

# The Socio-Cultural Context of Substance Use among Gay Communities in Vancouver, BC

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Sex, Stigma and Substance Use: Gay Men and Risk  
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**CHANGING THE COURSE** OF THE  
**HIV PREVENTION, ENGAGEMENT AND**  
**TREATMENT CASCADE**



# Formative Research

Purpose	Study design & planning
Methods	24 KII, 6 FGD, 39 community mapping exercises
Key questions	Where do MSM live, gather and play?
	Which sub-groups of MSM might be difficult to reach?
	By which categories does the community self-organise?

- Findings from Momentum formative research indicated that substance use patterns structure social-sexual environments for Vancouver gay men.<sup>1</sup>
  - Substance use patterns were associated with particular neighbourhoods and social spaces
  - Social identity groups have unique substance use patterns and those who abstain from use may be socially isolated

1. Forrest JI, Stevenson B, Pai J, Michelow W, Roth EA, Moore D, & Hogg RS. Substance use preference and social-sexual desire in structuring social environments for MSM in Vancouver, BC: implications for Respondent Driven Sampling (RDS). 21st Annual Canadian Conference on HIV/AIDS Research (CAHR). April 2011. Montreal, Quebec.



# Substance use and sexual risk

- MSM more likely to use multiple substances, and use substances with sex<sup>1</sup>
- Certain substances have specific sexual uses for gay men
- Substance use may be associated with a greater risk of transmission of HIV<sup>2</sup>

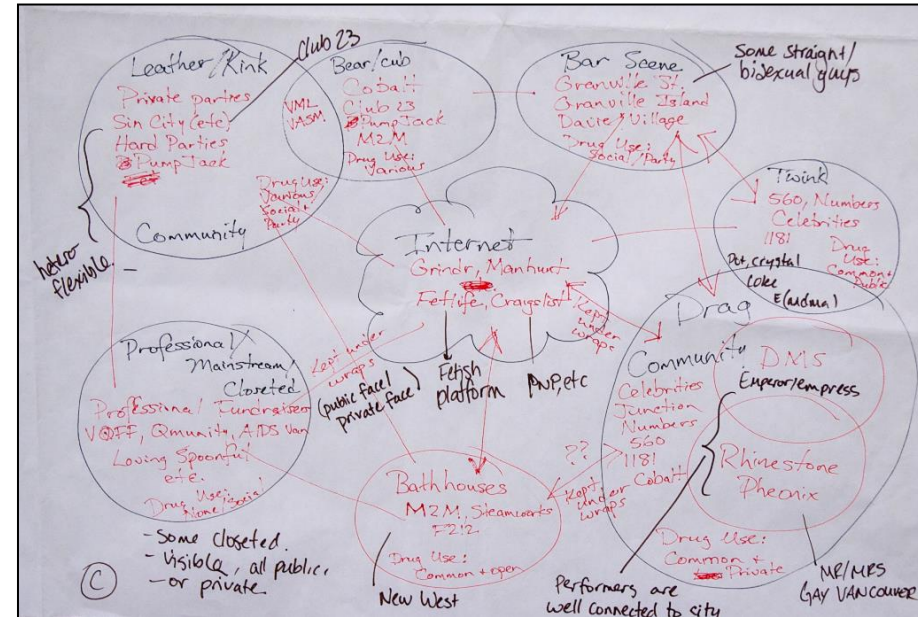
1. Stall R, McKusick L, Wiley J, Coates TJ, Ostrow DG. Alcohol and drug use during sexual activity and compliance with safe sex guidelines for AIDS: the AIDS behavioral research project. *Health Educ Behav.* 1986;13:359–71.

1. Beckett M, Burnam A, Collins RL, Kanouse DE, Beckman R. Substance use and high-risk sex among people with HIV: a comparison across exposure groups. *AIDS Behav.* 2003;7:209–19.



# Methods

- Semi-structured qualitative interviews were conducted with twenty (20) respondents
- Purposely sampled from the Momentum Health Study cohort
- Interviews were structured through use of an interview guide and community maps as prompts
- Open ended interview questions were developed based on formative research findings and literature





# Analysis

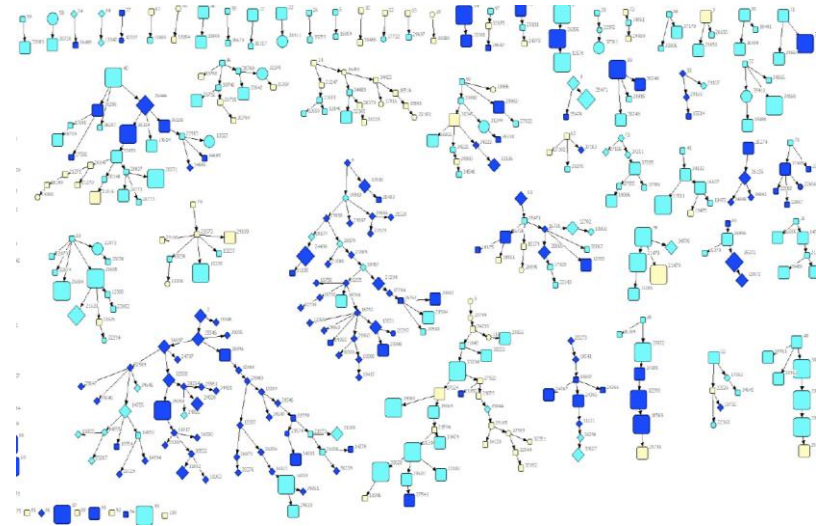
- Audio recorded interviews were transcribed verbatim and a thematic analysis was conducted
- Phenomenological approach framed the analysis<sup>1</sup>
- Transcripts were systematically reviewed to identify emergent themes
- Transcript data was analyzed using Nvivo

Green J & Thorogood N. Qualitative methodology and health research. In: Qualitative Methods for Health Research. 2<sup>nd</sup> ed. Los Angeles: Sage; 2009. p. 3-34.



# Interview participants

- 20 gay and queer identified men
- Mixed sero-status sample  
(HIV+ n=6, HIV- n=14)
- Living in the Greater Vancouver Region
- Had been sexually active with other men within the previous six months
- Age range: 20's to 60's (median age category: 20's)





# Substance use as a social activity

The narratives of gay men indicate that substance use is a social activity among Vancouver gay communities and sites of consumption as social spaces

*A lot of the time social events are catered towards drinking or drug use even if it isn't heavy drug use. It could be casual or recreational. ... A lot of the time those are in the environment of our social spaces that we share." (HIV negative, 20's)*



# Substance use as a social activity

Participants described drug and alcohol use as way to participate in gay communities

*And I think a lot of drug use is like a social activity and a way to find community and I think that's what most guys are looking for and I think that's probably one of the ways to get it, just like going to like a church or whatever. I think that's what people are often looking for and I think a lot of people in the city are super isolated and that's probably one of the ways that they can find people. (HIV negative, 20's)*

*And then of course when you start doing MDMA at a club, it becomes this dance fast and everyone's loving each other and like it kind of forms this like really beautiful community for like a really specific amount of time. (HIV negative, 20's)*





# Social-sexual context of substance use

## Gay men's narratives described substance use as a facilitator of social inclusion

*And, you know, whether you're included in that or not it tends to be obviously, people who are using drugs tend to congregate together and if you're not using drugs you get somewhat excluded or you self exclude just because you don't feel like you belong. (HIV negative, 30's)*

*It's like I can't do sober. I got to drink something because then I'll like put aside my thoughts and I'll actually start talking to random people and hopefully I'll meet some people to hang out with. (HIV negative, 20's)*



# Social-sexual context of substance use

Participants described alcohol and drug use affecting sex-seeking behaviour within social spaces

*If you don't do drugs then you're not invited to any parties or you're not, a lot of people I found also sexually, if you're not doing drugs then you're out. (HIV positive, 50's)*

*Typically that I'm drunk my like inhibition lowers and I might as well just go find someone. (HIV negative, 20's)*

*I never knew a bathhouse when I was sober. (HIV negative, 20's)*



# Substance use over the life course

Participant reported that gay men's attitudes and behaviours around substance use will shift over their lifetimes, with more use among younger men

*There was a time where my friend circle was ... doing a lot of different drugs...And then the group dynamic all just kind of like went from there and just slowly kind of changed and that kind of just went away and so it's just kind of how ... maybe because we grew up a little bit and so we just stopped and so like now it's very infrequent and some of them are in jobs where they might be drug tested so they're just totally ... they're like no, can't do it, job's more important...the dynamic just changed over time. (HIV negative, 20's)*



# Substance use over the life course

Participant narratives indicated substance use as more common during the 'coming out' period of gay men's lives

*I think when you're first coming out, it's really hard to go into a gay club without being drunk. I know I had that struggle, like just I've been to a gay club sober and it was terrible. (HIV negative, 20's)*

*When you're young you like to experiment, okay? And so there's that, the curiosity of experimentation. Also, because you're young I see that as wanting to belong, 'cause they have an assumption that, "I should be trying these things or doing these activities to belong and be accepted." So ... because I think they haven't lived long enough to gain a confidence of who they are and ... and feeling confident enough who they are no matter where they go and they have to feel they have to belong to the certain group or whatever, to feel this confidence of acceptance. (HIV positive, 60's)*



# Conclusions

The perspectives of gay men participating in this study suggest that:

- Substance use takes place within a complex HIV *risk environment*<sup>1</sup>, serving a number of social-sexual functions among Vancouver gay communities.
- While drug and alcohol use can be associated with HIV transmission risk for gay men, it can also be a form of resiliency and community connectedness
- Effective health prevention and promotion interventions must take into account that substance use changes over the life course<sup>2</sup> for gay men

1. Rhodes T. The risk environment!: a framework for understanding and reducing drug-related harm. *International Journal of Drug Policy*. 2002;13(2):85-94.
2. Cohler, Bertram J, and Phillip L Hammack. 2006. "The Psychological World of the Gay Teenager: Social Change, Narrative, and 'Normality'." *Journal of Youth and Adolescence* 36 (1) (July 22): 47-59. doi:10.1007/s10964-006-9110-1.



# Next Steps

- Mixed methods analysis:
  - Use Momentum psychosocial data
  
- Further qualitative exploration:
  - How the interaction between substance use and social coping changes over the life course



# Acknowledgements

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## Clinical Coordination & STI Screening



## Research Consultation





Thank you. Questions, suggestions?

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