

Guest Editorial

## Crystallizing the HIV Epidemic: Methamphetamine, Unsafe Sex, and Gay Diseases of the Will

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In the past few years, there has been increasing concern in Europe, North America, and Australia about the rates of recreational methamphetamine use (among other terms, called “P,” “ice,” “crystal,” and “crystal meth”) in the gay community. Gay media headlines, such as “The party drug crystal meth is fueling a new epidemic of unsafe sex and . . . some experts fear the party’s only just begun” (Brown, 2002), have kindled anxieties around methamphetamine and sexual risk in gay men’s health professionals and HIV educators. In the U.S. and other countries, numerous community forums have been held to discuss the “epidemic of crystal,” methamphetamine-oriented HIV education programs have been put in place, and “crystal meth anonymous” chapters and specialist rehabilitation centers have sprung up. Further, the associations between methamphetamine use and risky sex are most often mediated through a psychobiological explanatory framework (Rhodes, 1996).

Drug use and sex are both exceedingly social practices, historically and culturally embedded. The almost universal uptake of condoms in the early 1980s among the gay community represented much more than individual behavior change; rather, it was a social phenomenon, embedded within a community which took action against the HIV epidemic (Kippax & Kinder, 2002). And HIV prevention in the gay community was predicated not on reducing the numbers of casual partners—it assumed that sexual liberation and multiple partnering were a keystone of gay community. However, since the beginning of the epidemic, there has been an often conservative counter-argument that these gay community sexual norms are, in fact, pathological (e.g., Signorile, 1997) and, recently, that many gay men are sexually compulsive and addicted (see

Dew & Chaney, 2004; Guss, 2000; Sandowick, 1998). Not only that, but drug use in the gay community has also been viewed negatively. For example, even though amyl nitrite was widely used in gay communities in the early 1980s and was available and legal in many parts of the world, it soon became seen as a drug associated with gay men and unsafe sex and, in particular, with “difficulty controlling sexual behavior” (Exner, Meyer-Bahlburg, & Ehrhardt, 1992). Indeed, prior to the isolation of the human immunodeficiency virus, amyl nitrite was seen as a possible cause of what was termed GRID (gay-related immunodeficiency disease) (see Goedert, Neuland, & Wallen, 1982). The recent increase in the use of party drugs and, in particular, methamphetamine—a drug that is tied to sexual pleasure—provides a further channel for such thinking.

### PSYCHOLOGICAL EXPLANATIONS OF METHAMPHETAMINE USE AND RISKY SEX

The increase in unprotected anal intercourse with casual gay partners over the past few years (Van de Ven, Rawstorne, Crawford, & Kippax, 2002) and the concomitant rise in gay men’s use of club drugs in general, and methamphetamine in particular (Swanson & Cooper, 2002), have resonated with gay community media who have reported the particular pharmacological effects of methamphetamine—increased sexual libido (Meng, Dukat, Bridgen, Martin, & Lichtman, 1999)—leading to what one Australian newspaper reported as “really, really rampant sex” (Benzie, 2003). According to the American gay newspaper, *The Advocate*, “for some sex addicts, sex alone isn’t enough of a high. They turn to crystal meth, a form of speed that doubles as an aphrodisiac” (Sandowick, 1998). There have also been a plethora of findings reported by some researchers linking the two phenomena (see, e.g., Frosch, Shoptwa, Huber,

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Rawson, & Ling, 1996; Kalichman, Heckman, & Kelly, 1996; Koblin et al., 2003; McKirnan, Venable, Ostrow, & Hope, 2001; Parsons & Halkitis, 2002; Purcell, Parsons, Halkitis, Mizuno, & Woods, 2001; Urbina & Jones, 2004). Not only is methamphetamine implicated in *more* sex but also in unsafe sex. For example, Halkitis, Parsons, and Stirratt (2001) argues that “methamphetamine use is strongly associated with risky sexual behaviors that may transmit HIV. This relationship . . . suggests that the drug could exacerbate the HIV/AIDS epidemic among this community” (p. 18). In yet another example, Colfax et al. (2004) argues that the “use of substances during sex directly enhances the likelihood of risky sex” (pp. 1006–1007).

Pharmacological effects are seen to act not only as an aphrodisiac, but are also said to dull the ability of certain individuals to control their own safety—a disinhibition or behavioral impulsivity effect which allows engagement in unrestrained sexual behavior with a disregard for safe sex norms and community constraints. New York City’s gay health organization, Gay Men’s Health Crisis, takes the position that methamphetamine is popular because it allows you to “lose sexual inhibitions; for example, to have sex with men if you normally don’t, to have aggressive or submissive sex, to bottom” ([www.gmhc.org/programs/methamphetamine.html](http://www.gmhc.org/programs/methamphetamine.html)).

For many researchers, party drug use is “the desire to be ‘in the moment’ or non-reflective during sex” (McKirnan et al., 2001). When you take party drugs, you are out of control to such an extent that you are more likely to take sexual risks that you would not normally take. According to Halkitis et al. (2001), this impairment in judgement produced by methamphetamine use “leads to unsafe sexual practice that increases the risk of HIV.” In their studies of gay men’s drug use and unsafe sex, Bancroft et al. (2003) claims that disinhibition and recreational drug use were predictors of sexual risk. In a similar vein, Urbina and Jones (2004) contend that “Intoxication [with drugs] can lead to lapses in judgement with regard to safe sex” and McKirnan et al. (2001) assert that “men who use alcohol or drugs to enhance sexuality and escape self-awareness of HIV risk have a significantly diminished capacity to avoid sexual risk” (p. 137).

The psychological frameworks that attempt to explain methamphetamine use and risky sex also use notions of dispositions—temperamental or innate characteristics in certain gay men that engender a poorer ability to cope with the effects of drug use. These personality traits lead them “to use substances strategically to induce a state of cognitive escape regarding personal risk” (McKirnan, Ostrow, & Hope, 1996). Patton (1996) calls this “the psychological deficit” model: “Gay

men struggle daily against a culture that believes that they are pathological . . . what was once viewed as a healthy desire for sex is reinterpreted as a pathological desire for dangerous sex. Some gay men who found it hard to take up risk-reducing practices found a reassuring quasi-medical explanation in the idea of their ‘compulsiveness’” (p. 127).

## GAY DISEASES OF THE WILL

The psychological deficit model, alongside the growing problematization of drug use and its identification primarily with gay men, is such that aphorisms, such as “an epidemic of crystal” (Ferri, 2004), become commonplace and contribute towards the creation of various disordered gay identities, a paralysis of the very freedom that gay men fought for in gay liberation. In the psychobiological paradigm, excessive sex and drug-taking are markers for lack of individual self-control—what Sedgwick (1993) calls an “epidemic of the will.” Excessive drug use is a disease whereby “pre-existing deficiencies in the will are revealed and aggravated” (Valverde, 1998). Moreover, these “disordered identities” go beyond merely formal, medical discourses as they are constantly interpreted, adopted, and modified by gay organizations, gay media, and gay men themselves.

Importantly, this focus on the individual and his dispositions means the cultural contexts in which drug use and sex occur are overlooked (Rhodes et al., 1999), while the emphasis is placed on the individual to curb his appetites. The gay individual is required to take responsibility for his own sexual conduct and its consequences through personal decision making and risk assessments. However, the idea of the autonomous gay citizen as one who exercises control over all his habits is a disciplining rather than a liberating state. While deemed to constitute a demonstration of freedom and autonomy, such assessments and choices are informed by multiple, competing discourses and, often, irreconcilable information (Rose, 1989). Thus, gay men are presented with a paradox: on the one hand, they are, indeed, “free to choose”: to carve out a sexual lifestyle and identity, but, on the other hand, they are also obliged to subjugate aspects of themselves, to mould their subjective states and inner desires in accordance with cultural norms and social institutions. Those who cannot manage this juggling act of “freedom” and self-control are deemed pathological.

In the hegemonic discourse of psychology, sociopolitical interventions are not framed as community responses embedded within human rights and social change, but rather in terms of containment which, as

Rose (2000) argued, “call[s] for therapy as much as control. This requires the pre-emptive identification and management of ‘risky individuals’ and risk-generating environments,” and provides the impetus for self-help groups, in which gay individuals can learn to manage their diseases. Indeed, many of the studies we cite in this editorial rely on individualized explanations of personality, disposition or pathologies, and portray gay men as at-risk individuals lacking in self-determination, agency, and control. The studies have already in place a taxonomy by which methamphetamine use can be “read,” a “prescriptive and repressive convention” (Derrida, 1995) that requires an interdiction—a belief already in place that recreational drug use (and methamphetamine use in particular) is only ever harmful and must be individually treated or managed.

## CONCLUSION

If there are no other explanations available to gay communities, then it will seem as if the individualized psychological one represents the truth of what it is to be gay. While not wishing to claim that psychological explanations have no value, it is important to rethink risky sex and drug use by presenting a framework which avoids either, as Valverde (1998) argues, “rationalizing oneself in the name of free will or psychologizing oneself in the name of some diagnosis.”

There is a long history of drug use among gay men; indeed, the birth of the gay community occurred at the time of the psychedelic drug culture of the late 1960s, a culture saturated by social change, sexual liberation, and parties. Sexual pleasure is central to and normative within the gay community, and gay community discourses about sex in an epidemic emphasize a “sex positive” approach (see Crimp, 1989). Amyl nitrite (poppers), a drug which “provided an instant rush that removed inhibitions and heightened orgasms” (Garfield, 1995). Drugs are a form of pleasure, but for a number of reasons they are deemed “disreputable.” Gay communities, therefore, tend to remain silent about the pleasures of drugs, while many of its members certainly use them to obtain pleasure, particularly in sex.

In a risk society (Beck, 1999; Lash, 1998), individuals have a responsibility to consume rationally in order to safeguard their health and well-being and to calculate, and thereby avoid, potential dangers. The governance of the gay self is the individual’s responsibility; however, there are plenty of experts within the HIV field—those “engineers of the human soul” (Rose, 1999)—to help manage gay men’s lives. These include the counsellors, therapists, but more importantly here, social researchers

(who provide data on every aspect of gay men’s inner life—from relationships and work to emotions and, of course, drug-taking and sex).

There is, of course, no way for social scientists to avoid the will to truth of a particular era, but if we are part of the problem, then we are also part of the solution. In order to move the discussion of methamphetamine and unsafe sex on, we must abandon the “deficit” model, which implies that if gay men were socially and/or personally healthy or normal, they would not use drugs excessively or have unsafe sex. In contrast, we might want to examine these phenomena as social relationships that are part of wider community norms and practices. There is no doubt that some gay individuals do have psychological difficulties which make safe sexual practice in the context of drug use problematic. But psychological explanations do not provide an adequate account that helps to understand the contexts in which drug use and sex generally occur in the gay community. It is unhelpful that this model, with all its deficiencies, is the pre-eminent model by which research into gay men’s sex and drug using practice is carried out. What is needed is an exploration, at a population level, of the trends between methamphetamine use and sexual practice. In order to understand, sociologically, the connections between methamphetamine use and sexual risk-taking, we need to consider the cultural milieu in which gay men have risky sex.

Making the complicated connections among sociality, place, sex, and drugs is not easy and, therefore, not an easy space in which to intervene. And we need to do this in a way that does not over-emphasize this circuit of esoteric sex—methamphetamine and risky sex as a “new epidemic.” To sum up, then, we need to utilize sociological arguments in order to paint a more rounded picture of the connections between methamphetamine use and risky sex. Changing risky sex and drug use has always required a strengthening of social formations: of gay communities, communities of sex workers or particular culture events and spaces. Risk is socially organized and drug use and sexual risk-taking are outcomes of an interplay of factors, not just at the level of personality or even the individual gay man himself; rather, they are activities carried out at the interpersonal and social level—they are part of the risk of life itself.

## REFERENCES

- Bancroft, J., Janssen, E., Strong, D., Cames, L., Vukadinovic, Z., & Long, J. S. (2003). Sexual risk-taking in gay men: The relevance of sexual arousability, mood, and sensation seeking. *Archives of Sexual Behavior*, 32, 555–572.
- Beck, U. (1992). *Risk society: Towards a new modernity* (M. Ritter, Trans.). London: Sage.

- Benzie, T. (2003, December 4). Dark crystal. *Sydney Star Observer*, Issue 691 ([www.ssonet.com.au/display.asp?ArticleID=2771](http://www.ssonet.com.au/display.asp?ArticleID=2771)).
- Brown, E. (2002, April 29). Crystal ball. *NY Metro* ([www.newyorkmetro.com/news/articles/02/gay/crystalball](http://www.newyorkmetro.com/news/articles/02/gay/crystalball)).
- Colfax, G., Vittinghoff, E., Husnik, M. J., McKirnan, D., Buchbinder, S., Koblin, B., et al. (2004). Substance use and sexual risk: A participant and episode level analysis among a cohort of men who have sex with men. *American Journal of Epidemiology*, *159*, 1002–1012.
- Crimp, D. (Ed.). (1989). *AIDS: Cultural analysis, cultural activism*. Cambridge, MA: MIT Press.
- Derrida, J. (1995). The rhetoric of drugs. In E. Webber (Ed.), *Points: Interviews 1974–1994* (pp. 228–254) (P. Kamuf, Trans.). Stanford, CA: Stanford University Press.
- Dew, B., & Chaney, M. (2004). Sexual addiction and the internet. *Journal of Addictions & Offender Counseling*, *24*, 101–114.
- Exner, T., Meyer-Bahlburg, H. F. L., & Ehrhardt, A. A. (1992). Sexual self control as a mediator of high risk sexual behavior in a New York City cohort of HIV+ and HIV– gay men. *Journal of Sex Research*, *29*, 389–407.
- Ferri, R. (2004, September 17). Drugs and bugs: HIV and crystal meth out in Columbus (<http://www.outincolumbus.com/Arts/hivliving.asp?article=293>).
- Frosch, D., Shoptwa, S., Huber, A., Rawson, R. A., & Ling, W. (1996). Sexual HIV risk among gay and bisexual male methamphetamine abusers. *Journal of Substance Abuse Treatment*, *13*, 483–486.
- Garfield, S. (1995). *The end of innocence*. London: Faber and Faber.
- Goedert, J. J., Neuland, C. Y., & Wallen, W. C. (1982). Amyl nitrite may alter T lymphocytes in homosexual men. *Lancet*, *1*, 412–416.
- Guss, J. (2000). Sex like you can't even imagine: "Crystal," crack and gay men. *Journal of Gay & Lesbian Psychotherapy*, *3*, 105–122.
- Halkitis, P. N., Parsons, J. T., & Stirratt, M. J. (2001). A double epidemic: Crystal methamphetamine drug use in relation to HIV transmission among gay men. *Journal of Homosexuality*, *41*(2), 17–35.
- Kalichman, S. C., Heckman, T., & Kelly, J. A. (1996). Sensation seeking as an explanation for the association between substance use and HIV-related risky sexual behavior. *Archives of Sexual Behavior*, *25*, 141–154.
- Kippax, S., & Kinder, P. (2002). Reflexive practice: The relationship between social research and health promotion in HIV prevention. *Sex Education*, *2*, 91–104.
- Koblin, B. A., Chesney, M. A., Husnik, M. J., Bozeman, S., Celum, C. L., Buchbinder, S., et al. (2003). High-risk behaviors among men who have sex with men in 6 U.S. cities: Baseline data from the EXPLORE study. *American Journal of Public Health*, *93*, 926–932.
- Lash, S. (1998). *Another modernity*. Cambridge, England: Blackwell Publishers.
- McKirnan, D. J., Venable, P. A., Ostrow, D. G., & Hope, B. (2001). Expectancies of sexual "escape" and sexual risk among drug and alcohol-involved gay and bisexual men. *Journal of Substance Abuse*, *13*, 137–154.
- McKirnan, D. J., Ostrow, D. G., & Hope, B. (1996). Sex, drugs and escape: A psychological model of HIV-risk sexual behaviours. *AIDS Care*, *8*, 655–669.
- Meng, Y., Dukat, M., Bridgen, D. T., Martin, B. R., & Lichtman, A. H. (1999). Pharmacological effects of methamphetamine and other stimulants via inhalation exposure. *Drug and Alcohol Dependence*, *53*, 111–120.
- Parsons, J. T., & Halkitis, P. N. (2002). Sexual and drug-using practices of HIV-positive men who frequent public and commercial sex environments. *AIDS Care*, *14*, 815–826.
- Patton, C. (1996). *Fatal advice*. Durham, NC: Duke University Press.
- Purcell, D. W., Parsons, J. T., Halkitis, P. N., Mizuno, Y., & Woods, W. J. (2001). Substance use and sexual transmission risk behavior of HIV-positive men who have sex with men. *Journal of Substance Abuse*, *13*, 185–200.
- Rhodes, T. (1996). Culture, drugs and unsafe sex: Confusion about causation. *Addiction*, *91*, 753–758.
- Rhodes, F., Deren, S., Wood, M. M., Shedlin, M. G., Carlson, R. G., Lambert, E. Y., et al. (1999). Understanding HIV risks of chronic drug-using men who have sex with men. *AIDS Care*, *11*, 629–648.
- Rose, N. (1989). *Governing the soul: The shaping of the private self*. London: Routledge.
- Rose, N. (1999). *Powers of freedom: Reframing political thought*. Cambridge, England: Cambridge University Press.
- Rose, N. (2000). The biology of culpability: Pathological identity and crime control in a biological culture. *Theoretical Criminology*, *4*, 5–34.
- Sandowick, D. (1998, 26 May). Spinning out of control: Sex addicts using drugs. *The Advocate*, p. 1.
- Sedgwick, E. (1993). Epidemics of the will. In E. Sedgwick, *Tendencies* (pp. 130–145). Durham, NC: Duke University Press.
- Signorile, M. (1997). *Life outside: The Signorile Report on Gay Men. Sex, drugs, muscles, and the passages of life*. New York: Harper Perennial.
- Swanson, J., & Cooper, A. (2002). Dangerous liaison: Club drug use and HIV/AIDS. *IAPAC Monthly*, *8*(12) ([www.thebody.com/iapac/dec02/club\\_drug.html](http://www.thebody.com/iapac/dec02/club_drug.html)).
- Urbina, A., & Jones, K. (2004). Crystal methamphetamine: Its analogues and HIV infection. Medical and psychiatric aspects of a new epidemic. *Clinical Infectious Diseases*, *38*, 890–894.
- Valverde, M. (1998). *Diseases of the will: Alcohol and the dilemmas of freedom*. Cambridge, England: Cambridge University Press.
- Van de Ven, P., Rawstorne, P., Crawford, J., & Kippax, S. (2002). Increasing proportions of Australian gay and homosexually active men engage in unprotected anal intercourse with regular and with casual partners. *AIDS Care*, *14*, 335–341.