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Version: Post-print

**Publisher's version:** Gish, A. Kiepek, N., & Beagan, B. (2019, July).

Methamphetamine use among gay men: An interpretive review of a non-sanctioned occupation. *Journal of Occupational Science*, 27(1), 26-38. doi:

10.1080/14427591.2019.1643398

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<https://www.tandfonline.com/doi/abs/10.1080/14427591.2019.1643398?journalCode=rocc20>

### **Conflict of interest**

The authors declare there is no conflict of interest regarding the publication of this paper.

### **Funding**

This was an unfunded research project. The initial draft of manuscript was written by the first author as part of a Masters research project. The second authors contributed as part of their employment with the Dalhousie University School of Occupational Therapy.

### **Abstract**

*Introduction.* Attending to the nuanced meanings of non-sanctioned occupations holds the potential to better grasp the influences of occupational contexts at multiple levels. This interpretive review of the literature examines the recreational use of methamphetamine (meth) by gay men. We bring attention to potential benefits, without undermining potential risks for harm. The intent is to broaden current knowledge about meth use by gay men and to understand the many motivations and contexts, as well as influences on other occupations.

*Method.* 15 articles were reviewed and critically appraised. Themes emerged iteratively with interpretation focused on deepening understandings of meth use as an occupation, and in relation to other occupations as engaged in by gay men.

*Results.* Four themes were identified: i) motivations for using meth, ii) disinhibition vs. losing control, iii) contextual factors and patterns of use, and iv) meth use, sex, and harm reduction.

*Discussion.* Advantages and valued benefits associated with using meth recreationally co-occur with potential risks and disadvantages. Experiences of meth use shape and are shaped by social and physical contexts, including community norms and group rituals. Using meth also alters engagement in and performance of other occupations, including sex, socializing, productivity (e.g., work, household chores), and leisure occupations (e.g., dancing, playing pool). The centrality of risk to the experience of using meth suggests that perspectives rooted in health promotion and risk avoidance may misconstrue the occupation itself, something to be considered for all non-sanctioned occupations.

**Keywords:** substance use, methamphetamines, gay men, motivations, harm reduction

## **Introduction**

Occupations that are not health-promoting, that may be considered harmful, deviant, destructive, or criminal, may nonetheless be meaningful, productive, valued, and enjoyable (Twinley, 2013). Such ‘non-sanctioned occupations’ (Kiepek, Beagan, Laliberte-Rudman, & Phelan, 2018) warrant detailed examination to fully understand their nuanced complexities. This paper examines recreational use of the stimulant methamphetamine (meth) by gay men through an occupational lens, seeking to shed light on the meanings of meth use without employing notions of right or wrong and without condoning or condemning meth use in gay communities. The intent is to broaden current understandings through attending to drug use as occupation, exploring motivations and contexts, as well as patterns of use. At the same time, we will explore the relationship between using meth and other occupations.

## **Non-sanctioned occupations**

Gradually it has become acknowledged that dominant conceptualizations of occupation as inherently linked to health employ an overly narrow perspective, excluding many occupations that are common and valued in specific contexts (Stewart, Fisher, Hirji & Davis, 2016). More nuanced approaches acknowledge that occupations may well be harmful, detrimental to health, and socially discouraged (Twinley, 2013). It has been suggested that occupations viewed as “unhealthy, illegal, immoral, abnormal, undesired, unacceptable, and/or inappropriate” be termed ‘non-sanctioned occupations’ (Kiepek et al., 2018, p. 2). The social acceptability of a specific occupation varies by time and place, and by social sub-groups. An occupation considered illicit and unacceptable by some, such as tattooing or tagging (Kay & Brewis, 2017; Russell, 2008), may be not only acceptable but even normative, expected, among other groups.

When consensus is widespread regarding the undesirability of an occupation – or

consensus is strong within groups holding social power – that occupation may be defined as illegal, the extreme end of social condemnation (Kiepek, et al., 2018). While the degree of social disapproval may shape the experience of an occupation, it does not necessarily diminish enjoyment, meaning, or desire to engage. As has been shown with skateboarding and tagging, risk of negative consequences may even be an inherent part of occupational meaning (Haines, Smith & Baxter, 2010; Russell, 2008). In other instances, risk may be less central to the occupation, but tolerance for risk is high in context because the occupation brings valued benefits, such as enjoyment, respect, or social connection. Floríndez and Floríndez (2018) show how gang participation carries high risk of mortality for Latino youth in Los Angeles, yet in the context of poorly resourced communities it also provides important social connection. Truly understanding the complexities of occupation demands attention to such nuances. Singular interpretations of non-sanctioned occupations ignore the potential for perceived or actual benefit, framing the occupation itself only in terms of deficit or pathology. Challenging such dominant, socially-condoned narratives by treating non-sanctioned occupations as akin to other occupations, by exploring aspects such as meanings, motivations, performance, and benefits, is in itself a critical intervention simply by disrupting the deviance/pathology narrative.

### **Gay men's methamphetamine use**

Recreational use of methamphetamines would in most social contexts constitute a non-sanctioned occupation, yet is widespread in many communities of gay men (Gideonse, 2016; Knight et al., 2019). Whether snorted, smoked, injected, or consumed, it induces a sensation of intense happiness and well-being, a rush of energy, and confidence. The use of meth in sexual contexts to enhance experiences is colloquially known in as 'Party 'n Play' (Knight et al., 2019). Yet in many countries, methamphetamines are controlled substances, and recreational use of

meth is illegal, or at least considered unhealthy and socially unacceptable. For well over a decade, public health messaging has identified meth use as highly addictive, leaving users incapable of self-control while craving the next fix; addicts are depicted as violent, crazed, unable to maintain work or family relationships, subject to rapidly deteriorating health, and financial precarity (Gideonse, 2016; Knight et al., 2019; Slavin, 2004).

Homosexuality, though increasingly legal, is still punishable by prison or death in many places. Even when homosexuality is legal, certain practices (such as gay marriage) may remain prohibited. Legalized same-gender unions is highly contested in terms of social and moral acceptability. Same-gender sex may still be considered abnormal, perverse, and/or immoral. Perceptions of deviance and perversity are often tied to concepts of sickness. While the late 1980s saw homosexuality removed from the Diagnostic and Statistical Manual as a recognized category of mental illness, the same era saw gay men positioned as vectors of disease, with the rise of HIV/AIDS (Gideonse, 2016). In the 1990s and early 2000s meth use among gay men became discursively linked to the spread of HIV, with gay men cast as “the pathologically narcissistic pleasure-seekers that provided the petri dish for AIDS” (Gideonse, 2016, p. 99). The focus of public health and media campaigns was on irresponsible gay men having uncontrolled sex, spreading life-threatening infection.

The same approach pervades representations of gay men’s meth use in academic literature. A focus on HIV transmission is well supported by empirical evidence showing meth use is associated with high risk sex (Frosch, Shoptaw, Huber, Rawson, & Ling, 1996; Halkitis, Shrem, & Martin, 2005; Paul, Stall, & Davis, 1993). Disinhibiting properties of the drug may increase the likelihood of engaging in risky sex practices, such as having unprotected anal intercourse, engaging in sex with multiple partners, and engaging in longer/rougher sexual

activities that cause abrasions and increase vulnerability to contracting HIV (Gorman, 1998; Green & Halkitis, 2006; Halkitis, Fischgrund, & Parsons, 2005; Halkitis, Shrem, & Martin, 2006). The dominant emphasis on gay men, meth use and HIV transmission is evident in a recent systematic review which opens, “the use of [methamphetamines], used alone or in combination with other substances, is among the primary contemporary drivers of high-risk sexual behavior... significantly contributing to the elevated rates of HIV” (Knight et al., 2019, p. 410).

The literature, then, is dominated by a singular narrative in which meth use is viewed almost exclusively in relation to physiological risk and addiction. Nevertheless, there are accounts of meth use that acknowledge potential benefits that present either outside the context of harm or alongside it. In this paper, we aim to bring attention to some of these potential benefits, without refuting potential for harm. More nuanced analysis may help to make sense of participation in this occupation, despite (or because of) risk. People engage in occupations for reasons that make sense in context. Thus, in this review of the literature we aim to explore the occupation of recreational meth use among gay men, an example of non-sanctioned occupation in context. In taking meth use seriously, as an occupation with meaning, motivation, and potential benefits, we intend to critically disrupt the dominant pathology/deviance narrative.

## **Method**

Interpretive reviews of literature differ from ‘systematic reviews’ – and not because they are unsystematic. Systematic reviews, as codified in evidence-based practice, use a highly specific approach to formulating a question, identifying and selecting literature, evaluating levels of evidence, appraising and synthesizing evidence (Greenhalgh, Thorne & Malterud, 2018). They are well-suited to answering specific clinical questions, usually about effectiveness or efficacy. Interpretive reviews are better suited when the issue demands clarification and insight, through

thoughtful, in-depth, critically reflective engagement with ideas (Greenhalgh et al., 2018). They allow researchers to explore trends, contradictory evidence, gaps in research, and conceptual or theoretical complexities (Schick-Makaroff, Macdonald, Plummer, Burgess & Neander, 2016). Whether meta-ethnography, narrative synthesis, concept synthesis, realist review, hermeneutic review, or other form, the aim is to produce an interpretive analysis, a plausible argument supported by evidence that sheds new light (Greenhalgh et al., 2018; Kastner, Antony, Soobiah, Straus & Tricco, 2016). The current review of the literature draws on two interpretive forms: integrative review (Whittemore & Knafl, 2005) and critical interpretive synthesis (Dixon-Woods et al., 2006). Both insist that knowledge is socially constructed, and both employ nonlinear processes of searching, sampling and analysis. Critical interpretive synthesis explicitly employs critical theory, countering dominant power relations.

Systematic reviews have been positioned as the ‘gold standard’ review format, privileging technical and mechanistic processes (replicable search, rigorous application of inclusion and exclusion criteria, application of research design hierarchy, appraisal guided by positivist ontology) over thoughtful, in-depth, critical thinking and interpretation (Greenhalgh et al., 2018). While guides for interpretive reviews increasingly insist on similar procedures, this is epistemologically problematic. Strict adherence to procedures may give the impression of objectivity and neutrality, but in fact all interpretive reviews are and should be perspectival (Greenhalgh et al., 2018; Kastner et al., 2016).

A systematic search was conducted by the first author using 5 databases: Social Work Abstracts, PsycINFO, CINAHL, Gender Studies Database, and PubMed. Search terms included “gay men” or “homosexual men” or “men who have sex with men”; “methamphetamine use”; “sexual behavior” or “sexual activity.” The initial searches retrieved 870 articles; an additional

12 were located through tracing references and specific authors. Several levels of screening by the first author resulted in fifteen articles being retained for appraisal and analysis (see Figure 1). Studies were excluded if they did not include empirical results; addressed polydrug or alcohol use (to isolate the results on methamphetamine use); included women, heterosexuals or lesbians (to limit differences in drug experiences and social conditions); were not published in English; or focused primarily on therapeutic interventions or prevention of HIV transmission (these comprised the bulk of the evidence). In some cases, the exclusion criteria were re-evaluated if the article contained valuable information regarding motivations for meth use or aspects of meth use outside solely negative representations.

A total of fifteen articles (identified with an asterisk in the reference list) were reviewed. Though critical appraisal is not required for interpretive reviews, the articles were appraised by the first author using the McMaster University Critical Appraisal Guidelines to better understand the quality of evidence. The 10 qualitative studies and five quantitative studies all had moderate rigor, but consistently faced the potential biases of convenience sampling, a limitation common in this field. More importantly, five of the 15 studies drew on the same research study in New York ('Project Tina'), introducing potential systematic bias.

Six main themes emerged during initial analysis by the first author, through charting main findings and outcomes of studies. Ongoing interpretation was informed by debate and discussion with the second and third authors, focusing on deeper understandings of meth use as occupation in relation to motivations, contexts, issues of control, safety and risk, and narratives that challenge dominant perceptions. Initial stages were conducted by the first author in consultation with the others; later stages entailed continual circulation of drafts of the analysis, with all authors contributing to the writing until it was no longer clear what text and ideas had

originated with whom. Through this iterative analysis process with all authors, six themes were collapsed into four, explicated below. The team brings complementary strengths to the analysis, including experience and expertise in queer communities, substance use, sociocultural analysis, and occupational analysis. This multiplicity of perspectives enhanced analytic rigour.

## **Results**

Included studies were from Australia, Canada, the UK and the US, were primarily interview and survey designs, plus some mixed methods studies and one ethnography, and included self-identified gay men, bisexual men and men who have sex with men (See Table 1). Four themes included explored here are: i) motivations for meth use, ii) disinhibition vs. losing control, iii) contextual factors and patterns of use, and iv) meth use, sex, and harm reduction. In the context of a hegemonic narrative that positions meth use almost exclusively as a matter of dysfunctional addiction, dangerous disinhibition, public health risk, and loss of control, this examination of meth use as occupation poses an important counter-narrative.

### **Motivations for meth use**

There are many motivations cited in the literature for gay men to use meth recreationally, including behavioural, emotional, and sexual. Behavioral motivations include being more social and outgoing, losing weight, increasing focus, improving work productivity, increasing housekeeping productivity, increasing energy, playing pool better, prolonging dancing with friends, and feeling better when otherwise unwell (Halkitis, Fischgrund, & Parsons, 2005; Semple, Patterson, & Grant, 2002). Some of these examples are related to occupation indirectly (e.g., improved focus; increased energy) and some directly (e.g., playing pool; dancing). For example, one study participant commented, “It makes me extremely productive . . . I love the alertness . . . that actually doubles it, triples it, and it’s almost ridiculous how much I can get

done” (Halkitis, Fischgrund, & Parsons, 2005, p. 1338). In group settings, like dance clubs and circuit parties, many men use meth for non-sexual encounters, to prolong partying with friends (Halkitis, Fischgrund, & Parsons, 2005; Ross, Mattison, & Franklin, 2003). In qualitative interviews with 48 gay and bisexual men, many participants considered meth a “social drug”, used for “the extension of a party” (Halkitis, Fischgrund, & Parsons, 2005, p. 1336).

Emotionally, meth may be used to increase feelings of happiness, increase self-esteem, alleviate feelings of loneliness, and facilitate dissociation (Halkitis, Fischgrund, & Parsons, 2005). Meth is also reported to be a means to emotionally self-medicate in response to difficult circumstances. In one qualitative study (n=25), a participant explained that using meth allowed him to temporarily escape the reality of being HIV+, to cope with fear of dying, and to manage negative self-perception and social rejection connected to being HIV+. He stated, “When I found out I was HIV+, I didn’t know what was going to happen. I didn’t know what to expect with HIV. I didn’t know where I was going. But after I started using [meth] – I started making some positive choices in my life. And actually I think it did some pretty good things. It helped me. I don’t know how I would ever have got started again” (Semple, Patterson, & Grant, 2002, p. 153). The emotional improvements experienced by this participant enabled him to re-engage in valued occupations after a period of despair.

Sexually, motivations for using meth include: reducing sexual anxiety (Halkitis, Fischgrund, & Parsons, 2005), increasing sexual sensation (Palamar, et al., 2014), being more adventurous and sexually experimental (Bourne, et al., 2015; Semple et al., 2002), prolonging sex and delaying ejaculation to increase sensuality (Green & Halkitis, 2006; Halkitis, Fischgrund, & Parsons, 2005), and allowing easier receptive anal sex (Green & Halkitis, 2006). These motivations are related to heightened sexual pleasure, but also sexual communality. For

example, in a qualitative study with 30 men in London (Bourne et al., 2015), most noted that meth enabled them to be more adventurous in their specific sexual practices (such as ‘fisting’) as well as sexual partners, facilitating group sex. It is notable that achievement of these desired experiences does not preclude condom use, therefore HIV transmission is not an inherent risk.

For some gay men, using meth enables participation in sex “outside of traditional scripts and moralizing prescriptions” (Green & Halkitis, 2006, p. 325). They may use meth to promote sexual sociality, marked by the ability to have sex with newly acquainted partners, multiple sex partners, and a need to maintain peak performance (e.g., sexual arousal on demand; sexual endurance) (Green & Halkitis, 2006; Palamar, et al., 2014; Prestage et al., 2007). These practices can present higher risks, particularly as there are reportedly higher instances of unprotected sex (Green & Halkitis, 2006; Prestage et al., 2007). Although these practices may not fit tidily into conventional Western norms, within communities of gay men these types of sexual encounters may be normative, widely perceived as acceptable regardless of legal status or moral perceptions in the broader social context.

In one study with 25 HIV+ men, binge use was defined as “you keep using large quantities of meth for a period of time – until you run out or just can’t physically do it anymore” (Semple, Patterson, & Grant, 2003, p.135). Compared to non-binge users, binge users were significantly more likely to use meth to meet sexual partners and report unprotected sex with HIV– and ‘status unknown’ partners (Semple et al., 2003). There was no difference between the two groups in total unprotected sex acts with HIV+ partners. Findings suggested that HIV+ men may have unique motivations for meth use, preference for sexual settings, and values regarding meth use and sexual behaviour.

### **Disinhibition vs. losing control**

A dominant focus in the literature on gay men using meth is disinhibition, a loss of restraint that may result in impulsive or dangerous actions (Halkitis & Shrem, 2006). Meth-induced disinhibition may lead to risky decision-making that can increase potential for transmission of HIV during unsafe or unconventional sexual practices. Disinhibiting effects may be better managed by some people, suggesting risky sexual behavior is not equally prevalent for all users (O’Byrne, et al., 2011; Bourne, et al., 2015; Green & Halkitis, 2006; Halkitis & Shrem, 2006; Semple et al., 2003).

Based on an ethnography with gay men in Sydney, Australia, Slavin (2004) defined controlled transgression of limits as, “a way of moving across and around a set of limits, planned and managed in advance but ultimately breached in the pursuit of expressive experience. Rather than a mistake, this is intrinsic to the experience and pleasure of doing the drug” (p. 445). Control is demonstrated in the midst of disinhibition, as a way of managing the very risks that create the experience being sought. In skydiving, one would take lessons first, learn the techniques, and practice before attempting a jump from a plane, though the occupation still carries inherent risk of injury or death. The goal is to have an extraordinary experience, in spite (or because) of the dangers involved, in a way that evades negative outcomes. Similarly, for gay men, using meth may be a way to engage in boundary play, exploring life to the limits. In a Canadian study with 17 men, one participant described the experience as pushing himself to the limit, to the point of exhaustion, but not courting death or destruction (O’Byrne, et al., 2011, p. 1514). The researchers argued that “the goal is to flirt with danger, not to be destroyed” (p. 1514). Other participants explained they are able to rein in their behavior, even when high on meth; self-control acts as a protective factor, limiting risk. In using meth, the aim is to *not* lose

total control while reaching an exceptional, pinnacle experience. For these men, transgressing personal boundaries indicates a failed attempt at boundary play (O’Byrne, et al., 2011).

In this sense, disinhibition coexists with a sense of agency; using meth facilitates doing things one otherwise might not, while remaining in control of one’s own behavior. However, when limits are broken (e.g., selecting a sex partner while high, who would not be selected while sober; contracting HIV), then blame is typically attributed to the drug (O’Byrne, et al., 2011). In these instances, the drug is positioned as doing the “acting,” not the person using meth. In this way, loss of control is not synonymous with disinhibition, because loss of control represents an absence of boundaries. Loss of control is typically framed as undesirable and is not considered a valid rationale for behavior among men who engage in boundary play. As O’Byrne and colleagues described, “They wanted to explore, not escape, and to move within their boundaries, not overcome them” (2011, p. 1519). The researchers argued for clearer distinctions between ‘disinhibition’ and ‘loss of control.’ When limits or boundaries exceed agentic disinhibition this may constitute loss of control. In some instances, however, it may be more accurate to discuss risky sex while high on meth as ‘failed disinhibition.’

### **Contextual factors and patterns of use**

Experiences of meth use depends heavily on context: who the person is using with and the type of environment. Meth use may occur alone, with one other person, or in a group. Common locations include private homes, bars, clubs, bathhouses, and/or circuit parties (Bourne, et al, 2015; Green & Halkitis, 2006; Greenspan, et al., 2011; Halkitis, Fischgrund, & Parsons, 2005; Halkitis, Parsons & Wilton, 2003; O’Byrne, et al., 2011; Parsons, Kelly, & Weiser, 2007; Ross, Mattison, & Franklin, 2003).

First time use of meth is often reported to occur at home, alone (Parsons, et al., 2007). In one survey (n=49) 42.9% of participants reported using meth alone at home (Halkitis, Parsons & Wilton, 2003). Correspondingly, initial experiences of meth use is often unconnected to sex (Green & Halkitis, 2006). As noted previously, not all meth use is associated with sex and oftentimes meth use enhances emotional experiences and non-sexual occupational performance, whether using meth alone or in groups. Some men report using meth to enhance masturbation, heightening experience while avoiding any risk of HIV infection (Green & Halkitis, 2006; Parsons, et al., 2007). Although sex may occur during one-on-one meth experiences, it appears more likely to occur in group settings (Bourne et al., 2015). In a longitudinal study with 1427 men in Australia, those who began using or increased use of meth tended to be more engaged in gay community and more involved in a gay party scene (Prestage et al., 2007). In New York, Halkitis and colleagues (2003) found the most commonly reported context for meth use was in the home of a lover or friend, followed by bars, bath houses and dance clubs, with the intent as much about improving emotions and social enjoyment as about sex.

The research suggests that certain aspects of drug experiences may contribute to a sense of community among gay men. Slavin (2004) explored the multiple meanings surrounding meth injection practices that create bonds of trust, intimacy, and responsibility among gay men in a social setting. He found that in a small group, the person who is most experienced at intravenous meth use does the injecting for others and carries responsibility for overseeing safety. Those being injected reported feelings of trust, and sometimes intimacy, for the person doing the injecting (Slavin, 2004). Careful, controlled injecting practices seem to enhance a feeling of community, something perhaps not experienced from smoking, snorting or other forms of administration. The participants in this study reported engaging in higher risk sex practices, in

the context of intimate drug use contexts. Clearly, the spatial and social context of meth use shape the meaning and experience of the occupation.

### **Meth use, sex, and harm reduction**

The harm reduction strategies implemented by individuals suggest that meth users are capable, possess agency, and can intentionally manage the risk associated with this occupation – countering dominant perceptions of meth users as uncontrolled addicts. Study participants report numerous strategies to exert control over meth use to either prevent or diminish negative impacts on work, personal finances, and relationships with family and friends (Bourne, et al., 2015; Greenspan, et al., 2011; Slavin, 2004). For instance, some self-restrict use to certain days or times of the year, some limit the amount used during a sexual encounter, and some avoid certain people or settings that encourage meth use and sexual encounters (Bourne, et al., 2015). In a qualitative study with 43 men in Toronto, Canada, some participants purposefully rationed their use, according to dose and frequency, in order to limit interference with work or other responsibilities (Greenspan, et al., 2011). As one participant said, “I time my drug very carefully. I measure my drug use very carefully so I will kind of minimise the day after effect” (p. 58).

Other harm reduction strategies include avoiding drug combinations that are considered more harmful or risky, using a reliable source to ensure quality meth, relying on peer recommendations to inform decision-making around meth use, procuring sterilized needles, and preparing needles ahead of time (Greenspan, et al., 2011; Slavin 2004). All of these activities are part of agentic control enacted when engaging in this occupation. Harm reduction approaches for first time users may include peer monitoring throughout the night (Greenspan, et al., 2011) and injection by a trusted, more experienced person who ensures single use of needles and proper injection technique (Slavin, 2004). Administration through injection (as opposed to snorting or

smoking) is rejected by some gay men because they consider it reckless, due to added risks of blood borne illnesses, skin and wound infections (Greenspan et al., 2011; Slavin, 2004).

Another harm-reduction strategy is to counter any negative physiological effects of meth use through other everyday occupations. Some gay men focus on maintaining a healthy lifestyle to counteract perceived unhealthy aspects of meth (Greenspan, et al., 2011). As one study participant said, “To minimise any other risks, I take a lot of vitamins. I’m always popping vitamins and drinking tons of water” (Greenspan, et al., 2011, p. 59). Healthy lifestyle choices included eating well, exercising, resting, getting sufficient sleep, taking supplements and vitamins, and drinking plenty of water.

It would appear that within the body of literature reviewed, gay men who use meth are aware that this occupation places them at increased risk for consequences related to their health, work, finances, and relationships. Nevertheless, with an awareness of risks (potentially mediated by harm reduction strategies) alongside desirable, meaningful, and pleasurable effects, using meth is an occupational choice some gay men make. It appears that risk may be an essential part of the occupation, not an unintended or unanticipated ‘side-effect’ (Prestage et al., 2007) but (at least for some) a sought-after experience of living to the limits.

## **Discussion**

This interpretive review synthesises literature about recreational meth use among gay men, focusing on valued meanings and benefits which co-occur with potential harms and disadvantages. Attending to meth use as occupation challenges the dominant construction of health risk and uncontrolled addiction. Using meth is clearly an occupation; it takes time, attention, intention, volition, personal and financial resources; it is chosen, even in the face of strong social disapproval to the point of illegality; it has clearly articulated motivations that go

far beyond the standard portrayal of compulsively feeding physiological addiction; and it involves both social connection and individual agency. As has been argued regarding binge drinking, it “can be regarded as ‘occupation’, in that it holds meaning and purpose, is source of choice and control, and a means of balance and satisfaction” (Jennings & Cronin-Davis, 2016, p. 251).

Occupationally, using meth is multi-layered. It is itself an occupation. At the same time, it enhances the experience of many co-occurring occupations. Notable among these is sex, a distinct occupation that is intricately affected by using meth – choice of partners, number of partners (if any), enhanced stimulation, prolonged activity, adventurousness. Similarly, the experience of occupations like dancing, playing social games, paid work, and cleaning house may be enhanced by using meth, for increased focus, enjoyment, stamina and so on. It is intriguing to consider what other occupations people perform in order to enhance subsequent occupations. Fitness training? Sleeping? What does it mean for understandings of occupation when the primary purpose of doing is to facilitate the doing of something else?

The potential effect on emotions (diminishing negative states and enhancing positive emotions), and the potential for disinhibition both cognitively and emotionally, suggest that the ‘doing’ of meth use connects to both the ‘being’ and ‘becoming’ of occupation (Hitch, Pépin, & Stagnitti, 2014). ‘Being’ – the enactment of who one is, spirit expressed through creativity – may align with the adventurousness, intimacy, trust, and expressiveness described as part of meth use (Slavin, 2004). ‘Becoming’ entails change directed by drives and aspirations, which in using meth may be accomplished through disinhibition, reducing the effects of social conformity. In communities of gay men, though, the ‘belonging’ aspect of occupation – feeling connected to people, community, cultural group (Hitch et al., 2014) – seems particularly important to the

occupation of using meth in group settings. Studies reported strong social connections arising from group participation, especially with injection as the modality.

As noted earlier, there are parallels to alcohol use. Jennings and Cronin-Davis (2016) note that binge drinking may be used for emotional management, and to reach desired emotional states. Motivations may include destressing, socializing, self-indulgence, escapism, having fun, relaxing, and unwinding (2016, p. 250). In the studies reviewed here, participants used meth for emotional management as well as enjoyment of social events. Countering common depictions of uncontrolled drug use in party settings coupled with unsafe sexual encounters, this interpretive review of the evidence suggests that meth is also frequently used alone, with a friend or lover with or without sexual engagement, as well as with groups both for sexual encounters and for dancing and other forms of social engagement. Interestingly, there is a parallel to Haines and colleagues' study of skateboarding, another group occupation with a strong focus on belonging. In that study, it is part of skateboarding culture for novices to learn from more expert skaters (Haines et al., 2010). Similarly, novices to meth use may be injected by more experienced group members, who ensure safety and monitor wellbeing (Greenspan, et al., 2011; Slavin, 2004).

### **Using meth as non-sanctioned occupation**

The occupation of using meth illustrates the contextual nature of social sanctioning; recreational meth use is clearly disapproved and even illegal in all jurisdictions where studies were conducted, yet within communities of gay men it may be not only acceptable, but even normative. Clearly, meanings of occupational engagement must be understood not only at the individual level, but also at subculture, community, and societal levels. Social groups employ divergent rules in approving or disapproving of particular occupations. Exploring these helps to illuminate the fact that dominant narratives about non-sanctioned occupations, typically

encompassing judgment and stigma, are social constructions promulgated through sociopolitical processes (Kiepek et al., 2018). Recognizing them as social constructs opens space for resistance and transformation.

The dominance of a clinical discourse that has framed meth use among gay men as unhealthy and dangerous, along with a discourse that focuses on illegality, deviance, and risk, may help to silence discussion of the complexity of this occupation. Early interventions in the field of labelling theory suggested that ‘deviance’ is entirely a social construct, advocating that human engagement in ‘deviant’ activities be studied with the intent of understanding the nature of the phenomenon, considering multiple and contradictory perspectives (Becker, 1963). Through an occupational lens, meth use by gay men emerges as not loss of control, but rather controlled transgression of limits, playing with boundaries, flirting with danger. Rather than seeking destruction or engaging in this occupation unaware of or denying risk, it seems at least as plausible that gay men are engaging in recreational meth use well aware of and deliberately managing risk.

The relationship between occupation and health is complex (Kiepek et al, 2018; Stewart et al., 2016; Twinley, 2013). In Western cultures, where risk-averse discourses prevail (Beck, 1992), engagement in occupations that carry risk tends to be understood as, at best, foolhardy. The analysis presented here suggests risk may in fact be central to the meaning of some occupations, not an unfortunate side-effect. For meth use, Slavin described pushing to the edge of personal limits as “intrinsic to the experience and pleasure of doing the drug” (2004, p. 445). Similarly, for skateboarding it has been suggested that fear necessarily accompanies thrill, they are inseparable (Haines et al., 2010). According to Russell, risk-taking can be “a positive means of discovering, developing, and consolidating identity” (2008, p. 93). In their analysis of binge

drinking, Jennings and Cronin-Davis (2016) suggested consuming drugs and alcohol may help people achieve a state of ‘flow’, a highly focused state usually linked to the ‘just right challenge’ where demands meet abilities. The tightrope between disinhibition and control, teetering on the edge of transgressing personal boundaries, suggests risk may be part of the potential for flow when using meth.

In the studies reviewed here, participants showed far more agentic self-control than is typically assumed, restricting quantity and frequency of use, timing of use, avoiding drug combinations, ensuring drug quality, and selecting means of administration. They also reduced potential physical harm through maintaining ‘healthy lifestyles’ apart from meth use. As Jennings and Cronin-Davis have argued, “When occupation is viewed from the instigator’s perspective” rather than through dominant views and discourses, “the lines between what is ‘adaptive’ and ‘maladaptive’ occupation become blurred” (2016, p. 251). This is one of the benefits of studying non-sanctioned occupations without moral judgement. It behooves occupational scientists in the West, who are typically steeped in the values of health promotion and risk avoidance, to ponder the importance of risk in people’s occupational lives, well beyond this one example of a non-sanctioned occupation. Occupation is inevitably situated, with context at multiple levels shaping engagement and meanings.

### **Study limitations and implications**

Of the 15 articles reviewed, several were authored by members of a single research team, limiting the evidence somewhat. Small sample sizes are typical of qualitative studies, but transferability beyond very specific communities of gay men is unknown. The analysis is enhanced by including studies from Australia, Canada, the UK, and the US. The studies are also limited to some extent by challenges to recruitment when focusing on illegal and non-sanctioned

occupations in potentially marginalized communities. Typically, participant recruitment occurred at gay venues, including dance clubs and bath houses where drug use is prevalent, or through social or health agencies that provide treatment or intervention for gay men who use drugs. Accordingly, the findings may overrepresent experiences of higher risk meth use and higher risk sexual behaviours. The included studies – and therefore this review – only explore meth use at a moment in time. More research is needed to examine contextual factors. Do gay men ‘age out’ of meth use? Are there gay communities where it is not socially condoned? In addition, occupational science might pay more attention to co-occurring occupations, particularly where engagement in one occupation is intended to enhance engagement in, performance in, or experience of subsequent occupations. More attention to risk in connection to flow might also be beneficial.

## **Conclusion**

Dominant constructions frame certain activities as non-sanctioned risk misconstruing the occupations themselves, missing the parallels to other occupations by myopically focusing on deviance or pathology. Through this interpretive review of the literature, it is apparent that comprehensive, meaningful understandings of meth use by gay men requires seeking knowledge beyond uncontrolled addiction and risk of HIV transmission. The predominance in the literature of a focus on meth use and risky sexual practices suggests a normative morality wherein conventional perspectives on both drug use and sex are imposed on communities of gay men that may not share those values. That discourse oversimplifies a complex occupation and may alienate gay men from participating in open dialogue. Interpreting and labeling certain occupations as abnormal, deviant, or contravening social norms, while neglecting personal and community meanings, may further exclude already-marginalized communities. A more open

approach to this non-sanctioned occupation reveals nuanced understandings of risk, the role of risk in the occupation itself, and the harm reduction practices already employed to mitigate potential undesired consequences. Gay men display complex understanding of how meth use relates to occupational engagement and performance, as well as strategies to balance control and disinhibition. Occupational science has the potential to unearth the nuanced and complex meanings of non-sanctioned occupations, unconstrained by dominant societal assumptions that foreground health, prioritise risk avoidance, and entrench a deviance lens.

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Figure 1: Search strategy

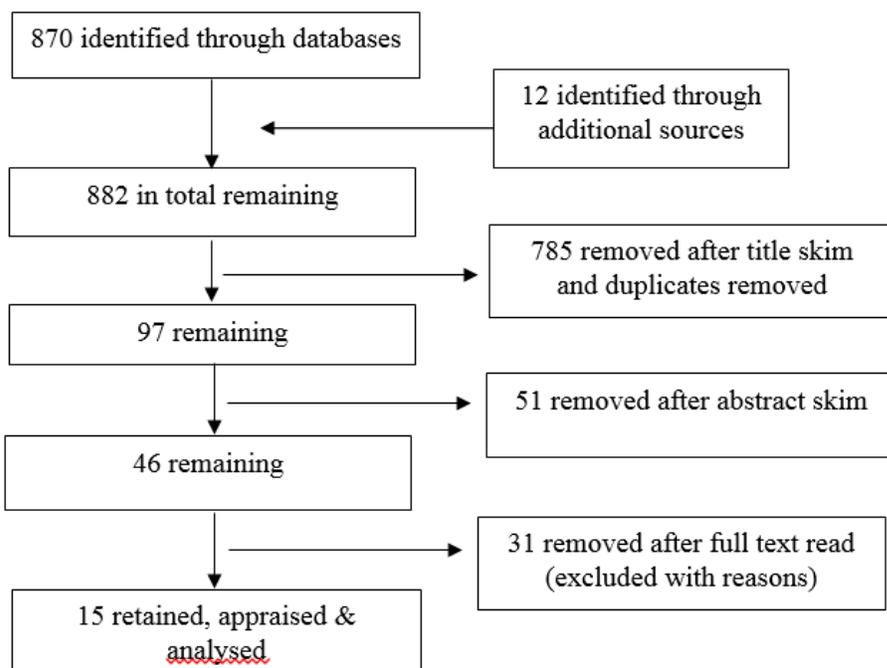


Table 1: Details of studies included for review

Source	Field	Study Purpose	Sample	Design/Methods
Bourne et al., 2015	Drug policy	To understand the personal/social context of chemisex and harm reduction	Gay men 21-53 years from one of three boroughs in South London, UK, who had used Meth, GHB, or Mephedrone, before or during sex within the last 12 mos. N=30	Phenomenology/participant interviews and thematic analysis
Green & Halkitis, 2006*	Culture, health, sexuality	To explore the relationship btw meth use and social context of gay sexual subculture	Gay/bi MSM in New York City who had had sex with other men within the last 3 months while using meth. Part of larger study, "Project Tina". N=49	Ethnography/participant interviews and thematic analysis
Greenspan et al, 2006	Drug policy	To uncover self-directed harm reduction strategies among ethno-diverse gay/bi men who use substances	Gay/bi men who had participated in Toronto's dance scene and taken party drugs in the last 3 months. N=43	Phenomenology/Semi-structured interviews
Halkitis, Parsons & Wilton, 2003*	Substance use and misuse	To describe meth use among a convenience sample of gay/bi men	Gay/bi men in NYC who had used meth at least one time in the last three months and had had sex while using meth within the last 3 months. This project was coined "The Tina Project". N=49	Mixed methods/interview followed by a self-administered quantitative survey
Halkitis, Fisch-grund & Parsons, 2005*	Substance use and misuse	To examine why gay/bi men use meth and explore sociodemographic differences	Gay/bi men in NYC who had used meth at least one time in the last three months and had had sex while using meth within the last 3 months. N=48	Phenomenology/Interview; this article uses only the qualitative set of data from The Tina Project.
Halkitis, Shrem & Martin, 2005*	Substance use and misuse	To describe the sexual practices of gay/bi meth-using men	Gay/bi men in NYC who had used meth at least one time in the last three months and had had sex while using meth within the last 3 months. N=48	Quantitative/ survey
Halkitis & Shrem, 2006*	Addictions	To assess the psychological and behavioral profiles of meth-using gay/bi men	Gay/bi meth-using men in NYC. N=49	Cross sectional/survey
O'Byrne et al., 2013	Substance use and misuse	To use the theory of boundary play to explore MSM drug use at gay circuit parties (GCP's).	Self-identifying gay/bi men who attend GCPs in Montreal, use drugs and engage in sex at GCP's. N=17	Phenomenology/interview data from a larger mixed-methods study.
Palamar et al., 2014	Psychology and sexuality	To examine and compare subjective sexual effects of five club drugs among gay and bisexual men.	Gay/bi men $\leq$ 18 yrs, in New York; minimum of 6 instances of club drug use in past year, at least one instance of club drug use before or during sex in the past 3 months. N=198	Longitudinal/mixed methods study, including descriptive qualitative component.

Parsons et al., 2007	Addictions	To understand the contexts in which young gay/bi men were first initiated into meth use.	Gay/bi men aged 18-29 in NYC, who had used a club drug at least 3 times in the previous year, and at least once in the previous 3 mos. N=54	Phenomenology/ interview data from a longitudinal, mixed methods study
Semple et al., 2002	Substance abuse	To explore motivations for using meth among HIV+ MSM and to clarify the interaction between meth use and risky sex practices.	San Diego HIV+ MSM who use meth and have unprotected anal/oral sex. N=25	Phenomenology/ interviews
Semple et al., 2003	HIV prevention	To describe binge users of meth and identify social/ behavioral factors associated with binge use of meth among HIV+ MSM.	San Diego HIV+ MSM enrolled in the EDGE Project. N=90	90-minute baseline interview data from a larger pre-post intervention study (counseling with follow-up)
Slavin, 2004	Drug problems	To explore the social and cultural characteristics of gay men's meth use.	Gay men in Sydney, Australia that inject meth, recruited through in a well-known drug center. N=4	Ethnography: semi-structured and informal interviews, participant observation, informal conversations and community discussions
Prestage et al., 2007	Addictions	To investigate the relationships between frequent meth use and risk behaviour among HIV- gay/bi men.	HIV-gay/bi men, 18 or older, who live in Sydney, Australia, or regularly participate in Sydney's gay community. N=1427	Cohort design, annual interviews with embedded quantitative measures
Ross et al., 2003	Substance use and misuse	To understand the relationship between reasons for attending gay circuit parties and using drugs.	MSM who attended one of three major circuit parties in North America. N=1169	Face-to-face questionnaire

\* all part of the same larger study 'Project Tina'