Substance use in syndemic conditions: substance use stigma and the mental health of sexual minority men

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Background

- Gay, bisexual, queer and other men who have sex with men (GBM) have higher reported levels of substance use, a higher prevalence of substance use disorders and worse mental health outcomes (i.e., anxiety, depression, suicidality) than their heterosexual counterparts (Conron, Mimiaga, & Landers, 2010; Kelly, Davis, & Schlesinger, 2015; Kerridge et al., 2017; McCabe, Hughes, Bostwick, West & Boyd, 2009).
- Substance use stigma adversely affects the health and mental wellbeing of people who use alcohol and illicit drugs (Kuleza, Larimer, & Rao, 2013).
- In this poster presentation, we examine the layered dimensions of substance use stigma by focusing on GBM and their mental health. Despite evidence associating substance use practices to syndemic production and HIV risk, the role of substance use stigma as a factor within this synergistic cycle remains underexplored.

Methods

- We recruited 24 GBM living in Toronto for in-depth interviews from a pool of those who had completed a quantitative survey and biomedical screening from the Engage study. (See Gaspar et al. 2019 for more details.)
- Engage is a respondent driven-sampling research study taking place in Canada's three largest cities (i.e., Montréal, Toronto and Vancouver) which focuses on the health of sexual minority men, with a specific emphasis on HIV and sexually transmitted and blood borne infections. (www.engage-men.ca)
- Ethics approval for this sub-study was granted by the University of Toronto, Ryerson University and the University of Windsor.
- The transcripts were uploaded into NVivo 11 and analysed using a grounded theory approach (Charmaz, 2014).
- All participant names used in this presentation are pseudonyms

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Findings

Table 1. Descriptive Statistics

	n=24	
Age (mean, years)	36.8 years (SD 9.8 years)	
Race and Ethnic Background		
White/Caucasian/European	14	58%
Middle-Eastern	2	8%
East Asian and South Asian	3	13%
Latino	2	8%
African, Black and Carribean	3	13%
Education		
No High School	1	4%
High school/Some post-secondary (less than a bachelor's degree)	9	38%
University Degree	9	38%
Postgraduate/Professional	5	21%
Income		
$1-$19,999	6	25%
$20,000-$40,000	6	25%
$40,000-$80,000	7	29%
$80,000 and above	5	21%
Sexual Identity		
Gay and/or Queer	22	92%
Bisexual	2	8%
Gender Identity		
Cisgender Male	22	92%
Trans Man	1	4%
Non-Binary	1	4%
HIV Status		
HIV Positive	9	38%
HIV Negative	15	63%

- 3 participants described having used only alcohol and cannabis (13%). The majority detailed having used other drugs (87%).
- 7 participants (29%) described frequently using party drugs (like MDMA, cocaine, GHB) and participation in Party and Play.
- 2 participants (8%) identified as not currently drinking or using drugs.
- 7 participants (29%) discussed having previously used crystal methamphetamine, with 2 men having taken it intravenously (8%).
- 1 participant reported crack use (4%).
- No participant described using heroin or issues with opioids.
- 5 men (21%) described experiencing substance disorders related to alcohol and polydrug use.

Findings

- Participants vocalised mixed feelings regarding substance use and its relationship to mental health. On the one hand, alcohol and drugs were positioned as fun, a way to address social anxiety and something therapeutic. On the other hand, participants described substances negatively and as a significant risk to their mental wellbeing.
- Examples of overt discrimination and stereotyping over the amount and/or type of substances GBM used were prominent across the sample. For instance, Luis (40s, Latino, PLHIV) described how his ex-husband used to make him feel 'guilt and shame' for 'being a pothead' even though Luis was using cannabis for his anxiety and post-traumatic stress disorder.
- Several participants mentioned that though they used different substances, there were certain drugs – in particular, crystal methamphetamine, crack, heroin and taking drugs intravenously – that they would never do. Such distinctions established a moral division between 'acceptable' and 'non-acceptable' use.
- Participants who expressed the most explicit forms of stigma were those who had dealt with more severe substance disorders and were often living with HIV. This **explicit substance use stigma** was most often conveyed as a form of self-stigma, via reduced self-esteem and a devalued self-image. For example, Oliver (50s, White, PLHIV), who had struggled with addiction expressed explicit stigma over his substance consumption:

'I think starting through the drug stuff and all that when I got into it, it's reflecting on [how] I'm a dirty person. I can't be in a loving relationship because I'm so damaged goods, used [sexually] by so many people.'

- Several participants discussed barriers to healthcare due to their substance use. Ross (20s, White, PLHIV) tried to seek help for his dependence but faced insurmountable barriers to access:

'When I did have my addiction and it was severely, severely bad, and I didn't know what else to do, I tried to go to [a hospital] for help. They threw me out and said oh, call the detox centres. I called the detox centres: no beds available.'

Findings

- Many participants used rhetorical tactics to distance themselves from their use, framing it as experimental, immature, in need of vigilant monitoring, or out of character behaviour. While these are not obvious forms of discrimination and stereotyping, they do indicate underlying tones of othering and social judgement indicative of **implicit substance use stigma**. For example, Jose (30s, Mixed Caribbean) described his former experiences using drugs as such:

'I tried it all, didn't touch meth or crack. And it was just experimental, like, I never like, felt like oh, I need it…I was just experimenting. I was doing things more recklessly and . . . and I kind of felt like I had to [use drugs], like, 'cause I had so much anxiety about not being social enough… I was just doing what a normal gay man would do, right?

- The relationship between substance use and sexual risk-taking was complex. In several cases, it was not substance use in and of itself (i.e., being drunk or high) that was communicated as the driver of risk behaviour, but the shame associated with using substances that facilitated sexual practices leading to STIs, HIV infection, HIV treatment non-adherence and mental distress. In other cases, drug use may have enabled self-described 'reckless' sexual behaviour, but the decisions to engage in 'riskier' sex often preceded the act of drug use. Substance use was not the overriding factor for HIV acquisition in the sample, compared with substance use intertwined with complex histories of trauma and socioeconomic precarity.
- Limitations: From the data, it is difficult to determine how experiences with crystal methamphetamine fundamentally differ from other drugs. Similarly, while we cannot offer a comprehensive view of Party and Play's effects on the mental health of GBM, participants' perspectives do suggest that there is a complex and contested culture around drug use and sex among GBM in need of further social scientific interrogation.

Discussion

- Our evidence supports the theory that substance use stigma is an important dimension in syndemics. By enabling risk behaviours and mental distress, substance use stigma may be integral to sustaining obstinate GBM health disparities related to substance disorder, HIV and mental health.
- There is a need for harm reduction and addiction services capable of meeting the needs of this community and more community engagement work to ensure that GBM are comfortable accessing such services.
- More research is needed to explore the extent and significance of substance use stigma on the health of GBM. This research should investigate how substance use stigma can operate as a barrier to health services for GBM, how drug use, stigma and mental distress compare across different GBM milieus and how GBM are affected by drug policy.
- Those engaged in GBM health research need to support health movements, advocacy work and community coalitions interested in policy changes aimed at addressing the social and health effects of substance use stigma.