

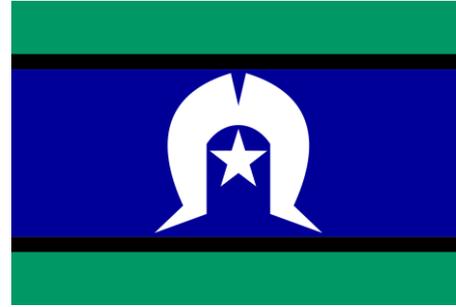
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Pre-empting stigma and complicating trauma: narratives of gay and bisexual men who inject drugs in Australia

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Acknowledgement of Country



I acknowledge and pay respect to the Traditional Custodians of Country throughout Australia and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.



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Background

Injecting drug use is a stigmatised practice

- People who inject drugs face criminalisation, stigmatisation and greater exposure to 'risk environments'
- Gay and bisexual men (GBM) report higher prevalence of injection drug use
 - Their injecting is often sexualised ('slamming'/'slamsex')
- **Stigma:** theorised as cause AND consequence of drug use among GBM ('minority stress')
 - Impacts negatively on wellbeing
 - Higher for injecting than other forms of drug use
- GBM who inject drugs = dual 'risk group'
 - Intersecting marginalisation and stigmatisation

Stigma is entrenched in language and discourse

- Discourses produce collective understandings of injecting drug use, e.g.; confirmation of 'social victimhood'; psychopathology
- Conflation of injection drug use = problem drug use
- Drug discourses are mostly shaped by outsiders and individuals in recovery
 - Lacking sexual minority perspectives and/or voices of 'current injectors'
- Unnuanced interpretations of drug use:
 - May entrench stigmatisation of substance use/ers and sexual practices
 - Hinder service delivery



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Research Question

*How do **gay and bisexual men** deal with stigma when talking about their **injecting** and other drug use?*

AIMS

1. Critically analyse discourses used by gay and bisexual men who inject drugs
2. Explore how stigma manifests in their narratives
3. Illuminate their *discursive* and *practical* strategies to deal with stigma



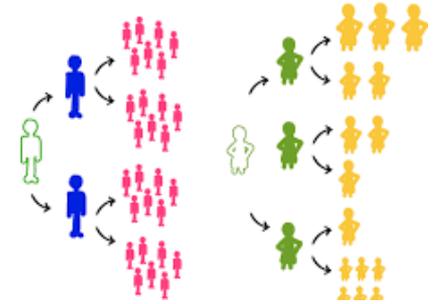
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Methods

Data generation

Recruitment

- Purposive & snowball sampling:
 - Cohorts of people who inject drugs (SuperMIX) & gay and bisexual men (co-EC, EXTEND-C, FLUX)
 - Community organisations
- Melbourne and national Australia



Qualitative interviews

- June-November 2020
- In-depth interviews (zoom)
- Audio recorded, transcribed, anonymized

Critical discourse analysis (Nvivo 12)

- Case description for each participant
- Semantic (descriptive) codes and latent (interpretive) codes
 - *What is not explicated but implicit in the text?*
 - *Why was this said and not that?*
 - *Why was it said using these words?*
 - *How do these words fit established ways of talking about the world?*
- Identifying patterns to define central themes



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Analysis

1. Pre-empting, resisting and reproducing stigma
2. Complicating stereotypes of injecting drug use

Participants (n=19)**Injecting experience**

Age (range)	38 years (24-60)	Current (<6 months)	n=14
Male gender	cis: n=18, trans: n=1	Time since first injection	2-32 years
Sexual identity	gay: n=17 bi: n=2	Time since last injection	3 days – 3.5 years
Residence	Capital cities	Methamphetamine (ever)	n=18 (n=19)
HIV negative PrEP-experienced	n=11 n=5	Heroin (ever)	n=1 (n=4)



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1. Pre-empting, resisting and reproducing stigma

Hierarchy of acceptance, layering of stigma

“So, within the community that does inject, yes, there’s more acceptance. In the wider gay community, there is still that stigma that, you know, **you are a junkie or you are a lower class within the gay society because that's how you practice.**” (Hugh*, 40)

“I felt like it was taboo. I thought that, you know, for some reason, smoking would be fine, but **if I inject, I’m a druggie**, that I would go too far if I were to choose to inject.” (Dave*, 24)

**All names are pseudonyms*

Layering of stigma; fear of love being withdrawn further

“I think coming out as being gay is like one big secret that defined how they (family) looked at me previously and how they look at me now, and then with the drugs, **it’s going to be like another coming out event.** They see me different as someone else as opposed to previously. So with my family, I would never let them know. **I can find new friends but not family.”**

(Kym, 32)

Stigma consciousness → downward comparisons/othering

“If my [kids] ever found that out, they would be horrified. That would be just shocking. ... **And I sort of feel guilty ... but then - I mean, I’d be more ashamed and more horrified if I was addicted and I was just a complete mess all the time.** I see people that are like that. (...) They don’t see how bad they look, how bad their skin is, how bad their health is and, you know, they’re probably not very pleasant to people. Their family has probably wiped them out and that’s hard to get back to reality from there.”

(George, 60)



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2. Complicating stereotypes of injecting drug use

Rejecting dominant narratives

“[My drug use] has never been anything where I’ve done it to sort of set aside how crap my life is because **my life is good**. It’s the moments of enhancement. It’s like, okay, my life is busy. **It’s productive**. I’m using my brain, I’m using my heart. **It’s okay to have a three-day weekend, get a bit trashed**, and then go back to work for the next three months, and then repeat.”

(Rowan, 56)

Pleasure has insufficient 'explanatory power' for addiction

“I guess that was part of what was behind my excessive drug use, was, I think, trying to suppress that (homophobia). **I didn't realise it at the time, that that's what I was doing. I just thought I loved drugs, you know.**”

(Trent, 46)

Injecting drug use is nuanced and non-linear

“One thing I do have to thank meth for – and I do – is, **it changed sex for me with guys**. There was always an **element of shame**, I think, attached to sex with guys. It was always very anonymous. Like, I don’t want to know your name, don’t look in my eyes, don’t talk to me. We fuck, you go, that’s how this works. **This actually made it more social and made it how it should be in a lot of ways.”**

(Sean, 37)



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Discussion

Mainstream discourses shape GBM narratives and experiences

- Pre-empting stigma:
 - Layered social standards impact negatively on participants' sense-of-self
 - Fear of love being withdrawn → self-censoring and selective disclosure
 - Engaging in downward comparisons/othering → perpetuating stigma
- Complicating stereotypes of injecting drug use
 - Injecting drugs ≠ social deprivation, escapism, trauma response
 - Pleasure is central but has insufficient 'explanatory power' for addiction
 - Injecting not just helpful/harmful, but a practice with nuanced effects that evolve over time

Actionable take-aways

- **Discourse:** conventional drug use lacks critical link to sexual expression
 - Transference of mainstream discourses on GBM drug use has limited utility
 - Stigma is alienating; many GBM do not self-identify as ‘people who inject drugs’¹
- **Implication:** GBM access drug supports late; upon self-identifying ‘problem drug use’
 - Promote drug use ‘prophylaxis’; e.g., routine check-ins and brief, **value-neutral** interventions
- **Researchers:** Stigma is extensively researched; yet stigmatisation persists
- ‘Experts’ can influence stigma by influencing discourse
 - Make it a regular practice to investigate language use and adapt narratives where needed

Disclosure of Interests

- AB's institution has received investigator-initiated research funding from ViiV.
- CT has received research funding from Merck and speaker fees from Gilead and Abbvie.
- JD's institution has received investigator-initiated research funding from Gilead and AbbVie and consultancies from Gilead and AbbVie.
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- MS and SS have nothing to declare.

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