

EXPLORING THE SOCIAL PRACTICE OF INJECTING DRUG USE AMONG AUSTRALIAN GAY AND BISEXUAL MEN

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Background: Injecting drug use (IDU) among gay and bisexual men (GBM) often occurs in sexual settings and is associated with higher HIV and hepatitis C prevalence. Generic approaches to support the wellbeing of “people who inject drugs” may not be equally effective for GBM who inject, due to divergent settings, substances, and symbolism. In investigating “injecting” as a social practice among GBM, this study explored the intersection between sexual identity and drug practices to contextualise experiences of pleasure and risk, and to identify modifiable elements of detrimental practice.

Methods: We conducted 19 in-depth interviews with GBM in Australia with lifetime experience of IDU, adopting the Frameworks Method for data analysis. Drawing on Social Practice Theory, transcripts were coded deductive-inductively, to delineate the constituent material, competence, and meaning elements of GBM’s injecting practices.

Results: Of 19 participants interviewed (aged 24-60 years), 17 identified as gay, two as bisexual. Injecting histories ranged from two-32 years; most injected methamphetamine (n=18). Fundamental material, competence, and meaning elements of “injecting” were: substances; injecting skills; sexual utility/predication. These elements were commonly supplemented and shared between multiple GBM. In transactional processes, sexual capital facilitated drug use beyond financial means, with important implications for risk and power dynamics. As means of empowerment, sexual capital and injecting competence enabled access to and acceptance within communities who party-and-play. Pleasurable meanings of belonging, desirability and self-actualisation conflicted with injecting-related stigma, social dependencies, and fear of harms to body, mind, and sense of self.

Conclusion: “Injecting” cannot be considered a singular practice among GBM, despite serving a unique function in sexual settings. Shifting configurations between its composite elements influence GBM’s relationships with the practice, including experiences of risk and harms. Supporting holistic wellbeing among GBM who inject necessitates taking account of the dynamic interrelationship between constituent practice elements identified in this study.

Disclosure of Interest Statement: MH and AP receive investigator-initiated research funding support from Gilead Sciences, Abbvie and Bristol-Myers Squibb and Merck. AP and their institution have received consultancies and travel honoraria from Gilead. SS, JD and AB have nothing to declare.