

THE MEANINGS GAY MEN ATTRIBUTE TO METH AND SEX:  
A QUALITATIVE STUDY

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## **Abstract**

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### The Meanings Gay Men Attribute to Meth and Sex: A Qualitative Study

Sexual encounters among gay men produce distinct meanings when methamphetamine is involved. Few studies have inquired about the meanings gay men ascribe to their meth and sex encounters. We have yet to ask, what meanings do these experiences hold and how are they constructed? Using qualitative data gathered from one-on-one semi-structured interviews with eleven men, at least 18 years of age and who report using meth during sex with another man in the past 90 days, this study explored the meanings constructed from the participants' meth-sex experiences. The analysis revealed several important themes helping to explain why these men use meth and have sex with other men including belonging; being in, searching for and falling out of love; having sex for 12 hours; dealing with HIV; and, confronting addiction. The findings impart a meaningful role for belonging, love, sex and disease as socially constructed through the intersection of the body, mind, social interaction and the environment in which lived experiences unfold. Previous research supports several of these themes while at least one theme, i.e. love, extends our understanding of meth and sex among gay men. I assert belonging binds the themes together. The desire to belong came across more powerful and determining in its meaningfulness than the risks associated with sexual encounters where meth is present.

Eric R. Wright, PhD, Chair

## Table of Contents

Introduction.....	1
Background.....	3
<i>Meth, Sex and Disease</i> .....	3
<i>Gay Men’s Meth Use</i> .....	4
<i>Meth Meets Sex</i> .....	4
<i>Meth and the “Bareback Community”</i> .....	5
Theory.....	7
<i>Embodiment – Socially Constructing Meaning through the Body</i> .....	9
Methods, Data Analysis and Sample .....	11
<i>Methodology</i> .....	11
<i>Sample</i> .....	11
<i>Recruitment</i> .....	13
<i>Research Instrument and Content</i> .....	14
<i>Data Analysis</i> .....	15
<i>Human Subjects – Protecting Confidentiality</i> .....	16
<i>Incentive</i> .....	16
<i>Reflexivity</i> .....	17
Findings.....	19
<i>Belonging</i> .....	19
<i>Being in, Searching for and Falling out of Love</i> .....	22
<i>Having “Sex for 12 Hours”</i> .....	26
<i>Dealing with HIV</i> .....	30
<i>Confronting Addiction – “What a meth I’ve made!”</i> .....	34
Discussion and Conclusion.....	38
Appendix I: Interview Schedule .....	45
Appendix II: Screening and Recruitment Scripts .....	49
References.....	52
Curriculum Vitae	

## Introduction

Gay men are guardians of the masculine impulse. To have anonymous sex in a dark alleyway is to pay homage to the dream of male freedom. The unknown stranger is a wandering pagan god. The altar, as in prehistory, is anywhere you kneel (Paglia 2012).

When sex transcends gay men, it connects them in an environment they construct “anywhere [they] kneel.” The construction of sexual encounters between men takes on distinct meanings when methamphetamine (meth) is involved. At one end of this construction lies the risks and at the other end the benefits (see CDC 2007 regarding risks). Along the path from meth initiation, some gay men turn to meth to help mitigate stigma regarding their sexuality and behavior, and some gay men, even the same ones, to have fun and be social (Reback 1997). Even when faced with risks, more and more gay men report using meth. In fact, Reback asserts “Methamphetamine (‘crystal’) use among gay and bisexual males has risen considerably over the past decade” (1997: vii). This finding suggests that regardless of HIV and other negative consequences, gay men are not deterred from sexual encounters where meth is present.

Recently, Dean extended Reback’s assertion when he argued, “After two decades of safe-sex education, erotic risk among gay men has become organized and deliberate” (2009: ix). Unfortunately, our scientific lens remains fixed on the meth-sex relationship as destructive. We tend to ignore how meth and sex may also be meaningful in functional, even pleasurable ways. Few studies have considered the relationship gay men have with meth and sex as reflective of risks *as well as* benefits. Investigating the meanings gay men attribute to meth and sex contextualizes the risk-benefit continuum as lived experiences producing constructed meanings.

Epidemiology, bio-medicine, the social sciences, pharmacology and psychology contribute to the literature on gay men's sexualized meth use and the associated risks. We understand the detriments resulting from the combination of meth with sex, the sexual motivations for meth use and the prevalence of use; yet, we understand little about the meanings ascribed to meth-sex experiences and how these meanings take shape. The meanings gay men attribute to sex while using meth provides a sociological view of how gay men contextualize their embodied experiences when combining these two behaviors. This paper explores the meanings gay men ascribe to meth and sex. Using qualitative data, the following explores the meanings the eleven male participants attributed to their meth-sex experiences with other men.

## **Background**

### ***Meth, Sex and Disease***

Where the literature is clear regards gay men's meth use and sex with other men as facilitating a host of health risks and disease outcomes. For example, Hall et al. (2008) estimated 57 percent of HIV incidence (new cases) occurred among men who have sex with men (an epidemiological concept including gay, bisexual as well as non-identified men who engage in sexual behaviors with other men) through unprotected sex and/or sharing needles during injection drug use encounters (substance injected not defined). In addition, MSM, especially gay and bisexual-identified men, live in a community with a 19 percent HIV prevalence rate (19 out of every 100 gay men are living with HIV) [CDC 2010a; higher in Schwarcz et al. (2007) who reported a 25.2% prevalence rate]. Thus when considering both incidence and prevalence, HIV shall remain a foreseeable threat to gay men's health and well-being. Meth use complicates these rates (Schwarcz et al. 2007; Ostrow et al. 2009; Mimiaga et al. 2008; CDC 2007).

Gay men's meth use during sexual encounters links to a host of additional social and public health concerns. For example, in 2006, 64 percent of syphilis cases occurred among MSM (CDC 2010b). Meth use uniquely impacts these rates (Shoptaw and Reback 2007). Diep et al. (2008) found multidrug-resistant, community-associated methicillin-resistant *Staphylococcus aureus* (MRSA) occurs in MSM at a rate eight times higher than the general public. The authors note meth use was significantly influential given its association with unprotected sex (2008). The overwhelming assertion is that MSM's meth use, when coupled with unprotected sex, results in discrepant disease rates.

Viewing meth and sex as solely problematic, however, ignores the meth-sex relationship as meaningful in ways unexplained by the risks and detrimental outcomes.

### ***Gay Men's Meth Use***

Gay men's meth use prevalence rate demonstrates there is something regarding meth distinctly appealing to these men. In fact, gay men report significantly more meth use compared to the general public. The 2009 National Survey on Drug Use and Health reported, at its reporting period peak, meth prevalence in the general public reached 0.3 percent (Substance Abuse and Mental Health Services Administration 2010). Among gay men, Stall et al. (2001) note previous six month meth use prevalence averaged 9.5 percent. Schwarcz et al. (2007) reported a 13.5 percent past month meth use prevalence rate among MSM and slightly more than four percent reported weekly or daily use (also see Ostrow et al. 2009).

Gay men report initiating meth use in a social context and for social reasons. Overwhelmingly gay men report their initial meth use occurred with others and from the desire to be social (Parsons, Kelly and Weiser 2007). Halkitis and Palamar (2008) note, "Many gay men are likely to be introduced to the use of the club drugs (including meth) while partaking in the club scene, where they gain access to these substances, and receive social support for use from their peers" (2008: 876). Therefore, meth use initiation takes place in a social environment and from a desire to be social. Given the significance of sex for gay men (see Paglia's quote above) meth's association with sex makes sense.

### ***Meth Meets Sex***

A unique and socially-defined relationship between meth and sex takes shape among gay men (Green and Halkitis 2006; Reback 1997). Indeed, when meth meets sex



gay men demonstrate a specific experience. This assertion is supported in the literature, which describes the relationship between meth and sex as a distinguishable experience according to one's gender (Cheng et al. 2009) as well as HIV risk group (Twitchell et al. 2002). Specific to gay men, an "intense association between methamphetamine use and sexual behavior" often results in unprotected sex, which is not necessarily the case among meth using women or other HIV risk groups (Gorman et al. 1997: 509; supported by Halkitis, Murherjee and Palamar 2009). Semple, Patterson and Grant (2002) found "84 percent of the sample reported engaging in sexual risk behavior (e.g. unprotected anal sex) when high on meth" (p. 151). Semple et al. (2006) state, "Anal sex with both serostatus partner types (HIV negative and positive) was primarily unprotected" (p. 465) among gay meth users. These findings suggest a strong relationship between meth use and unprotected sex among gay men; combined, these behaviors contribute to discrepant rates of disease, e.g. HIV (Plankey et al. 2007). The link between meth and sex takes on additional significance given its emergence in the gay community's "bareback" subpopulation.

### ***Meth and the "Bareback" Community***

Meth and sex occurs in a gay subpopulation coalescing around the desire for sex minus socially-imposed restrictions or barriers, e.g. condoms. The literature reflects on the evolution of a gay "bareback" subculture, which accepted meth as facilitating their goal of unconstrained and condom-less sexual encounters (Dean 2009; Halkitis et al. 2005; Reisener et al. 2008). For gay men into barebacking, meth allowed them to have sex on their own terms (Reback 1997).

Psychologically and pharmacologically, meth's properties link to a host of motivations, both sexual and non-sexual. Jerome, Halkitis and Siconolfi (2009) found seven dominant motivations grouped according to physical, emotional/mental and social components associated with club drug use, which included meth. Physically speaking, stamina, intense and pleasurable sex as well as disinhibition were motivations for drug use. Emotionally speaking, the participants reported uniformity in group perspective as well as a means to escape from undesirable life situations as motivating meth use. Socially speaking, drug use broke down insecurities allowing the participants to feel accepted and desired by their counterparts (p. 437-441). These findings support a sociological interpretation of meaning construction as an embodied experience. These meanings and motivations find meth to be "a powerfully addictive stimulant drug" (Buchacz et al. 2005: 1423). Furthermore, meth impacts the central nervous system's neurotransmitters resulting in "euphoria and pleasure" (National Institute on Drug Abuse 2010: 1).

In summary, they conceive a gay man maintains motivations including to be a social and sexual person. These motivations lead him to social interactions more likely to include meth. Experiences with meth and sex bridge the drug's pharmacological properties with motivations. The bridge between meth and sex takes shape within an organized subculture socializing participants around meth as a means to foster bareback sex (see Becker 1953 for a theoretical explanation of drug use's socializing process). From this perspective, however, we are to believe encounters are simply a means to fulfill motivations. The present study asks whether gay men's meth-sex experiences result in meanings which help further our understanding of why they use meth and have sex.

## **Theory**

The literature asserts a subpopulation of gay men constructed a unique social experience with meth and sex related to their desire for bareback sexual encounters. The combination of meth and sex is highly stigmatized, and the stigma tends to cloud our theoretical lens given most inquiry regards these combined behaviors as problematic. Reback (1997) asserts the relationship gay men have with meth and sex is socially constructed. Arguing meth and sex is a social construction requires a socially-defined experiential interpretation that is ever evolving and interacting.

Ritzer (2008) argues that Berger and Luckmann initially asserted social construction as an ontological means “to illustrate the social nature of phenomena and to debunk myths of ‘naturalness’ or ‘inherency,’” (p. 511). Thus, gay men were not born to be meth users who desire unprotected sex nor is meth use and sex a rider on their identity. From this perspective we conceive the meth-sex phenomena among gay men as shaped by shifting social contexts, e.g. the development of a gay community, the discovery and spread of HIV as well as developing subpopulations such as barebackers. Wallace and Wolf (1991) interpret social constructionism as “the process whereby people continuously create, through their actions and interactions, a shared reality that is experienced as objectively factual and subjectively meaningful” (p. 312). This asserts the meanings attributed to meth and sex among gay men results from shared experiences.

As described previously, the literature regarding gay men’s initiation to their ongoing use of meth highlights social motivations. We can envision a situation where gay men who ascribe meanings to meth and sex “construct” communally-shared meanings stemming from and passed on during their interactions. The players involved as well as

the context the events unfold explain how events – consisting of persons in place – foster meanings that illuminate why these men have sex while using meth even when they understand the associated risks. The lived experience, as an embodied experience, is a vital aspect of the social constructionist perspective.

The meth-sex body of knowledge focuses on the behavior’s ecology as primarily a psycho-medical process. We rarely discuss, let alone investigate, the physical aspects of meth and sex as a social process – the lived embodied experience. Freund (1988) supports this claim when he states “social science...assigns mind priority over body, and severs it from its embodied form” (p. 839). This perspective, however, ignores the role of the mind’s relationship with the body, as argued by Green (2008). The current situation leaves us in a position whereby,

...neither anthropology nor sociology have clearly articulated assumptions about human physiology nor have they developed the connections between the physical body and various levels of sociocultural reproduction and social life (Freund 1988).

In addition, we must incorporate Green’s argument that “sociological accounts that gloss psychological process are not sociologically reductive but, rather, not sociological enough” (p. 598). Fusing Freund and Green’s perspectives shall allow us to develop a more complete sense of embodiment as a physical, psychological, social and environmental experience resulting in the social construction of a meaningful phenomenon, i.e. meth use during sexual encounters. This study contributes to this discussion by considering how meth-sex encounters among men are embodied and thus socially constructed through the mind, body, relationships and context.

We “are increasingly aware that the social actors that populate theories *have* (emphasis in original) bodies that are integral to human existence” (Freund 1988: 840).

Ignoring the body, indeed ignoring any aspect of the social construction process partially blinds us to the theories' capacity to explain. To render an application of embodiment to meth-sex encounters among gay men requires an explanation of the theories' assumptions, benefits and shortcomings.

The mind and body interact in social settings resulting in shared meanings. The body manifests the mind's desires and "fights or flights" in the presence of its fears. The mind cannot directly interact with others; therefore, the mind is reliant on the body with its face, appendages and sensors to create action. "It is only through our bodies that we experience the social world and the very possibility of a social world rests upon our embodiment" (Crossley, as stated in Messerschmidt 2012: 41). Events, even the stories rendering the events real, are embodied by vocal chords, eyes, ears and the skin, and our experiences are shaped by our mental capacity as well as the context in which they unfold. "The mind and the body are inseparably linked" (Messerschmidt 2012: 41). In total, social construction depends on embodiment to experience and thus produce meanings.

### ***Embodiment – Socially Constructing Meaning through the Body***

Messerschmidt sums up embodiment as a process of meaning construction when he states, "Meaning inheres in the explicit appearance and behavior of bodies, which are publicly available through our participation in social interaction" (p. 42). Crossley (2001) supports this assertion when he states, "The individual belongs to a group or variety of groups and develops his or her habits therein" (p. 84). In fact, Messerschmidt again quotes Crossley in the assertion "it is these others...towards whom the actions are oriented" (p. 42). Finally, the environment also plays a part in meaning construction as

claimed by Messerschmidt. He notes, "...the body is social and social settings are created through intercorporeality" (p. 43). This rudimentary view of meaning construction as an embodied practice informs us that to apply embodiment theory to meth use during sexual encounters among gay men we must consider the person as a physical and psychological being engaged with others (and their physical and psychological self) in specified settings. To ignore one aspect is to devalue that aspect. As a result, we fail in our conceptualizing as well as operationalizing meaning construction.

Using the previously stated framework we can begin to theorize how meth use during sexual experiences among gay men foster meanings. Gay men desire to be social as well as sexual. These desires take shape as psychological processes informed by social experiences, yet require the body to express interest through the penis, hands, lips and fingers – all parts of the physical being. When two or more gay men share a sexual interest they find a place in order to engage this interest. Together these men make the psychological and social happen through bodily manifestation. At the same time they also use their embodied practice to consume meth, making their interest all the more unique. Thus, the psychological, physical, social and environmental context produces meanings. This study considers how the participant's experiences are embodied and thus result in particular meanings.

## **Methods, Data Analysis and Sample**

### ***Methodology***

The data stems from one-on-one interviews. The study's aim was to illuminate and better understand the meanings gay men ascribe to their use of meth during same-sex sexual encounters as embodied in construction. Eleven men participated in this study. Participants had to meet the following eligibility criteria: (1) they had to report being 18 years of age or older; (2) identify as a gay man; and, (3) report having sex with at least one other man while under the influence of meth in the previous 90 days.

### ***Sample***

The population has been referred to as MSM, gay and bisexual men. MSM, the most frequently used label, focuses on one's behavior irrespective of identity. This label regards what one does as definitive rather than who one is or what they desire. Yet, not all inquiry reviewed sampled MSM as these other investigations sampled for identity and preferences as distinctly relevant. Typically, investigations sample one or the other. I set out to consider behavior as well as identity as relevant distinctions with identity and behavior as conditional to the concept of "gay." However, participants reported a range of identities such as bisexual and homosexual as well as gay during their interview. While homosexual and gay align, an argument can be made they are distinct. I selected to treat homosexual the same as gay. I felt their meth use and sexual engagement with other men, as well as primary desire toward men, to be foundational regardless of the terminology they used to label themselves. This was also the case with the one bisexual participant. While bisexuality stands distinct from gay and homosexual, the one

bisexually-identified participant disclosed a primary attraction to men, thus I chose to include his interview in the final analysis.

This purposive sample followed a chronological scheduling pattern with no restrictions beyond meeting inclusion criteria and voluntary participation. Screening (see Screening and Media Scripts in Appendix II) followed a passive approach in which participant's self-referred. Each potential participant was oriented to the voluntary and confidential nature of the study and screened for inclusion criteria. All participants responded "yes" to the question of a gay identity during screening, thus why they were extended an invitation to participate. Upon completing the screening process the participants were asked if they were interested in scheduling an interview. Scheduling included interview location, date, time, means of identifying each other without discussing sensitive topics, e.g. through the use of nickname and general appearance (see Human Subjects – Protecting Confidentiality for further details) as well as whether they felt a reminder call would assist in keeping their appointment. The final sample's background is presented in Table 1.



**Table 1: Sample Demographics**

Nickname*	Age	Race/ Ethnicity	Sexuality	Age at first sex with another man	Age at first meth use	Age at first meth use and sex with another man
Batgirl	49	White	Gay	14	30	30
Superman	49	White	Homosexual	10	28	28
Thor	43	White	Gay	14	32	32
Green Hornet	48	Black	Bisexual	13	22/23	“Years after first use”
Spiderman	42	White	Gay	13/14	17	“Probably 17”
Robin	20	Latino	Gay	12	14	(missing)
Hulk	29	White	Gay	15	19/20	19/20
Captain America	43	White	Gay	20	29	29/30
Hawkman	41	White	Homosexual	12	17	19/20
Iron Man	57	White	Gay	38	48	48
Aquaman	42	White	Gay	9	34	34

\* Some nicknames were changed for the convenience of the reader as these participants’ selected previously selected nicknames. Participants are presented here in the order in which they were interviewed.

### ***Recruitment***

Recruitment involved passive methods. These methods included distributing rip-tab fliers, posters and advertisements. Fliers and posters were sent to professionals working in fields related to the research question, e.g. HIV and addiction treatment, as well as posted in spaces frequented by gay men, e.g. bathhouses. A print advertisement was run for two consecutive months in a gay community-based monthly newspaper. Most participants cited this later forum as their primary recruitment source. In addition, I sent a series of electronic communications to contacts working with gay men especially those who use drugs. Finally, in accordance with “snowball” sampling, I asked

participants as well as callers to refer others they think may be eligible and interested in participating.

### ***Research Instrument and Content***

The interview schedule (see Appendix I: Interview Schedule) solicited participant stories regarding sexual experiences, meth experiences and the relationship between these two behaviors. The schedule followed a semi-structured process beginning with demographic questions, i.e. age, sexual identity, age when they first had sex with another man, age at first meth use and age at first sexual encounter involving meth. To introduce the primarily qualitative interview structure I inquired about the participant's "coming out" process. From this initial snapshot I posed four open-ended questions about meth, sex, meth and sex as well as the meaning they attribute to these experiences. These questions informed the primary research question. The final question sought to contextualize meth and sex more broadly. This question asked about love, intimacy and affection in their life. Corresponding probes elicited additional details pertaining to the stem question. For example, one probe asked the participants to reflect on the benefits and risks related to their meth use and sexual behavior. This question helps to understand the role knowledge plays in their experiences and the decisions they make regarding these experiences. Finally, I provided participants an opportunity to add additional details or pose a conversation thread not explored by the schedule.

The interview captured detailed data through a word-for-word transcription of the interview, thus the data emerged "in vivo." The strength in taking this approach stems from the participant's voices as the driving factor behind the analysis and findings. However, this approach failed in capturing the nuances expressed by facial expressions

and vocal intonations, which may have provided additional dynamics regarding the findings. Clarity was achieved during the interviews to help ensure validity of the responses recorded. Thus, I checked for misunderstandings during each interview to ensure the intended response was captured. Data was assessed for common as well as discrepant experiences.

Interviews were transcribed then analyzed in accordance with interpretative phenomenological analysis (IPA). IPA was selected for its interactionism perspective where “meanings are constructed by individuals within both a social and personal world” (Smith 2003: 52). Furthermore, IPA focuses on qualitative analysis with rich details unique to the individual as well as their social environment. IPA is best applied when studying a small sample with a “detailed case analysis” (p. 54) of responses to a semi-structured interview schedule. I selected to apply IPA as a methodology treating analysis as a process thereby offering a “how to” framework.

### *Data Analysis*

IPA provided a step-by-step approach to analyzing the qualitative data collected. Each interview was transcribed from a tape recording. The transcription was then formatted into three columns with the original text in the middle column. The first four interviews were coded line-by-line to help ensure codes emerged as close to “in vivo” as possible and that no point made by the participant was ignored. A focused coding identified salient themes in the other seven transcriptions as determined from the initial line-by-line process. “Theme titles” (ibid: 68) were noted in the right-side column. Each transcript followed the same read through pattern. Once all transcripts generated codes common codes (or rather, “themes”) were listed in the left-hand column. Themes were

compared for linkages as well as divergence among participants. The results were compared to the research question regarding meanings attributed to meth-sex experiences. Themes at the individual and sample level served as relevant data informing the research question.

### ***Human Subjects – Protecting Confidentiality***

To protect participants' confidentiality I asked each potential participant to select a super hero nickname rather than providing their given name. In addition, I used a tape recorder allowing for voice distortion during the interview, thereby forgoing identification based on the unique nature of participant voices. Indiana University's Institutional Review Board approved the study as Exempt (Study #1111007511), which allowed the participant to forgo signing an informed consent. Participants face a potentially precarious situation as the study asks them to provide details regarding illegal and stigmatized behaviors. Providing participants an opportunity to verbalize their agreement to participate met the ethical responsibility regarding the voluntary nature of the study while protecting the participant's confidentiality. Voluntary agreement remains essential to establishing trust and promoting honesty. Finally, all written materials linking the participant to their identity or means of identifying participants were destroyed or deleted within the agreed upon timeframe; typically after transcriptions were completed and verified.

### ***Incentive***

All participants were compensated with a gift card for their time and effort. A \$30 gift card addressed ethical concerns related to providing cash to potentially active drug users as this study maintained a position to "do no harm." Incentives recognize a

value in providing personal details pertaining to illegal or non-normative behaviors while conferring reward for one's time.

### ***Reflexivity***

This study is grounded in personal experiences with meth and sex with other men. These experiences have fostered particular meanings, which I intended to support or refute as a result of this study. Situating my experiences in the context of this study is critical to understand why I chose this research topic, the guiding theory of embodiment, as well as to provide the reader a framework in understanding the findings as well as the methods selected to engage my participants. This framework is best explored as a reflexive statement summing my past experiences.

In the early morning hours of New Year's 2000 I sat in my bedroom, wide awake and reeling from the ecstasy and gamma hydroxybutrate (GHB) I used during the prior evening's celebration. Wanting to be with others I got online and arranged a sex date. We exchanged personal characteristics and sexual interests resulting in an invitation to join him at his place. Once behind his bedroom door I recognized the glass pipe lying on a bedside table as well as the odor wafting through the air. Shortly after I arrived my host offered to share his meth, which I accepted. While I had used meth prior to this encounter I had not had sex while on meth. For hours we smoked meth and had sex. The sex was intense and enduring in a manner I had previously not known. This experience revolutionized how I encountered sexual partners as well as how I viewed myself as a sexual and social gay man. By the time I left his place I birthed an addiction to meth as well as altered my sexual self. In addition, as an academic, I began developing a

curiosity regarding the meanings gay men attach to their meth use and sex; what drives us to use and what importance does meth and sex play in our lives?

This inaugural experience led to nearly a decade-long relationship with meth and sex. For approximately three years I was a “weekend warrior.” Every Friday afternoon I would contact my dealer. In the beginning a quarter gram would typically last from Friday evening through Sunday; yet, as the years passed a quarter gram grew into a gram and throughout the years most of those encountered brought their own meth to augment what I contributed. Once a supply was in hand my attention typically turned toward procuring a sex partner.

From 2000 until 2003, the internet complemented the telephone as convenient means to connect with other men for sexual encounters. If these means failed there was always bathhouses, public parks and nightclubs. In San Francisco, walking down the street posed a sexual opportunity. The options available helped ensure success and with the growing number of men seeking bareback sex this helped ensure meth had a place in these encounters.

Sex while high on meth is an experience involving duration as well as intensity. As discussed in the motivation literature, sexual disinhibition results from meth use as does marathon sex. For example, I once had sex with a guy over a 24 hour period in which he ejaculated over two dozen times. My experiences were often affirmed in the stories told by study participants.

## **Findings**

My review of the interview data regarding the meanings gay men attribute to their experiences with meth and sex identified five themes. The theme titles and related data are presented and explored in detail below. The analysis revealed several important themes helping to explain why these men use meth and have sex with other men including belonging; being in, searching for and falling out of love; having sex for 12 hours; dealing with HIV; and, confronting addiction. Some themes were more salient among particular participants and at times participants disagreed with one another regarding the meanings of their experiences. The experiential range is presented for a richer interpretation of the findings.

### ***Belonging***

Belonging emerged as a central theme among nearly every participant. Belonging provides these men a sense of worth and presence that they matter. When describing their experiences with belonging, the men sometimes referred to it by describing their sexual experiences while on meth, as well as being around other gay men and with their friends and family. Yet in at least one occurrence, belonging no longer seemed to provide a meaningful experience.

Belonging means cohesion is possible between individuals as well as within a community for it binds gay men in a network. Belonging somewhere and with someone matters; mattering can take shape at various times and under a variety of circumstances. For example, Captain America sums the situation best in the following, “It [meth] allowed me to have more energy, to *enjoy my friends* (emphasis added), the clubs and the music....you do have something to say to people that they want to hear.”

When discussing the meanings of his meth and sex experiences Superman noted, “It [the meth-sex experience] to me can still be that incredible heightened feeling of you exist. You belong. That somebody else is taking the time to share with you.” However, Superman goes on to conclude, “More often than not it is only a chemical romance.” Superman clarifies what he means by this when he states, “Chemical romance is [when] only the chemicals are producing something that may not have occurred otherwise.” Thus he does not seem convinced that when engaged in meth-sex encounters that one’s belonging is genuine.

The Green Hornet discussed his experience with meth and belonging in the following, “When I was younger I wanted to be the person that was the life of the party. ‘He’s ready to have some fun. You know he’s got some party favors or is willing to get some.’” The Green Hornet’s experience was supported by Iron Man who notes, “...it was like a great way to get into the party; to have other guys want to party and all that.”

The Green Hornet and Iron Man’s experiences suggest “partying” as a sense of belonging to a social group. Indeed, Iron Man goes on to state, “It [meth use] was just a great way to make more friends.” Iron Man’s sense of belonging played into his sense of self when he notes, “I do know that when I have friends over...I feel obligated, just to be a friend, just to be nice, from the moment they get there we pull out the pipe and have a little bit [of meth].”

In Captain America’s experience the sense of self resulting from meth was affirmed by others. He states, “...with the drug it became very alluring because I became this very funny person. People said, ‘there is a great energy around you.’ This affirmation, however, didn’t result from meth use; it resulted in the context of meth use.



Such was the case with Spiderman. He states, “It was just part of the thing to do. I just got on board.”

For Robin, the desire to belong led to his taking up meth use after a period of non-use. After losing his partner to a health issue Robin talks about an experience with a friend who reintroduced him to meth. “One time my friend came and got me and said ‘you should try this [meth].’ We went out to a club and everything and I met this dude. We have been seeing each other for about four months now. It [meth use] was like a continuous thing for him. He was doing it and I wanted to do it, so that is really what got me started on the stuff.” Friends and partners were not the only source of belonging related to participant’s introduction and on-going meth use.

In one case, that of the Hulk, family served as the social context in which meth use took shape in his life. When asked about his first use the Hulk states, “I was with my family, my aunt, my uncle and even probably my father at the time.” He goes on to state, regarding belonging, “...those first times, it was crazy but it was fun to me. We really felt like we were having a bond.”

Yet belonging can be perceived both beneficially as well as detrimentally. Belonging can have negative consequences when it involves meth. For example, Iron Man notes, “Then there are times when they go too far, when people are around you because you have it [meth]. That gets real tiring.” This statement suggests that belonging can turn against a person when meth serves as the foundation for one’s sense of belonging.

Aquaman stood contrary to many of the other participants when discussing his more recent experience with meth as he stated a preference for being alone when high.

He claims, “I know what I am like when I am by myself. I know how the buzz is going to play out. If I am with someone else it is a complete wildcard; my whole buzz is pretty much dictated by them.” He goes on to note, “When I am by myself it [meth use] is usually more predictable. I am fine so long as I keep myself busy.”

For at least one participant belonging reflected an experience with being gay more so than regarding their use of meth or in sexual situations. Batgirls’ reflection on belonging related more to his experience in coming out as gay man and discovering the gay community through its bars and clubs. “Oh yea, it [turning 21 and going to a gay bar for the first time] was like, I couldn’t believe it. I went, ‘Oh my God, I’ve belonged here my whole life.’”

Belonging serves as an essential and complex experience in understanding the meanings gay men attach to their use of meth and their sexual experiences with other men as well as their lived experience as a gay man overall. Belonging is a dynamic phenomenon binding us to one another and within a community, at least for most. Belonging can also take shape in the context of loving relationships and one’s search for love.

### ***Being in, Searching for and Falling out of Love***

Being in love is a strong normative expectation and we often expend time and energy searching for that other person(s) to be in love with as well as dealing with love’s ebbs and flows. Like belonging, being in love binds us to another person (or persons) in a manner that helps us to feel a part of something that is meaningful. Superman described his experience with love as,

You know it is just amazing having an incredible partner...I am a hopeful romantic. I know at times that when I have been in love it’s euphoric,

more so than meth ever could have been. You get these incredible feelings of yes you are Superman and you can accomplish anything because you have someone that believes in you, who trusts you and who loves you.

Batgirl described his desire for love in the following, “If I could find some person where I can merge those two things [sex and love] together then well I guess we can start picking out china patterns because that for me would be the ideal scenario.” Robin describes his ideal notion of love as, “You know someone has your back and is supportive and is willing to be there when you need them. That’s love for a person.” Green Hornet supports this description when he states, “I miss being able to have that one individual person that you just know will be there. You know, through it all they will be there. You can’t wait to be with this person. You can’t get that individual off your mind.” For some, this experience with love occurs rather quickly when meth is introduced in a sexual/romantic context.

Regarding love, sex and meth the Hulk notes, “You can use the ‘love’ word right after that [meth use] you know? You can be very easily and quickly in a relationship.” He goes on to state, “You want to love somebody like that [“to be doing drugs, to be having sex and to trust so much of the other person”].” This sense of love was discussed by participants at both the personal and interpersonal level.

One participant noted that using meth does not negate his ability to love and be loved, yet it has impacted his experience with other gay men who use meth. Superman describes his experiences with meth, sex and love in the following.

...suddenly there is this stranger that shows up that is your ideal that is more than willing to get to know you and they do, generally. It is also a quick exit, which isn’t good because a lot of times I look at the whole drug thing as kind of like roulette. The more you at least try to get out there and meet other people; you could eventually meet that life partner.

He goes on to describe his meth-sex experiences in the context of love when he states, “I am a unique individual that has had the capacity to love and to me it’s the majority of time I was on meth I made love to somebody. I didn’t expect anything less from them as well. I wanted the full Monty and I got it.” Captain America supports this position when he states, “I am looking for something deeper and more meaningful.” Both Superman and Captain America’s reflexive statements are shared by other participants.

Iron Man extends Superman’s assertion. In fact, Iron Man notes, “I would say that the guys I know well enough to make them understand that nine times out of 10, when I am able to actually get them to lie down and just hold each other they will always say, ‘This is what I wanted.’” Iron Man’s statement suggests that intimacy and the loving aspect of intimacy is as much a part of the meth-sex experience as sex itself. This assertion is supported by Captain America who claims, “...I have had those connections where it [meth and sex] was very emotional and it is a good thing; there is a good contact. It isn’t just man-on-man sex. There can be more to it.”

Furthermore, Iron Man also extends Superman and Captain America’s assertion beyond the sole encounter. He discussed the role meth played in one of his relationships. “I met somebody and we became very close. We were a couple for five years. With him sex was pretty much impossible unless we used meth, so I did it because of that. I knew we had to find crystal if I wanted to have sex.” The functioning of meth and sex while in a relationship posed such concerns for other participants. Indeed, meth can complicate a loving relationship as was the situation for Robin,

If he [his current partner] is doing it [injecting meth] I can see right now me and him are not going to last very long. It was this thing [using meth] that allowed us to meet...I think he is not ready to settle down and be in a relationship. He was looking for somebody to smooch off of. He currently

is not looking for a job. This is not a plus for me; it is a turn off. That is what is pulling me away from him.

This was also the case for the Hulk who states:

I fell in love and we tried being healthy for about six or seven months but our needs, our expectations for each other got us backed into a corner and so we used together. It was exactly how it is today; it was very dark. It was not very healthy.

Spiderman too discussed his relationship with meth and his partner in complex terms.

Specifically regarding meth he mentioned his role in introducing his partner to the drug and how he now feels about this introduction. "I have gotten him more into it [meth]. I carry guilt about that. He had actually never been to a bathhouse until he met me. I got him doing that as well as being in an open relationship [sex with others]." He goes on to note,

We're not together anymore. It is kind of weird. We have sex together but there is always someone else there. Usually the time we spend together is when we are coming down and we don't really want to be bothered with each other. We don't spend too much time together.

Spiderman accepts his role in how his relationship has taken shape when he discloses, "I find myself conflicted a lot in the relationship...because I don't give much. The selfish part of me comes in and in a relationship it has to be give and take but with me there is a lot more take than give." All the same, love, as manifested in relationships is a meaningful aspect of Spiderman as well as most other participant's experiences with meth and sex.

For gay men who use meth, finding and maintaining loving relationships can be a persistent challenge. When a loving partner is not present we often embark on a path to find someone we can love, and meth can complicate this search. Green Hornet told a story about his most recent interest and how meth is complicating the situation,

I met this young guy down in Memphis and I am trying to bring him up here. I've already been down there twice...He is out doing some crazy shit and I took a liking to him so I have been communicating with him back and forth. I went to spend the weekend with him and that is all he wanted to do was smoke dope [meth]. I am not trying to do all that...He won't take care of himself because he is so busy out here chasing meth...I told him, 'I like you but I don't like this behavior.'

Not all participants feel love is possible when meth is present. Batgirl asserts, "Love is letting down your guard, being vulnerable, telling your worst secrets you wouldn't tell anyone [else]. Being the real authentic you and those are things I couldn't do when I was using [meth]." His sentiment was shared by Aquaman who argued,

I think meth is completely removed from that [love]. I have felt real intimacy and I am not sure I have felt love. I don't think so...real, true intimacy; well I have felt a little bit of it when I was high but mostly not. I think it impairs my ability to feel that.

He concludes his thoughts on the relationship between meth, sex, love, intimacy and affection by stating he does not think he can achieve love if he is still using meth. In many cases meth complicates love.

Experiencing and seeking love is a human condition and this is nonetheless the case among gay men who use meth and have sex. While unique experiences produce individual outcomes, they are meaningful experiences regardless of the outcome. The participants in this study spoke about their hope and desire for love and the impact meth has on their desires as well as their reality. Where participant desires follow a near universal path regards the impact meth has on their sexual encounters.

### ***Having "Sex for 12 Hours"***

Having sex for 12 hours refers to gay men's experience with prolonged, extremely pleasurable and fulfilling sexual encounters with other men. Each participant

directly attributed these sexual experiences to their meth use. For example, Batgirl helped define this theme.

I had met someone in an AOL chat room, because that was back in those days...he had come over and asked me if I wanted to use some crystal meth with him. And I said, 'Gee, I don't know what that is. I never tried it.' But I had used cocaine and other things up until then. So I said, 'Sure why not.' And so I did [use meth] and we had sex for 12 hours before we came up for air.

Reflecting on this first experience later Batgirl goes on to note, "I knew exactly who he was when I first opened the door. I was like, 'Oh my God!' I didn't say all that, but you know he was very attracted to me so we had sex for 12 hours." Batgirl went on to assert that meth played a quintessential role in the amount of time engaged in sex play as well as the perception of that play. "Using the crystal [another term for meth]...made the pleasure last for 12 hours."

Like Batgirl, Superman discussed his experience with meth and sex in terms of its duration, specifically a "12 hour" timeframe. Superman explained that 12 hour sex serves as one of the benefits he derives from his meth use. In addition, using meth became a "happy" place for him in that he had extremely pleasurable and fulfilling sex. In describing the sensations he feels when using meth Superman states, "It is sad to say, it [meth use] became my happy place. It almost felt like flying. There is nothing else to describe it. When you are in that zone of a tantric sex or sex for 12 hours it's incredible."

While the Green Hornet, Robin, Thor, Captain America, Aquaman and the Hulk did not specifically mention a 12 hour timeframe they all mentioned the duration and intensity of their sexual experiences while high on meth as meaningful. For example, the Green Hornet stated, "It [meth] kept me up for two days...it would make the sex better for both of us. If they got what they want, I definitely got what I wanted [sexually

speaking].” Indeed, when discussing the benefits of his meth use the Green Hornet noted, “The only benefit I can see is me using it as tool to get sexual gratification.”

Robin sums up meth’s influence on sexual duration and intensity in the following, “The good part of it is you have some good damn sex. It is good sex. It last longer. There is more of it. You are more enthusiastic. You have the energy. It just brings another spirit inside you that you don’t feel when you are having average intercourse with another man.” Robin later states, “I want more than one time [meaning sex while high on meth]. I want it three or four times and it is three hours...He [Robin’s current boyfriend] can go all night while on it [meth].” Robin’s position on meth and sex found support in Captain America’s statement, “I could maintain my virility longer. I could have longer sex sessions...” He goes on to attribute a unique situation for his sexual self when under meth’s influence when he notes, “I don’t go to the bathhouse [when] not under the influence [of meth]. I would not hop into a sling if not under the influence. I probably [would] not have a three-way, at least I have not, unless under the influence.” Thus suggesting meth as a unique sexual drug, which results in experiences one would otherwise not encounter and thus producing meaning specific to the intersection of meth and sex.

Aquaman spoke of his first sexual experience while high on meth as defining. Regarding ejaculation he states, “I remember feeling it was really arousing; I knew something good was going to come. I knew that and when I finally achieved orgasm it was going to feel fantastic and it did.” This experience was defining as well as distinct as supported when he discussed the context. “[During] this experience they [the couple he was having sex with] both used a toy on me and it was quite a large one. It was the only



way I was able to finally climax. That long period was pretty intense; it was pretty unusual, very different.” Yet Aquaman also noted the extended duration associated with meth and sex became a distractor. “When people party and play, from my experience, they want to go at it for hours, days, just continual. I never did like that. I get sore and achy.” The Hulk adds support to the sexual meaning of meth as an intense and enduring experience. “...my inhibitions just drop very low. I was willing to fuck for hours. And it would be really hot, passionate sex.”

For some participants meth takes over the sexual experience resulting in a monogamous relationship between meth and sex. Thor states, “I pretty much only have sex on meth. It enables me to triangulate the act with the substance and feel turned on and ok about participating and just getting turned on, naked with guys for a prolonged period of time.” Thus, having “sex for 12 hours” appears to be a central aspect to understanding what meth and sex means to gay men. In fact, Captain America summed the situation best when he stated, “...the sheer length of time, the endurance of it all [meth and sex] that is something not under the influence that is kind of hard to achieve. You cannot compare when you are under the influence [to when you are not under the influence].” However, not all meth-sex encounters are pleasurable, enduring and uninhibited.

For one participant his experience also suggests that meth can hinder the sexual encounter. While Iron Man proclaims, “I’m fucking 99% of the time [when I am using meth], sucking dick, fucking and fucking.” He also notes, “...if the person you are with is binging, and that is a lot of the times, a good bit of the time is chasing them around the room.” Thus, while many encounters with meth result in intense, marathon sex

encounters, the pharmacological reality of ingesting a form of speed can also work against a sexual encounter and these encounters, in a community highly impacted by HIV, also results in the participant's having to deal with the risks, especially HIV.

### *Dealing with HIV*

One of the more complex themes to emerge regarding the meanings gay men ascribe to their meth and sex experiences is dealing with HIV. The participants reflected on HIV as both a risk as well as a benefit. As addressed in the literature, meth use inflates the chance gay men will engage in unprotected sex, and these encounters increase the risk of acquiring as well as passing HIV. As such, seroconverting can be a consequence of sex while high on meth. Several participants disclosed they are infected with HIV and several of these participants attributed their infection to their meth-sex encounters. Regardless of their status all but two participants described the need to deal with HIV in their lives.

The participants' experiences and perceptions appear to support the literature. Regarding the relationship between meth, sex and HIV, Batgirl asserts, "I would say there is a strong cause and effect. Most of the people I know who are crystal meth users contracted HIV while they were in that scenario." Aquaman supported this argument by proclaiming, "I know that I contracted HIV from partying [with meth]." Batgirl continued to explain his position when he stated, "Do I want to be satisfied and have sex with this person or do I want to stand by my principles and play safe. I always ended up defaulting to, I am going to compromise because I'm...horny." So initially he likely dealt with HIV by not dealing with it. This scenario was also expressed by Green Hornet.

“Then I got my disease [HIV] and sometimes I used [meth] because I wanted to stop stressing, have a moment where I didn’t have to think about these things.”

For Robin, who reported being HIV negative, dealing with the risk of HIV infection is not an option,

[I] really haven’t done it [meth] any other way but slam [injecting]. We [the friends he uses meth with] all have our own individual needles. We don’t use each other’s needles. This protects us from any diseases out there. I have been disease, clean and disease free. We just always want to keep on top of our stuff.

This position was supported by Hawkman’s experience growing up during the initial days of HIV. In fact, he states, when asked why he does not like to exchange bodily fluids, “I grew up in the age of paranoia...I am not into anal sex. I am not into [the exchange of] body fluids.” Like Robin, Hawkman was the second participant to report an HIV negative status when he states, “I have never had a venereal disease or anything and I don’t want them. It just sort of grosses me out.”

Dealing with HIV also included facing negative employment and interpersonal experiences in the form of being stigmatized and treated poorly. Superman, for example, described the impact HIV stigma has had on his career.

Over the last 6 years I was driving a semi, but that has also been difficult because as my condition has deteriorated to being full blown AIDS it seems like these good ole boys talk to each other. If they find out anything about you and you don’t talk about the football team, talk about tits or you know, grab your nut sack and every other word say, ‘shit’ you are singled out anyway.

Superman goes on to talk about status disclosure as a source of risk in that he faces criminal charges if he does not disclose his HIV status prior to engaging in risk-related behaviors with his partners. “There is also that risk now that I am considered full blown

AIDS and I have had probably a 99% accuracy rate in telling my partners [that he has HIV] because it is considered a felony to not do so.”

In addition to legal sanctions there are more personal issues regarding transmission and disclosure that the participants confront. Green Hornet personalized disclosure when he asserted, “It is still my duty to know the risks involved...I can still minimize the risk for my partner. It is not his fault I am infected, and it wouldn't be fair for me to not give a damn.”

This personalization took on interpersonal implications for other participants as well. When I asked Batgirl if he felt like we, as a society, are dealing with HIV in a responsible manner especially when meth is present he asserted, “I find it just astounding that in this day and age if someone finds out you are HIV positive they will immediately dismiss and reject you but will go with someone and bareback because the person said they are HIV negative.”

The participants also discussed dealing with HIV in the context of meth and sex as a positive, health conscience-raising outcome. Dealing with HIV means they face the behaviors related to the disease. Thus HIV can have beneficial meanings for these men including reducing their meth consumption. For example, Green Hornet stated, “...with my health issues I can't afford to have my immune system beat up because I took a liking to something [meth] that is going to cost me something I can't afford.” He goes on to state, “I have been undetectable [regarding his HIV viral load] now for six and a half years only because I have been making good choices.” Captain America supported the Green Hornet's experience when he stated, “I don't think of the risk as much because I have been unprotected [sex] at both ends [suggesting as the top as well as bottom during

sexual encounters]...and so it seems as if the drug lowers those inhibitions and I am not on top of what I should be going; [yet] my HIV is really controlled now and everything is good.” On the other hand and irrespective of his meth use, Batgirl described taking better care of his health because of his HIV status,

I’ve been pretty lucky because so far as my HIV goes I haven’t had any health effects associated with it at this point. I started taking meds and I have been healthy. All my numbers have been great. But it has made, I have told people before, I’m actually, in a way sort of grateful that I became HIV positive because it made me start thinking about my health.

The Hulk stated his case this way, “I just *celebrated* (emphasis added) nine years of being HIV...” Thus, many participants discussed their HIV in context to their meth use and sexual experiences across a detrimental-beneficial continuum. The Green Hornet summed his situation in the following,

I was diagnosed [with HIV] in 1994. I was in my thirties...I was still very sexually active, very, you know, how can I say, still living a lot of the behaviors that probably exposed me to HIV and when I first found out I was very conflicted. ‘Am I going to die or live life to the fullest then die? Is this a wake-up call for me to change my life or behavior? Should I try and fight this thing? Do I want to fight this thing? Am I going to be annihilated’... [A] Thousand and one things were going through my mind and it did not curb my behavior, not right away. It wasn’t until I had decided I want to live...

Yet not all participants directly associated their meth use and sex with their HIV infection. Indeed, they reflected on the risky behaviors they engaged in while on drugs in general and these behaviors and their outcomes seem very meaningful to them. At least one participant noted risks related to meth and sex, yet did not identify HIV as one of those risks. Thor reflected on risks other than HIV when he stated, “I don’t think there are much risks except financial and time-wise.” Therefore, dealing with HIV was not a universal theme among all

participants. Yet most participants did link their sexual behaviors while high on meth with HIV. Risks beyond HIV were noted by other participants as well.

Iron Man told a story about how meth impacts other areas of user's lives.

He states,

Very recently a bunch of guys were over...by the way, I do have guys over and we play games, card games and we are usually very high when we do it (adding further support to the belonging theme)...one of the guys said, 'It is so depressing that none of my friends are good-looking.' We all said, 'Thanks a lot!' He said, 'No, everybody's faces are pretty rough.

Iron Man's story gives us a glimpse in a fuller picture of the risks associated with meth beyond HIV and these risks become very real for those who transition from occasional or casual use into addiction.

***Confronting Addiction – “What a meth I’ve made!” (Hawkman)***

Dealing with HIV as a result from and in context to one's meth and sex experiences stands as uniquely meaningful, so are the participant's experiences confronting their meth addiction. Addiction was reflected as a personal experience for most of the participants, rather than as a clinical diagnosis. From this personal perspective, addiction regarded a sense of over indulgence, an inability to contain, let alone control, their use. Many of the participants felt as if they could not forgo meth use, especially in relation to their sexual self.

Most of the participants in this study reflected on their struggle to reduce, eliminate or maintain a functional level of meth consumption. At the functional level, Hawkman stated, “I’m a really functioning meth addict...I do think you can use it responsibly...I don’t do it recreationally. I don’t do it to have fun. I do it to function.” He goes on to state, on a more global level, “The more frequently you use meth it cancels

out your desire to use any other drug. It is highly addictive. You can't get around that."

Furthermore, Hawkman talks about quitting for a while and why he chose to return to meth use,

I did [quit] for just short of a year but I decided I wasn't really any happier. I didn't feel like I was getting anything done. I became a big stoner drunk. It was kind of another evil but it was an evil that was like more expensive and a lot more unproductive.

Hawkman's self-label of "functioning addict" was shared by Superman who described his situation along a continuum. "I have periods of intense use and periods of being a functional addict." He also admits his perspective is skewed. He states,

What can be bad about it is that I can see you've been up for three days and you are still trying to be a responsible individual to cover up for your faults and having to function. You are running on only a couple cylinders and that's tough....I don't truly see what's going on because I am chemically induced.

Batgirl discussed his meth use in the following, "I kind of struggled with over use, and it really began to affect my life. I eventually became unemployable. I would stay up for too long and fall asleep at my job..." Eventually he admitted, "At one point I would consider myself an addict. I was about using it for the sake of using it." He also discussed being arrested and spending a night in jail for meth possession. Furthermore, he noted his addiction impacted his sex life. "Once I became an addict...people would immediately be like, 'Oh that guy is a 'tweaker' [a derogatory term for meth addicts] and I am not interested in being with a tweaker.' So it really began to work against me as far as sex goes."

Spiderman summed his situation when he stated, "I have been an addict for 30 years, sometimes more, sometimes less. It has just progressed over the years...it has become more of a hassle. I am becoming sick of it." He goes on to talk about his

evolution of use, “The progression has lead me to IV drug use...poking my arm and hiding and the sketched out part is all such a burden anymore.” The result is, “I can’t get an erection with the drug, and it is frustrating.” In addition to the impact on his sex life he discloses, “You are going [in] circles around yourself. You get nothing done...Four hours later and I am still just trying to put on my shoes...a whole lot of nothing.”

For some participants, however, while they admit to a meth addiction, the impact on their lives is not presented in direct or as dramatic terms as those already presented. For example, the Hulk states, “I tell people I was a meth addict and they say, ‘You have all your teeth. You don’t look like a meth addict.’ I really kind of look healthy. What affected me was my mind...it still hurts, what I was doing to myself.” Later during the interview he discloses he was “caught shoplifting twice for pills [the ephedra used to make meth].” Thus his addiction had both personal as well as social implications.

Addiction’s impact at the social level is not contained to the participant.

Aquaman talks about how his addiction has affected his family.

...my addiction, I can call it that because I know it has been pretty hard on my parents. Just the normal stuff you know. I don’t call as much. I’ll have conversations with them and I jump to conclusions...I just perceive things in a way that isn’t very calm.

In addition, Spiderman talks about his experiences with other gay men who use meth concluding, “It [meth use] has gotten people worse for the wear.” This assertion is supported in the previously noted quote by Iron Man regarding his friend’s comment on the impact meth has on people’s looks. Thus addiction is a very real concern for these participants and how it is impacting their lives as well as the lives of those around them. The impact is meaningful and significant as discussed in the excerpts presented.



Confronting addiction becomes a daily reality for many gay men who use meth especially when they mix meth with sex.

## **Discussion and Conclusion**

The findings impart a meaningful role for belonging, love, sex, HIV and addiction as socially constructed by gay men who use meth during sexual encounters. These meaningful constructions evolve from the intersection of the body, mind, relationships and environment. The findings also impart a risks-benefits continuum acknowledged by these men as they make choices. Contextualizing the risks, e.g. dealing with HIV and confronting addiction, along with the benefits, e.g. having “sex for 12 hours,” helps conceive the importance of embodiment as an explanatory framework regarding meaning construction, as well as significant intervention points for health policy. To prevent, even alter risks, we must consider that meaning construction and decision-making includes weighing the risks against the benefits. Previous research supports several of the themes discussed as meaningful. One theme, i.e. love, extends our understanding of the meth-sex relationship.

This study aimed to describe the meanings gay men attach to their sexual experiences while using meth, and how these meanings come about. The meanings the participants emphasized reflect concerns typical to many people, especially gay and bisexual men. Gay men want to belong, they want to love and be loved, they desire pleasurable sex, they deal with HIV and they confront addiction. The data also indicate concerns these men confront, e.g. stigma, when pursuing these desires. Furthermore, the data help illuminate how gay men who use meth and have sex with other men consider benefits alongside risks.

The data shows how experiences foster beneficial meanings – the pleasurable and fun aspects to engaging in sexual encounters where meth is present. Interestingly, the

majority of stories demonstrate resiliency as well as trauma. No participant focused exclusively on the negative aspects of their experiences. They balanced the negative with the positive. This finding extends the literature beyond the health consequences through an exploration of beneficial meanings. Specifically, what the participants discussed included how meth and sex provide them a sense of sexual fulfillment, evolving perspectives on taking care of themselves when confronted with health outcomes, a sense of belonging, as well as opportunities to find love. At the same time, their stories included the risks related to their behaviors, such as dealing with HIV and falling out of love. The participants contextualized their choices based on their desires and experiences.

As suggested previously, dealing with HIV and confronting addiction are best conceived as outcomes. Belonging, love and sex, however, compel meth-sex behaviors. In short, the desire to belong, to love and have sex results in having to deal with HIV and confronting addiction. Of course, it is also important to consider that dealing with HIV can lead to meth use as much as meth use can lead to HIV. All the same, these themes connect during meth-sex experiences resulting in meanings, whether they compel the behaviors or result from them.

Theoretically, the participant's stories support embodiment as an appropriate application, yet with limitations. From belonging to love to sex to HIV to addiction, the mind, body, relations and context forge meanings from experiences. For example, Captain America states, "the endurance is meaningful when you are really finding that connection with someone. It is the sweat and the inhibition that is definitely alluring, and the freedom...when I am under the influence I become more versatile with the right

person and the right amount of time.” As quoted earlier, he states this would not be possible minus meth and sex. This lived experience involves the four key components of social construction: the mind (“the endurance is meaningful”), the body (“the sweat and inhibition”), the relationship (“connection with someone”) and the environment (“under the influence” and “the right amount of time”). Captain America also states, “I think with meth it does become like a ritualistic kind of thing that a lot of people, including me, looking for it, getting it, preparing it, the smoking of it, the crushing and injecting it became very ritual.” Thus, the physical helps the emotional pave the way for encounters with others in a place where the ritual can unfold and therefore produce meanings.

Jerome et al. (2009) supports these findings from a motivations framework. To support this assertion consider the authors reported four broad areas of motivations, which overlap with the meanings discussed by study participants. First, Jerome et al. found seven motivations grouped according to physical (the body), emotional/mental (the mind) and social components (relations and context). The theme of having sex for 12 hours, which involves sexual duration, intensity and pleasure, which is similar to the physical component regarding intense and pleasurable sex as well as disinhibition. In fact, every participant discussed their experience with meth as disinhibiting. The emotional component overlaps with the theme of belonging and being in, searching for and falling out of love. Interestingly, Jerome et al. mentioned that meth use was motivated by a means to escape from undesirable life situations and this was mentioned by the Green Hornet when he discussed using meth to not deal with his HIV. Finally, the desire to be social allowed the participants to feel accepted and desired by their counterparts, which overlaps with the theme of love as well as belonging. Robin said it

best when he stated, “The only friends that I know who do it [meth] are the ones that also do it. But within my friends they just do it when I do it. We all do it socially. Like social drinkers.”

On the other hand, while the findings support meth and sex among gay men as socially constructed – similar experiences and meanings, yet with divergence – embodiment, in its current conceptualization, is limited in explaining particular themes. Having sex for 12 hours, as a sensate experience of pleasure, endurance and intensity, is embodied during encounters. Additionally, when the Green Hornet talked about taking medications to deal with his HIV, he embodies this theme through the physical action of placing a pill in his mouth and swallowing. Thor stated he only has sex when on meth. As a result, Thor’s addiction to meth manifests in the embodied practice of limiting sexual events to when meth is around. Thus, these three themes are explained by embodiment’s attention to the bodily experience.

Belonging and love, however, suggest a subjective feeling rather than a sensate experience. Adam Green’s (2008) interpretation of embodiment links the sensate to the “psychological,” and thus would argue these themes are embodied yet in a manner distinct from the other themes as they bridge the mind with the body. A more narrow interpretation of embodiment, one which focuses on the sensate over its relationship with the mind, is supported by this study as participants were hard pressed to detail how these themes manifest physically – how does it feel when you belong; what sensations does belonging foster. The present outcome fails to bridge belonging as an emotional feeling to belonging as a physical feeling. The same can be said for love. Again, participants found it difficult to describe love in sensate terms. Future inquiry should compare

various interpretations of embodiment given the importance of linking the body, the mind, our relationships and the environment when investigating meth-sex meanings as socially constructed.

The findings may reflect the unique experiences of this voluntary, Midwestern sample that tended to be middle-aged (average age = 42), white (9 out of 11 participants, or 82%) and with a history of meth and sex experiences across several decades. My participants may offer distinct meanings not found in other studies. For example, Reback's (1997) study concluding meth use among sexually active gay and bisexual men is socially constructed consisted primarily of HIV negative men under the age of 40. These men also lived in a large urban area on the West coast. While Reback's sample differs slightly, the findings support one another. This suggests meth and sex is socially constructed in similar form across gay subpopulations. Jerome et al.'s (2009) study, which confirmed four of the five themes presented, also sampled primarily gay identified men, yet interviewed more men of color and did so in a large urban area on the East coast. Like Reback's sample, Jerome et al.'s participants affirmed my findings, thus also suggesting a common experience across gay subpopulations. On the other hand, Halkitis, Green and Mourgues (2005) reported their sample of meth-using gay men living in New York City primarily used meth as a coping mechanism to mitigate negative life situations such as stigma, especially among those living with HIV. Their sample tended to be younger and mainly HIV negative. The slight variation in findings, however, may reflect the nature of the research question as much as variation in samples. While sampling concerns do not negate the significance of my findings, they do caution them.

This study has a number of important limitations. First, the analysis focused on those who reported using meth and having sex with another man in the previous 90 days. Only limited data were collected concerning the extent of meth use in combination with sex, the frequency of use and sex and the degree of commitment the participants have to their meth use during sexual encounters. It is possible some of the participants developed alternative meanings to their experiences based on periods of non-use prior to the previous 90 days. Furthermore, the participants self-referred resulting in a convenience sample that may be, for example, “higher” functioning and have more experience situating meth and sex encounters in their lives. In addition, sampling did not consider a comparison group or groups which may have provided a point of contrast in meaning construction, e.g. do more recent initiates to meth and sex have different experiences than those who are experienced? At minimum, this sample reported a meth-sex use history over the previous six years, thus their more extended experience may distinctly impact the meanings they reported. Furthermore, some of the themes identified were not directly attributed to the participant’s meth-sex experiences thus limiting the ability to attribute these meanings directly to meth-sex experiences. Interviews were conducted with participants living in and around a large Midwestern metropolitan area and may not be representative of the experiences of men living in rural areas or in other parts of the country. Finally, sampling was intended to focus on self-identified gay men, yet at least one participant identified as bisexual, thus skewing data specific to an analysis on the relationship between meth and sex by identification. This bisexual participant admitted that his primary attraction and encounters are with men, he still claimed a bisexual identity.

In conclusion, despite these limitations, this study offers important insights into the meanings gay men construct regarding their use of meth during sexual encounters. This study provides a rich, in-depth perspective on how gay men who use meth while having sex with other men shape meanings from their embodied experiences and the challenges they face stemming from the stigma and interpersonal dynamics involved. Overall, the stories my participants offered reflect a complex situation regarding the social and public health concerns that factor into their use of meth during sexual encounters. Indeed, these findings assert the desire to belong is more powerful and determining in its meaningfulness than the risks associated with sexual encounters where meth is used. This analysis poses an important role for sociological theory in shaping public health given the significance of the meanings gay men ascribe to their meth-sex encounters that consider the risks *and* benefits.



## Appendix I: Interview Schedule

1. Introduction: Thank you for taking time to talk with me. I appreciate your willingness to discuss your experiences. The primary reason I would to ask you some questions is to hear about meth use and sex, especially regarding what your experiences have come to mean to you. Is the meth-sex relationship significant, and if so, how and why? Findings from this study intend to help us better understand the lived experiences of gay men who use meth and have sex with other men as well as inform public health interventions.
2. Interviewer Role: I want you to feel this is an opportunity for you to tell your story. I am interested in your experiences and what they may mean to you, so please feel free to share anything you think is important. My job is to listen to you in order to understand your story.
3. Audio Recording Procedures: As I explained on the phone, I will record our conversation so that your answers are told in your words and I want to ensure I am listening to you more than writing. At times, I may take notes to capture something you say that leads to a follow-up question which I don't want to forget, but primarily I hope to approach this interview more like a conversation. No one, besides me and possibly Dr. Eric Wright, will ever listen to the tape and I will erase it, to better protect your confidentiality, within a week. Is this okay with you?
4. Confidentiality: Please feel free to speak openly with me. Maintaining your privacy is the most important thing to me and anything you say will be kept private and confidential. I will not include your name for as you know I have not asked for your name, just a nickname. Any other unique information that could identify you will also be excluded from any reports or publications. You are free to skip any question. Just let me know by saying, "skip."
5. Interview Length: The interview will last about two hours. Please feel free to ask questions and let me know if you need to take a break.
6. Informed Consent: It is important we go over the study's informed consent/information form, which describes the nature of the study, your role in the study, the steps taken to maintain your confidentiality, and the voluntary nature of the study. You can take this written copy with you. We can go over it together or you are free to read it on your own. Which would you prefer? (Read the Informed Consent Form if requested or wait for the participant to finish reading). Any questions? (Address any questions). Do you give verbal permission to participate in

the study by being interviewed? (If they do not, thank them and end the interview. If they give permission, begin the interview). [Select record] Thank you again for agreeing to participate in this study. We are now recording. Today is... My name is Neal Carnes. I am a Master's candidate at IUPUI. Today I have the honor of talking with (nickname). I would like to ask your permission to record the interview which I will transcribe myself and use the recording and the transcription for study purposes. If you ok with recording please indicate by saying your nickname.

7. Questions: Let's begin with some background information...

a) Your age: \_\_\_\_\_

If under 18, thank them for their time and remind them the study is for those who are 18 years of age or older.

b) Your race/ethnicity: \_\_\_\_\_

c) Your gender (male, female, or transgender): \_\_\_\_\_

If other than male, thank them for their time and remind them the study is looking at the experiences of men.

d) Your sexual identity (gay, bisexual, or heterosexual): \_\_\_\_\_

If other than gay, thank them for their time and remind them the study is looking at the experiences of gay men who are sexually active with other men.

e) Tell me about "coming out" and what "coming out" was like for you.

f) At what age did you first have sex with another man: \_\_\_\_\_

g) At what age did you first use meth: \_\_\_\_\_

h) At what age did you first have sex while using meth: \_\_\_\_\_

i) Have you had sex with another man while "high" on meth in past 90 days: Yes  
No

[Probes are optional, only to be used as a means to clarify or illicit additional thinking.]

j) Tell me about meth use.

Probes:

- What do you do when you are on meth and who do you do it with?
- How do you feel when you are on meth? (E.g. excited, annoyed, horny...)
- What is it about these feelings which appeal to you, or concern you?
- How do you use meth: do you smoke meth, snort it, inject it, booty-bump, or any other ways? Have you tried other ways and if so, compare how each makes you feel? Does one way produce certain feelings unique to that way? What does this mean to you?
- What motivates you to use? Any changes to motivations over time?
- How frequently do you use? How has frequency impacted your experience?

k) Tell me about your sex life.

Probes:

- What do you feel when you are sexually satisfied?
- What degree of satisfaction do you get from sex?
- What do you think would make your sex life more satisfying?
- What are the benefits and risks of your sex life?

l) Tell me about an experience when you used meth and had sex.

Probes:

- Who was involved? How did you meet? What did you do together? And how did you feel as the experience unfolded?
- What was the experience like for you and how does this experience compare to other experiences?
- What do you like and dislike about sex when you are on meth?

m) Tell me, what does meth and sex mean to you?

Probes:

- What benefits do you get from using meth and having sex?
- Do you ever use meth and not have sex? Or have sex and not use meth? How is this experience different than when you do use and have sex?
- What are the risks of meth and sex?
- Compare the benefits of meth and sex to the risks – which is more significant and tell me more about that?

- n) How do you think your experience with meth and sex has changed from your first time to now?
- o) Tell me about love, affection, and intimacy in your life.

Probes:

- Have you ever been in love; if so, what was that experience like for you?  
How did you feel?
  - What role does affection and intimacy play in your sexual encounters?
  - How important is love, affection, and intimacy to you? Compared to sex?
  - What is the link between sex, love, affection, intimacy, and meth use?
- p) Any final thoughts about what we have discussed during this interview.  
Additional details you would like to add; questions you wish I had asked yet didn't; or, thoughts about the interview itself?

(Address final questions or concerns.)

8. Thank you: Thank you again for taking time to talk about your experiences. The information you have shared has been very helpful. If you have any questions you think of later, please feel free to call me. If you think of anyone who may meet the study's inclusion criteria that would be interested in discussing being interviewed please feel free to share the study's number.
9. Compensation: Here is the gift card I mentioned as a way to thank you for your time and participation.

## Appendix II: Screening and Recruitment Scripts

### *Screening Script*

“Hello, and thank you for contacting the Zoom, Zoom study. This study is attempting to better understand experiences and the meanings these experiences hold for those who agree to be in the study as well as meet certain criteria for participation. If you agree to participate, your participation is voluntarily. At no point will this study identify you by your name; in fact, I will ask you for a preferred nickname so as to protect your confidentiality. This study has been granted a written waiver allowing you to consent to participate verbally. If you agree to participate, please understand the interview will be audio recorded. Recording the interview will make sure that I am able to listen to what you have to say rather than focusing on writing it all down. All tape recordings will be destroyed within a week of the interview and only the interviewer will listen to the tapes.

I appreciate your honesty in answering a few preliminary questions which may help clarify if you are interested in participating as well as determine if you meet the criteria to participate. If you screen in and remain interested we will schedule your interview time and location. If you agree to participate and complete the interview you will be compensated in the form of a \$20 gift card at the completion of the interview.

Do you have any questions at this time?” (Address questions, if any.)

(Note: anything in parenthesis is not to be read, rather explained based upon the potential participant’s answer to the related question.)

1. What nickname would you like to use so as to protect your confidentiality; what name would you like for me to call you, e.g. “Captain America, The Green Lantern, Superman”: \_\_\_\_\_

2. Age: \_\_\_\_\_

(If under 18, thank them for their time and let them know the study is for those who are 18 years of age or older.)

3. Gender (e.g. male, female, or transgender): \_\_\_\_\_

(If other than male, thank them for their time and let them know the study is looking at the experiences of men.)

4. Sexual identity (e.g. gay, bisexual, or heterosexual): \_\_\_\_\_

(If other than gay, thank them for their time and let them know the study is looking at the experiences of gay men who are sexually active with other men.)

5. Sex with another man while “high” on meth(amphetamine) in past 90 days: Yes  
No

(If no, thank them for their time and let them know the study is looking at the experiences of men recently engaged in man-to-man sex while using methamphetamines.)

6. Do you have any questions at this time? Yes No (Address any question or move to #7.)

7. Are you still interested in participating? Yes No

(If no, thank them for their interest and let them know that if they think of anyone who may be interested in participating and meet the criteria for participation I welcome a call. They are free to share the study number at their discretion.)

(If yes, are they ready to schedule their interview? Let them know the interview needs to occur in a public place with semi-private space, such as the IUPUI Library in a third-floor, glass walled room or a coffeehouse such as the South Bend Chocolate Factory on the Circle, which has a semi-private room with glass doors. Selecting a public location with semi-private accommodations helps ensure privacy as well as safety. The researcher takes precautions such as scheduling in a public location with semi-private accommodations in order to provide a semi-private location due to the sensitive nature of the research material as well as ensure the safety of the participant and researcher.)

(Schedule the interview date, time, and location. Repeat this information to the potential participant.)

8. Would you like a reminder call the day before or day of the interview? Yes No

9. (If yes,) would you prefer the day before or the day of the interview? Day before  
Day of

(Let them know their number will be written on a separate sheet of paper to be destroyed after the reminder call is made. Make sure they know that if they do not want a reminder call and if they miss their interview – regardless if they get a reminder call or not – they will need to contact the study in order to reschedule as the study does not maintain a record of potential participants telephone numbers for confidentiality purposes.)

Thank you for interest and voluntary participation in the Zoom, Zoom study. Please feel free to share the study number with others you know who may be interested as well as meet the criteria for participation. I will see you (on their schedule date and time and at the location selected).

***Recruitment Script***

“Are U a Gay Man? Do you “party-n-play”? Tell your experiences for a study conducted by an IUPUI graduate student. Your participation is voluntary and confidential. No name necessary. Call today: 317-518-4349, select the “Zoom, Zoom” mailbox if you feel comfortable leaving a message. Compensation provided for your time.”

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## **Curriculum Vitae**

Neal A. Carnes

### **Education**

- 2012- Ph.D. Public Health - Health Policy & Management (admitted).  
Indiana University-Indianapolis.
- 2012 M.A. Sociology (medical concentration). Indiana University-Indianapolis.
- 2003 24cr. Graduate-level sexuality coursework. San Francisco State University.
- 1994 B.S. Secondary Education. Indiana University-Bloomington.

### **Areas**

Sexualities, Medical Sociology, Theory, Sociology of AIDS, Qualitative and Quantitative Methods

### **Professional Organizations**

American Sociological Association  
Society for Scientific Study of Sexuality  
Sociology AIDS Network  
American Public Health Association

### **Awards, Certifications and Licensure**

- 2011 Service Learning Assistant Scholarship. Soc. R385 AIDS and Society.  
Indiana University-Indianapolis.
- 2011 Second place. Sociology AIDS Network Student Paper Competition.
- 2011 Recertified for HIV Antibody Counseling and Testing. Indiana State  
Department of Health.
- 2010 Indy Pride Educational Scholarship, Awarded by Circle City Pride.  
Indianapolis, IN.
- 2002 Sally Casanova Pre-Doctoral Scholar. San Francisco State University.
- 2001-02 Ford Foundation Scholar. San Francisco State University.
- 1998 HIV Counseling & Testing Certification. Whitman-Walker Clinic.
- 1997 The Bachrach Award for Outstanding Service to the Gay, Lesbian, and  
HIV Community. Brother, Help Thyself.
- 1995-00 State of Indiana Secondary Education Teaching License.
- 1992 Amy Ross Scholarship for Outstanding Scholastic Achievement. Indiana  
University-Bloomington.
- 1991-94 Founders' Day Award for Outstanding Scholastic Achievement. Indiana  
University-Bloomington.

## Professional Experience

- 2011- Administrative Assistant. Luther Consulting, LLC. Indianapolis, IN.
- Currently conducting mixed-methods needs assessment of people living with HIV in ten Central Indiana counties
- 2012- Teaching/Research Assistantship. Indiana University-Indianapolis.
- Assist Dr. Watson with H501/P504: US Health Care System and Policy
- 2011 Interviewer. Sex Partner Study. NIH R01HD055826-01. PI: David Bell, Indiana University. Indianapolis, IN.
- Conducted participant interviews regarding sexual networks and HIV
- 2010-11 HIV Incidence Surveillance Coordinator. Indiana State Department of Health. Indianapolis, IN.
- Generated Indiana's HIV incidence estimation
- 2007-10 HIV and Hemophilia Medical Services Program Manager. Indiana State Department of Health. Indianapolis, IN.
- Managed Indiana's Ryan White-funded services program for people living with HIV
- 2005-06 Office Manager. Medical Staffing Network, Inc. Lynnwood, WA.
- Managed office operations for a JCAHO-certified staffing company
- 2004-05 Unemployed, Family health reasons.
- 2003-04 Recruitment & Outreach Manager. Vaccine Research Center, National Institutes Health. Bethesda, MD.
- Managed recruitment & screening for HIV & bio-terrorism vaccine trials
- 1999-03 Clinical Trials Coordinator II. Center for AIDS Prevention Studies, University of California at San Francisco. San Francisco, CA.
- Managed recruitment, screening & retention on two R01 trials
- 1998 HIV Counseling & Testing Advocate. Metro Teen AIDS. Washington DC.
- Oversaw transition to a counseling-based HIV testing program & implemented the transition among street-based sex workers
- 1997-98 Program Coordinator and Graduate Assistant. Indiana University Health Center. Bloomington, IN.
- Designed & implemented and HIV prevention program among students and residents
- 1995-97 Outreach and Communications Specialist. Whitman-Walker Clinic. Washington DC.
- Managed two HIV prevention programs: Gay Men's Outreach and Education & the Male Sex Industry Project
- 1994-95 Education Program Specialist. US Department of Education. Washington, DC.
- Analyzed state plans and outcomes for the Carl D. Perkins Act

### **Contributions to Peer Reviewed Publications**

- 2012- Reviewer. *Journal of the Association of Nurses in AIDS Care*.
- 1994 I validated accuracy of print tables with hard copy tables and readability assessment for: Weinberg, Martin, Colin Williams, and Douglas Pryor. 1994. *Dual Attraction: Understanding Bisexuality*. New York, NY: Oxford University Press.
- 1993 I validated accuracy of medical and psychosocial data presented by those opposed to lifting the ban on openly gay men and lesbians serving in the US Armed Forces for: Weinberg, Martin and Pryor. 1993. "Homosexuality and the US Military." Arlington, VA: Pentagon Position Paper.

### **Professional and Community Presentations**

- 2011 Guest Speaker. Living with and Working in HIV. DePauw University – World AIDS Day Event. Greencastle, IN.
- 2011 Guest Speaker. The Meaning of MSM and Gay Men, Living with HIV. SOC R385 AIDS and Society Class. Indiana University-Indianapolis. Indianapolis, IN.
- 2009 Panelist for a talk by Dr. Ron Stall on Gay Men's Health and HIV/STDs. Indiana University School of Medicine. Indianapolis, IN.
- 2009 Presenter. Building a Bio-Medical Bridge: Implications of Exposure Prophylaxis for HIV Prevention and Services. HIV Prevention Conference, Indiana. Indianapolis, IN.
- 2009 Presenter. Cost Containment & Medium Incident/340B Rebate States. ADAP TA Conference. Washington, DC.
- 2008 Presenter. ADAP 101 & Medium Incident/340B Rebate States. ADAP TA Conference. Washington, DC.
- 2007 Presenter. "Rock Bottom": Gay Men and Crystal Methamphetamine Use. National Social Workers Association – Indiana Chapter Workshop. Indianapolis, IN.
- 2007 Presenter. Government-funded HIV Medical Services. MATEC – Annual Update Conference on HIV and STDs. Indianapolis, IN.
- 2007 Guest Lecturer. The Politics of HIV Prevention: Working with Male Sex Workers. SOC R385 AIDS and Society Class. Indiana University-Indianapolis. Indianapolis, IN.
- 2007 Presenter. The Family: HIV and Disclosure. Family AIDS Network Workshop. Indianapolis, IN.

- 2003 Presenter. Casting a Wide Recruitment Net: Motivating Hard to Reach Communities. National HIV Prevention Conference. Anaheim, CA.
- 2002 Presenter. Gay Men, Recreational Substances & Circuit Parties: A Socio-historical Perspective. Bad Boy Club Montreal's Health Summit. Montreal, Quebec.
- 2002 Presenter. Casting a Wide Net: An Effective Recruitment Platform. US Conference on AIDS. Atlanta, GA.
- 1999 Presenter. GHB: Psycho-pharmacological Properties and Sexual Risk-Taking. Stop AIDS Seminar. San Francisco, CA.
- 1998 Presenter. Service Learning and an Ecological Approach to HIV Prevention. American Psychological Association's Annual Conference. San Francisco, CA.
- 1997 Presenter. Conducting Outreach to At-risk People of Color. Howard University's HIV Prevention Seminar. Washington, DC.
- 1996 Presenter. Effective Practices in Working with Gay and Bisexual Men. National Skills Building Conference. Washington, DC.
- 1996 Presenter. Art & Science: Utilizing Education Theory and Practices for Effective HIV Prevention Efforts. National Skills Building Conference. Washington, DC.
- 1995 Presenter. Working with the Federal Government. 4-H National Conference on Workforce Development. Washington, DC.

### **Volunteer Positions**

- 2009- Member. Community Advisory Board for the Center for Disease Control and Prevention's Medical Monitoring Project. Representing the Indiana State Department of Health Data Collection Site.
- 2011- Member. Community Advisory Board for the Center for Disease Control and Prevention's Medical Monitoring Project-Publication Committee.
- 2011- Member. Marion County (IN) Health Department's Ryan White Planning Council.
- 2012- Member. Medical Ad Hoc Committee for the Indiana State Department of Health.
- 2012- Treasurer. Sociology AIDS Network.
- 2009 Chair. Indy Pride Volunteer Committee. Indianapolis, IN.
- 2002 Manuscript and Grants Editor. Dr. Gilbert Herdt, Director of Human Sexuality Studies (SFSU).
- 1999-2001 Board Member and Volunteer Affairs Coordinator. Noble Beast Foundation.
- 2000 Participant Recruiter. San Francisco Department of Health HIV Prevention Study.

- 1999-2000 Member. San Francisco Department of Health HIV Research Advisory Board.
- 1999-00 Editor and Founding Member. Harmony (a community-based education group).
- 1996-98 Chair. Brother, Help Thyself Education Committee.
- 1997-98 Consultant. Kinsey Institute Sexual Health Clinic.
- 1997-98 Chair. Monroe County HIV/AIDS Community Action Group.