

Examining the contexts and experiences of substance use among young men and gender minority youth living in Vancouver, Canada



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About the Study

We interviewed 30 young men and gender minority youth about their experiences using substances in Vancouver, British Columbia.



Our interviews included conversations about when, how, and with whom participants used substances, including with sex. We also asked about the patterns, contexts and motivations around substance use and experiences accessing various treatment, care and harm reduction services. This summary presents some of what we learned.

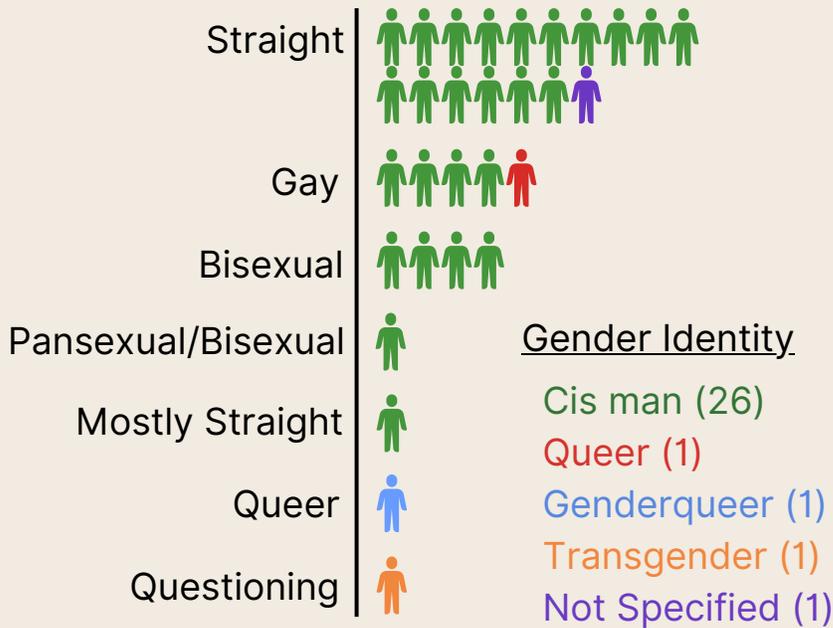


Interviews were conducted between October 2019 and January 2021. One-third of our interviews were conducted virtually during the COVID-19 pandemic. Pseudonyms are used when referring to participants.

Sample Demographics



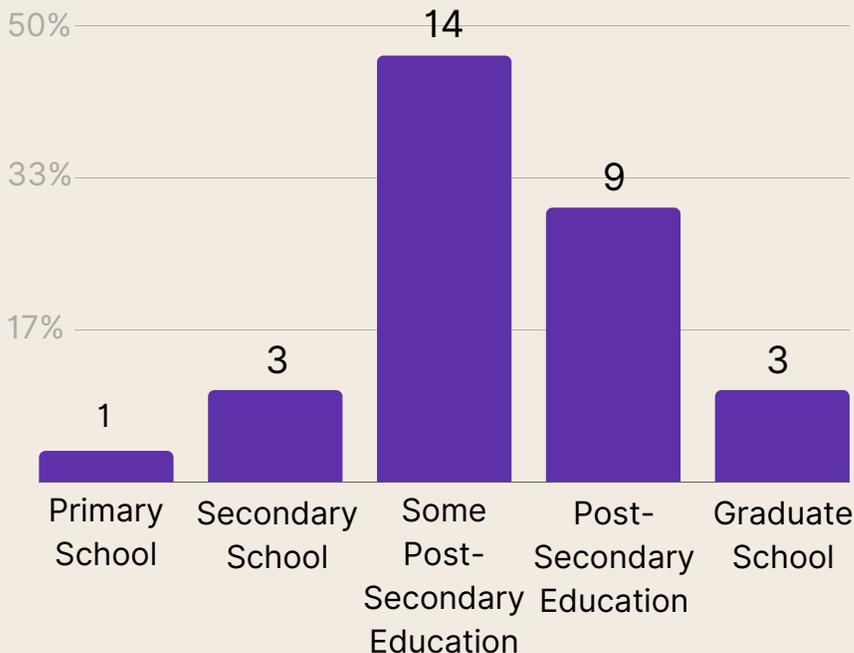
Sexual Orientation



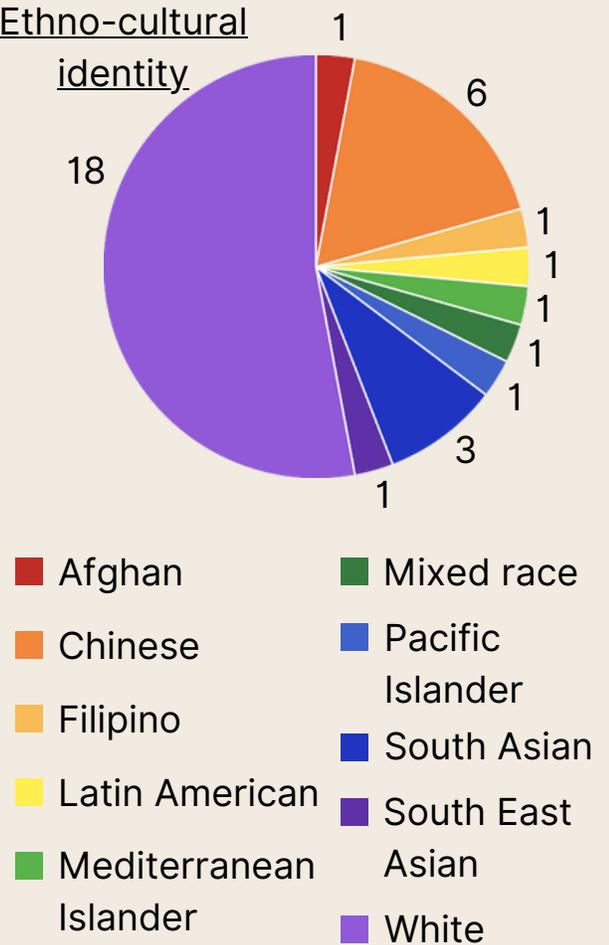
Participants were 20 to 30 years old (average age: 23.6 years).

The majority (60%) of participants had lived in Vancouver for their entire adult life (18+), and just under a third (30%) had lived in Vancouver for two years or less.

Highest Level of Education Completed



Ethno-cultural identity



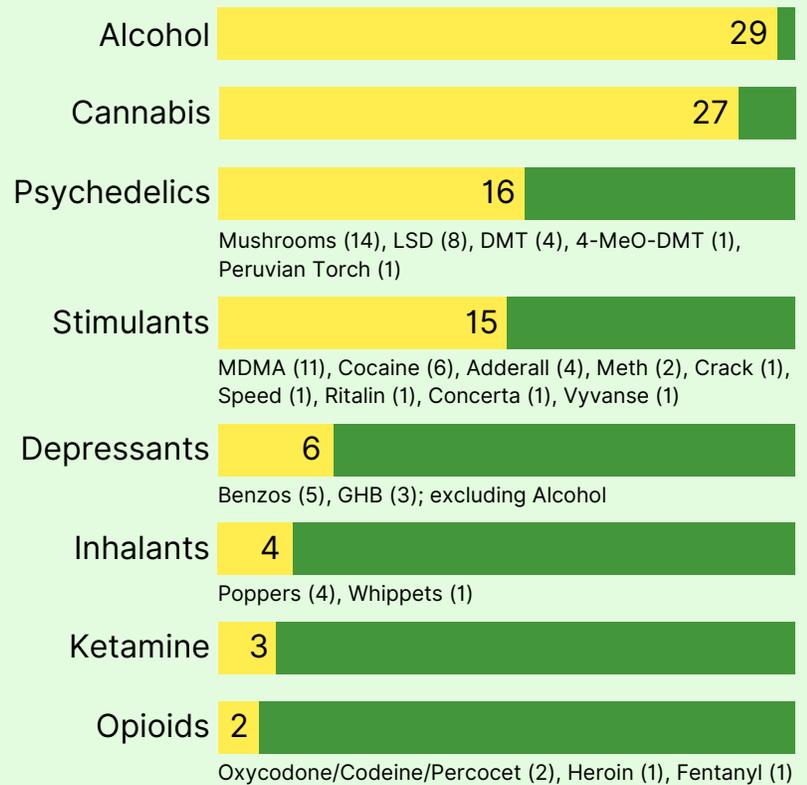
(Some participants selected more than one ethnicity)

“Sex and drugs are like spaghetti and meatballs.”

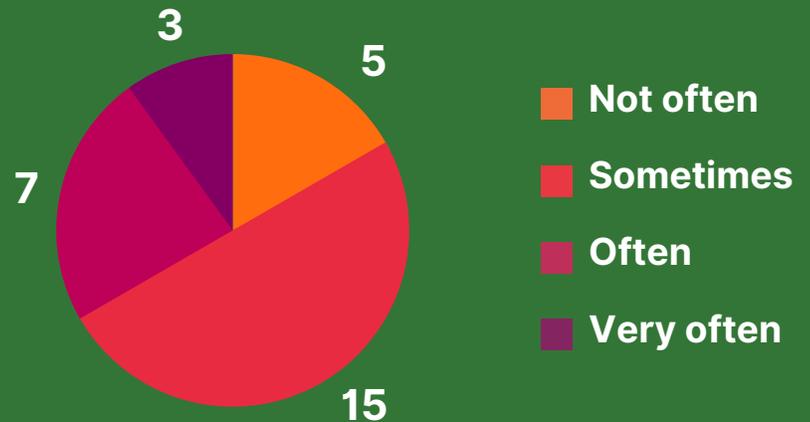
Mohammad (30 years old, white, cis man, straight)

The sexualized use of substances is usually described as the use of one or more substances to maximize pleasure and sociability with sex partners. Despite the data available describing many of the harms associated with substance use and sex among gay and queer men, we know far less about how the sexualized use of substances features in the lives of young men and gender minority youth.

The thirty participants reported using a wide range of substances. Here are the most common ones they reported in the past year:



We asked participants how often they used substances before or during sex in the past year. One-third of participants said they used substances in most of their sexual encounters.



Some participants explained that the experience of **combining substance use with sex was often something that happened coincidentally**. For example, using substances with sex often occurred in somewhat more spontaneous ways, including after having partied with friends.

“Probably the primary reason, honestly, and it sounds very mundane, is just having already been on drugs and then having sex. They don’t have to be related to each other.” - Jesse (26 years old, white, genderqueer, queer)

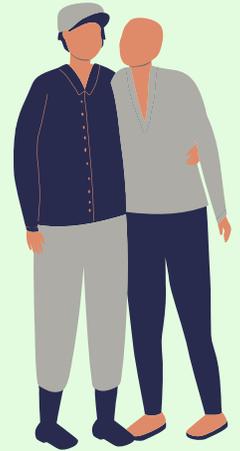
Reasons for using substances during and leading up to sex included:

To increase sexual pleasure and enhance physical sensations

To increase the desire to have sex

"I don't know if I'll ever be able to feel that good again, as the first time I had sex on acid. [...] Putting yourself into that frame of mind where you're hornier, like, you're... yeah, it helps you just like feel hornier, and then when you're getting it, it just feels so good."

- Mohammad (30 years old, white, cis man, straight)



To make sex new and exciting

"It's [alcohol] just like, spicing things up; it's just different, just interesting and it changes what it's like to be with the person because you see them – it's all different, right?"

- Gregory (20 years old, white, cis man, straight)



To last longer

To lower nerves and inhibitions, and increase confidence

"For me, it's definitely an issue of social anxiety and inhibition more than like particularly during the event. It's more leading up to it that, especially if I'm meeting a new partner for the first time, or trying something for the first time, I can get a bit socially anxious, or just anxious in general. And alcohol helps with that, in – at least in moderation."

To be more adventurous in the bedroom

"I feel like often I lower my inhibitions to do something that I do want to do but don't feel able to do in my sober self."

Psychedelics

Following alcohol and cannabis, psychedelics like magic mushrooms, LSD, and DMT were the substances most used by participants.

Reasons for using psychedelics included the desire to experience a **“shift in perspective”** that many described as contributing to their identity development, helping them make sense of difficult past experiences, and/or experience feelings of love and connection to others.



Throughout our conversations, participants described putting considerable care into promoting positive psychedelic trips by being in a good mental state or **mindset**.



Many participants also described the importance of having a good **“setting”**, which includes the physical environment and the people present, in order to help ensure a positive psychedelic experience.

“Mushrooms [are] more therapeutic, in a sense. It kind of resets my brain. [...] It also allows you to see things in a different perspective. [...] You have more introspect[ion] and you become more empathetic, I find.” - Komodo Dragon (26 years old, white, cis man, straight)



“Shrooms, that’s more like how am I doing mentally and everything, right? Because again, I’m doing those for specific events, so normally they’ve kind of already been planned out and everything so the timing’s good. It’s just more, you know, is there something really bothering me right now, or did I just go through some traumatic experience that might come out in this trip and make it harder to enjoy or something. [...] Like, “Okay, maybe I shouldn’t do it now,” right?” - Donny (21 years old, white, cis man, straight)



“Setting’s huge. For psychedelics, the place that you’re at is massive. [...] because having sunshine makes everyone feel better on psychedelics. But if the weather sucks, it’s cloudy and rainy, not really likely to do that shit.” - Peter Pettigrew (26 years old, Mediterranean Islander, cis man, straight)

Participants described searching for two types of information when they had questions around sex and/or substance use.

1. Evidence-based & trustworthy information

Participants described looking for science-based evidence from sources they considered trustworthy, like academic literature, government pages, and established healthcare websites. They stressed the importance of navigating a variety of sources, looking for reasonable and consistent messaging across websites.

“Usually, you can see if it’s... like if the source comes from a hospital, or a city, or something like that. Usually that information’s pretty trustworthy – if it’s in some way or form like government endorsed. Like any sort of like health services.” - Finch (24-years-old, white, cis man, straight)



2. Anecdotal evidence

At times, participants preferred to learn from other people’s experiences, including from friends or strangers in online discussion boards.

“Anecdotally, people talk about how things feel. And like all the academic stuff that I tend to come across, it either doesn’t do that, or does it in a way which is, like, weirdly dehumanizing for people engaging in it.” - Lucas (26 years old, white, cis man, gay)



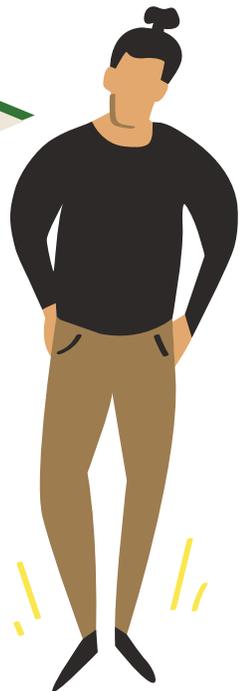
Accessing information around sex and substance use

Where do participants go to answer their questions about sex and substance use?

Questions about:	Healthcare services	Internet	Friends
Sexual Health	17	28	12
Substance Use	5	27	26

Although most participants had not discussed their substance use with healthcare providers, almost all of them supported the idea of integrating these discussions into sexual healthcare settings.

“In terms of the demographic of high school age kids, sex usually lies in the same category as alcohol and drugs, in terms of things they want to keep from their parents. [Laughter] You know, so to have kind of a clinical setting, or a medical setting, where those things are at least discussed and brought up. I think that would be a very... it’s kind of like two birds, one stone, in my mind. [...] And I think especially in the gay community the whole thing of Chemsex and this whole world that exists, that I had no clue about – I still know very little about, but I know that it’s there. I think for that demographic specifically, to inform people of that is a good idea.” - Drake (20 years old, white, cis man, bi)





Stigma around Substance Use

Stigma refers to a negative stereotype or shaming based on a distinguishing characteristic of a person (e.g., mental health, sexual identity, class). Stigma around substance use negatively affects people who use substances and has been found to reduce people's willingness to engage in treatment and harm reduction programs.

Throughout our interviews, **participants discussed the importance of destigmatizing substance use to help improve access to trustworthy information.** They explained that having access to open and honest information helped them stay safe while using, and to access harm reduction services when needed. Participants also said they wanted to see more recognition of the positive aspects of substance use (such as supporting community, fostering intimacy and creativity).

"I try and seek out information as much as I can, but given the state of, you know, politically and legally where a lot of these drugs are, it's really, really hard to find certified, legit information that you can trust, right? And ultimately that just is dangerous for people, you know?" - Donny (21 years old, white, cis man, straight)

Many participants explained that the current levels of stigma around substance use were due to a lack of public understanding and criminalization. Participants pointed to how they feel stigma has substantially decreased around cannabis use since its legalization in Canada.

"The more a drug is seen in the public eye - I feel like it's almost like a parabola - there's a level of [stigmatization] that is reached, but it slowly drops off the more people understand its function and like the consequences or benefits of it. [...] And you've seen that with marijuana. Like it reached a height of where people were trying to prevent people from using it, saying it's a terrible drug, but then the more that people understood it, the more it got accepted in society, particularly here in Canada, after its legalization." - Finch (24 years old, white, cis man, straight)

Similarly, some participants were frustrated that the level of stigma around certain substances did not align with their level of risk. For example, many participants complained that alcohol was less stigmatized than substances such as magic mushrooms, even though they perceived and experienced alcohol to be far more harmful. Overall, participants wanted to see a more nuanced discussion, based on trustworthy evidence, about the potential benefits and harms of substance use.

*"It's not important to me to talk to my family about drugs. There's a lot of circles you can't be open and honest about it with. Whereas you could say like, "Yeah, I got really drunk on the weekend," and they'll be like, "Oh, shouldn't have done that. I bet you were hungover." Like, no big deal. But if you say like, "I dropped a shitload of acid on the weekend," like, there's a lot of people who are going to be like, "Uh, don't spend your time with that person. They do drugs." Whereas, you can get... I don't know. Acid's way healthier than alcohol. So that's what I'd like to see drugs normalized and alcohol shunned a little bit more."
- Mohammad (30 years old, white, cis man, straight)*



How stigma around substances and people who use substances unfolds often depends on the cultural context. Participants emphasized that destigmatization efforts must be culturally relevant (e.g., to queer communities, immigrant communities, university settings).

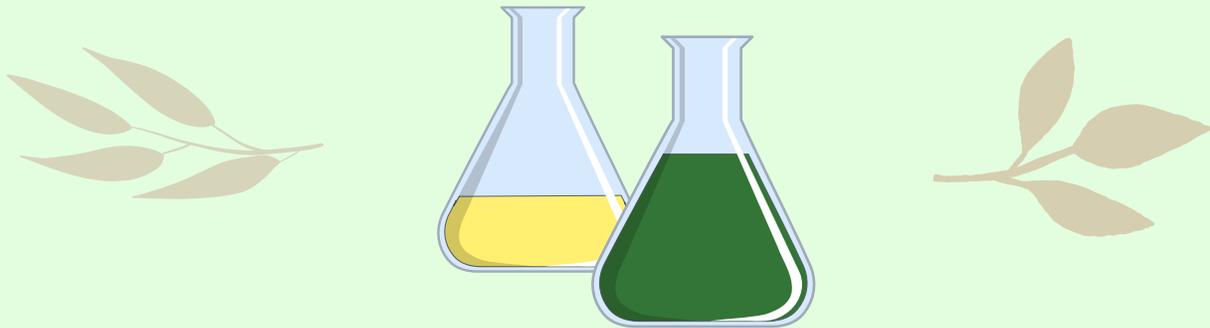
"I don't see a lot of the language and advertising or messaging in cannabis use [... directed] towards immigrants, or people of colour, BIPOC groups. It doesn't seem very relevant to these communities, when there is in fact [stigma to be addressed] and when it really affects everyone in a different way. So, just having messaging that is, I guess, more inclusive of those groups of people, especially a place as diverse as Vancouver." - Logan Masamilani (22 years old, Filipino & Latin American, cis man, straight)



Drug Checking Services & Kits

Drug checking services and kits, which analyze substances for contaminants (such as fentanyl), offer a unique opportunity to reduce the impact of the poisoned illicit drug supply driving the overdose crisis.

Of the 14 participants who used substances that can be analyzed (e.g., cocaine, LSD, MDMA),* 12 of them (86%) knew of drug checking kits and/or services, of which 10 (71%) had experience using them. Those who only used substances that cannot be analyzed (e.g., alcohol, cannabis, mushrooms) had much less knowledge of these services.



*Excluding doctor-prescribed drugs, alcohol, cannabis, mushrooms, whippets, nicotine, poppers, and Peruvian torch. Including Adderall, benzos, cocaine, crack, meth, DMT, fentanyl, heroin, GHB, ketamine, LSD, MDMA, Oxycodone, Codeine, Percocet, Vyvanse, Ritalin, Concerta, and speed.

Accessing drug checking services and kits

Drug checking services and kits tell people what is in their substances by sampling and analyzing a small portion. Purity and/or possible contamination (e.g., fentanyl) is assessed to help inform safer use. Drug checking is available in person, by mail, and as take-home testing strips. Take home kits also exist for sale online. For more information on how drug checking works and where to find it, visit the BC Centre on Substance Use's drug checking site at:

<https://drugcheckingbc.ca/drug-checking-sites/>



Reasons for using drug checking services or kits:

- reduces risk
- offers peace of mind & lowers anxieties about overdose
- enhanced accessibility and opportunity (e.g., at festivals)
- curiosity

“Yeah, just trying to avoid those uncertainties at all costs are really important, just because I have seen firsthand how easily drugs can be cut or laced, or how easily you can take something that you think is one thing but it’s actually another.” - Finch (24 years old, white, cis man, straight)

Reasons for not using drug checking services or kits:

- lack of awareness
- inconvenient to incorporate in spontaneous substance use
- relying on other safety measures
- comfort with risk taking
- possible financial costs
- stigma

“It’s a big dilemma of would I rather know that this substance is safe, or would I rather just, you know, go slow and risk it, so that I don’t have to deal with possible stigmatization?” - Xander (24 years old, Chinese, cis man, gay)



Other ways participants described reducing risks:

- buying from a trusted source
- using a little bit at first
- having one person use prior to the rest of the group
- using 'natural' substances like weed & mushrooms
- putting limits on use
- carrying naloxone



Overall, participants spoke very positively about the idea of **making drug checking more accessible and increasing public awareness** of these services.



"To me, there's no big obvious reasons against it. [...] Because I think it doesn't show a pro-drug mentality; it shows an anti-overdose mentality, that I think [...] would be very compassionate, and in the end it's less people dying as a result of it." - Drake (20 years old, white, cis man, bi)

Several participants spoke fondly of their experiences with **drug checking services at music festivals**, where substance use is common. They described these services as non-judgmental and safe, and explained how having access to these services helped promote positive drug experiences.



"It [having the drug checking services on site] honestly just shifted the entire culture around drugs at the festival. [...] So if something really bad had come into the drug testing tent, then the festival would make public service announcements saying, 'This is around. Be really careful of it.'" - Jesse (26 years old, white, genderqueer, queer)

Key Takeaways

Young men and gender minority youth use substances for diverse reasons and in different contexts. Substance use and sex often occur together, both intentionally and coincidentally.

Participants want better information about substance use and sex, both separately and together. This includes:

- ➡ More information about the feelings and experiences associated with using different substances
- ➡ Better opportunities to engage with care providers (e.g., being asked about substance use in sexual health care settings with a non-judgemental approach)
- ➡ Increased access to on-site and take-home drug checking kits

Stigma continues to influence how, when, and with whom participants discussed their use of substances, as well as their decisions around accessing information and harm reduction services.

While there is an understanding that stigma gets in the way of harm reduction programs, people often do not have the language to discuss negative or harmful aspects of substance use without drawing on stigmatizing language.

Thank you!

Thank you for your interest in our report on young men and gender minority youth's experiences using substances. We especially want to thank all of the study participants who shared their stories with us, as well as the agencies and institutions that made it possible for our research team to conduct this research:
British Columbia Centre on Substance Use, University of British Columbia, Canadian Institutes of Health Research



About Us

We are a team of researchers working at the BC Centre on Substance Use in Vancouver, Canada. Led by Dr. Rod Knight, we work with youth communities on projects examining how substance use intersects with sex and gender. For more information about this study, and other projects Dr. Rod Knight's team is working on, please visit our website:

<https://www.bccsu.ca/youth-health/>

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