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SUBSTANCE USE AS A MECHANISM FOR SOCIAL INCLUSION AMONG GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN IN VANCOUVER, CANADA

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Introduction

Research on alcohol and drug use among gay, bisexual, and other men who have sex with men (gbMSM) suggests that substance use is normalized and highly prevalent, and that there may be specific patterns of use within specific sub-cultures (Card et al., 2018; Green, 2003; McKirnan, Ostrow, & Hope, 1996; McCabe et al., 2009; O’Byrne & Holmes, 2011; Pollock et al., 2012; Race, 2009; Stall et al. 2001). Further, substance use has been associated with higher risk sexual behaviors (Benotsch, Kalichman, & Kelly 1999; Colfax et al. 2001; Halkitis & Parsons, 2003; Rich et al., 2016; Stall et al., 2002), including condomless anal sex, which may contribute to transmission and acquisition of HIV and other sexually transmitted infections (STIs) given high prevalence rates among gbMSM (Halkitis et al. 2005; Mullens et al. 2009; Smith et al. 2004; Frye et al. 2010). Among substance-using gbMSM, prevalence of HIV and STIs are higher than among non-substance-using gbMSM (Ackers et al. 2012; Chesney, Barrett, & Stall, 1998; Koblin et al., 2006; Reback & Fletcher, 2014) and consequently, substance use among gbMSM has become a more significant public health priority in Canada (Colyer et al., 2018; Knight, 2018; Lewis & Wilson, 2017). Since

substance use behaviors are complex in nature, they cannot be assumed as monolithic across different social settings (Melendez-Torres & Bourne, 2016). As such, there is an ongoing need for further in-depth analysis from various geographic settings and gbMSM communities.

Functional purposes for substance use can create strong linkages between substance use and sexual behavior for gbMSM (Green & Halkitis, 2006; Ostrow & Stall, 2008; Vosburgh et al. 2012; Rich et al. 2016). Certain drugs have specific roles for anal sex due to their physical impacts: ‘poppers’ (alkyl nitrites) are associated with receptive anal sex (Drumright et al., 2009), whereas ketamine, mephedrone, or crystal methamphetamine may be taken for increased pleasure during both insertive and receptive anal sex (Green & Halkitis, 2006). In addition to these functional purposes, theories pertaining to disinhibition and cognitive escape elucidate the social-normative motivations for substance use among gbMSM in North America (Wells, Golub, & Parsons, 2011). Disinhibition Theory describes the expectations of the physical impact of substances as leading to their use (Mansergh et al. 2006; Aguinaldo & Myers, 2008). Examples of behaviors that may be associated with this theory include the use of ecstasy, or methylenedioxymethamphetamine (MDMA), and cocaine as party drugs at nightclubs or circuit parties frequented by gbMSM. When at bathhouses, some subgroups of gbMSM may choose to use these drugs along with mephedrone, methamphetamine, ketamine, or gamma-hydroxybutyric acid (GHB) to have more pleasurable chemsex (Schmidt et al., 2016). Cognitive Escape Theory describes substance use as occurring to alleviate burdensome concepts of personal risk due to risky sexual practices (McKirnan, Ostrow & Hope, 1996; Wells, Golub, & Parsons 2011). Some gbMSM may use substances in this way to facilitate potentially problematic sexual practices such as engaging in unprotected anonymous and/or group sex. McKirnan et al. (1996) hypothesized that cognitive restraint, “when combined with specific expectancies or personality dispositions, leads people to use substances strategically to induce a state of cognitive escape regarding personal risk” [p. 660]. Furthermore, McKirnan et al. (1996) reported that gbMSM who used substances under the expectation of cognitive escape also reported higher rates of sexual risk than men who did not have these expectations with substance use.

While previous studies have examined these factors and their associations with substance use patterns (Greenwood et al., 2001; Semple et al., 2010; Stall et al., 2001), there have been few investigations into the relationship between substance use and social environments. Existing research has shown that community norms and network factors influence substance use among gbMSM (Deimel et al., 2016; Edelman et al., 2016; Kelly et al., 1991; Lambert et al., 2005). Substance use may also be a practice of gbMSM’s sociability (Dowsett, Wain, & Keys 2005; Mullens et al., 2009). For example, gay men who report higher rates of community affiliation, either socially or geographically, report more substance use (Stall et al., 2001). This was exemplified in a study of 740 gay men from the New York City area that found that increased gay socialization was associated with use of methamphetamine and/or MDMA (Carpiano et al., 2011). Further, gbMSM may use substances to facilitate connection with others in their sexual and social networks, and to increase the degree of intensity of their connections (Mullens et al., 2009).

The present study arose out of formative work done for the larger Momentum Health Study. Community mapping exercises with gbMSM from local community-based organizations who serve gbMSM in the Vancouver area were conducted to provide context and inform development and implementation of the larger study (Forrest et al., 2014). During these exercises, participants identified the use of substances to facilitate connection among specific sexual and social networks as illustrated in Figure 1. Mapping described the structure of local and regional social-sexual environments unique to gbMSM and depicted substance use patterns associated with certain neighborhoods or social spaces and with particular social identities (Forrest et al., 2014). Based on this and coupled with the mainly anecdotal qualitative data on social factors contributing to gbMSM substance use in Vancouver, we developed a qualitative study to further explore the roles of substance use among gbMSM in the city.

Methods

Momentum Health Study

The Momentum Health Study is a bio-behavioral prospective cohort study of gbMSM in Metro Vancouver, Canada. Participants were recruited via respondent driven sampling (RDS; Heckathorn, 1997). Eligibility criteria include being 16 years of age or older, identifying as a man (including trans men), reporting sex (broadly defined) with another man in the past six months at baseline, residing in Metro Vancouver, and being able to complete a questionnaire in English (Forrest et al., 2016). All Momentum Study participants provided informed consent for the larger study and were given the option to provide informed consent to be contacted for participation in additional substudies.

Interviews

Between August and October 2012, study participants who consented to additional contact were invited to complete in-depth interviews by frontline study staff. Purposive sampling attempted to maximize diversity in terms age, HIV serostatus, and ethno-cultural background. Individuals who wished to participate in this study met with a member of the study team at the downtown Vancouver study office. Additional informed consent occurred and participants completed a semi-structured interview with a trained interviewer (AJR). Each interview began by asking participants: “What does the gay community look like to you, either in general, or in Vancouver, or for you personally?” All participants were then shown community connection and substance use related maps which had been previously developed during formative community mapping exercises as supplemental discussion prompts (Figure 1). Participants were then asked to describe the gbMSM community and associated substance use (e.g., “Do you think that using different drugs affects what the gay community looks like for different people?”, “Do you think that doing drugs makes it easier to enter into certain gay scenes or communities?”, “Do you think that not doing drugs makes it harder to be part of certain scenes or communities?”). Participants received \$50 CAD either in cash or equivalent prize draw tickets as honorarium. This study received approval from the Research Ethics Boards at the University of British Columbia, Simon Fraser University, and the University of Victoria.

Qualitative Analysis

Analysis focused on community connection and substance use. We employed a broad definition of substance use to include any non-prescription drug or alcohol use. The research team developed a preliminary coding framework based on initial discussions of emerging themes during the data collection period. All components of each interview were catalogued using the qualitative software NVivo (version 10) for organization and coding during analysis. Two study team members (including the interviewer) independently reviewed interview transcripts to identify themes within the data. Individual accounts were grouped into distinct categories describing common themes of experience for a thematic content analysis (Green & Thorogood, 2009). Member checking during analysis helped guide interpretation of findings and any differences in interpretation between coders were discussed until a resolution was agreed. All of the names shared in the results are pseudonyms for participants.

Results

Sample Characteristics

Twenty gbMSM were interviewed for this in-depth qualitative substudy. The median age was 35 years (range 21–66 years), 6 (30%) reported living with HIV, and 4 (20%) identified as a racial or ethnic minority. All 20 participants had completed high school and 13 (65%) made less than \$30,000 CAD per year. Sixteen (80%) self-reported a gay sexual orientation, 1 (5%) identified as bisexual, and 3 (15%) as an “other” sexual orientation (e.g., queer, two spirit).

Qualitative Themes

From the analyses, we identified three themes related to substance use and social communities: 1) substance use as a social activity, 2) different drugs depending on environment and socio-sexual context, and 3) substance use changes over the life course.

Theme 1: Substance use as a social activity

Attitudes toward substance use as a social activity were diverse. Some men considered substance use to be common and accepted when out at a gbMSM bar, bathhouse, or other community social event. Among these men, some described recreational and casual substance use behaviour as a social activity that can happen among particular groups of men during a social event. As noted by one:

“A lot of the time, social events are catered towards drinking or drug use, even if it isn’t heavy drug use. It could be casual or recreational. [...] A lot of the time, those are in the environment of our social spaces that we share.”

[John, <25 years old, HIV-negative]

For various groups of gbMSM, substance use is an accepted social practice when at social events. These behaviors may not be stigmatized as they are considered to be common practices in different subgroups.

Some gbMSM may also use alcohol and/or substances as a way to facilitate community interaction and build social networks. As noted by the participant below, these men may consider this substance use as an opportunity to build networks that otherwise might not be available:

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

[Jacob, <25 years old, HIV-negative]

This younger man described that some men choose substance use as an easier way to build social networks in the city. Otherwise there is the potential to feel isolated.

Likewise, several participants identified substance use as necessary for entry into gbMSM social circles. Consequently, individuals may engage in substance use behavior out of social pressure to fit in. As one participant noted:

“If you were trying to fit in with a group of people and they were doing it and then you didn’t want to and they were like well that’s what we’re doing tonight and they kind of were standoffish, then you probably would end up doing it anyway because you really wanted to be a part of that group.”

[Anthony, 25–50 years old, HIV-negative]

Other participants felt that not using drugs, or not accepting drugs if offered by others, could lead to being denied inclusion from various social groups:

“And, you know, whether you’re included in that or not it tends to be obviously, people who are using drugs tend to congregate together and if you’re not using drugs you get somewhat excluded or you self-exclude just because you don’t feel like you belong.”

[Steven, 51 years old, HIV-positive]

“If you don’t do drugs then you’re not invited to any parties or you’re not, a lot of people I found also sexually, if you’re not doing drugs then you’re out.”

[Rick, 51 years old, HIV-positive].

These participants highlighted that once in a social group, the perception may be that it is important not to challenge the social patterns of other group members. Further, if others are planning to drink or use substances, it may feel important to join in if drugs or alcohol are offered, or else face losing friends or becoming disconnected from the social group. This fear of being left out from the broader social group was described as a potential factor contributing to some men’s willingness to use substances. Furthermore, the role of intimacy in their social life was a motivation for some men to partake in substance use. Various men described that being in these substance-using social groups provided opportunities to find sexual partners that otherwise would be difficult to find in their everyday lives.

One of the younger participants described his tensions with finding a social group using the “FiveSixty boy” (i.e., young gbMSM who visit a specific former bar called FiveSixty) as an example. According to this participant, these men may be ambitious, young, and smart but may end up being trapped into a particular social group:

“A FiveSixty boy, he would be young and pretty. He would fit the idea -- like body ... ideal about having a good body, going to the gym. He probably uses certain recreational drugs and drink. He might be intelligent but he’s not really interested in very intelligent things. He’s more interested in having sex, and partying, and [...] working out next. He might work -- he probably has some kind of aspirational job. He wants to be a model, or he wants to be a performer, or he’s a dancer with the house of celebrities or something like that. But not necessarily out of any more so than that’s what’s expected in that role of us. And that’s how you fall into that [...] And there’s this idea, they’re apparently -- in Vancouver there’s this kind of idea of a FiveSixty boy [young gay partiers] -- the boy who goes to FiveSixty. Which as soon as that was said I knew exactly what’s meant by it, and that as the image of the community.”

[Jordan, <25 years old, HIV-negative]

However, there were also some men who rejected the idea of substance use as a social activity. Instead, these men felt that substance use should not be seen as an expectation of going out and being social in all of Vancouver’s gbMSM social spaces.

“So I don’t have any of the things that comes with drug culture. It’s not in my social milieu. It’s all around me but in my group of friends who I associate with ... And I had to replace a lot of things and let them go because they were harmful and it’s just been ... And how I did that, I don’t know.”

[Kyle, 51 years old, HIV-positive]

Although some gbMSM consider substance use as a mechanism for finding social groups, this is not always the case. Depending on the setting and individual they have more heterogenous values about substance use and friendship.

Theme 2: Different drugs depending on environment and socio-sexual context

Participants noted that depending on the location, there were various levels of acceptance for different substances. In some spaces, like at a nightclub or bar, patrons were most tolerant of alcohol, MDMA, GHB, and cannabis. Other substances were acceptable only via certain methods, for example, bumps of cocaine (i.e., using keys) was seen as socially acceptable but mainlining in a bathroom stall was not. As noted by two participants:

“Heroin and meth are kind of much higher-level drugs than coke and ecstasy, pot, G[HB]. Those ones they have a lot of acceptance in the community [...] So it’s not uncommon to see someone doing a key bump on the dance floor [at a specific bar], every night of the week. But if someone was mainlining in the bathroom, there’d be a kerfuffle. If someone was smoking meth in the alley it would be an issue. In a way that key bumps or popping a pill, or smoking a joint outside, or the voluminous drinking that these [social events] are all predicated on isn’t.”

[Billy, <25 years old, HIV-negative].

However, it was not acceptable in these spaces to use harder drugs (heroin, methamphetamine, etc.), especially via intravenous use or ‘slamming’. Participants reported that these types of drugs are more acceptable in spaces that require privacy, like a private residence or a room in a bathhouse:

“I do have some friends that have been into drugs, hard drugs, and they usually don’t find their drugs at a gay space. They usually find them at a house party or something like that.”

[Joel, 25–50 years old, HIV-negative].

Participants also noted that their drug choices were influenced by the spaces that they inhabit and that it is important to be aware of the scene when choosing a drug. For example, party drugs may be more common and accessible at a nightclub where they may be used to stimulate parties, while at a bathhouse there may be a variety of drugs available, depending on the types of bathhouse users (e.g., people interested in stimulants to stay awake).

“But if you’re going to like [...] say if you’re going with your friends to an afterhours, if you’re going to be [...] Sometimes it’s just like you would do it because there’s a necessity because how you going to be up until seven in the morning otherwise. That’s just ridiculous. But then you could just go home. So it’s like do you want to spend more time with your friends? Yes. How are you going to stay up until seven in the morning? Well, you’re probably not going to drink through.”

[Anthony, 25–50 years old, HIV-negative]

Some described MDMA use at after-hours events as necessary to stay awake all night and highlighted how these events cater to drug use by providing water and Gatorade to patrons, purposefully to keep the party going beyond last call at 3am:

“If you go to a club, or like an after-hours club for instance, like after queer bash, there’s an after-hours club and we know right away that after-hours clubs don’t sell alcohol; they sell water and they sell Gatorade, and the reason why they sell water and Gatorade is for people who are high on MDMA or ecstasy, so we know that those spaces right away are already infiltrated with this drug and this culture of like excess, like culture of like feeling, of affect, I guess. And then to penetrate that club is to be aware of it. It’s to also pay \$15 cover to get in...or sorry, \$35 cover was that particular event which is terrifying. I think [...] yeah.”

[Shaun, <25 years old, HIV-negative]

In bathhouses or sex party scenes, ecstasy and crystal meth were described as being popular drugs due to their effect of prolonging or otherwise enhancing sex. Other drugs, such as cocaine, were described as more casual and something one could take and still function in a social space such as a club. Additionally, there is a subculture in the gbMSM community of men who purposefully seek cocaine, ecstasy, and methamphetamine while at bathhouses for sex (Schmidt et al., 2016).

“I think the big one for sex parties and for bathhouse and stuff, a big one was ecstasy and then of course crystal meth [...] I think cocaine is more of a casual drug that people from my perspective they’re using it kind of like when they’re out going for drinks, they’ll do a couple of lines of coke.”

[Aidan, 25–50 years old, HIV-positive].

Theme 3: Substance use changes over the life course

Although the narratives from this study indicated that alcohol and illicit drug use are integral parts of some sub-groups within the gbMSM community, participants who identified as once having been involved in these sub-groups also recognized that behaviors change over time. Further, younger participants expressed expecting their higher rates of alcohol consumption and substance use to decrease over their lives. Changing drug and alcohol use was attributed to shifting work and family priorities, as well as different social circle membership. One participant described how his social circle’s consumption of drugs changed over time as the group aged, impacting the group dynamic:

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

[Anthony, 25–50 years old, HIV-negative]

One participant highlighted that alcohol and substance use was seen as more common among gbMSM who recently came out or who were entering gbMSM socio-sexual scenes for the first time. In these situations, drugs and alcohol were viewed as coping mechanisms. Some participants identified a difficulty in going to gbMSM social spaces sober during the ‘coming out period’.

“I think when you’re first coming out, it’s really hard to go into a gay club without being drunk. I know I had that struggle, like just I’ve been to a gay club sober and it was terrible.”

[Chris, <25 years old, HIV-negative]

Men also described the transition from being a younger, single downtown resident to being older and partnered and how that impacted their consumption and overall behavior. Instead of going out every weekend, some older men described having different priorities resulting in changes to their substance use and other behaviors.

“I drink socially. I don’t use drugs socially. Only sometimes I should say I do but I very rarely. But I drink socially. So it’s part of our culture. I see it as that. Drugs, especially for younger people. When I see older people doing it I think it’s more sad because I think they’re lost in who they are and [...] and trying to find a place where they’re more comfortable.”

[John, <25 years old, HIV-negative]

Other participants discussed that as gbMSM get older, they feel more confident and do not think it is necessary to consume drugs or experiment just to be accepted. Instead, they now are in control and can say no and do not have the burden of feeling accepted.

“Also, because you’re young I see that as wanting to belong, ‘cause they have the assumption that, “I should be trying these things or doing these activities to belong and be accepted.” So [...] because I think they haven’t lived long enough to gain the confidence of who they are and [...] and feeling confident enough who they are no matter where they go and they have to feel they have to belong to certain group or whatever, to feel this confidence and acceptance.”

[John, <25 years old, HIV-negative]

Even among some of the older gbMSM social groups their preferences in social gatherings have changed over time. Instead of going out downtown they prefer more casual social drinking and talking about their lives.

“Oh, yeah. There’s lots of use that just go [...] Well, hey. Well, I have regular things that I attend. Like Thursdays I usually go up to a friend’s home in Kerrisdale and have lunch and can of beer, talk about renovations and we might talk about some gay men’s health issues.”

[Kyle, >51 years old, HIV-positive]

These reflections on changing substance use preferences in their social group highlight that these behaviours are variable. Throughout the life course they describe a continually changing set of values associated with substance use.

DISCUSSION

Among 20 gbMSM recruited in Vancouver, Canada, drug and alcohol consumption was described as helping to both facilitate and inhibit entrance into the gbMSM community. The first theme that emerged from our data reflects substance use as a social activity and highlights how gbMSM use substances to connect with others. This is especially true in environments where there is ubiquity of drug and alcohol use, whether at home or in public spaces (e.g., bars, clubs). Previous research has described that alcohol and drug consumption may help alleviate social pressure and cultural anxieties, foster a sense of camaraderie through shared drug or alcohol use, and facilitate social interactions (Diaz, Heckert, & Sanchez 2005; Halkitis, Fischgrund, & Parsons 2005; Kecojevic, Corliss, & Lankenau 2015; Mullens et al. 2009). Our participants echo this research, describing many social reasons for alcohol and drug use, including as a way to facilitate meeting people, to fit in with the substance use patterns of certain groups or locations (e.g., bars, clubs, private residences, bath houses, after-hours clubs, etc.), and to cope with social anxieties. On the other hand, participants also described how gbMSM social groups can contribute to alcohol and drug consumption, given those who abstain from use may be socially isolated from some social activities. This may be especially challenging for individuals who do not use substances and who may consequently have difficulty finding social groups where drug use is not ubiquitous.

Comments from younger gbMSM also highlight the tension experienced by many younger men who migrate to larger cities like Vancouver to find a gbMSM community (Lewis, 2014), and who then face pressure to conform to group substance use norms or face social exclusion if they do not participate. Halberstam (2004) suggests that migration to larger cities is caused by a perceived metropolitan utopianism of queerness that cannot be found in the suburbs or countryside. This critique of the urban migration experience as not being utopic for young gbMSM can help explain the pressures and expectations of substance use to build social networks.

The second theme highlights that some gbMSM social spaces are commonly associated with alcohol and drug consumption, and that level of acceptability of specific substances varies by setting and context. Previous research has posited that pairing certain spaces and activities with specific drugs may create a learned association between these activities, further cementing their relationship (Halkitis and Parsons, 2003; Ostrow 1996). Our findings provide further support for this theory, with many narratives identifying specific drug use for particular activities with differing levels of social acceptability. It is of note that there was variation in the drugs deemed socially acceptable across the participant narratives, with participants referring to ecstasy or methamphetamine as both ‘soft’ (more socially acceptable) and ‘non-casual’ (less socially acceptable). Previous research has also found differences in social networks in certain social spaces. For example, drug use among friends and sexual partners was associated with residence-based socialization (i.e., house parties) and younger gbMSM have been more associated with public socialization in bars, clubs, and restaurants (Tobin et al., 2013).

Our third theme indicated that substance use changes over the course of an individual’s life. Our participants’ narratives described changing motivations for using drugs and alcohol over time as competing social, professional, or financial pressures influenced their priorities. For example, certain periods, such as the ‘coming out’ period, were highlighted as times of frequent substance use by our participants who described specific needs of social inclusion at that time. In addition to facilitating social connections, alcohol and substance use may also help alleviate stress associated with transitioning into emerging adulthood in general, in addition to the added stress associated with the coming out period. These findings are consistent with other literature which has suggested that periods of high stress or anxiety are associated with potentially problematic use (Lelutiu-Weinberger et al. 2013; Rosario, Schrimshaw, & Hunter 2004), particularly the coming out period, and during emerging adulthood (Wells et al., 2010) as individuals develop their identities as adults, as well as sexual minority individuals.

While providing important information on individual factors determining substance use, our results also suggest that substance use takes place within a complex social system (Kelly et al., 2010). Within this system, the norms, values, and roles associated with substance use are influenced by other individuals, the community, and social spaces. These in turn are influenced by the perceived benefits of substance use, including social inclusion, and as a coping mechanism during periods of high stress over the life course.

These results highlight connections with both Disinhibition and Cognitive Escape Theory in that participant narratives describe substance use occurring both because of expectations (e.g., how they will make the individual feel) and as a way to alleviate burdensome concepts of personal risk due to risky sexual practices (Wells, Golub, & Parsons, 2011). In this context, our results can inform potential health interventions. This research identified particular identities and ages that were associated with substance use, younger individuals and those in the coming out period, who could be targeted by public health interventions to promote safer substance use and safer sex. Also, the participant narratives that described exclusion due to non-use of substances may suggest that individuals require more support if they wish to abstain from substance use. Potentially there could be more community events in Vancouver that do not promote alcohol and/or substance consumption. This may be particularly needed for former substance users who are at risk of relapse due to social isolation. There may also be benefit from developing social support interventions that specifically target non-substance users who may be marginalized. Finally, our results may suggest that community-based and clinical programming for gbMSM should address sexual health in tandem with drug and alcohol use.

Although these findings provide a helpful insight into substance use among gbMSM, there are limitations with this study. Given the qualitative nature of the data collected, results may not be generalizable to the larger population of Vancouver gbMSM or gbMSM in other jurisdictions. While the study sample was purposively selected for maximum diversity, our sample is mostly white and gay identified so findings may not be representative of Vancouver gbMSM with differing demographics and/or life experiences. Further, participants were not required to be substance users and as such, these findings reflect gbMSM's perspectives on drug use within the gay community but do not necessarily reflect the experiences of men from within drug-using networks themselves. Additionally, the data from this study are based on self-reports and as such may be vulnerable to biases, including the under-reporting of stigmatized behaviors such substance use, particularly for illegal substances. Despite these limitations, this study represents an important contribution to the literature on substance use among Canadian gbMSM.

It is important for public health practitioners and researchers to recognize that the substance use experiences of gbMSM are nuanced when developing interventions to reduce consumption. This study suggests that there may be a need for further outreach to build community programming and other initiatives that promote moderate substance use and harm reduction. Given that some gbMSM in Vancouver, especially younger adults, are challenged with finding places to socialize with other men who want to avoid alcohol or substance use or use in moderation, community events are needed that take place in sober or more controlled venues. While it is unrealistic and ineffective to simply use a moralistic abstinence model to approach the challenges with substance use among gbMSM, more opportunities are needed for gbMSM to create friendship and social networks independent of implied or expected substance use (Pakianathan et al., 2016). Public health and community organizations can continue to provide substance use related health promotion information and services in places associated with consumption. It is promising to have services like STI/HIV testing in bathhouses and condoms at bars, however, there needs to be

similar low barrier discussions about harm reduction and substance use (Huebner et al., 2012).

For Vancouver gbMSM communities, substance use serves several social-cultural functions and can simultaneously serve as both a potential facilitator and barrier for community connection. Future research and health programming should consider venue and context specific messaging and recognize the heterogeneity of substance use within the larger gbMSM population.

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Figure 1.
Momentum Study Formative Phase Participant Drawn Map Used In All Interviews As A
Prompt Regarding Substance Use.
Note: Researcher Team Annotations Are Shown Outside the Shapes