe injecting procedures. In addition, these networks acted as sites for initiation into injecting drug use. Dealers within these networks sometimes acted as providers of harm reduction information and some supplied users with the required needles, syringes and other injecting equipment. Injectors often reported feeling too intimidated to go to needle and syringe exchanges run from gay health services as they were afraid of being "outed" as someone who injected drugs.

Network nannies

One of the most significant findings of the DUGM project was the identification of particular people in drug using networks. We have called these individuals "network nannies" as the term "nannies" seems to capture the caring and sharing qualities of these people. Network nannies were interested in promoting and maintaining the safe use of drugs among their friendship

networks. Network nannies were lay experts and considered to be "experienced" users. Theirs is an informal position usually not articulated by other network members, however, the contribution they make to safer drug use by accessing and passing information among their using friends is important to acknowledge. Networks may have more than one nannie and a single nannie may service several networks.

A number of participants described the nannies within their networks. Leo, a 23-year-old gay man, explains:

> "[T]hey help me by advising me on certain things at certain times. I've decided to stick with their advice, since I'm really new to this...when I want something I always go to them and ask them what will happen if I do this and they will tell me straight forward: 'It will fuck up your night', or 'don't take that'...'You will be a vegetable for the entire night'...'don't you want to have fun, I suggest just do the one and see what happens with that."

Nannies were said to know about drugs and their effects, where to score them, how to minimise harm from using, what to do in a drug related emergency and a range of other matters pertaining to drug use. These people often had personal experience of these issues or had ways of accessing this information, for example, from the internet, books and journals. Practical considerations like which drugs are best to combine for a dance party and how and when to take them, are often learned by network members from nannies. The following quotes are examples of the types of folk harm reduction strategies that nannies put into place:

> "[W]ith the friends that I have...if they're just starting to experiment in their [drug use], not that I want to sound like an old wise owl or anything like that, but at times ...if you think [they're] going out of control, then being there is important. And you just sort of say 'no, no I don't think, you don't really need to do that. You know just you know, like calm down a little bit', or 'just wait a while and then go for it'. I think its rather important to be around people you can trust...that would make sure [laughs] at least you get home safely." (Andrew, a 29-year-old gay man).

> "I also carry Panadeine Forte in case anyone's drugs gives them a headache. I carry Amaxylon, in case anyone's drugs make them spewy. Pseudoephedrine in case anyone gets a blocked nose and they can't snort their drugs. I have Serenate in case anyone gets a bad trip, I have Normison...I carry it all with me. I have a bag, strapped to my leg." (Anthony, a 28-year-old trained nurse).

Problematic aspects of user knowledge and practice

Although the harm reduction strategies advocated by the nannies were effective, changes in the drug market may affect the reliability and validity of their harm reduction strategies. For example, Gamma-Hydroxy Butyrate, or GHB, has recently been introduced to the Sydney gay scene. Some months before the introduction of GHB on the Sydney gay scene, a number of people at a heterosexual Queensland night club had over-dosed on the drug. This incident was picked up by the press who warned of the introduction of "phantasy" into clubbing circles. Phantasy was the name used for GHB on the heterosexual club scene. The health warnings concerning phantasy issued both in the mainstream and gay press were ignored by many gay drug users who knew of

GHB by other names, mainly: GBH (Grievous Bodily Harm); Liquid E or Blue Lagoon. The confusion around the name of this drug resulted in network nannies giving inappropriate advice in relation to dosing and administration of the drug. This instance highlights the need for careful monitoring of folk pharmacologies, particularly the introduction of new types of drugs or shifts in patterns of drug taking, so that accurate information can be disseminated in sub-culturally appropriate language.

Key Points

- Practical information about how to use drugs safely is needed and valued by gay men.
- Information about drug use is accepted more readily and considered more reliable when it comes from another member within a drug using network. This has implications for educators. We would argue that it is essential to think through scenarios where the information of educators conflicts with that of network nannies. We would suggest that members of the network would be more likely to accept the views of a nanny over an educator.
- Recognition that some dealers disseminate harm reduction information and injecting equipment among networks of injecting drug users.
- Acknowledging that key individuals ("network nannies") within gay drug using networks act as messengers for harm reduction information, as well as performing a variety of other functions relating to the safer use of illicit drugs.
- There is a need to be aware that the dynamic nature of the drug market can affect the accuracy of harm reduction knowledges and practices advocated by network nannies. Although network nannies often offer good advice sometimes their harm reduction information actually increases the risks of using.

Injecting drug use and risk - DUGM Issue paper 3

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Introduction

Injecting drug use was a major focus of the Drug Use and Gay Men (DUGM) project. We did not specifically target gay injectors during the recruitment process, however, nearly fifty per cent of respondents were current injectors or had injected at least once in the past. The high response from gay men who inject may be due to "snowball" sampling (see glossary). It appeared that gay men who inject had specific issues they wanted to discuss, for example, gay community stigmatisation of injectors, and the DUGM project provided an opportunity for them to air their concerns. According to these men, injecting drug use is a widespread, albeit hidden phenomenon, within the Sydney gay scene. This is supported by data from the Sydney Men and Sexual Health (SMASH) study, which indicates that around twelve per cent of gay drug users had injected at least once in the six months prior to interview (Knox et al 1997). This figure is six times higher than those reported for injecting drug use within the general community (Australian Household Survey 1995). According to Knox et al (in press) injectors were twice as likely to be HIV positive as non-injectors.

Stigmatisation of Injectors in Gay Community

Many gay non-injecting drug users that we interviewed held discriminatory attitudes toward injectors. Gay men who inject were often stereotyped as "junkies" and "out-of-control" drug users that were "extreme" or "hard-core". Daphne, a 24-year-old gay male injector, points to a double standard that operates within the gay "scene" around drug use and injecting:

> "Oh a lot of people have negative attitudes...like especially with injecting. I mean I know people who will take anything up their nose or down their throat, but you mention needle and they freak out and they think you're someone who lives in the gutter."

A common response to men who inject comes from Cory, a 32-year-old non-injector who takes drugs on weekends and at major dance parties (his "record" is "15 eccies, five trips, copious amounts of speed and coke...in one night"):

> "I have this really bad attitude to people who inject. I just think anyone who injects is a loser. I hate needles to start with and just in my own mind set if you start shooting up I just see it as the decline of everything. I just think it's the final step. Sort of the end of the road."

Access and Confidentiality Issues.

Gay men who injected drugs highlighted access and confidentiality issues in relation to gay focused health services. The stigma attached to injecting drug use is reportedly so entrenched

within gay community that several men who inject said that they were afraid of going to a prominent gay needle and syringe exchange service for fear of being recognised and identified as injectors by the staff. They were concerned with the effect this might have on their personal reputation, future access to health services and their social life in the gay bars and clubs of Sydney.

> "[It was difficult at X health organisation to] come in and start asking for syringes... even though it was meant to be confidential. How much confidentiality is there amongst a group of gay men? Especially...if you're on the scene. A lot of those people are on the scene too. So I don't think a lot of gay men access those services...When it comes to IDU stuff...they end up going somewhere else." (Don, a 31-year-old gay health professional and injector).

Terry, a 26-year-old gay health professional and injector, believes that the gay community's marginalisation and discrimination of men who inject only serves to drive users "underground" which result in negative impacts on their health. He sees younger injectors as being particularly vulnerable:

> "[T]he taboo and stigma around injecting [in gay community], doesn't stop people from experimenting with injecting. All it does is stop them from accessing information and skills and support and stuff like that. And stops them seeking out help when something goes wrong. And so what I see in my personal life, and as a professional, is lots of young gay guys who are experimenting with injecting but have no idea about technique or virus prevention or harm reduction."

Patterns of Injecting within Sydney Gay Community

Injecting drug use was reported to be a collective rather than an individual practice. The injectors we interviewed were generally not "out-of-control" drug users. These men were committed to safe using, however, they lacked accurate information around particular issues such as the transmission of hepatitis C. The men were responsible in their drug use, taking care to dispose of injecting equipment properly and implementing a number of harm reduction strategies to ensure safer use. Red, a 43-year-old gay man, provides an example of responsible injecting practice:

> "I'm very safe. I'm the one who supplies all the syringes, the swabs, the water, the whole lot. I'm quite meticulous about the way it's done. I've never used any a second time and have no intentions of. I always have clean fits, always. I make sure I have them. And again, if I`m not using swabs then I`m using alcohol I get from the chemist or the supermarket. I change my sites. I won't do it in the dark. If I don't have light I will take a candle."

Speed was by far the most common drug injected by the men we interviewed, followed by cocaine. The men we interviewed also described experimenting with the injection of ecstasy, trips, benzodiazepines, special K, heroin and methadone.

The DUGM project identified three major patterns of injecting drug use within the Sydney gay community. These were:

Experimentation – This includes men who inject once or twice to satisfy a curiosity. For example, Bruce, a 28-year-old gay man experimented with injecting speed to satisfy a curiosity about the "rush" and the ritual of injecting, as he explains:

> "I have a friend who always injects speed and it's one of those things I always wanted to know what the feeling was going to be like and that sort of thing...I'd snorted and swallowed speed before but [never injected it]. But it was sort of also to see the difference whether it was this wonderful rush. Yeah. I got a rush and it was fun and the ritual involved you know, the setting up and all that sort of stuff. That was sort of a buzz as well."

Occasional injecting – men who inject once, twice or several times per year, usually for an event like a major dance party. These men would normally use drugs via other non-injecting modes of administration:

> "I didn't inject again until maybe two or three years ago. I did that with some friends before a big party at their flat and they had a couple of needles and they asked if I would like to do it that way and I sort of said 'yeah why not'. [A]fter that time I did it about another three times over the last three years, but I haven't done it for about a year now."

The above quotes are typical of men in DUGM who said they had injected speed once, twice or occasionally "for the experience" and to gain a better understanding of the practice. Most of these men valued the experience but had not made injecting their preferred mode of administration. Usually, their normal practice was to swallow or snort speed.

Regular injecting – these men can be placed in two categories:

1. Injecting with sexual partners or friends - men who partake in regular interpersonal use with other injecting "buddies". For example, Perry, a 35-year-old gay man who injects, talks about his friendship network:

   > "[A] lot of our friends are...pretty right with it. Most of the people [inject]. I think they all do. They all would blast."

2. The "Speedy Sex Seekers" – men who inject speed with their friends and go to sex venues to have sex, often with multiple partners. Red, a 43-year-old retired businessman, has a network of friends who inject speed and go to sex venues on a daily basis. At the time of interview, Red claimed to have been awake for three weeks. Below he talks about his current lifestyle of injecting speed and having sex with multiple partners:

   > "I would get up, well, I don't get up because I don`t go to bed. Yeah, I would take drugs quite regularly, probably every couple of hours and I don't have a problem. My friends and I just do drugs and sex. And that's about it. To be honest, that's really it...You continue on. Go home and take some more speed and I`m awake. And I`m at it again...I've never been so randy in my entire life. I would use [speed] all the time. I like multiple partners. I like lots of them. I like to have me in the middle. And I would be the one who would be instigating movement in sex."

Initiation

The majority of injectors we spoke to learnt to inject from friends in their user-networks. A minority of injectors had trained as nurses and instructed their friends, and one man had been shown how to inject by his doctor. Still, others had learnt through trial and error. The interviews from DUGM reveal a variety of injecting techniques used by the men, some of which are not recommended. According to Terry, a 26-year-old gay health professional, dangerous injecting techniques are adopted when young initiates have scant access to reliable sources of information about proper methods of injecting and they don't belong to a network of experienced users:

> "[T]he young gay users that I have been in contact with...haven't been taught a technique or explained about all the stuff that you'd go through if you were in a network of people who are already injecting and had been injecting for a long time. Things like, you know, how to inject. What size [barrel] to use, what kind of technique to use, right around to how to bleach syringes."

Lesbians, bisexual and heterosexual women were often cited as members of gay men's drug using networks. Sometimes women initiated gay men into injecting and assisted in harm reduction. For example, Chook, a 21-year-old gay man, talks about his network of mainly heterosexual female friends, which includes a young woman who initiated him into injecting and continues to inject him because he says he can not do so himself:

> "I don't have many gay friends either. Mainly all my friends are straight females, like my fag hags. Anna is like the only friend I will inject drugs with. Like she got me into it...[I get] Anna to [inject me] because I can't do it myself. She looks like the most straight person you've ever seen...[most people] would not have a clue [that she injects]."

Sharing Needles and Syringes

There was a high level of awareness concerning the dangers of sharing needles in relation to the transmission of HIV. A number of scenarios for sharing needles were mentioned by the DUGM men:

- being poorly organised (eg. needing equipment late at night when needle and syringe outlets are closed);
- not having enough money left after scoring to buy equipment from a pharmacy;
- being "desperate for a hit";
- not wanting to "out" themselves as an injector by fronting up to a needle and syringe outlet; and
- accidentally sharing equipment when injecting in group situations.

Needle sharing also occurred between regular partners and "fuck-buddies". This involved an agreement between partners. Issues of trust were paramount:

> "I guess we trust each other, but we would never use anybody else's, never...Yeah, so we have an understanding, but it's only he and I that, you know, that we'd use each other's if we needed to." (Gareth, a 31-year-old injector).

Sharing tourniquets and spoons

There were numerous stories about sharing injecting equipment such as tourniquets and spoons. This has implications for the transmission of HIV and particularly hepatitis C:

> "Yeah, I [get] all new things. New cotton wool, alcohol for the swabs, separate spoon...The only thing we [a friend] did share...was a tourniquet." (Bruce, a 29-year-old injector).

> "Yeah, I have shared [a tourniquet]...I have a nice Zegna belt which I use for putting around my arm and I've shared it with people." (Daphne, a 24-year-old gay male injector).

Sharing spoons was also an issue. DUGM men described a practice known as "double-dipping". This involved group injecting where each injector had their own needle but shared one spoon. The spoon contained the drug mix. During these episodes each user would draw up the mix into their needle and syringe and pass the spoon to the next user. A key issue involved uncertainty around whether the previous user of the spoon was using a new needle and syringe. A number of men stated that when the group decided on a second round of injections, it became difficult to know if each group member was using a new needle. If someone was not, "double-dipping" with their first needle and syringe could contaminate the mix on the spoon for anyone following.

Reusing Needles and Syringes

A number of DUGM participants stated that they had reused needles and syringes. Reuse related to an unwillingness to access injecting equipment at particular needle and syringe programme outlets; a dependency on others to provide equipment; and the dynamics of group injecting episodes. Don, a 31-year-old gay man, provides the following account of reuse and risk for transmission of HIV and hepatitis C during a group injecting episode:

> "[N]ot practising safe precautions. Which as I said, I've done numerous times. Like I've reused an old fit and I haven't been quite sure whether it's been mine. Usually, if I keep them on me they're usually mine. But there has been probably an occasion where a friend has used at my house and disposed in the same bin. I'll have to go back to that bin. It's like 'ooh, okay, there's ten fits in there, and eight of them are mine, and two aren't'. And so you play, it really is that sort of Russian Roulette game."

Cleaning Syringes

The injectors interviewed for the DUGM project often cited the "2x2x2 water/bleach" campaign for disinfecting syringes. A minority of men, however, were not sure about the actual process.

Questions Men Asked about Safe Injecting

Some other questions that the DUGM men raised regarding the safest possible way to inject, included:

- how long does it take for alcohol to disinfectant a spoon?
- is it safe to reuse water phials if you always use a clean syringe?
- which end of the plunger should you use for mixing the drugs with water on a spoon?
- are cigarette filters okay to use as an injection filter?

- which side of the needle should be inserted under the skin first (the angled or the straight side)?
- and what, if any, apparatus is safe to share (eg tourniquets and spoons)?

Knowledge about hepatitis C and HIV transmission risks

There was uncertainty about the risk of hepatitis C transmission among the DUGM participants who inject. Most men knew that it is more virulent than HIV, however, many did not understand the implications for their injecting practices. One participant stated he was "not clear on the ways you can attract hepatitis C". As the following scenarios demonstrate there was not a high level of blood awareness amongst the men who inject:

1. Participants described a "safe" injecting procedure for example, descriptions of group injecting episodes where nothing is shared, except for one piece of equipment like the tourniquet or a spoon (dangerous if people "double-dip");
2. They indicated an uncertainty about which practices were risky and might transmit hepatitis C;
3. They believed that sharing needles was okay because the "2x2x2" procedure protected them from contracting hepatitis C;
4. A number of men preferred others to inject them. This enabled them to maintain their "amateur" status as opposed to the status of "hard-core" user; and
5. Some men assumed they were already hepatitis C positive and did not bother to take further precautions.

Living with hepatitis C

The DUGM participants raised issues around diagnosis and the gaps in knowledge about the virus among medical personnel. Don, a 31-year-old hepatitis C positive gay injector, reflects the general uncertainty that exists among some users concerning hepatitis C transmission and what it means to test positive for this virus:

> "[W]hereas everyone had drummed into them for years...proper guidelines and risks and whatever for protecting against HIV, all of a sudden when hep C came along, it was much more virulent. There was a lot of misinformation or, maybe not misinformation but no information...[M]y doctor at the clinic which is one of probably the better clinics in the area for knowledge of HIV and STDs...upon her giving me my results, I said 'well, so what do I do? Do I need to stop? Do I need to change my diet?' [B]ecause I wanted to know whether I was going to go on to get chronic liver failure...no-one knew. No-one knew what I should be doing."

The men sought further information regarding:

- the risks of transmitting the hepatitis C virus
- the long term prognosis of people living with hepatitis C
- the implications of hepatitis C infection for future drug use
- The implications for HIV and hepatitis C co-infection particularly with regard to combination therapies.

Other Drug Related Issues

"Dirty Hits"

Several injectors spoke about "dirty hits". Most men had experienced at least one episode of a "dirty hit". These usually occur when a small amount of dirt or a foreign body enters the blood stream of an injector, causing a number of undesirable and painful reactions that can be fatal. A dirty hit results from contamination of the drug and water mixture in the preparation stage or contamination by particles that become lodged in the barrel of a poorly cleaned syringe that someone then re-uses. Experienced men who inject believed that a dirty hit was a sign of poor injecting technique or someone not taking enough care with their preparation, as Perry explains:

> "I've known a lot of people that do it [have dirty hits] all the time, but that's because they just don't clean their arm or they don't clean the tip of the needle, you know, because all you need is like cotton wool on the tip of the needle and that is the quickest thing for a dirty hit, yeah. And a lot of people don't filter."

Polydrug Use

Polydrug use was the norm among the Sydney gay men we interviewed. This included men who had injected. Most men used other drugs in combination with their drug of choice. This ranged from combining cocaine and heroin to using prescription drugs such as Normison to help "come down". Several men spoke of the risks of overdose from using alcohol and/or benzodiazepines with heroin. Others spoke of risks associated with using speed and alcohol. This combination made some men "messy" or "out of control".

Interaction effects between HIV protease inhibitors and illicit drugs was an issue that affected several HIV positive injectors in DUGM. Most men knew that combination therapies tend to increase the concentration of particular drugs, such as ecstasy, in the blood stream. These men spoke of the need to take extra caution when using. Reliable information was difficult to access and usually came from their doctors.

Vein Care

The reuse of needles has implications for vein care. The more a needle is reused the blunter it becomes and the more likely it will cause damage to veins. Some DUGM men who inject had little knowledge about these risks. Similarly, information was sought concerning which side of the needle to insert first (the angled side or the flat side) in order to minimise damage to veins. Another issue in relation to vein care concerned the rotation of injection sites. Information was sought by some men about the best places on the body to inject so as to reduce vein damage.

Injecting Cocaine

The DUGM men suggested that cocaine had become more available and less expensive throughout the 1990s. The injection of cocaine is significantly different from the injection of other drugs such as speed, and this has a variety of implications for health and harm reduction. At the base of this difference is the short acting effects of the drug. Unlike a single injection of speed or heroin, which affects a user for an average period of several hours, a single injection of cocaine will usually last for about thirty minutes before the user starts to experience the notoriously unpleasant come-down effects. At this point cocaine injectors will often inject again, repeating this pattern of multiple injections every thirty minutes for as long as their quantity of cocaine lasts:

> "I know that if I had an ounce of cocaine in my room, I'd inject the ounce. I know that it's a very morish drug. Give me more." (Erik, a 36-year-old injector)

DUGM participants said that they needed to use heroin, methadone, marijuana, alcohol or benzodiazepines to minimise the undesirable effects of the come-down. Terry, describes both the rush and the unpleasant cumulative effects from multiple injections of cocaine:

> "The rush is fantastic. It's the most incredible you could ever feel. It shits all over anything else I've ever done. It's better than sex. A really strong sensation of euphoria...[but], because you have built up a high level of cocaine in your system [from multiple injections], it leaves you feeling really wired and very kind of spacey and a bit weird. [S]ome people I've heard describe it like it makes them feel like they're not the same person anymore kind of thing. They're a different person. Or they don't feel comfortable with themselves and in themselves, beginning to feel paranoid and stuff like that, agitated and uncomfortable...I'll always try and get some heroin or methadone, or as a really last resort alcohol...to come down."

This description of the effects produced from injecting cocaine suggests that there is a high probability of users making errors of judgement with regard to safe injecting and other activities such as safe sex. The "wired", "weird" and "spacey" side effects produced in an individual from multiple injections of cocaine, increases this likelihood.

Because of the need to keep injecting to maintain the high, men who inject cocaine use a much larger quantity of swabs, filters, spoons, syringes and water etc than speed or heroin injectors. Given that DUGM participants were used to injecting speed, the injection of cocaine amongst this group highlights the need for planning and preparation. Put simply, men need to pick up much more injecting equipment if they are thinking of injecting cocaine. If users do not have sufficient amounts of injecting equipment to cater for the extra injections required, the likelihood of sharing and reusing equipment increases. In addition, multiple injections magnify the likelihood of users damaging veins and increases the probability of having a dirty hit.

Finally, Nick, a 31-year-old cocaine injector, says that injecting cocaine is a dangerous past time. Despite Nick having put into place good harm reduction strategies, there is a likelihood things can go wrong:

> "[A] really particularly good strong batch of cocaine [was] left for me in the bedroom with a note saying 'beware' and I tried a small amount and it did nothing so I thought oh well it will be all right just to do another one, and I did the normal amount. As soon as I could mix it up I did it and fell flat on the floor and ... just about had a heart attack, it was so strong and I was there for hours. Finally, I dragged myself off the floor and I was all right after that. But it did sort of knock some sense into me and I've learnt to be careful with it."

Key Points

- Recognition of the stigmatisation of men who inject and the impact this has on their ability to access new injecting equipment and education material.

- Educators need to recognise that there is a wide range of injecting patterns. Health promotion materials should take into account these different patterns of use.
- Recognition of folk harm reduction strategies used by injectors.
- There needs to be a reassertion of messages about safe injecting ie. not sharing or reusing equipment.
- There is a need for information regarding polydrug use, especially with regard to which drugs are dangerous to use in combination.
- Acknowledgement of the role lesbians, bisexual and heterosexual women play in the drug using networks of some gay men. Educators need to address these women and not just gay men.
- Recognition that there is a need to monitor the current trends in gay men's cocaine injection.
- There is an urgent need to provide factual and culturally appropriate information on factors relating to hepatitis C transmission.
- Better education of medical personnel around issues pertaining to living with hepatitis C.
- Information for HIV positive men concerning interaction effects between combination therapies and a range of drugs injected, and co-infection with hepatitis C.

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Sex, Drugs and Risk – DUGM Issue Paper 4

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Introduction

One aim of the DUGM project was to explore links between gay men's sexual practice and drug use. Throughout the history of the AIDS epidemic gay men's health education campaigns have sometimes assumed a causal link between drug use and risky sexual activity. For example, the "Have a Safe Sex Summer" campaign for the 1988 party season proclaims: *"Recent research shows that gay men are more likely to practice unsafe sex while under the influence of alcohol or other recreational drugs"* (Sydney Star Observer, September 4 1987).

Campaigns such as this are based on what is known as the "intoxicated sex theory". Put simply, this theory suggests that if people use drugs they are likely to have unsafe sex because of a disinhibition effect. The vast majority of men we spoke to rejected the link between using drugs and having unsafe sex. Only a small minority of men attributed their unsafe sexual practice to illicit and licit drug use.

Maintaining Safe Sex

The overwhelming majority of gay men we interviewed did not link their drug use with an increased likelihood of having unsafe sex. Red, a 43-year-old gay man, was typical in his response to questions about drug use and unsafe sex. While Red does get "messy", he believes he is still coherent enough to make decisions concerning his well being:

> "I`m making conscious choices all the time. I make conscious choices about who I sleep with, who I fuck with. I'm making all those choices. I find it very difficult to believe that other people are not making those choices. Because like I'm communicating with them and they're answering appropriately. Nobody`s answering inappropriately."

The majority of the men did not believe in the intoxicated sex theory. The following quotes are a sample of their opinions:

> "I don't think drugs make you decide not to have safe sex. I mean there are times when I've been really out of it and I knew exactly what I was doing." (Cory, a 32-year-old gay man).

> "It doesn't really matter how far out of it I am on whatever drug I know that safe sex is a priority...[T]here's been occasions where I've been unsafe, but like I say it's unrelated to whether I'm drunk or not. It's usually a case of how aroused and heated the situation is becoming." (Jason, a 26-year-old gay man).

> "I've noticed that even when I'm at my most out of it, I've actually

> stood there...for a moment...and thought I'm still in control enough that I wouldn't do anything to endanger myself. I wouldn't jump off a balcony thinking I could fly. I wouldn't walk down a dark alley by myself in case I got bashed, and I wouldn't have unsafe sex. Even as out of it as I am. And that was a fairly reassuring thing for me. No, I just wouldn't do it. Have unsafe sex. I would still insist on using a condom."

"Losing" Control

A small minority of DUGM participants believed that being "messy" caused them to have unprotected sex. These participants outlined several scenarios regarding drug use and unsafe sex. For example, Jackson a 48-year-old gay man, felt that on one occasion when he had taken cocaine and gone to a sauna, he was unable to accurately assess what was going on around him. Jackson had put his penis through a glory hole where he unintentionally and involuntarily had unprotected insertive anal sex. Jackson believes that on this occasion drugs impaired his ability to respond to a potentially risky situation:

> "I think that it's just the nature of something that alters your consciousness to the point where you have your attention on pleasure rather than on being responsible is such that you must be at risk of being less responsible."

A different scenario of risk was offered by Hank, a 30-year-old gay man. He recalls "five or six" instances of unprotected sex while using crystal meth (a form of speed). Hank says he usually practises safe sex. However, a combination of factors which included the death of his lover and his inexperience with crystal meth use, resulted in him abandoning his usual caution. He likens these episodes to being sexually out of control:

> "[D]uring those crystal meth bouts I found I just had...uncontrollable sexual activities where I was totally irresponsible and unsafe. Fucking people without a condom and getting fucked without a condom...I don't know what I was thinking, but I also sort of rationalised, in the sort of high state, about it."

Alcohol

The DUGM men considered alcohol to be the drug most likely to be implicated in unsafe sexual behaviour. Several men said that they preferred sex on alcohol because they believed it enabled them to be less inhibited:

> " I don't like having sex on drugs...when I drink that's when I like to have sex. Like that's sometimes when I get a bit disgusting. Like shagging in the toilets at the [hotel]. That's just disgusting." (Chook, a 21-year-old gay man).

Jim, a 38-year-old gay man, attributes his sero-conversion to a night he went out drinking and passed out from the effects of alcohol:

> "[T]he only reason I got HIV in the first place was because I got drunk. I have no idea what I did and that's the only time that I haven't practised

safe sex."

Generally, alcohol was said to cause disinhibition which resulted in men taking part in sexual practices that they would not normally do. Alcohol was also considered dangerous because of the possibility of losing consciousness which increased the likelihood of non-consensual sex.

Coming Down

Some DUGM participants said that they felt "horny" and went looking for sex as they were "coming down". In this context, coming down refers to the final period when the effects of drugs are wearing off after an extended drug use event. Extended drug use events were usually linked to clubbing and major dance parties. Sam, a 36-year-old gay man, explains the link between the final come-down and seeking sexual activity.

> "[O]nly towards the end when I'm sort of coming down, do I...really want [sex]. You sort of get off towards the end of [the night]."

Several men said that it was during the come-down phase that they felt their "horniest" and might be persuaded to partake in unprotected sexual activities. For example, Cory a 32-year-old gay man, talks about how he goes out at the start of the evening prepared for safe sex. He states that it is during the coming-down period that he decides not to have safe sex:

> "I always go out with condoms and lube in my pants. It's just a conscious decision not to have safe sex. One of my best friends and I usually spend Sunday mornings sitting at [a café] sort of going 'oh why do we do this to ourselves' and 'why do we do this and why do we do that in the come-down period'."

Key Points

- The majority of gay men we interviewed did not link their drug use with an increased likelihood of participation in unprotected sex.
- Alcohol was implicated in unsafe sexual practice.
- The coming-down phase of a drug use event was described by some men as a period when they felt "horniest" and were likely to seek sex. Men who normally had protected sex said that it was during the come-down period that they may decide to engage in unprotected sex.

Drug Use amongst Gay Men in a Large Regional Town in NSW – DUGM Issue Paper 5

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Introduction

From mid 1997 to mid 1998, research was conducted in a large regional town in NSW. In order to ensure confidentiality, we have called this town Sinclair. In-depth interviews were conducted with 18 gay men and field observations were also undertaken at the two commercial venues, a pub and a bar/club combination venue, frequented by gay men in the town. Please note that we have changed the names of these commercial venues to ensure anonymity. A number of service providers also provided insights into the Sinclair gay scene.

The ages of research participants ranged from 18-48. Fifty percent of participants were HIV positive, the rest stating they were HIV negative. Half of the participants had injected illicit drugs with the other half having taken illicit drugs by other modes of administration (ie snorting, swallowing and shafting [suppository]).

This paper identifies issues relating to risk practice and drug use as outlined by research participants and their service providers. "Big picture" concerns as identified by the researchers are also detailed. The paper is organised according to the following sections:

- The gay scene in Sinclair
- The folk pharmacology of Sinclair gay men
- Patterns of use
- Sources of information about drug use
- Drug using networks
- Mobility
- Drug use issues for HIV positive gay men.

The gay scene in Sinclair

The gay community in Sinclair consisted of interconnected friendship networks and some organised social and support groups. Sinclair also had a number of gay-owned cafes and restaurants as well as two commercial venues, the Camel Bar (a pub and club combination) and Smiths' pub. These venues provided meeting places for gay men, lesbians, bisexuals, transgender people and heterosexuals. The Camel Bar was considered more male oriented while Smiths' pub was considered more woman and transgender focused. However, both had a mixed clientele. The Camel Bar was open late on weekends and attracted an extremely mixed crowd with participants estimating that on Saturday night, half of the clientele would be heterosexual (this included straight women or "fag hags", heterosexual pub-crawlers and a regular crowd of young heterosexual and queer night clubbers).

It should be noted that it was not uncommon for venues catering to the gay community to change their commercial focus from gay to straight clientele. This meant the gay community was used to adapting to the opening and closing of meeting spaces. Hence, gay men, lesbians and transgender people invested time and effort in maintaining social networks away from venues.

There was the occasional "big night" in Sinclair when large numbers of gay men, transgender people and lesbians would turn out for a fund raising event or a special occasion. However, the scene mainly consisted of loose networks of gay men, their female heterosexual, transgender and lesbian friends. Gay men came into contact with each other at large social occasions, at the Camel bar or Smiths' pub bar or at beats. One participant described Sinclair's gay community in the following way:

> "Sinclair's gay community is (sometimes) one large cell and then (it goes back to) single cells or combinations of single cells." (Brad, 38-year-old gay man)

When this paper uses the term "gay community", it should be read as shorthand for a loose collective consisting of gay, lesbian, transgender, bisexual, queer and heterosexual networks of people. The term "family", as in "we are family", was sometimes used to denote the coming together of these different people into friendship and support networks. In Sinclair "gay community" was a heterogeneous and relatively fluid phenomenon.

The folk pharmocology

Folk pharmacology is a term we have coined to describe the many knowledges and practices relating to drug use which circulate within and between local networks of drug users. Folk pharmacologies include knowledges and practices related to the drug market (prices, purity and availability); types of drugs and their context for use; preferred modes of administration; dosing, pacing and sequencing of drug use; and popular harm reduction strategies (some of which are more effective than others).

The drug market - Sinclair was considered the "amphetamine capital of the southern hemisphere." Speed, trips and marijuana were fairly easily available and reasonably priced. "Designer" drugs such as ecstasy, Special K and GBH (known as liquid ecstasy) were less readily available and could usually only be scored by travelling to Sydney.

Patterns and contexts of use - Alcohol was the most popular drug followed by amyl, speed and cheaper speed substitutes such as Sudafed and various brands of diet tablets. Both Sudafed and diet tablets were called "happy pills". These drugs were used to go clubbing on weekends at the Camel bar. The widespread use of alcohol was thought to differentiate the Sinclair gay scene from the Sydney gay scene:

> "Like opposed to going somewhere like the X bar (in Sydney) when you walk in and it's pretty much 90 per cent of the (people there) are on amphetamines or eccies or something like that but you can walk into the Camel bar (in Sinclair)...and there wouldn't be that many people on speed and E...They're all drinking (at the Camel bar)."

For men who injected, speed was the drug of choice, however a number had used heroin regularly. Other drugs such as ecstasy, Special K, GHB and MDA were also used with less frequency, usually at dance parties or on a special night out in Sydney. Ecstasy and amyl were considered "sex drugs" and were associated with receptive anal sex. Speed and MDA were also sex drugs and were usually associated with extended "fucking sessions" and insertive anal sex. Marijuana was said to enhance cruising at outdoor beats at parks or beaches.

Folk harm reduction strategies – Both injectors and non-injectors put into place strategies to minimise drug related harm. We have called these folk harm reduction strategies because they generate from and circulate within drug using networks. Folk harm reduction strategies used by Sinclair men included:

- Careful dosing and pacing practices, particularly with ecstasy ie using half a tablet and waiting for this to "kick in" before taking the other half;
- "Test driving" drugs before big dance parties or clubbing events. Test driving involves taking a small amount of the drug prior to the big night in order to gauge the strength of the drug;
- Having friends around for support during drug use events and when trying new drugs for the first time;
- Attempting, where possible, to inject drugs with other people in case of overdose; and
- Always "scoring" from the one dealer and taking the advice of the dealer in regard to the strength and effect of drugs, including the best way to "mix up" drugs used for injection.

Despite these strategies men sometimes had unpleasant drug use experiences. Unpleasant experiences were linked to experimenting with new drugs and with applying old strategies to new situations. For example, one man tried to estimate a "safe" amount of Special K using his tried and true formula for dosing speed (which he usually dissolved in his drink). Unfortunately the man's knowledge of dosing speed was not applicable to dosing Special K and the man became immobilised for several hours (a phenomenon known as the "K-hole" – see glossary).

Patterns of use

Injecting - The men interviewed had a range of patterns of use. There were some who had experimented with injecting, others who had been injecting for almost 20 years and others for whom injecting had become problematic. A number of men had experimented with injecting ecstasy, trips, Special K and GHB. Experimenting with these drugs produced "full on" effects such as increased likelihood of losing consiousness or "freaking out". Men who injected also used other modes of administration such as snorting or swallowing when it was inconvenient to inject.

Non-Injecting - Men who did not inject described using a range of modes of administration including swallowing, snorting and "shafting" or suppository. Non-injectors usually used drugs on what were considered a "big night out" in Sinclair or Sydney. Due to availability, speed was usually used for big nights out in Sinclair while combinations of speed and ecstasy were preferred when clubbing or going to sex-on-premises venues in Sydney. A number of men under the age of 25 also used amphetamine substitutes such as Sudafed and diet pills, which when mixed with alcohol, gave a desired "speedy" effect.

Marijuana and positive people - Smoking marijuana was considered to be both therapeutic and social by many HIV positive men. Arnie, a 50-year-old HIV positive man, explains the benefits of smoking marijuana:

> "I like marijuana because it helps (me) to relax. Especially with HIV as well. It...stops a lot of nausea....It makes things more, (like watching) movies better (like when) your reading something or your painting...I smoke mainly by myself or with other people...I do like smoking with other people."

Sources of information about drug use

The men interviewed identified three sources of information about drugs and drug use. These were friendship and using networks, the Sydney gay press, and for injectors, the local needle and syringe program.

Networks – Almost all the men we interviewed stated that they got their information about drugs and drug use from members of their gay friendship networks. Injectors also got information from straight injecting networks. Network information was considered the most credible and reliable.

The gay press - Half of the men we spoke to cited the Sydney gay press as a source of information about drug use, however none cited the locally produced gay magazine as a source of information about drug use. The locally produced gay magazine rarely carried stories about drug use. Access to the Sydney gay press was limited. A relatively small number of Sydney gay newspapers are delivered to select venues around the town, however these newspapers are usually in short supply. This limited access meant that Sinclair men often missed out on vital harm reduction information published in the Sydney gay press, particular in relation to new drugs being sold on the Sydney gay scene. Sinclair men frequented the Sydney gay scene for socialising and sex (for more detail see section on mobility in this paper).

The Needle and Syringe Program - Most of the men who injected were aware of the needle and syringe program (NSP) and knew of pharmacies selling injecting equipment. Some men accessed equipment and information from the NSP however there was a lack of information and general uncertainty regarding the transmission of hepatitis C.

Drug using networks

Illicit drug use was primarily a social affair with very few men using alone. Injectors and non-injectors used with their gay male friends and with other members of their local friendship network. Injectors and non-injectors also had strong links with friendship and sexual networks in the Sydney gay scene with men often travelling to socialise or have sex with friends and "fuck buddies". Socialising in Sydney invariably meant using illicit drugs.

The local and Sydney friendship networks of injectors and non-injectors were quite mixed and involved transgender people, lesbians, heterosexual and bisexual women and some heterosexual men. Interestingly family members played a significant role in these networks. Gay men recounted using drugs with their siblings and cousins. Female relatives and friends played a significant role in friendship networks in which drug use occurred:

> "My sister's in a bikie gang and I can always get it (speed) off her and it's safe." (Anthony, 20 years old)

> "(We) went over to Jill's place. She taught me how to snort speed. I was really scared. I've never taken anything like that before and we cut it up and I watched these other guys snort it with a straw and said I can't do that. So Jill put me back and I had my head in her lap. She put a bit of speed in the end of the straw, sort of come up and put it in my nose and then tapped it and said okay just breath and some sniffs and that's how she taught me to do it. I always go to her for advice, to score and stuff." (Mark, 23 years old)

Gay men who injected were often involved in heterosexual injecting networks, including heroin and speed injecting networks, and were sometimes introduced to these networks through a sibling or cousin. It was rare for injecting to occur solely within a homosocial context. Particular people played different roles within networks. The phenomenon of the lay expert or "network nanny" was clearly evident (see DUGM issue paper number 2 on Networks).

Mobility

Sinclair is a few hours drive or train ride from the Sydney gay scene. Men travelled to Sydney for the big dance parties at which time they were likely to use a range of drugs they might not normally use, such as ecstasy, special K and GBH. Younger men (those under 30) made more frequent trips to Sydney especially to go night clubbing and to sex-on-premises venues. Sometimes these nights out were planned while at other times these trips were spontaneous:

> "(We go to Sydney) spur of the moment. Spontaneous, like... that night I woke up (and said) let's go to Sydney." (Danny, 26 years old)

> "Everyone was like 'ring us recovery morning' (after a big dance party) and like every fucking person that had a mobile (phone) had it turned off or diverted and so I thought stuff it. I'll get on a train and just go (to Sydney)." (Oliver, 27 years old)

Often trips to Sydney meant experimenting with new modes of administration and/or with new drugs or combinations of drugs. Men either scored when they got to Sydney, relying on chance or on friends who lived there. There were also stories about being offered drugs by sexual partners picked up at sex-on-premises venues and clubs. Sometimes men were spontaneously offered drugs by strangers at clubs and bars. These situations lead to men trying out new drugs with mixed results. Sometimes the experience was "fabulous" while at other times the experience was "hideous", with men going "out of control", "freaking out" or getting "too messy".

Drug use issues for HIV positive gay men

A number of issues were raised by HIV positive men. These included:

- Uncertainty about interaction effects between HIV treatment drugs and illicit drugs;
- The feeling that HIV treatment drugs "magnified" the unpleasant effects of "coming down" off illicit drugs; and
- Uncertainty about transmission of hepatitis C and long term prognosis for those men co-infected with HIV and hepatitis C.

Key points

- Alcohol, marijuana and speed are the main drugs of choice. However it should be noted that both injectors and non injectors experimented and used a wide range of "designer" drugs including trips, E, GHB and Special K.
- Gay men in regional settings often have limited access to the harm reduction information published in the Sydney gay press re: new drugs, their effects and ways to minimise harm when using.
- Gay men, particularly young gay men, from regional contexts are extremely mobile and are likely to experiment with new drugs or combinations of drugs when socialising or having sex within the Sydney gay scene. Often they lack information about the drugs they are experimenting with.

- Acknowledgement of the "mixed" or heterogenous nature of gay mens' drug using networks in particular regional contexts. This includes the role of women and relatives.
- Recognition that some gay men in particular regional contexts belong to heterosexual injecting drug use networks, particularly those associated with street contexts which include heroin and speed injecting.
- Recognition that regional men have links with gay drug using networks in Sydney.
- Need for more information about hepatitis C transmission and co-infection of HIV and hepatitis C prognosis.