

# Crystal methamphetamine use,



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## Specific aims are:

1. To examine GBM's patterns of crystal use, sex practices and the sharing of injecting equipment, and GBM's understanding and use of harm reduction practices in sexual contexts;
2. To investigate how GBM perceive and experience the risks and benefits of crystal use and how these perceptions and experiences influence decisions regarding drug use and sex;
3. To identify feasible and acceptable harm reduction strategies, including HIV and HCV prevention strategies, for scale-up and use by GBM who use crystal in sexual contexts.

## Literature review

Australian GBM report higher rates of crystal use compared to the general population (Roxburgh & Burns, 2015; Lea et al 2013) and these rates have increased significantly in recent years (from 9.6% to 11.4% between 2010-2014) (Lea et al, 2016). This is particularly an issue for HIV-positive GBM, who are not only significantly more likely to report using crystal, but also more likely to report injecting it (over other methods of administration) compared with HIV-negative and untested men (Lea et al 2016). Studies about GBM who use crystal identify how its use is often associated with other practices that increase risk of HIV and hepatitis C transmission, including condomless anal intercourse with casual partners, injecting and sharing syringes, multiple sex partners, group sex and 'fisting' (insertion of a hand for sexual pleasure) (Lea et al, 2013; Lea et al 2016; Green & Halkitis, 2006). While occasional crystal use can be unproblematic, the regular and longer-term use of crystal in sexual contexts, particularly via injection, can significantly increase the risk of blood borne virus (BBV) infection.

The concept of sex-based sociality assists in drawing together drug use, sexual practice, BBV risk through its focus on the inter-connected nature of GBM's lives and their drug- and sex-related risk practices (Kippax et al 1998). This framework focuses attention on how men in

Although useful, such an approach obscures the social embeddedness of sexual and drug-taking practices. Moreover, a focus on individuals alone precludes the development of effective harm reduction strategies that take account of GBM's shared drug-use practices, sexual norms, and sexual contexts (including, for example, how these practices can happen together in ways that prevent harm). To understand increasing rates of crystal use, and increased sexual risk practices among GBM, this project views sexual practice as a collective activity, and drug use in sexual contexts as a phenomenon grounded in GBM's sex-based sociality and relationships.

## Research design and methodology

The project uses a qualitative research design over a two-year period, drawing on data collected through in-depth interviews with two groups of participants: 1) **90 GBM** aged 18

seeks to generate theory from empirical evidence (Glaser & Strauss, 1967). This analytic approach will reveal the ways in which GBM understand sex-based sociality, gay ways of using drugs, and the construction of shared meaning and collective pleasures. The analysis will focus on the collective dimensions of GBM's sexual practice and drug use to understand how sex-based sociality increases (or sometimes might decrease) risk beyond the level of each individual's own risk practice. The analysis will also allow for GBM's experiences to be positioned within a particular historical and cultural context (Kellehear, 1993), which includes reference to factors such as broader societal attitudes towards sexuality and drug use. The



call researchers will determine a potential participant's eligibility using an approved verbal screening script (Appendix 5).

**KI participants:** CEOs at LGBTI, HIV, HCV and drug user organisations in Sydney, Melbourne, Perth and Adelaide will be sent an invitation email requesting one or two staff from each organisation to volunteer for an interview (Appendix 11). The research team will follow-up the invitation emails one week later with a phone call to the CEO to determine whether any staff are interested in being interviewed and to collect their contact information. The research

participants who experience distress during the interview will be reminded that they can stop the interview at any time. The risk of distress to GBM participants will be minimised during the screening process when it will be made clear by researchers that the interview requires detailed description of sex and drug using experiences (Appendix 5).

We expect there will be few if any risks to KI participants, who will be asked to discuss the content and approach used in their work, and so will not involve discussion of personal experiences.

## **Privacy and confidentiality**

Interviews will be recorded on a digital recorder, and these recordings will be transcribed into Word files by a transcriber working under a confidentiality agreement. Each interview transcripts will be cleaned and de-identified and stored on the secure, password protected UNSW network drive. The digital audio-recordings, which have identifiable information, will be deleted once transcripts have been checked for accuracy and de-identified. All files will be accessible only to the research team via password protection. De-identified data will be stored for a minimum of 7 years and disposed of securely, as per the National Statement on Ethical Conduct in Research Involving Humans, 12.11.

## **~~Publication and dissemination of results~~**

The project includes a knowledge translation phase. In brief, the knowledge translation phase in Sydney, Melbourne and Adelaide involves a series of workshops to be conducted with stakeholders from government, community and research, followed by several focus groups with GBM, in order to distil key harm reduction and health promotion messages for GBM who use crystal. In Perth, translational work will include a one-day workshop with the AG for strategy and message development.

A part of knowledge translation will include several lay publications aimed at the community sector, to be made available on the CSRH website and other relevant websites (including those of our partner organisations). The project will also produce a series of refereed journal articles. In all publications, material will be presented in a way that protects participants' confidentiality and anonymity.