The Importance of Social Relationships for Sexually Diverse Men Engaging in Sexualized Meth Use in British Columbia: A Qualitative Interview Study

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Background

- Sexual and gender diverse populations report higher prevalence of methamphetamine (MA) use compared with cisheterosexual peers (Hunter et al., 2014). In 2019, 6.4% of gay, bi, queer and other men who have sex with men (GBmsm) used MA in the past six months (OurStats.ca, 2020)
- MA use has been associated with increased risk of HIV acquisition as well as more self-reported bacterial sexually transmitted infections (Freeman et al., 2011; Forrest et al., 2010)
- Sexual and gender diverse communities who use substances face unique barriers to accessing health services including those for substance use support (Platt et al., 2013)
- Social support is linked to the frequency of substance use in marginalized communities (Rapier et al., 2019)
- Despite the often social and sexual nature of MA use in sexual and gender minority communities there is a dearth of research on the role of social relationships in MA use.

Methods

- Community-based research approach used to develop recruitment protocol and semi-structured interview guide (Hacker, 2013; Patton, 2002)
- Participants were included if they reported sex with a man in last six months, used methamphetamine in last six months, resided in BC, and were at least 16 years old.
- Interviews were transcribed and coded for themes and compared across research team members for validity and consistency of findings (Patton, 2002; Saldana, 2013)
- Interview participants are described in Table 1.

Table 1. Description of participants

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>n</th>
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</thead>
<tbody>
<tr>
<td>Gay</td>
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<tr>
<td>Bisexual</td>
<td>8</td>
</tr>
<tr>
<td>Pansexual</td>
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<td>Two-Spirit</td>
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<table>
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<tr>
<th>Ethnoracial Identity</th>
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<td>White</td>
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<tr>
<td>Indigenous</td>
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<tr>
<td>Asian</td>
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<tr>
<td>Mixed</td>
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</table>

| Age Range | 25-63 |

<table>
<thead>
<tr>
<th>Gender Identity</th>
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<tbody>
<tr>
<td>Man</td>
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<tr>
<td>Transgender Woman</td>
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</tbody>
</table>
Results

Influence of Social Forces in Meth Use

- MA use allowed some participants, like Participant 5, to feel more confident and thus more comfortable in accessing sexual and social relationships. Participants connected this lack of confidence to negative views of their own bodies and attractiveness.

- This quote from Participant 10 also identifies the importance of the social benefit to MA use and the relationships that he was able to make through the people he met.

- Participants identified the social nature of MA use as central to their experience, some also identified that the social benefit was short lived. Participant 9, for example, shared how MA use initially introduced them to PnP culture they found themselves increasingly isolated over time.

- While PnP culture was a site for many guys to find relationships, participants like Participant 13, shared how sexualized MA use, and the stigma that surrounds it, has also become a barrier to developing relationships outside of communities that use MA.

“[I] guess the benefit of it is the social benefit. I don’t ever do it alone and so it’s always with someone. A lot of times it is someone I am meeting online or whatever and so I mean it has its benefits socially... But I mean, I have met some incredible people because we were getting together to party, so I don’t regret it I guess” –P10

“I've found with using actually it's made me become quite isolated, in the beginning it was more of a party thing and and it made me more social but as, the more longer you get into it and the longer you’ve been using the more isolated you start to become” –P9

“People who don’t do drugs usually don’t hang around because they don’t want to be involved in all that stuff. Which is challenging because I know, regardless of my drug use I still need to have connection and intimacy and all that kind of stuff. But I know a lot of people have gone by the wayside because of what I’ve been up to. Yeah, it’s pretty disappointing that some people don’t want to get involved with me.” -P13

“I think before it would make me feel – [meth] definitely makes me feel more confident because sometimes our confidence, or our insecurities are not dealt with. I mean, for me it definitely builds a sense of confidence”–P5
Results

Influence of Social Treatment

- Participants who had attempted to reduce or end their meth use identified family and friends as central to their change in use and insulated them from negative affect. Participant 10 also shared how they were only able to access support for their substance use because of the actions of their mother, who drove across the province to help them move.

- Participant 16 shared how the relationships he made with people in the recovery community were an important site of support for him as he tried to stop his MA use.

- Some participants, like Participant 4, shared concerns that they might lose their social support network by entering treatment programs.

- Participants who had experience with substance use support programs identified being marginalized because of either their sexual orientation or their MA use. The quotes from Participants 8 and 16 demonstrate how participants may be disparaged or isolated within treatment settings.

- Social support was identified as a source of continued support for participants who had left treatment programs such as the quote from Participant 16 whose relationships continue to bolster his MA change efforts.

“So my mom knew something was up and so when I called she said, we have the van packed, we’re on our way and so they came and took me back to Alberta for almost 3 months” – P10

“Yeah, most of them are in the recovery community too so they’re pretty anti-crystal use and supportive when I’m struggling with it.” – P16

“If you were to seek treatment, then you’re going to have to stop using meth. So there’s that. I don’t know, maybe that your friends won’t accept you anymore. Because you’re with the same people all the time, right? and if you’re not using that kind of drug anymore, then they’re probably not going to want to be with you. So you are going to lose a lot of people probably.” – P4

“I know the coke community thinks that people who use crystal are disgusting. It seems like one-sided, like they are on a high horse like they’re better than others who use other substances.” – P8

“There were some gay guys there who were there who were a lot more feminine and didn’t connect with other guys, and would really struggle when a guy left because it was just so isolated there. So I think, yea, LGBT only, or centered, or focused, treatment is awesome” – P16

“Yeah, most of them are in the recovery community too so they’re pretty anti-crystal use and supportive when I’m struggling with it.” – P16
Discussion & Recommendations

Discussion

• MA use in sexual and gender diverse communities is steeped in complicated social relationships and factors that impact the reasons that people in these communities engage in or decide to change their MA use.

• While some people identify social benefits to MA use, it can also be limited and leave people who use MA feeling more isolated as well (Pollard et al., 2016)

• For both guys who are looking to change their MA use and those who are not, the stigma that surrounds their use creates barriers to their health and wellbeing by limiting their service options and opportunities for supportive social relationships (Platt et al., 2013)

• Many participants identified family and close friends as central to reducing or ending their meth use. Others still identified having no social support outside of substance use communities, or that they would lose their social support if they looked to change their MA use, and that this was a significant barrier to their desired change in their substance use.

Recommendations for Practice

• Substance use treatment and health services for sexual and gender diverse communities need to account for not only the reasons that people may want to change their meth use but also the complicated social factors that impact the ways people engage in MA use.

• Programming that seeks to intervene in the health of sexual and gender diverse communities who use MA need to include opportunities for social skill and confidence development so that participants can begin to build sexual, romantic and supportive relationships outside of substance use.

• Programming that seeks to support the health of gender and sexual diverse communities who engage in MA use need to offer opportunities to build stronger relationships, including with people who have histories of MA use and people who are outside of MA use communities

• Develop programming and services specifically for, and that understand the unique experiences of, gender and sexual diverse communities who use MA (Card et al., 2021)