

INDEPENDENT STUDY RESEARCH PAPER:  
THE PSYCHO-SOCIAL AND SOCIO-CULTURAL FACTORS OF  
CRYSTAL METHAMPHETAMINE USE  
AMONG THE GAY, BI AND MSM (GBM) POPULATION

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## The Psycho-Social And Socio-Cultural Factors Of Crystal Methamphetamine Use Among The Gay, Bi And MSM (GBM) Population

In the United States, men who have sex with men (MSM) remain as the demographic group with the highest HIV incidence rates and account for 53% of new HIV infections in 2006 (Rajasingham, Mimiaga, White, Pinkston, Baden, & Mitty, 2012). One of the reasons accounting for such high rates of HIV transmission between gay, bisexual and MSM (GBM) can be attributed to poly-substance use and the use of crystal methamphetamine (Solomon, Halkitis, Moeller, & Pappas, 2012; Rajasingham et al., 2012). The U.S. Centre for Disease Control and Prevention (2007) reported methamphetamine use in the MSM community is of particular concern due to the high prevalence of HIV and the use of the stimulant. Meanwhile, researchers have found methamphetamine use is closely correlated to sexual risk taking among GBM and such intimate link between risky sexual behaviour and methamphetamine use have led to a possible double epidemic (Halkitis, Green, & Carragher, 2006). In particular, the use of methamphetamine has been found to be correlated to the frequency of unprotected insertive anal intercourse (UIAI) and unprotected receptive anal intercourse (URAI) among HIV positive and persons with unknown serostatus causal partners over time (Halkitis, Mukherjee, & Palamar, 2009). As an effort to better understand this social phenomenon, this paper focuses on the exploration and identification of the psycho-social and socio-cultural factors of crystal methamphetamine use among the GBM population.

### **Background**

Methamphetamine, also known by its street names speed, meth, chalk, Tina, ice, crystal, crank or glass, is a stimulant substance that can cause significant changes in a person physiologically, psychologically, and behaviorally (National Institute of Drug Abuse, 2006). Although methamphetamine is not a new substance and has its history of usage in drug cultures

including the psychedelic 1960's, the trucking industry in the United States, and the rave and club scene in the 1990's (Henry, Jeffreys, & Dawling, 1992), in recent years the substance has become "the quintessential gay drug" (Halkitis et al., 2009, p. 76). Methamphetamine was highly popular among GBM on the West Coast in the late 1990's and became the leading substance of choice, and it gradually moved across Midwest and Eastern cities in the United States in subsequent years (Aguilar & Sen, 2013). The Substance Abuse and Mental Health Services Administration Administration (2005) noted that methamphetamine has become "the fastest growing problem in the United States" (p. 372).

The widespread use of methamphetamine have been noted in both San Francisco where approximately 50% of MSM frequenting gay venues reported crystal methamphetamine use in the past three months, and in New York City where 20% of MSM who frequented dance clubs reported use of the substance (Heredia, 2003; Klitzman, Greenberg, Pollack, & Dolezal, 2002). The linkages between crystal methamphetamine use and sexual risk taking among GBM and the transmission of HIV have raised concerns among researchers (Halktis, Shrem, & Martin, 2005; Halkitis, Green, & Carragher, 2006; Aguilar & Sen, 2013), while public health officials such as Steven Tierney, Director of HIV Prevention for the City of San Francisco and Co-Chair of the State of California HIV Prevention Planning Group, is particularly alarmed by the addictiveness of methamphetamine which he describes can potentially lead to "a permanent long-lasting life of addiction and recovery" among its users (Fierstein, et al., 2006, p. 20). Demonstrating the severity of the issue of methamphetamine use within the GBM community, concerned community members in New York City held a public forum named "Challenging the Culture of Disease – the Crystal Meth HIV Connection" to address the pervasive use of the substance in the GBM community (Fierstein, et al., 2006).

Methamphetamine has also been linked to sexual risk-taking behaviours among GBM, often resulting in a greater number of sexual partners for users of the substance than non-users (Halkitis, Green, & Carragher, 2006). Despite of the increased sex drive and libido, many users would report an inability to maintain erection or impotence, thus resulting in the users to engage in anal receptive intercourse and increasing one's susceptibility to contract HIV (Palamar, Kiang, Storholm, & Halkitis, 2014). In a study comparing GBM methamphetamine users who reported unknown or HIV- status but were in actual fact HIV+ and GBM methamphetamine users who were HIV-, the former group reported more sexual partners, higher frequency of unprotected anal intercourse and more often used the drug for social pleasure (Halkitis, Green, & Carragher, 2006).

Aguilar & Sen (2013) noted that while research on methamphetamine have mostly focused on the biological and psychological outcomes of chronic use leading to substance use relapse, the exploration of the socio-cultural environments that influence one's decision to use and the examination of the issue utilizing a social work-informed person-in environment framework is important as such approach can help shed light on the social, cultural, psychological and environmental factors that support the use of methamphetamine among GBM and the resulting risky sexual behaviours. Such approach of analysis is consistent with the view that social contexts and the interactional pressures that exist among GBM related to the use of methamphetamine must be explored in order to inform effective intervention and prevention strategies (Green & Halkitis, 2006). As such, a systematic literature search focused on the examination of the psycho-social and socio-cultural factors influencing the use of methamphetamine among GBM has been conducted for this research project.

### **Methodology**

A systematic literature search on the topic has been conducted utilizing key word combination searches in three research reference databases, *EBSCO*, *Medline via Ovid*, and *PsycInfo* on October 11, 2014. The parameter set for the literature review has been set to peer-reviewed journal articles in English dating from the years 2000 to 2014. For the EBSCO search, four databases including *Academic Search Premier*, *LGBT Life with full text*, *Psychology and Behavioral Sciences Collection*, and *Social Work Abstracts* were selected to complete the search, and two sets of key word combinations were used: 1) (Gay OR Bi OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) AND (Identity), and 2) Gay OR Bi OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) OR (culture OR \*culture). For Medline via Ovid search, the *Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) 1946 to Present* resource was selected and the following keyword combination was used: (Gay OR BI OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) AND (Identity OR Culture OR Subculture). Lastly, for the PsycInfo search, the following keyword combination was used: (Gay OR BI OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) AND (Identity OR Culture OR Subculture).

Results of the EBSCO searches were 26 articles for the keyword search combination (Gay OR Bi OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) AND (Identity), and 28 articles for the keyword search combination (Gay OR BI OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) OR (culture OR \*culture). For the Medline via Ovid and PsycInfo searches, the same keyword combination of (Gay OR BI OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) AND (Identity OR Culture OR Subculture) was used for both databases, with 41 articles found through the Medline via Ovid database and 38 articles found through the

PsycInfo database. All search results were imported into RefWorks for the management of references. After the initial import of articles found, the duplicates function in RefWorks was used to delete duplicate articles, which resulted in: a) 14 articles in the EBSCO search with the keyword combination (Gay OR Bi OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) AND (Identity); b) 24 articles for the keyword combination (Gay OR BI OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) OR (culture OR \*culture); c) 32 articles from Medline via Ovid; and d) 18 articles via PsycInfo.

A preliminary review then took place where the researcher reviewed the abstracts of the journal articles to determine suitability of usage for this research project. The researcher excluded articles that did not directly relate to methamphetamine use among GBM, or articles that did not highlight the psycho-social or socio-cultural factors related to methamphetamine use among GBM. The process further narrowed the results to the following relevant articles for the review process: a) 10 articles from the EBSCO search with the keyword combination (Gay OR Bi OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) AND (Identity); b) 13 articles from the EBSCO search with the keyword combination (Gay OR BI OR MSM) AND (Crystal Meth OR Crystal Methamphetamine OR Methamphetamine) OR (culture OR \*culture). Through reviewing the preliminary search list for the results from Medline via Ovid and PsycInfo in RefWorks, it was noted that there remained duplications articles in the search results. After a manual deletion of duplicate articles from the Medline via Ovid and PsycInfo results lists, there remain 11 articles in the Medline via Ovid result list and 6 in the PsycInfo result list for review of the article abstracts to determine suitability of use. Of the 11 articles in the Medline via Ovid result list, 4 articles were deemed appropriate for further review as 1 article was excluded as it was an article only available through the RACER Interlibrary loan system, 5

were excluded as they did not directly relate to methamphetamine use among GBM or the articles did not highlight the psycho-social or socio-cultural factors related to methamphetamine use among GBM. Of the 6 articles in the PsycInfo result list, 2 articles were deemed appropriate for further review as the other 4 articles did not directly relate to methamphetamine use among GBM or they were articles that did not highlight the psycho-social or socio-cultural factors related to methamphetamine use among GBM. The remaining 29 articles were then further reviewed, where 3 articles were excluded as they focused on poly-substance use among gay and bi men, and 1 article focused the examination of relationship identity and sexual risk behavior among HIV positive MSM. The literature search review had resulted in 25 articles were deemed appropriate for the use of this research project (See Figure 1 for the article selection process).

### **Summary of Findings and Analysis of Results**

Utilizing a socio-cultural lens and a person-in environment framework to better understand the social, cultural, psychological and environmental factors that support the use of methamphetamine among GBM, the findings from the systematic literature review suggests four main themes. The first of these four themes highlights that GBM often use methamphetamine to enhance sexual experiences and to achieve their sexual expectancies. The second theme uncovers the use of the substance by GBM as socially motivated and that the drug is often used to facilitate interactions between GBM as a group. The third theme suggests that GBM use methamphetamine for emotional reasons and as a way for coping. Lastly, the fourth theme identifies the differences in motivations for use among GBM of different racial backgrounds such as Black or Latino GBM than that of gay White GBM.

### **Sexual Enhancement and Achieving Sexual Expectancy**

While research has suggested there is a strong association between methamphetamine use and sexual risk-taking leading to increased HIV transmission risk among

GBM (Halkitis, Mukherjee, & Palamar, 2009), findings point to the use of methamphetamine as a sexual enhancer and way for GBM to meet certain sexual expectations. In a qualitative descriptive study of perceived sexual effects of club drug use among 198 gay and bisexual men in New York City where the effects of ecstasy, GHB, ketamine, cocaine and methamphetamine were compared, methamphetamine was the substance most often associated with the perception of increased sexual effects by participants (Palamar, Kiang, Storholm, & Halkitis, 2014). Jeff Guss, a psychiatrist based in Manhattan who work with GBM users of methamphetamine, noted that stimulant drugs such as methamphetamine help users counteract anxieties about sex and allow them to make sexual encounters lasting six to twelve hours “realistic and predictable” (Shernoff, 2005, p. 24).

**Physiological and sexual benefits of methamphetamine.** An extremely powerful stimulant, users of methamphetamine often report physiological effects such as increased physical energy and alertness, levels as well as heightened awarenesss and perceptions in the five senses (Halkitis, Fischgrund, & Parsons, 2005). In addition to these effects typical of a stimulant drug, methamphetamine is also commonly reported to create feelings of euphoria and is often utilized by GBM to heighten their sexual behaviour (Halkitis, Parsons, & Stirratt, 2001). The drug often increases one’s sex drive and confidence, while at the same time suppresses one’s need to sleep or need for food (Shernoff, 2005). Aside from profoundly increasing one’s desire for sex and sense of arousal, methamphetamine can delay orgasm in its users, thus GBM who use the drug may often engage in prolonged sexual encounters (Halkitis, Fischgrund, & Parsons, 2005). Some GBM report the use of the drug facilitates a sense of closeness and intimacy that is difficult to achieve when one is sober (Guss, 2002). Methamphetamine has also been reported by some GBM to result in very intense and strong sexual encounters and orgasms (Palamar, Kiang, Storholm, & Halkitis, 2014). Other common sexual effects of the drug include hypersexuality



and lowered sexual inhibition, and users often report an association formed between sex and methamphetamine use over time (Halkitis, Fischgrund, & Parsons, 2005).

In a qualitative study conducted by Palamar, Kiang, Storholm, & Halkitis (2014), GBM who use methamphetamine described the drug as something that facilitates them to engage in certain sexual experiences or behaviours that they would not otherwise engage in due to sexual disinhibition. Such disinhibition include reduced anxiety, increased openness and adventurism toward sexual activities (Halkitis, Fischgrund, & Parsons, 2005). For some, this sense of disinhibition allows the user to have sex without emotion and engage in sex with others whom they would not normally have sex with. For others, the drug allows them to engage in animalistic more extreme sexual acts, often without much hesitation. Examples of such forms of aggressive or more extreme sex include behaviours such as *watersports*, the involvement of urination during sexual acts; *fisting*, the act of inserting one's fist into a person's rectum for sexual stimulation; *sado-maschism*, a form of sex involving the giving or receiving of pain, humiliation and discomfort; and *group sex*, the engagement of sexual acts with more than one partner (Halkitis, Shrem, & Martin, 2005). Researchers of the study Project Tina suggests that methamphetamine may especially attract a specific type of men who are hypersexual and are more predisposed to engaging in sexually risky behaviours (Halkitis, Shrem, & Martin, 2005).

**Methamphetamine use among GBM within the sexual and social context.** In a qualitative study conducted by Halkitis, Fischgrund, & Parsons (2005), researchers found that GBM would often use methamphetamine in sexual-related social contexts where sexual partners or friends were already using the substance. Within a sexual context, the use of methamphetamine is often found in highly sexualized social environments frequented by GBM such as bathhouses, sex parties and internet hook-up sites (Aguilar & Sen, 2013) and in New York City, venues such as dance clubs, bars, and circuit parties/raves (Halkitis, Green, &

Carragher, 2006). These venues and the use of methamphetamine have been noted as a way for GBM to engage in escapism and sexual adventures (Shernoff, 2005). Meanwhile, in a study entitled Project MASC which focused on the exploration of methamphetamine use and social cognition among 60 GBM, researchers found that methamphetamine was most often used in private venues such as the participants' home or homes of friends or lovers where these men may either use alone or with other men, and the use of the drug seem to increase during the weekend as these GBM engage in acts of socialization and sexual navigation (Halkitis, et al., 2009).

**Achieving social and sexual expectancy within the community.** As noted above, methamphetamine offers unique physical and sexual benefits as reported by GBM who use this drug, and the drug is often available at gay social environments such as bathhouses, gay clubs, and also within private locations such as homes of GBM. Sociologist Adam Isaiah Green and researcher Perry Halkitis (2006), in their examination of 49 qualitative interviews to explore the social context and factors related to use of methamphetabine among GBM in New York City, suggest that methamphetamine fills a unique role within the Manhattan gay sexual subculture and help men to use it as a strategic means to meet the community's expectation of "peak sexual performace" among GBM (p. 317). The analysis notes that there exists social interactional pressures among GBM communities and the ways how these men socialize, thus many men in the New York gay scene often find methamphetamine helps them to adequately participate in social environments that expects certain levels of sexual performamnce, endruance and participation in sexual exchanges that might be impersonal nature and consist of mutliple partners (Green & Halkitis, 2006).

**Summary list of sexual benefits related to the usage of methamphetamine as reported by GBM.** The list of sexual benefits as reported by GBM who use methamphetamine include:

- Enhanced sensory perceptions, physical energy, and increased sexual confidence
- Sense of euphoria, increased sexual desire, and prolong sexual activities
- Facilitate closeness and intimacy, and enable intense sexual encounters
- Becoming hypersexual, and sexually disinhibited, open and adventurous
- Reduce sexual anxiety, and help achieve sexual expectancy and performance
- Used strategically for socialization and sexual navigation within the gay community

### **Social Motivations and Facilitation of Interactions Among GBM**

Although methamphetamine is widely used by GBM within a sexual context, research findings indicate that GBM often report the use of methamphetamine as socially motivated and that the drug often facilitate social interactions between GBM members as a group. Aside from the availability of the drug at gay social environments such as bathhouses, gay clubs, and within private locations such as homes of GBM as noted earlier, about a quarter of 48 active users of methamphetamine who took part in the qualitative study Project Tina indicated that they used the drug as a “social drug” and often used when they were at a party atmosphere such as clubs or parties (Halkitis, Fischgrund, & Parsons, 2005, p. 1336). While none of these GBM participants reported feeling pressured to partake in methamphetamine use in these social environments, some of these men explained they would use in instances where others were already using the drug, as they wanted and thought it was important to “be in a similar frame of mind” as the others (Halkitis, Fischgrund, & Parsons, 2005, p. 1336). Within this study, researchers Halkitis, Fischgrund, & Parsons (2005) found HIV- men were significantly more likely than their HIV+ counterparts to use methamphetamine for social reasons.

For HIV+ GBM, researchers have also explored the social context of methamphetamine use. In a published study based on qualitative data obtained from five HIV+ GBM methamphetamine users from the San Diego area, Patterson & Semple (2003) found that

these men reported the existence of cliques within the methamphetamine-using MSM community where the ability to fit in is considered as an important asset, and that these men mainly associated within social networks of other methamphetamine MSM exclusively. These men also reported feeling looked down on by the mainstream gay community due to their methamphetamine use, and they seem to identify their worlds and social networks greatly through their drug user identity (Patterson & Semple, 2003). As such, the use of methamphetamine appears to play a key role in the social interactions among some HIV+ GBM. In the SUMIT study involving GBM from New York City and San Francisco, researchers noted that the use of recreational substances and unprotected sex among HIV+ men is a complex issue and noted the complexity of such behaviours often stem from the desires of these men to connect with others (Halkitis, Green, Remien, Stirratt, Hoff, Wolitski, and Parsons, 2005).

It is interesting to note that in a report by Pappas & Halkitis (2011) utilizing data from a larger New York-based mixed-method study Project BUMPS on substance use among 450 GBM that older participants in their 30s and 40s are found to be more likely to use substances such as methamphetamine and cocaine and less of other substances such as GHB and ketamine than their counterparts in the 20s. The study also suggest that club drug use and UAI are common among HIV+ GBM, and those who have lived HIV longer are more likely to engage in risk activities (Pappas & Halkitis, 2011). The findings echo the issue of substance abuse faced by aging HIV+ GBM who participated in the Research on Older Adults with HIV (ROAH) study where participants reported poor mental health, poverty, lack of social support and social isolation as common issues associated with HIV and aging (Karpiak, Shippy, & Cantor, 2006). These findings indicate older and aging GBM, especially those who are HIV+, may be using methamphetamine and other substances as a way to facilitate social and sexual interactions with other men in their community.

As seen above, methamphetamine is often used by GBM for social reasons and to facilitate interactions among the complex socialization process that take place within their community as well as for sexual purposes. In fact, in a extensive qualitative study funded by the City of Los Angeles on the use of methamphetamine by GBM, the result indicates that methamphetamine has become a part of social construction in the lives of many of the men belonging to this community, and that the act of sex on methamphetamine is considered as part of the local gay cultural identity and inclusion (Reback, 1997). Furthermore, many of these GBM have described the use of methamphetamine with sex as socially motivated, and methamphetamine is used to facilitate human connections to help them escape from boredom, isolation, hopelessness and grief (Reback, 1997).

**Summary of social benefits related to the usage of methamphetamine as reported by GBM.** The list of social factors, motivations and benefits as reported by GBM who use methamphetamine include:

- Methamphetamine is often available at gay social and sex environments
- Consuming the drug helps one achieve a similar frame of mind as other meth users
- Strong social networks may develop amongst GBM methamphetamine users
- Substance use by GBM (HIV +/- and those aging) as way to connect with others
- Use of methamphetamine as part of the gay cultural identity and inclusion

### **Use of Methamphetamine for Emotional and Coping Reasons Among GBM**

In additional to the sexual benefits and social factors described by GBM in related to their methamphetamine use, studies have found some GBM use the drug as a way to avoid negative emotions and a way to cope with the realities living as a sexual minority group. As a stimulant, methamphetamine has been reported to create positive emotions including increased self-esteem and confidence as well as inducing a feeling of social acceptance and sense of

attractiveness among GBM users (Reback, 1997). Despite of potential sever negative biological and psychological outcomes such as paranoia, hallucination, psychosis and weight-loss resulting from long-term, chronic methamphetamine use, GBM have been found to continue to use the substance due to socio-cultural factors and as a way to excape emotional pain (Kubicek, McDavitt, Carpineto, Weiss, Iverson, & Kipke, 2007).

### **Emotional and Coping Reason**

As a sexual minority group, GBM have reported using methamphetamine to cope with and avoid difficult and unpleasant emotions, the challenges around socialization, the prejudice and discrimination they experience from a dominant, heteronormative society, and the physical pain that may result from the struggles they face as a member of the GBM group (Halkitis, Green, & Carragher, 2006). Internalized homophobia, shame, isolation and social exclusion as a result of one's sexual identity have been found as factors associated to substance use among GBM (Cabaj, 2000). Through the usage of methamphetamine and the act of relating with other GBM sexually, these men find refuge from negative emotions such as boredom, isolation, hopelessness and grief (Reback, 1997). As methamphetamine heighten a sense of attractiveness and social acceptance, Halkitis, Mukherjee, & Palamar (2007) note that GBM might be drawn to methamphetamine as it helps alleviate depression and help lowers fears and anxieties among these men. Such views are futher confirmed by a study by Halkitis & Shrem (2006) where they found chronic GBM methamphetmtemine-users as more likely to use the substance than binge recreational users to avoid dealing with unpleasant emotions and avoid physical pain.

A study by Halkitis, Mukherjee, & Palama (2009) involving 232 GBM participants found that the participant's HIV status had a significant interactive effect with the frequency of unprotected sex and substance use. In particular, they found the use of methamphetamine had a

greater impact on GBM who are HIV+ and these men had reported more frequent engagement in unprotected sexual behaviour (Halkitis, Mukherjee, & Palamar, 2009). For HIV+ GBM, the use of methamphetamine may serve as a way for these men to self-medicate and escape from the realities of being HIV+, as well as to cope with physical pain and social rejection that results from living with HIV (Halkitis, Fischgrund, & Parsons, 2005). This desire of having a temporal cognitive escape, finding ways to cope with emotional pains, and escaping the challenges of living with HIV are possible psycho-social reasons for HIV+ GBM to use illicit substances such as methamphetamine and engage in sexually risky behaviours (Halkitis, Mukherjee, & Palamar, 2009).

**Summary of the usage of methamphetamine related to emotional use as reported by GBM.** The list of emotional and coping reasons reported by GBM for their use of methamphetamine include:

- Methamphetamine can help increase self-esteem and confidence in its users
- The drug helps one feel socially acceptance, more attractive and decrease anxiety
- Help GBM counter negative emotions as being part of a sexual minority group
- Assist in coping with difficult emotions such as internalized homophobia and shame
- Help GBM avoid feelings of isolation, social exclusion, hopelessness and grief
- Escaping from discrimination, challenges and pains associated with living with HIV

### **Motivations for Use of Methamphetamine Among Racialized GBM of Colour**

While there is not a national population-based epidemiological data for methamphetamine use among MSM in the US as information regarding sexual orientation has not been captured on a national scale (Halkitis, et al., 2009), the literature search has reviewed an increasing concern on methamphetamine use among racialized GBM of colour in recent years. Halikitis and Jerome (2008) note that while methamphetamine were once perceived as a drug

only to be popular among White GBM, evidence suggest the use of the substance has transcended the racial and ethnic lines and become more common among GBM of colour. Although some studies have indicated methamphetamine use appears to be less prevalent among Black GBM than White or Hispanic GBM (Irwin & Morgenstern, 2005), other studies indicate that there is an increase of use among the Black GBM population (Wilton, Halkitis, English, & Roberson, 2005). In particular, a number of research studies have revealed specific motivations for use of methamphetamine among GBM of colour, namely Blacks and Hispanics, in addition to the sexual, social, and emotional reasons that have already been noted above.

Harawa, Williams, Ramamurthi, Manago, Avina, and Jones (2008) noted that substance use, sexual behaviour, and the social contexts where drugs use occurs often intertwine, and such dynamics calls for special considerations for HIV prevention efforts and substance use campaigns and interventions. Specifically, HIV experts have noted the need to critically consider socio-cultural factors such as racism and levels of affiliation with queer and ethnic communities in addition to issues such as homophobia and sexism when designing interventions (Williams, Wyatt, Resell, Peterson, & Asuan O'Brien, 2004; Irwin & Morgenstern, 2005). Wilton, Halkitis, English, and Roberson, (2005) found that among 450 GBM who use club drugs in New York City, the Black and Latino GBM groups were more likely to report having HIV (50% and 34.8% respectively, as compared to 29.2% of men of other ethnicities from the sample), identify as bisexual, have a significantly lower level of education, and reported lower income---data which suggest some significant differences in socio-cultural factors might exist for Black and Latino GBM compared to White or other groups of GBM.

While similar to their White GBM counterparts where Black and Latino GBM have reported the use of drugs as a facilitator to engage in sex with other men (Wilton, Halkitis, English, & Roberson, 2005), these GBM of colour also face additional socio-cultural pressures



which play a significant factor in their reasons for substance use. In a study conducted by Wilton, Halkitis, English, & Roberson (2005), Latino men of unknown HIV status reported greater perceived benefits of bareback sex compared to other groups of men. Researchers suggest this might be due to the Latino “machismo discourse” which influence how Latino men may internalize specific cultural meanings of masculinity as it relates to pleasure, connection, affirmation and exchange, ultimately impacting their sexual risk behaviours as they connect with other men (Diaz, 1998). In a study focused on examining the reasons for stimulant drug use among Latino GBM in San Francisco, researchers noted that Latino men reported use of methamphetamine and cocaine to have more sexual encounters and to fit in socially with other gay men (Diza, Heckert, & Sanchez, 2005).

For the Black GBM communities, the use of methamphetamine could be driving a dual epidemic of HIV and methamphetamine abuse (Halkitis, Parsons, & Stirratt, 2001). Halkitis & Jerome (2008) noted that many Black GBM who use methamphetamine in New York City were less likely to combine use of methamphetamine with other substances such as Viagra, ketamine or ecstasy than other groups of GBM, and may not reside in or be connected to the traditional gay neighborhoods. Results from another study examining methamphetamine use among 52 Black gay, bisexual and heterosexually identified MSM in New York City revealed that methamphetamine use was related to use of powdered cocaine and alcohol, that they often had to obtain methamphetamine from multiple sources and tended to use methamphetamine in private settings such as homes or homes of friends, and those who traded sex for methamphetamine reported higher rate of use in public venues such as bathhouses, sex clubs, sex parties or circuit parties (Jerome, Halkitis, Coley, & The Hope Team, 2009). Researchers have found that many Black MSM did not use the term “gay,” are non-gay identified (NGI), are bisexual or men who have sex with men and women (MSMW), would identify themselves as

straight or heterosexual, or would connect with labels such as “down low/DL” or “same gender loving” (Harawa, Williams, Ramamurthi, Manago, Avina, & Jones, 2008). Such wide range of labels and identities within the Black GBM communities indicate the complex dynamics and factors Black men may face as they navigate socio-cultural issues such as dealing with prescribed gender role conflicts; the secrecy attached to same sex-behaviours; utilizing substances to engage in sex with men, women and trans persons; exchanging sex with others; and their wish to be supported within their own Black communities (Kraft, Beeker, Stokes, & Peterson, 2000).

In a qualitative study focused on the examination of psychological, contextual and developmental factors leading to the use of methamphetamine and engagement in sexual risk behaviours with a sample of 52 Black gay, bisexual and heterosexual MSM in New York City, Jerome and Halkitis (2009) found that the use of the substance was associated with the search for community belonging amongst these men and served as a way to reduce stress associated with various types of stigma faced by Black GBM. In particular, the types of stigma reported by these men include: stigma faced as Black men of colour within the larger dominant gay White community; stigma experienced as a GBM within the Black community; and the sense of self-stigma stemming from internalized homophobia (Jerome & Halkitis, 2009). These Black GBM also reported the use of methamphetamine to escape from the stress of feeling it was inevitable that they would contract HIV as Black GBM, and that methamphetamine use was often associated with settings where these men can connect with other men and be protected from oppressions as related to racism, homophobia, and gender-role expectations (Jerome & Halkitis, 2009). Such motivations for using methamphetamine is consistent with the finding by Harawa, Williams, Ramamurthi, Manago, Avina, and Jones (2008) that Black GBM reported using methamphetamine and substances as a way to rationalize and facilitate same sex behaviours and as a way to cope with multiple forms of societal prejudice such as homophobia, racism,

hetosexism, gender role expectations, and the stress resulting from their wish for to fulfill family expectations and to belong in one's own cultural community.

**Summary of motivations for use of methamphetamine among racialized GBM of colour.** The list of motivations as reported by GBM of colour who use methamphetamine include:

- Methamphetamine is used by GBM of colour to cope with oppressions (i.e. racism, homophobia and heterosexism) from the broader society and one's own community
- Latino GBM may be influenced by the cultural "machismo discourse," and have reported using stimulant drugs sexually as way to fit in socially with other gay men
- Black GBM reported methamphetamine use to reduce stress associated with stigma from the gay community, the Black community, and internalized homophobia
- Methamphetamine use by Black GBM was associated with the search for community belonging and coping with fulfilling family expectations/gender roles
- Black GBM reported using methamphetamine and other substances as a way to rationalize and facilitate same sex behaviours with other men

### **Discussion**

While many existing research on the use of methamphetamine among GBM have focused on the biological and psychological outcomes of chronic use, this research has placed its focus on the examination of psycho-social and socio-cultural factors which influence GBM to use methamphetamine through conducting a systematic literature review. Utilizing a social work informed person-in-environment approach, the literature review examined the various aspects related to the culture, subculture, and identity of GBM who use methamphetamine, as well as the social, cultural, psychological and environmental factors that support their use of the substance. Major themes which emerged from the research show that GBM often utilize methamphetamine

to achieve sexual expectancies and enhance sexual experiences, to promote and facilitate social interactions among GBM as a group, to cope with difficult emotions and use as a way to cope with challenges as a sexual minority or person living with HIV, and that methamphetamine is increasingly used by GBM of colour to deal with the added stress and pressures as racialized and sexual minorities as they relate with their own communities, with the dominant gay, White community, and with the broader society.

Although researchers have established links between the use of methamphetamine and risky sexual behaviour among GBM and caution such behavioural dynamics may elevate HIV transmission leading to a double epidemic, results from this research indicate the use of methamphetamine often create many perceived benefits for GBM. The social motivators for GBM to use or continue using methamphetamine, and the reported benefits of use of this substance include: the ability of methamphetamine to create a sense of closeness and intimacy among its users; to enhance the sexual navigation and experiences of GBM; to serve as a social connector for GBM to connect with others, especially those living with HIV; to feel as part of the gay cultural identity/inclusion due to the popularity and availability of methamphetamine in gay establishments; to enhance self-esteem and confidence and to feel socially acceptance; to deal with negative emotions such as internalized homophobia, shame, isolation and social exclusion as experienced by GBM as a sexual minority; and to cope with and social rejection and challenges of living with HIV. For GBM of colour, methamphetamine is used by men in this group to cope with multiple intersecting oppressions such as racism, homophobia and heterosexism; to fit in socially with other gay men from the dominant culture; to feel belonged in one's community and to cope with the pressures to fulfilling certain family expectations or gender roles; to rationalize and facilitate same sex behaviour with other men; and to cope with the cultural conservatism and homophobia within one's community and the broader society.

**Limitations**

As a systematic literature review, this project is bounded by several limitations. First, the literature and data obtained are mostly limited geographically to the North American region, in particular the US. Though the literature search did not limit the search parameter to only North American sources, out of the 25 articles resulted from the systematic literature search, only 1 article included data from outside North America from Australia. The large number of North American sources resulting from the systematic literature search could be due to the fact that much of the research on methamphetamine use among the GBM population are based in North American, especially the US. As such, the findings gathered in this research may have a geographic bias, and the findings related to the psycho-social and socio-cultural factors which influence and sustain the use of methamphetamine among GBM could only be substantiated within a North American context.

The second limitation of this literature search review is that the research has set its search parameter to scholarly, peer-reviewed articles to the years from 2000 to 2014. Though the search limit from 2000 to 2014 provides a good range of articles of a 14-year period, this limit may have prevented the researcher to gather and review relevant articles dating further back than 2000. As methamphetamine is not a new illicit substance and has its history of use in the US dating back to the 1960's before becoming wide-spread among GBM in the US West Coast in the late 1990's, a wider search parameter with no date limit might produce a more comprehensive literature search with more complete historical background and richer socio-cultural contexts on methamphetamine use and its popularization among the GBM communities.

The third limitation of this research is that as the literature search parameter limits articles to only peer-reviewed scholarly journals. As such, while the data gathered might be more rigorous and more scientifically objective, the literature data compiled did not include other

sources such as white papers or grey literature published by service agencies or government reports which could serve as a valuable sources of data and findings related to the use of methamphetamine by GBM. Since service providers often work on the front-line with GBM methamphetamine users on a daily basis, the tacit and anecdotal knowledge gained by staff members on this target group could potentially provide additional insights on why GBM continue to use methamphetamine despite of known harms associated with the substance. Other sources not included in this literature search include books or non peer-reviewed community publications, which may have inadvertently created a gap in this research by excluding available information on “tweakers,” a colloquial term for those who use methamphetamine, and “slammers,” a term used for those who inject methamphetamine.

### **Research Importance and Future Directions**

This research has helped shed light on the psycho-social and socio-cultural factors and influence as to why some GBM use methamphetamine. Such knowledge allow researchers and clinicians to gain a more holistic understanding of the complex dynamics that come to play on the issue of methamphetamine use in the GBM community by linking the person using the stimulant substance with the socio-cultural environment which he lives in. By gaining a better understanding of the sexual, social and emotional motivators for GBM to use methamphetamine and how such factors play out within the broader systems of the gay community and broader society, researchers and clinicians will become better abled to create interventions that address methamphetamine use among GBM and the associated psycho-social and socio-cultural factors that help sustain the use of methamphetamine among GBM.

While this research had not originally aimed to differentiate the different psycho-social and socio-cultural factors of methamphetamine use impacting GBM of colour, the systematic literature review produced evidence that methamphetamine use is on the rise among

racialized GBM communities. The findings that GBM of colour, in particular Black and Latino men, reported using methamphetamine as a way to cope with oppressions such as racism, homophobia and heterosexism from the broader society as well as from within one's own communities warrant further exploration and investigation as to whether minority stress theory may play a role in explaining the rise of methamphetamine use and corresponding engagement in sexual risk behaviour among GBM of colour (Hamilton & Mahalik, 2009).

Meyer (2003) postulated that sexual minority populations such as GBM face health disparities from the general population as stressors such as homophobia, prejudice, expectations of rejection, and internalized stigma often impact behaviours of the marginalized group and negatively impact their access to care. As sexual and racialized minorities, GBM of colour would not only be subjected to minority stress due to their sexual identities but also due to their race and ethnicities in relation to the dominant culture and values in society. As such, GBM of colour often become a double minority group. While a study conducted by Dentato, Halkitis, & Orwat (2013) did not find conclusive results as to whether minority stressors play a role in substance use behaviours among GBM, the researchers suggest that further investigation in this area can result in useful knowledge in understanding how minority stress may impact individual-level risk behaviours in sexual minority populations of colour.

Future research directions based on findings from this research project calls for further examination of methamphetamine use among GBM of colour and how minority stress may implicate their substance use and overall health. The examination of minority stress can also be applied to various subsets of GBM such as persons living with HIV and men who are aging as these men may face additional minority stressors due to their belonging to non-dominant groups within the GBM and broader dominant society. Further research focused on gaining a better understanding of psycho-social and socio-cultural factors and minority stress related to

methamphetamine use in GBM communities can help elucidate more appropriate and effective interventions and HIV prevention messages to specific sub-groups of methamphetamine-using men and lead to better health outcomes for this target group of men.



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Figure 1:

### Flow Diagram of Article Selection Process

