RAPID ASSESSMENT FINDINGS

MSM in Bangkok: Drug Use and Sexual Risk Practices

Dora Huang
Phakphoom Decha-anawong
Rapeepun Jommaroeng
Marc Theuss (Principal Investigator/Team Lead)

USAID
FROM THE AMERICAN PEOPLE

PEPFAR

psi

TABLE OF CONTENTS

1.	**EXECUTIVE SUMMARY**	**3**
2.	**BACKGROUND**	**5**
	2.1 Background	5
	2.2 Rapid Assessment Goal and Objectives	6
	2.3 Use of Assessment Findings	7
3.	**METHODS**	**8**
	3.1 Study Location	8
	3.2 Study Population	8
	3.3 Sampling and Data Collection	8
	3.4 Analysis of Transcripts	10
4.	**FINDINGS**	**11**
	4.1 Context: Social Actors, Networks, and Venues	11
	4.2 Audiences Profiles	12
	4.3 Sexual Roles among MSM	16
	4.4 Communications and Networking	19
	4.5 Social Relationships and Transactional Sex	21
	4.6 Drugs	24
	4.7 Effects of Drugs	26
	4.8 Internal Rationalization of Drug Use	29
	4.9 Risky Sex Practices and HIV Prevention Behaviors	30
5.	**SUMMARY OF FINDINGS**	**33**
6.	**RECOMMENDATIONS FOR SOCIAL MARKETING AND PROGRAMMING**	**35**
7.	**REFERENCES**	**36**

1. EXECUTIVE SUMMARY

Background HIV rates among MSM in Bangkok rank among the highest reported in the world. Prevalence is estimated at 30%, with especially high incidence rates seen among young MSM. It is estimated that MSM will make up 43% of new HIV infections by 2015.[1]

Studies have demonstrated that recreational drug use is a risk factor for HIV prevalence and incidence. Recreational drug use, particularly of methamphetamines, has become intertwined with social MSM culture. Club, party, or hook-up events now reportedly revolve around recreational drug use, supposedly to achieve greater feelings of intimacy and sensuality and to promote a greater sense of sexual performance and stamina.

This exploratory study aimed to generate a more detailed understanding of the scene and context within which drug use and risky sex occur among MSM in Bangkok. The study also analyzed factors that influence uptake of safe sex practices and health behaviors.

Findings Recreational drug use forms a common aspect of social, sex-seeking behavior among MSM, with drugs being easily procured. Interviews with individuals familiar with the drug use and risky sex scene revealed the following findings:

1. **Social Actors, Networks, and Venues:** MSM tend to congregate in common venues around Bangkok. They are first introduced to drug use, beyond alcohol or tobacco, through friends, boyfriends, or former boyfriends. Group organizers, known as "hosts," bring together MSM in group sex events, often held in private homes or hotel rooms.
2. **Sexual Roles among MSM:** MSM self-identify as top, bottom, or versatile; however, roles may switch based on group sex dynamics. Drugs are used to ease individuals' transitions into new sexual roles, by lowering inhibitions or increasing feelings of sexual prowess.
3. **Networking:** The majority of networking – for partners, fellow drug users, or group sex participants – occurs through web or mobile-based applications. After a period of vetting, individuals decide to meet in-person.
4. **Three Segments of MSM Recreational Drug Users:** Three segments of MSM drug users were identified: 1) MSM under the age of 22 who participate in group sex as an end in itself but also as a means to consume drugs and enjoy the benefits of drug-use. Many younger MSM are enticed into group sex scenarios through the implicit offering of free drugs by older MSM; 2) MSM between 22-45 years of age. They treat drugs and sex-focused parties as a manner to vary and liberate their sexual desires and to experience extended group sex without inhibitions; 3) MSM above the age of 45. They use drugs as a commodity to entice younger MSM; they often use drugs in combination with sex.

1. 1], [2]

5. **Importance of "Attractiveness":** Age, physical appearance, and penis size factor into MSM perceptions of attractiveness (youth, muscle tone, and larger penis size desired), regardless of socio-economic status. More attractive, younger, MSM are more highly sought after as partners or group sex participants, and are offered drugs, for free, as enticement.
6. **Effects of Drugs:** The perceived benefits of drug use offset associated costs for most respondents, with drugs selectively taken to achieve particular effects. Benefits include heightened sensations of intimacy and happiness, lowered inhibitions, and greater self-confidence. With particular drugs, increased sexual prowess (particularly for bottoms) was also mentioned. Costs include physical weakness, fatigue, erectile dysfunction (unable to be fully corrected with EDD), and feelings of regret and disappointment.
7. **Condom and Lubricant Use:** Both condom and lubricant use among MSM is low, though respondents were aware of HIV transmission factors. Barriers include low self-risk perceptions of becoming HIV positive through multi-partner, unprotected sex; beliefs that intercourse is more pleasurable without condom use; and loss of control or inhibitions with use of recreational drugs (and inability to negotiate condom use).
8. **Rationalization of Drug Use:** Most respondents enjoyed drug-associated group sex, and reported no desire or motivation to stop. Drug use and sex had become inseparable in their minds, and the happiness derived (and desire to stay with the trend of drug use) outweighed expressed anxiety or fear.

2. INTRODUCTION

2.1 Background

There is a growing evidence that methamphetamine ("crystal-ice" or "ice") use is an emerging risk among men who have sex with men (MSM) in Asia [3]–[7]. This may reflect the changing socio-economic status of many individuals in Southeast Asia and the closure of opium markets, as methamphetamines become more readily available and their usage more common among MSM of higher socioeconomic status [7]. In fact, methamphetamine use appears to define the majority of club, party, or "hook up" behavior among MSM today, with references to ice appearing on most social media and dating profiles, despite knowledge of its negative physical and psychological effects [6], [8].

2.1.1 Social Media and Online Networking. A transition among MSM from meeting partners at parties or clubs to meeting partners – or supplementing in-person club encounters - through virtual channels has been recently observed [6]. Virtual networking channels include social media, mobile phone applications, or online chatrooms and networks. In fact, it is thought that the majority of risky sex and recreational drug use encounters are organized through these web or mobile-based channels, before in-person meetings occur [6].

Recreational drug use in combination with risky sex, moreover, is commonly referenced on these social media sites as a desired characteristic among potential partners [8]. Popular euphemisms for methamphetamines used in online channels, include "Hi Hi Hi," "Hi Ice," or "Ice Cool" [8].
Related to this shift, interest among MSM has shifted from high intensity clubs and raves (and associated club drugs, such as ecstasy) to smaller and more intimate gatherings in private homes arranged through social media. Methamphetamines, particularly ice, is more common in these parties, where recreational drug use is known as "chem fun" [8].

2.1.2 Drug Use among MSM. Anecdotally, ice, a methamphetamine-based drug, is one of the most popular drugs among recreational drug-using MSM in Southeast Asia [5], [6], [8]. MSM users of crystal meth, ecstasy, ketamine and cocaine have been found to be 2-3 times more likely than their non-using counterparts to practice unsafe sex [5].

MSM drug users have described more intense feelings of sensuality, collective empathy, and openness to feeling sexually aroused under the influence of recreational drugs [9]–[11]. Drugs, they report, help them overcome social awkwardness, depression, or low self-esteem, allowing them to participate in the urban MSM subculture of high energy and high libido with more self-confidence [10]. In the same respect, MSM feel more comfortable experimenting with sexual roles or social norms during sexual encounters, though their self-awareness and self-control may diminish [10]–[12].

Notably, in some reported cases, drug use has become a scheduled and ritualized pattern, with users planning and preparing for drug-based sexual experiences [10], [13], [14]. These individuals strongly associate drug use with sex and social activities, and find it increasingly difficult to disengage the two.

2.1.3 Risky Sex and Recreational Drug Use in Bangkok. A cohort study, conducted in a central Bangkok hospital, considered the risk factors of men who have sex with men above the age of 18 and who are residents of Bangkok [15]. The study referred to a baseline HIV prevalence of 21.3% and HIV incidence of 5.9 per 100 PY, among the highest reported incidence rate since the initial outbreak of HIV among MSM in the Western world.

This study found that multivariate risk factors for HIV prevalence included older age, secondary/vocational education (versus university or higher), employed or unemployed (versus in school), nitrate inhalation, drug use for sexual pleasure, receptive anal intercourse, and no prior HIV testing. Multivariate risk factors for HIV incidence were younger age, living alone or with roommate (vs. with a partner or family), drug use for sexual pleasure, inconsistent condom use, receptive anal intercourse, and group sex.

Four months prior to study baseline, binge drinking, use of 'club' drugs, nitrate inhalation, drug use for sexual pleasure, and erectile dysfunction drug (EDD) were reported by approximately 10% of the cohort. 40.1% of respondents reported having at least 6 male sexual partners, and 54.0% reported inconsistent condom use. Having paid or received money for sex was reported by 13.9% and 19.0%, respectively.

The study also emphasizes that among Thai MSM, methamphetamine is usually combined with EDD to prolong sexual intercourse and pleasure. This behavior is thought to cause ano-genital trauma, with drug impairment potentially leading to inconsistent condom and lubricant use and ultimately HIV transmission.

The study demonstrates that drug use for sexual pleasure and use of erectile dysfunction drug (EDD) are risk factors for HIV prevalence and incidence. The study additionally found that drug use presents as multivariate risk factors with a multitude of other sexual risk practices (including high levels of inconsistent drug-use, transactional sex and multiple male sexual partners).

2.2 Rapid Assessment Goal and Objectives

This exploratory study aimed to generate a more detailed understanding of the "scene" and context within which drug use and risky sex occur among MSM in Bangkok, considering their behaviors and preferences, as well as socio-economic status and decision-making thought processes. The study analyzed the motivating factors that influence the uptake of desired health behaviors, such as HIV testing and counseling (HTC) and correct and consistent condom and lubricant usage.

Objectives of the rapid assessment included the following:

1. To identify, describe, and analyze the drug-use scene by different MSM segments, differentiating by socio-economic or HIV status. This includes an understanding of how drugs are procured or made available, as well as the situations, venues, and communication channels through which MSM tend to locate potential partners with whom to engage in drug use and risky sex.
2. To identify key motivating factors that influence the uptake of desired health behaviors, specifically: 1) seeking and undergoing HTC, 2) seeking and undergoing diagnosis and management of sexually transmitted infections (STIs), 3) correct and consistent condom use, 4) correct and consistent lubricant use, and 5) correct and consistent Post Exposure Prophylaxis (PEP) use after risky sex

This study aimed to understand drug use that is recreational in nature; it did not investigate drug use that is habitual in nature.

Findings from the study will inform the design and implementation of social marketing and behavior change communication (BCC) activities for MSM who combine recreational drug activity with risky sex in Bangkok.

2.3 Use of Assessment Findings

The rapid assessment will also be used to inform marketing strategy and program design, with the following objectives:

1. To develop a segmented audience profile of MSM who use recreational drugs in combination with sex. This profile will consider divisions between socio-professional and socio-economic groups, as well as HIV status.
2. To provide insight into the types of social events, venues, and communication channels that should be targeted to reach MSM with prevention messaging and products. This includes understanding how to leverage popular social media and networking channels to increase MSM engagement with prevention programs, while identifying the most appropriate time and place to provide MSM with health and prevention information.
3. To investigate the availability, type, and popularity of prevention commodities (e.g. condoms, lubricant, IEC materials) available to MSM who use drugs and engage in sex.

3. METHODS

3.1 Study Location

All data collection took place in Bangkok. Interviews were conducted in private and discrete locations in Bangkok where respondents felt comfortable discussing issues pertinent to the study. Data was also collected in venues where recreational drug use and risky sex behaviors were practiced by MSM. Venues included nightclubs, bars, saunas, and underground clubs.

3.2 Study Population

The rapid assessment focused on a target population of MSM with the following characteristics:

1. Age of 18 or over
2. Have resided in Bangkok over the past six months
3. Have engaged in recreational drug use in combination with (risky) sex in the last six months
4. Provided verbal consent to participate.

MSM meeting these characteristics were interviewed by the study team.

3.3 Key Informants

Interviews were conducted with Key Informants (KI), or individuals knowledgeable about the scene within which MSM take drugs and engage in risky sex. KIs included party organizers, and owners, managers, or staff of venues where risky sex occurs in conjunction with recreational drug use.

3.4 Venue Assessments

Key gatekeepers to venues (e.g. managers, owners, event organizers) were also interviewed to supplement venue assessments.

3.5 Sampling and Data Collection

Transcripts and associated analyses of transcripts were accessible to the research team only, and not shared with individuals outside the research team.

Prior to interviews, two trainings of the rapid assessment team were conducted: 1) Recruited Professional Researchers underwent a 2 day training course, led by the Team Lead; 2) Recruited Peer Researchers underwent a 1 day training course designed by the Team Lead and implemented by the 2 Professional Researchers.

3.5.1 Target Audience: Rapid Participatory Ethnographic Evaluation and Research (PEER) Options Consulting UK has developed a participatory research methodology called PEER, an innovative participatory approach to qualitative research. Members of the study target group (Peer Researchers) conduct detailed discussions with individuals in their social networks. The approach offers a rapid way of gaining in-depth understanding particularly in sensitive issues such as sexual health.

The PEER approach was selected for this study because recreational drug use is an illicit practice which MSM may be reticent to talk about with individuals who are unfamiliar with the drug use and risky sex scene.

In this study, Professional Researchers provided Peer Researchers with a small number of open-ended questions, reflected in PEER Dialogue Guiding Questions[2]. PEER researchers were selected on the basis of their socio-economic status and the socio-economic composition[3] of their network of MSM peers and acquaintances. The dialogues between Peer Researcher and their peers/community members were not recorded; the data was recorded later by the Researchers in debrief sessions among Peer Researchers.

The guiding questions aimed to generated stories about the experience of a recent episode, extending from a few hours to several days, of recreational drug use associated with risky sex. The questions aimed to trigger rich narratives about the context, the actors engaged, the sequence of events leading up to risky sex and drug use, and the changing stages of consciousness associated with different phases of the drug use episode. In particular, dialogues worked to capture the evolving state of consciousness and decision-making of the individual, in terms of degree of receptiveness to information and emotional associations at each stage.

Eleven peer dialogues were conducted between Peer Researchers and peers, captured in debriefing sessions between Peer Researchers and Professional Researchers. The PEER Dialogue Consent Form[4] was used to obtain consent from peers before interviews began. The Professional Researchers computerized notes in the English language.

3.5.2 In-Depth Interviews: Key Informants KI interviews were conducted to investigate: (i) the number of MSM congregating at particular venues where drugs are consumed and partners encountered, (ii) the extent of drug use and type of drugs consumed, (iii) the opening hours of the venue, (iv) the attendance number of MSM customers over the course of an average night, (v) the profile of customers and the stability of that customer base, (vi) the nature of sexual practices of customers within the venue, and (vii) the availability of IEC materials, condoms, and/or lubricant.

2. Annex 1: Rapid Assessment Study Design
3. Socio-economic categorization was agreed upon by the research team. Three categories (lower, middle, upper) were derived, based upon location of residence, annual salary, occupation, and educational level.
4. Annex 1: Rapid Assessment Study Design

Researchers used the Key Informant Discussion Guide[5] as a resource in Key Informant Interviews. KI were approached and recruited using the KI Recruitment and Consent Scripts[6,7]. Interview notes were captured in the English language. Six KI interviews were conducted.

3.5.3 Venue Assessments Professional Researchers assessed venues where MSM congregate, consume recreational drugs and meet partners for sex. Researchers obtained consent through the Consent Form for Gatekeepers[8] and used the Venue Assessment Observation Guide[9] to guide the assessment, investigating the following domains: (i) the size and capacity of the venue; (ii) the number of clients in the club at different points in the night; (iii) the evolution of drug-use in the course of the evening and degree of openness of drug-use; (iv) cost of admission to the venue and cost of drinks; (v) availability of condoms and lubricant; (vi) the appearance, design and look of the venue; (vii) nature of social interactions between customers; (viii) closing time of the venue; (iix) degree of interaction between venue staff and customers; (ix) the appearance of customers.

Four venue assessments were conducted, focusing on bars and clubs frequented by MSM in Bangkok. Researchers visited venues during popular socialization times, actively observing the context of interactions. No notes were taken in the venue, in order to displace suspicion and discomfort. Notes were recorded in English after the venue visit ended.

3.6 Analysis of Transcripts

Narrative data were recorded in written and computerized note form in the English language. All transcripts were analyzed in a similar manner: transcripts were coded using an emergent coding frame, generated by the research team. Selected coded extracts from the transcripts were incorporated into a coding dictionary, and the dictionary was thematically coded to identify patterns across Venue Assessments, PEER Dialogues, and KI Interviews.

5. Annex 1: Rapid Assessment Study Design
6. Annex 1: Rapid Assessment Study Design
7. Annex A.6
8. Annex A.7
9. Annex A.8

4. FINDINGS

4.1 Context: Social Actors, Networks, and Venues

Drug use and risky sex appear to occur regularly among MSM, with procurement of recreational drugs found to be relatively easy. MSM tend to congregate in common areas and venues around Bangkok, participating in similar decision-making and networking scenarios leading to higher risk sex and recreational drug use. This section will discuss the actors commonly found in MSM networks, the venues where recreational drugs are purchased, and the places where risky sex takes place.

4.1.1 Social Actors and Networks MSM are first introduced to drug use, beyond alcohol or tobacco, through friends, boyfriends, or former boyfriends. These friends, considered expert drug users, often organize group parties, providing MSM drug users with new social networks; a private group, made of just close friends, will generally expand overtime. Some respondents stated that they use these group events as avenues to meet new friends and other MSM drug users as well.

Group organizers, often known as the "host" or "manager," bring together MSM in both general parties and group sex events. The members of such parties may not know each other - the primary connection is through the host. In some cases, the host may invite strangers as well. In smaller settings (4-6 people), however, it is likely that the host has personally invited each individual, with prior knowledge of his sexual role and preferences. Relationships found in group sex will be further discussed in 4.5 Social Relationships and Transactional Sex.

The host provides the drugs and drug equipment, though participants (in small settings) may be asked to contribute to the cost. The host also organizes a location for the event, often a room, collection of rooms, or holiday retreat. In the latter case, participants generally entrust money to the host, who then make all the necessary arrangements for the weekend excursion.

Owners of bars, clubs, and saunas - locations where drugs may be purchased and risky sex takes place, reportedly - claim to be unaware or vaguely aware of the illegal or high-risk activities taking place within their venues. Bar staff in nightclubs, however, may subtly offer drugs for purchase, and have a better sense of activities occurring.

4.1.2 Venues to Purchase Drugs Drugs are easily available for purchase in Bangkok, though location of purchase varies based on desired type or quality of drug. Some drugs, particularly those taken orally, like Ecstasy, are more often found at bars or clubs. Drugs requiring processing or equipment are less likely to be found in these more public areas, due to both inconvenience of consumption and potential of search and seizure by law enforcement.

Certain areas of Bangkok, such as Huangkwang Market or the Din Daeng Housing Projects, are well-known among the MSM community for dealing drugs and marketing drug equipment.

Online channels to purchase drugs from individuals in the area were also referenced by respondents, as seen in the coded languages found in LINE and web-based groups. Typically, this would involve drugs being delivered to an anonymous public location by the dealer and then transferred to the consumer.

4.1.3 Locations where Risky Sex Takes Place Most risky sex encounters occur in private homes or hotel rooms. In fact, luxury condominiums and apartments were mentioned often by respondents, in terms of their safety from police interference. Convenience also heavily influenced location: private homes, respondents mentioned, are both unlikely to be raided and able to hold drug equipment, required for ice or Ketamine consumption, increasing these locales' attractiveness. Individuals were also unlikely to move locations, once stationed in a home. In some cases, multiple adjoining rooms - in a home or hotel - would be provided, one for sexual intercourse, the other for drug use.

Respondents also mentioned trips outside of Bangkok as common among MSM. Pre-arranged holiday trips, organized by a host, could take place over a weekend or long holiday. These trips would have upwards of 15-20 individuals. For instance, Koh Samet was frequently referenced by respondents as a popular, MSM-friendly spot, close to Bangkok. Its reputation among MSM was of a fun, party island, visited by attractive MSM. One respondent mentioned engaging in drug-fuelled sex parties in Kanchanaburi on floating lodges, as well.

Police presence features prominently in MSM decision-making regarding drug use and location. Participants are willing to pay extra, or go to another location, to ensure a "hassle-free" night. Thus, clubs were unlikely locations for sex, though some underground saunas were mentioned as locations to meet potential partners and begin intercourse before moving elsewhere.

4.2 Audience Profiles

In section 4.2, three segments of MSM who take recreational drugs and engage in group sex will be presented.

1. Young MSM, under 22 years, who use drugs in combination with risky sex and who are either enticed into group sex through offers of drugs (by older MSM) or who have group sex with other young MSM in the same educational institution as themselves.
2. MSM aged between 22-45 years who enjoy engaging in recreational drug and sex-focused parties as a way to vary and extend their sexual experiences. They participate in the party drug scene to have fun. They may go to parties to obtain free drugs; however, it is not an explicit part of the experience; they are there because they want to be there.
3. Older MSM (above 45) who find it easier to access sex with attractive younger men if they offer sex in combination with drugs.

4.2.1 Pun, an Archetype of a Young MSM Pun, an undergraduate student at a respected university in Bangkok, is in his junior year. He is 21-22 years old. He likes to act like a high class boy. He mostly does ice and Poppers with classmates from the same university. He has a group of 'good-looking' people in his circle with whom he does drugs. There are eight people in the group. They are all from upper middle class families, and are students from the medical school. They usually take drugs in their university's dormitory. He feels that doing ice in the dormitory is safer because the police will not come inside the university premesis. He is also not concerned about the security guards on the premises.

He is a serious ice user but he never pays for anyone else's drugs - in fact, many people pay for him. He finds most of his group sex partners through Facebook. He searches for potential partners on his university's Facebook page. He gets ice from his friends in the medical school at the same university. When doing ice, he feels like a princess, hi-so (high class), luxurious and beautiful. When doing ice, his penis does not get erect so he also takes Viagra but it does not get as erect as usual. It is almost erect and he does not reach orgasm. Because he has a relatively small penis, he plays the role of bottom.

No one in his group uses condoms despite their knowledge of HIV. He doesn't buy condoms nor usually have them on his person in time for a sex party.

Because of his use of ice, he is now quite skinny and his face looks bruised. Being skinny is a plus for Pun though because he wants to be thin.

Sometimes he uses ice for other purposes, besides sex (e.g. when he wants to stay focused, in order to study).

4.2.2 Guy, Archetype of MSM between 22-45 Years Guy is 32 years old. He receives a good income from his business. He lives alone in a one-bedroom condominium near Rama IX. He is versatile sexually. He is a good-looking man with a good body. He likes having sex with other MSM with good bodies. Every time he has a boyfriend it lasts no longer than 5 months. This is because he wants to break up with his boyfriend before big ice-sex party events such as New Year's, G-Circuit, and Songkran.

He has been using drugs (mostly ice) since 2008. His ex-boyfriend's friend persuaded him to try drugs while visiting Koh Samet (Silver Sand Club, gay beach). After the Samet party, he became fascinated with sexual pleasure. He has kept doing this since then. He loves to go to Koh Samet because all the good looking guys go there for fun and partying.

He prefers 1-on-1 sex, but he enjoys group sex as well. The maximum number of sex partners he has had sex with in one night is four people.

He wants to use condoms when he has group sex. But he finds it difficult- sometimes other people don't want to use condoms, so he doesn't insist. Also, when he takes Viagra, he finds that his erection is not the same as usual. He finds it difficult to maintain an erection.

Most of the time in group sex, he is touching other guys and being touched and giving and receiving blow-jobs. Because of this, he and his group sex partners are always taking condoms off, making it more difficult to put the condoms back again, especially when everybody is enjoying themselves so much.

When he goes to G.O.D nightclub and the bar staff approach him and ask "Would you care for anything else?" he believes it means that the staff is offering other drugs (e.g. Ecstacy) for immediate consumption.

Guy uses Viagra, Poppers, Ecstacy, Ketamine, GHB, Likindo and mostly ice. He likes taking ice at parties because it is only 500 THB, meanwhile a glass of alcohol will cost him 200 THB per glass and he has to have 3 glasses to start to get drunk. He can access ice through his close friends.

Before ice-sex parties, he has to prepare himself. Sometimes, he feels like he wants to vomit, especially when the party time approaches. He feels terrible palpitations and feels bad. He is concerned with many things. For example, he is afraid it may not be as smooth as he thought, he is afraid of a "crashed" party, and how the sex-party will turn out. He has a moment during which he considers if he is wasting his time, thinking he probably should do something more useful. He always feels like this right before he takes ice. But, he is addicted to the feeling of happiness. After he has 3-4 smokes of ice, all his fears go away, and he feels relaxed. He loses track of time. On ice, time passes by quickly.

Taking ice makes it difficult for him to get an erection. He takes a Viagra one1 hour before sex. Viagra can help with getting an erection but it isn't the same kind of erection as normal. It is "only just" erect. Whilst he waits for the activation of Viagra, he will go and take a shower because he wants to refresh himself or take a break to restart sexual activities again. Taking a shower helps his body become cooler and make him feel really high. During sexual activities while on ice he can better appreciate the pleasure of the moment. Mentally, he sometimes experiences a "down" moment. It happens the next day when he is alone, especially if he could not have an orgasm the night before. He feels that he should not have wasted his time, particularly if the sex wasn't as good as he expected. And it makes him miss his workout routine. He needs to spend 3-4 days to recover his body to a fully functioning state. In these moments, he thinks about quitting drugs - but when he is asked out by his old sexual partners, his mind automatically urges him to do it. His mind feels like it is calling out to experience another happy moment. He wants to feel it again. He always goes back to use it again. Yet, he is certain that he will not become addicted to drugs.

He mostly finds his sex partners on Jack'd, Grindr, Hornet and Ninemonster. He keeps in contact with them through LINE. He likes to take times to get to know them before he decides to use ice with them because he wants to see what kind of sexual activities they prefer, and wants to make sure how they will share the cost of ice. He hardly pays for ice – usually, the bottoms arrange everything, because the bottoms want the top to come and have sex with them. He just has to show up at the party – usually in the bottom's room.

He is quite selective about the man with whom he is going to have sexual activities. This is because he knows that ice damages his health and because he has had experiences of a few "crashed" parties. For instance, one time he was invited to join an ice/sex party with two tops, one bottom and guy who is versatile. The bottom was the host of the party, and they all equally shared the cost of the ice. But Guy was much more handsome than the bottom host so the two tops always paid attention to him and left the host out. After a while, Guy thinks that the bottom got a feeling of being "noid" (comes from the words "annoyed" + "paranoid"), and so after a while the bottom shouted and kicked the rest of the people out of the room.

When Guy gets the 'noid' feeling, he gradually begins to feel upset and paranoid. He feels like he is watching attentively for somebody to make a mistake. He cannot control himself. When the 'noid' feeling comes, he feels like he can explode easily and will say things openly and without consideration.

4.2.3 Ree and Nun, Older MSM Ree and Nun are in the same sex group. Ree is 50 years old. He has a bachelor's degree and can speak French. He's in the tourism business. Nun is 42 years old. They are both versatile. Ree prefers the top role more often but since he is now old and has less strength, he has started to play the bottom role more frequently. Because of his old age, Ree's penis does not get erect as easily as before.

The main reason that Ree and Nun feel they do drugs is because of sex. Ree thinks that ice is not addictive. They both think that young boys these days are very picky so they use drugs to seduce them. This is because Ree and Nun are rather older and less good-looking – a bit fat. In fact, when they see a masculine-looking, younger MSM join the group, they will give him drugs. Even if that boy is usually pure top, after taking drugs, he will turn into a bottom.

When Ree and Nun are bottoms, they may ask the top(s) to use condoms. Mostly, tops use only one condom and rotate to other bottoms. When Ree does drugs with Nun, they usually aim for 4 tops and 3 bottoms. Each party usually goes on for 2 days and 1 night. At each party, each person will have sex more than 8 times – both being top and bottom.

Ree usually looks for sexual partners with Camfrog with the assistance of Nun. Nun recuits young boys to join the ice and sex party by putting notes into their lockers at university. If that boy has money, Nun will sell drugs to him, but if he has no money and that boy is really good-looking Nun will give him other alternatives such as having sex with him and Ree for drugs.

Nun claims to have a police boyfriend so he can pull some strings not to get arrested.
Ree pays for the drugs to attract young boys to come and have sex with them. The target is usually first year or sophomore year students. They usually do drugs in the Din Daeng housing project, and host sex parties in Nun's condominium. Ree gives the money to Nun and Nun manages everything including drugs, boys, and drinks. Nun does not work and only deals drugs.

The best way to do ice for both Ree and Nun is to turn on the air conditioner to get the room as cool as possible – the cooler, the better. The cooler it is, the faster they can get high. If the temperature is cool, they feel like they are shivering and it feels like more fun. They get dry throats when doing ice. They have to drink Red Water (red syrup (Hale's Blue Boy Red) dissolved in water with ice) or anything sweet because their lips get dry. If there is any red objects in the room or if the room is painted red, it also helps them to get high faster. They can have sex all night long. When being bottom, they feel luxurious (a sense of being absolutely high), and they do not feel pain. When Nun is bottom (passive), taking drugs will give him the 'feeling' but he will not orgasm – he focuses on the 'fun' part.

They use Poppers and use Ketamine from time to time. 'K' (Ketamine) is not popular because it's more complicated. Ree smokes ice by boiling water in a tube. He does not like Ya Ba (methampehtamine) because he does not feel high, instead he feels low.

In the past, Ree and his group usually went to Kanchanaburi province on a raft with a group of 15 – 20 people during the weekend – travelling on Saturday morning and staying on the raft for one night and coming back to Bangkok on Sunday evening. When having drugs in combination with sex, it is called "Ty." People pool their money and give it to one person and that person manages the whole trip.

4.3 Sexual Roles among MSM

Sexual roles form an important component of many relationships among MSM. An individual can self-identify as a particular role or shift roles, depending on the situation. Drug use and partner behavior can change an individual's self-identification as well.

4.3.1 Sexual Roles All of the MSM interviewed self-identified as one of three sexual roles: 1) top (insertive, penetrative, active), 2) bottom (receptive, passive), or 3) versatile (swtich between top and bottom). Discussion of potential partners during the interviews also centered on these three roles, suggesting that the categories are commonly accepted and used among MSM. This section will explore the differences between the roles, considering the typical characteristics associated with each.

Top: Insertive MSM are thought to have larger penis sizes. Penis size forms a large component of tops' degree of attractiveness: This image influences their popularity among potential partners. Failure to fulfill this image, respondents noted, can result in the loss of sexual partners.
Ice and Viagra, drugs that in combination increase energy and erection time, are thought to be more popular among this group.

Bottom: Receptive MSM may be more selective when choosing sexual partners, particularly if given multiple options. Bottom partners, however, may also be rejected, based on physical attractiveness.

Poppers and Likindo are used more regularly among this group, to lessen pain associated with penetration and enhance feelings of relaxation.

Versatile: Versatile partners do not self-identify as top or bottom, and can exchange between the two roles, depending on their sexual partner. Versatile partners may display a preference for being top or bottom, though are open to performing both roles; this differs from MSM who identify as being "pure top" or "pure bottom," in which they will not switch roles. In one case, a respondent revealed a shifting preference from top to bottom, mirroring his own change in energy level and age. Role definition will be further explored in the following section.

4.3.2 Navigating Role Preference Pre-defined roles: Sexual role, respondents suggested, was assumed before sexual activity, either made clear by the potential partner or inferred by the interested partner.

If both partners are found to be versatile, however, the partner with the larger penis will generally take the role of top, illustrated in the following excerpt:

> *If [my] sex partner is more masculine or has a bigger penis, [I] will be passive.* - 45 year old, middle class MSM with master's degree [16]

This statement was made often throughout interviews, suggesting that role definition among versatile MSM, or non-pure top or bottom MSM, may occur at the moment of intercourse.
Group sex dynamics: However, respondents often mentioned that problems arose when navigating group sex, particularly given shifting sexual roles. Group sex, organized by a host (often a bottom), commonly contains four or more individuals, carefully curated by the host. The host attempts to balance the number of tops and bottoms, using assumed knowledge or former partners to select the group. This is exemplified in the following quotes:

> *He [the host] tried to get to know them about 1-2 months before he decided to use ice with them because he had to make sure that what kind of sexual activities they preferred [sexual role].* -32 year old, middle class MSM [17]

> *He did not search [for] a new sex partner because it took time to get to know each other's sexual preferences. He would rather use his old sexual partners who [were] familiar to each other and already knew how to serve each other's … sexual desire .* – 45 year old, middle class MSM [16]

Respondents, for instance, mentioned cases where individuals thought to be tops or bottoms switched their "pre-assigned" role which shifted the group dynamics. Individuals, thought originally to be pure tops, would ask to become bottoms, or individuals, thought originally to be bottoms, would switch to top. This unforeseen switch resulted in "cock competitions", or informal comparisons of penis size and attractiveness to draw attention to oneself. Successful switches, without consent from the host, led to failed parties and angry hosts. A common term of annoyance and frustration

experienced by those rejected, whether a host or a participant, was "Noid." The word "Noid" is a combination of "Paranoid" and "annoyed".

Competitions for attractive partner, beyond sexual role, also occurred within group sex events. Individuals fought for particular individuals within the group, with unsuccessful attempts resulting again in failed parties. A potential partner's attractiveness could also impact an individual's decision to remain bottom or top, depending on his desired interaction.

These shifting dynamics are best illustrated in the following excerpt:

> *When making a deal [the invitee] said to the host (passive) that he [the invitee] was top. But when he arrived to the party, he turn[ed] himself [in]to be bottom and [drew the] top's attention [to] himself (it's called a cock competition).Then the bottom host would be 'Noid'. If the situation was [became] worse, it would cause a failed party.* - 45 year old, middle class MSM with master's degree [16]

Drugs and shifting sexual roles: Particular drugs have been associated with particular sexual roles, based on the desired effects of the drug. For instance, drugs enhancing feelings of relaxation, and causing physical relaxation of muscles, such as Poppers, are often taken by bottoms. Conversely, ice and Viagra, drugs that increased time of erection or energy levels, are often taken by tops. Tops, bottoms, and versatile individuals all took drugs that enhanced their sexual desire or feelings of intimacy.

Drugs could also be used to ease curious individuals' transitions into new sexual roles, by lowering inhibitions or increasing sexual prowess, exemplified in the below quote:

> *Because, when you took ice, everyone would express his own true needs. For example, if the bottom wanted intercourse with only [an individual with] a large penis, [the bottom] would focus on [and interact only with] the top with the largest package.* - 45 year old, middle class MSM [16]

However, in more extreme circumstances, drugs were also used to take advantage of individuals by more aggressive partners. The latter individuals would ply the potential partner with drugs, rendering him unconscious and unable to reject his advances, or lowering his inhibitions to a level where he would be open to switching roles. This tactic is seen in the following excerpt:

> *But when they [the hosts] see any masculine boy joining the group, they will [give] drugs to him. Even [if] that boy is pure top, after taking drugs, he will turn into a bottom.* - 50-55 year old popular MSM host [18]

Perceived attractiveness factored heavily into individuals' assumed sexual roles, consequently affecting their drug choice.

4.4 Communications and Networking

The drug-use scene, complemented by high levels of risky sex, is driven by the relationships formed within the MSM community. Drug use, while discussed in MSM networking, is less of a priority of the conversations. The goal is to establish hook ups, meet ups, or longer relationships. However, this focus on sexual relationships, rather than drug-based exchanges, may reflect the non-recreational drug focus of this study.

Relationships associated with the drug-use scene vary in length and introduction; they can be long-standing or newly created, within the period of that evening. They may be initiated by mobile phone applications, in-person meetings, or through acquaintances or social networks. Regardless of introduction, however, the goal remains sexual.

This section will discuss new relationships, focusing on the period between MSM expressing interest and initiating a meeting and the physical, in-person meeting; the following section (4.5 Social Relationships), will focus on the relationship itself, or the period following in-person meetings. This section will consider two types of relationships: first, those formed between strangers, and second, those formed between previous acquaintances or group networks of MSM. Within each section, the communication channel (virtual vs. physical) will be discussed.

4.4.1 Meeting Strangers The majority of sexual encounters described in interviews were newly derived, or setup between individuals without prior connection or history. Individuals meet at bars or clubs, or connect through virtual, web or mobile-based applications.

Physical networking: In-person meetings between strangers, leading to one-on-one sexual encounters, were rarely discussed by respondents. In-person meet ups were more common between individuals who had first virtually met, or who were introduced through a party organizer or mutual friend. This suggests a degree of selectivity in developing sexual relationships, and a new emphasis on social media in MSM networking.

In the in-person, one-on-one cases mentioned by respondents, individuals noted that they took time to speak with the potential partners first, before inviting them home. For instance, consider the following excerpts from respondents' interviews:

> *[I] met with some Taiwanese guy. Somehow [I] felt a good chemistry with him (we had good chemistry) and [I] then invited him to the hotel and used ice combined with sex. [I] was quite selective [when choosing] a man … to have sexual activities with.* – 32 year old, middle-class MSM [17]
>
> *I met a guy from an entertainment venue in [the] Silom area. I got a chance to talk to the guy [before] he invited me to go to his hotel room.* – 33 year old marketing officer [19]

We talked a while before deciding to have sex together. – 36 year old Health & Beauty officer [20]

This selectivity may reflect MSM preferences, a reluctance to share costly drugs, or a general hesitation before committing to sexual activity. Another important reason for selectivity is the illicit nature of consumption of recreational drugs (particularly given the not-so-distant period in which small-level sellers of ice/Ya-ba were dealt with by law enforcement actors in a punitive and in some cases para-legal fashion).

Respondents also mentioned the availability of agencies in facilitating short-term (often, one night) introductions. Agencies recruit young and attractive men through LINE groups, offering free drugs as incentives to join parties. Penis size influences recruitment. The recruited young men, termed "money boys," are given unlimited access to drugs, particularly ice, but only allowed to pursue sexual activity with the hosts or attendees of the parties.

Virtual Networking: Mobile and web-based applications were referenced in almost all of the interviews with MSM. Applications include Jack'd, Ninemonster, LINE, GayRomeo, Hornet, Grindr, CamFrog and Facebook, the majority smartphone-based applications. Only two interviews referenced direct phone-to-phone conversations or messaging.

Notably, MSM appear to prefer certain applications for different periods of their budding relationships. For instance, MSM first use geosocial, photo-based applications, such as Grindr, to locate partners, before switching to chat-based applications, such as LINE or Facebook, to begin conversations. Only after these processes are complete do potential partners decide to meet in-person. This vetting process, funneled through various applications, mirrors the conversations found through in-person networking. The popular use of phone applications to contact potential partners is illustrated in the following quotes:

Most of the time, including the last time, [I] used the gay application such as Jack'd, Grindr and Hornet etc.. to search for sex partners. [We] then contacted each other via LINE application to negotiate and set up a place [to meet]. - 29 year old, lower class MSM [21]

There are times that I look for sexual partners using iPhone programs. Jack'D and Gay Romeo have the most people who are looking for sex with drugs. - 36 year old Health & Beauty officer [20]

Respondents also mentioned the presence of topic-based groups on Line, the smartphone-based messaging application. Groups focusing on "ice and sex" in Bangkok are described as having over 3,000 members, and form a popular starting spot to search for partners interested in recreational drugs and sex.

Arrangement of group sex encounters also take place through mobile and web-based applications. These applications are popular because of their photo or video-based functionality. Individuals can choose and selectively invite potential partners based on their physical attractiveness and

description of self. However, one respondent noted that hosts would generally invite a large number of individuals (20-30), while only expecting a subsection of those individuals to come (no more than 10).

4.4.2 Leveraging Pre-existing Relationships To better navigate sexual roles and preferences, individuals contact previous partners or acquaintances in similar friend networks. One respondent, for instance, said he only contacts individuals within his university's Facebook group. This selectively mirrors that shown in the previous "stranger" cases. For instance:

> *He did not search for a new sex partner because it takes time to get to know each other's sexual preference so he would rather use his old sexual partners who are familiar to each other and already know how to serve each other.* - 45 year old, middle class MSM [16]

Physical Networking: MSM seem most likely to meet each other in-person through group sex events organized by a mutual acquaintance (the host). While the members of the group may not be acquainted previously, the connection through the host appears to be adequate for pursuing sexual relations. Familiarity with others in the sex party, however, is common, as each individual would then be better acquainted with the others' sexual roles and preferences, and fewer introductions would be needed.

However, sex parties with a certain critical mass of known acquaintances may also avoid conflict and competition over preferred sexual partners (with larger penis size, more highly defined muscular bodies, or more handsome appearance). Smaller events generally involved acquaintances only, whereas the attendance list of larger events (10-20 individuals) would be entrusted to one organizer.

Respondents also mentioned the normalcy of MSM having regular circles of friends or sexual acquaintances. These individuals would maintain relationships with each other, potentially vacationing together or meeting for group sex. These groups would meet to share drugs, and then have sex.

Clubs and bars also encourage physical networking, by hiring young and attractive MSM to circulate through the venue. Clients, and the paid MSM, are able to meet and decide on next steps, within the same night.

Virtual networking Respondents talked most about LINE and direct phone-to-phone messaging in virtual networking among acquaintances. Applications, such as Grindr or Jack'd, used to locate partners were not needed here, as communication channels existed already.

4.5 Social Relationships and Transactional Sex

Social relationships among MSM may form through mutual acquaintances, social media, mobile geospatial applications, organized parties, or one-time meetings in clubs or bar. The initiation of these relationships is discussed in the preceding section, 4.4 Communication and Networking. This section will instead focus on the maintenance or organization of those relationships, in relation to drug use and risky sex behaviors. In particular, this section will consider dynamics within groups of MSM, and how these networks are navigated, given desired characteristics in MSM.

4.5.1 Attractiveness and Youth: Physical attractiveness, youth, and penis size plays a large role in drug-based sexual encounters: A higher degree of attractiveness, larger penis size (particularly for tops), and younger age can result in free or lower-cost drug use, and more attention during group sex encounters. This is illustrated in the below quote:

> *If they (Hi[gh] society people) were good-looking, they only prepared ice and invited the good-looking boys from LINE groups.* – 27 year old male sex worker [22]

The importance of attractiveness in MSM social networks is further exemplified here, an excerpt describing the use of young and attractive men in commercial saunas:

> *The owner of the sauna has 7 – 8 good looking young boys with good bod[ies] [who] walk around the sauna … These boys are to attract customers. They do not need to have sex with the customers, but they can do so if they like any customer. These customers have no idea that these boys are paid by the owner to be inside the sauna.* – Staff member of underground sauna [23]

Thus, the perception of popularity among young, handsome males positively influences business: attractive and desirable boys can change the dynamic of a business, or network. Status, among MSM, is directly associated with physical attractiveness.

4.5.2 Group Sex: Notably, the described dynamics of group sex appeared to remain similar through respondents' interviews. One respondent categorized the involved individuals into the following three categories:

1. *The host (ตัวแม่) who organized, prepared, and arranged everything. [He] selected participants [based on their] appearances, sexual role, body figure, [and] penis [size].*
2. *The participants, [who] normally… would be familiar [with each other] or acquaintances.*
3. *The" nurse" who had the most consciousness [remained alert] in the party in case of some[one required] assistance.* – 32 year old, middle class MSM [17].

With the addition of the nurse, these categories mirror the categories discussed in the initiation of social relationships (section 4.4). The host, in particular, appears to take a leading role in both social relationships and group sex events. The nurse, mentioned only briefly, appears to be on-call for more drug-related incidents, rather than risky sex practices.

4.5.3 Transactional Sex: To a higher degree, physical attractiveness, youth, and penis size determined the cost-based guidelines of transactional sex: These factors can determine the success of individuals involved in commercial or exchange-based sex. For example, one respondent, a "money boy" or male sex worker, was completely supported by a client, who visited him regularly. His "sponsor" gave him 50,000 THB per month, with the understanding that the respondent would be available whenever he, the sponsor, visited Thailand.

Though money played a role in transactional sex, respondents focused on the exchange of sex for drugs in transactional sex encounters. In group sex events, for instance, respondents noted that drugs were available and often provided free of charge if the attendees were attractive. Provision of drugs was common, given that sex was assumed. For example, one respondent, a male sex worker employed by a commercial agency, said:

> *[I] was recruited from the agency to join [an] ice-sex party which a famous Thai politician held in a luxury hotel near [the] BTS. Only good-looking boys with a huge package (penis) and [a] six-pack were selected. Mostly, they were money boys [male sex workers]. The[y] were less than 30 years old. They were paid 10,000 THB per person. [At the party,] a pile of ice was [left] on a table and [we were told that we] could use as much as [we] wanted. [The] only condition [was that we] were not allowed to have [sex] among [our]selves. [We could only] have sex with the politicians. [We were allowed to take breaks] to refill the ice as much as [we] like[d] but [we then would] have to come back to join the group.* – 27 year old male sex worker [22]

Drugs, here, were not hidden, or considered illicit. Rather, respondents discussed the presence of drugs as common, and even expected; recreational drug use was a normal aspect of sex.

Drugs could also be used as an incentive, to encourage potential partners. Respondents noted that the host, or person who issued the invite, was more likely to provide or contribute funds for the drugs, seen in the previous example (Thai politician) and in the following quote:

> *The person who invites me is the one who will prepare drugs.* – 33 year old marketing officer [19]

Moreover, one respondent also mentioned that sex role could impact drug and cost sharing (the respondent is a top):

> *"He hardly [ever] paid for the ice. The bottoms arranged everything … All he had to do was show up … The bottom [just] wanted the top to come and have sex with him."* - 29 year old, lower class MSM [21].

These examples illustrate the commonality of situations where sex and drugs are considered exchangeable and marketable, or situations where sex is made more appealing to potential partners, through the incentive of drugs.

4.6 Drugs

Eight types of recreational drugs, in addition to alcohol and tobacco, were referenced. These drugs, ordered here by frequency of discussion, included Viagra, Methamphetamines ("ice", "Ya ba"), Amyl Nitrate ("Poppers"), MDMA ("Ecstasy", "E", "X", "XTC"), Ketamine ("K"), Gamma-Hydroxybutric acid ("GHB", "G"), Likindo, and Cocaine.

Drug use was often discussed in relation to consumption habits (frequency, need for equipment, ease of preparation, independent or combined consumption), quality of production (dependent on cost, brand, or manufacturing country), and desired effects (time delay, ability to engage in sexual activity). These considerations impacted the timing and type of drug consumption.

4.6.1 Viagra

Viagra, discussed most frequently, was often taken in preparation for sexual activity, it was the last drug taken before beginning intercourse, and its consumption signaled a shift in activity, from drug consumption to sex. One respondent, for instance, said:

> *Both reached … a peak and both of them wanted to [take the] next step (intercourse). They would [then] take a Viagra.* – 32 year old, middle class MSM [17]

The desired effect was prolonged sexual activity, or mitigation of erectile dysfunction. Consumption of Viagra was particularly common among older MSM or methamphetamine-based drug users, especially those taking ice:

> *When I play 'ice', I usually take Viagra. After taking ice, it will take around 30 minutes to 60 minutes, then the high feeling will come. After taking 'ice', I take Viagra after that half an hour.* – 36 year old marketing officer and event organizer [18]

Timing was important, particularly when consuming multiple drugs at one time. Each user wanted to feel the maximum effects of the drug, with the least amount of waiting time. To accelerate the effects of the drug, respondents noted that chewing the tablets, rather than swallowing them whole, was more effective.

The quality of drug directly impacted the felt effects. Purchasing the actual drug, rather than a generic, could reduce the number of negative side effects, such as headache.

4.6.2 Methamphetamines

Nearly all respondents discussed ice, when asked about social and recreational drug habits. A few mentioned Ya ba, a mixture of methamphetamine and caffeine, found more frequently in Southeast Asia. Users differentiated between these two types of methamphetamine-based drugs in interviews.

To consume ice (most commonly inhaled), users require a set of equipment, called "Jo/โจ๋" in the Thai language. The equipment could be assembled through materials purchasable at local convenience stores, or purchased pre-assembled. One respondent noted that users would be unlikely to carry the equipment on their person, due to fear of police searches. The need for equipment also lessened the likelihood of finding the drug in clubs, or more social venues. The cost – and associated quality – of the drug varied, ranging from 3000 to 3500 THB per gram.

Ice was most often taken in combination with Viagra and, at times, ecstasy.

4.6.3 Amyl Nitrate (Poppers)

Poppers, an inhalant, were briefly mentioned, as an addition to ice and Viagra use. They were most commonly used during sexual intercourse, to prolong erection or increase feelings of relaxation. The cost varied based on the brand and location of manufacture, with prices ranging from 1000 to 2500 THB.

4.6.4 MDMA (Ecstasy, E, X, XTC)

Ecstasy was not discussed as favorably among the respondents; the effects were weaker than those resulting from ice, and were not those desired. Ecstasy increased individuals' drive to dance and sense of euphoria, but diminished their sexual drive. Moreover, the quality of the drug varied considerably by production cycle.

Ecstasy was more frequently used in club or disco scenes as well, potentially due to ease of consumption (orally) and energy-raising effects. One respondent mentioned that bar staff may also offer Ecstasy for purchase, as no equipment would be required for consumption.

4.6.5 Ketamine (K)

Ketamine, an inhaled powder, was less popular among respondents, due to its complicated consumption method. Purchased in solid form, Ketamine needed to be ground and microwaved before being inhaled.

4.6.6 Gamma-Hydroxybutric Acid (GHB, G)

The effects of GHB mirrored those of Ecstasy; however, GHB was often mixed with soft drinks for consumption. In one case, a group leader guided its intake.

4.6.7 Likindo and Cocaine

Likindo and Cocaine were each mentioned once, and discussed briefly, as an example of a drug tried once. Likindo is a liquid, taken through anal injection, and cocaine is a powder, inhaled. The respondent found the effects of cocaine to be too extreme.

4.7 Effects of Drugs

The effects of drugs can vary considerably, based on the type and quality of drug being taken. Effects range from psychological to physical, with desired effects most often categorized as physiological or sensation-based. Respondents typically referred to ice, or a methamphetamine-based drug, when describing drug effects.
This section will be divided in the perceived benefits and costs of drug use, further segmented by the type of effect (mental and emotional, or physical, as relating to sexual activity).

4.7.1 Drug Benefits

Mental and Emotional: Respondents emphasized heightened sensations felt during intercourse when using drugs; felt a greater degree of intimacy and attraction to their partners, while also feeling happier and more fun during sex. These perceived benefits are shown in the following excerpts:

> *[Drugs] helped me concentrate and focus on every sensation in my body.* - 32 year old, middle class MSM [17]

> *When I listen to the music, [I] will be more into it. The sense of hearing will be clearer. Ecstacy makes me feel more happy … than without using drugs. Oral sex is more exciting, [and my feeling of] happiness is overwhelming when taking drugs … The feeling is that when I see the sexual partner, that person will look sexier and more good-looking, more exciting.* - 33 year old marketing officer [19]

> *The feeling at the beginning was very high and happy.* - 36 year old Health & Beauty officer [20]

The strong feelings of happiness and excitement contributed to make sex more enjoyable for MSM using drugs. Respondents also noted feeling more relaxed, when using drugs, and loss of fear and inhibition. These feelings contributed to a reportedly greater freedom to express oneself. Speaking about their own experiences on drugs, respondents noted:

> *After [I] took 3-4 smokes of ice, all [my] fears stopped. [I] felt so relaxed. [I] lost track of time. For me, time passed by quickly* - 32 year old, middle class MSM [17]

> *Ice helped [me] release [my] true feelings, whether good or bad … [I could] express[my] emotions without hesitating, reluctan[ce] or resist[ance]. [I] felt [the] courage to fully express [my] feelings.* - 27 year old male sex worker [22]

Due perhaps to lessened inhibitions, drugs also increased individuals' self-confidence. They felt not only able to express their true personalities but also feel more attractive and popular, key features in social and sexual relationships among MSM, as seen in the following excerpt:

> *When doing 'ice', [I] will feel like a princess, hi-so (high class), luxurious and beautiful.*- 22 year undergraduate student [24]

Decreased inhibitions, greater self-confidence, and heightened feelings of happiness, excitement, and attraction were considered benefits of drug use.

Physical: Drug use could also lead to decreased fatigue, muscle relaxation, loss of weight, and improved erectile capacity, depending on quality and type of drug. Under the influence of drugs, respondents noted that they felt less exhausted during sexual activity, and an ability to have sex for a longer period of time. Individuals also noted weight loss; considered, here, as a positive for those wishing to lose weight. Viagra, taken after ice, improved erectile capacity, in terms of length of time.

Drugs also physically relaxed some individuals. These drugs, Poppers and ice, were desired by bottoms for their effects, shown in the following statements by MSM recreational drug users:

> *Poppers … helped him to relax his anus muscles … [drugs] helped him be a more powerful passive (he could take hardcore sexual activities).* - 32 year old, middle class MSM [17]

> *When [acting as] bottom, they feel luxurious (high), [and] do not feel pain.* - 50 - 55 year old party organizers [18]

Ability to relax, for bottoms, or sustain an erection were effects sought after by MSM, making drug use desirable.

4.7.2 Drug Costs

Mental and Emotional: Regret or disappointment, sadness, and anxiety were relatively commonly expressed negative emotions by respondents. These emotions were generally cited after drug use.

Disappointment was associated with particular incidences of failed nights. Respondents appeared to expect greater enjoyment from drugs, based on previous experiences. Failure to reach such expectations resulted in regret, over wasted time and money. In some cases, regret would result from feeling "noid" during a sexual encounter - the combined feeling of paranoia, rejection, and disappointment during failed group sex, where less or no attention was given to the individual. These feelings of sadness or disappointment are illustrated in the following excerpts from respondents:

> *He mentioned about his "Down" moment. It happened in the next day when he was alone, especially when he could not have an orgasm from last night … He felt that he should not waste his time: "I should not play with him. It was not [as] good as I expected.* - 32 year old, middle class MSM [17]

> *In addition, he told that when he used to get "Noid" feeling, It made him upset and paranoid.* - 32 year old, middle class MSM [17]

> *His down moment happened after his body-recovery period (it took 2-3 days after the ice-sex party finished). He asked himself "Why did I have to make myself this tired, overdo this body?"* - 45 year old middle class MSM [16]

Respondents also discussed feelings of fatigue or sexual saturation following nights of drug use. Felt directly after orgasm or a "high moment," these emotions expressed the physical and emotional toll of drug use, as illustrated in the below quote:

> *But [as] time went by, they felt that they did not want sex anymore. They felt sexual impotence. Perhaps they felt saturated with sex.* - 27 year old male sex worker [22]

These feelings of depression and fatigue after drug use were compacted into feelings of anxiety and self-doubt, felt before the next opportunity for drug use. A brief assessment of expectations - desire versus fear of non-fulfillment - negatively impacted respondents' mental state. For instance, one respondent, discussing his own feelings, said:

> *He felt not so good. It always happened right before he took ice. He was afraid of many things: he was afraid it [the group sex event] might not [go as]smoothly as he[hoped]; he was afraid of a crashed party or how the sex-party would turn [out] … He had a moment to reconsider that he was wasting his time and he probably should do something more useful.* - 32 year old, middle class MSM [17]

These emotions, comprised mostly of the memory of regret felt in previous experiences, rarely deterred the individual from proceeding with drug use, however.

Notably, loss of inhibition - first referenced as a benefit of drug use - also was considered a cost of drug use. Loss of control was not desired by many respondents, giving examples of sexual violation or inappropriate or undesirable behavior. When feeling "noid," moreover, respondents noted that this increased lack of inhibition led to more public displays of "noid," as mentioned in the following excerpt:

> *You could not control yourself. When the 'Noid' feeling hit … you would be explosive.* - 45 year old, middle class MSM [16]

Only one respondent mentioned fear of contracting HIV, realized the morning after a night of recreational drug use and casual sex.

Physical: Drug use had immediate and gradual effects on users' systems. Most immediately, some drugs, such as ice, reduced sexual libido and caused erectile dysfunction. Though able to be mitigated by Viagra, the erection achieved, respondents noted, was only partial.

Drugs also caused irregular twitching of muscles, increased heartbeat, heart palpitations, feelings of coldness, and extreme fatigue. Dehydration, without feelings of thirst or hunger, was also commonly referenced by respondents. Overtime, drugs would wear down individuals' system, rendering them less attractive and much skinner.

In fact, many respondents referred to a recovery and preparation period, directly following and preceding drug use, to mitigate these physical effects. One respondent, for instance, said:

> *I would not use [drugs] for a few months [in order to] prepare [my] body for the big night [of drug use and partying] … every time I use ice, [I] need 3-4 days for my body to recover fully.* - 32 year old, middle class MSM [17]

The negative physical effects of drug use were clearly recognized by MSM respondents; however, these effects rarely ended their drug use.

4.8 Internal Rationalization of Drug Use

Through interviews, it became apparent that some MSM go through an internal debate on whether to continue taking drugs, weighing the harms of recreational drug use with its perceived benefits. This inner dialogue may reflect the period preceding loss of conscious control over drug use among MSM, and the start of addiction.

It was clear that these respondents understood the negative effects of drug use. However, they balanced this knowledge with reasons extending beyond perceived happiness or resulting emotion from drug consumption. MSM cited a sense of responsibility to the drug-providing host, a desire to stay "current" in the young MSM networks, boredom, or a rationalization of dosage and time since last usage. In one case, the respondents (interviewed together) said they did drugs only to enhance their sexual experience, rather than for the drug itself.

These rationalizations are exemplified in the following excerpts:

> *He used to think of quitting drugs but when he was asked by his sexual partners he told that it was like his mind was automatically urged. His mind would be calling out. It was like he [wanted to feel] a happy moment. And he wanted to feel it again [so] he would make an excuse for himself: "It's ok. It's been a while since [the] last time [I took drugs]. It's just a little.* - 45 year old, middle class MSM [16]

He mentioned that deep down he was against drugs because he knew that they were not good for his health. [But] while under the influence of drugs he never considered what he was doing but after the high moment was gone he always asked himself "Why again?" - 29 year old, lower class MSM [21]

While the previous respondent wanted to experience the feelings of happiness and relief provided by drug use, this next respondent instead considers evolving fads in MSM networks: It's kinda essential (to use drugs). These days are not the same as the old days. - Group sex organizer at private sauna [25]

This desire to stay on top of trends and fear of appearing outdated may, in fact, encourage younger MSM to begin drug use.

4.9 Risky Sex Practices and HIV Prevention Behaviors

MSM respondents were generally well-informed about condom and lubricant use, with some additionally acknowledging the need for HIV testing and counseling. All were relatively aware that group sex, and recreational drug use, constituted risky sex. This section will consider the knowledge sophistication of MSM regarding safe sex practices and risky sex characteristics, as well as condom and lubricant behaviors and barriers and drivers to their correct and consistent use.

4.9.1 Knowledge Sophistication

Knowledge sophistication describes the level of knowledge respondents have about the linkages between risky sex, regular condom and lubricant use, and HIV transmission.
About one third of respondents discussed the role of HIV in their decision-making processes; however, none cited fear of HIV as a deterrent to risky sex behavior. One respondent acknowledged his general fear of HIV; an excerpt from this interview is shown below:

But, in fact, [we] are all scared of HIV - 50-55 year old party organizers [18]

Individuals associated HIV testing with infection, and those infected no longer cared about continuing safe sex practices, illustrated in the following respondent excerpts:

The [way to] not [have] AIDS is to not get tested. I'm worried a little bit, but [if I worry] too much, [I] will [get a] headache. Everyone dies eventually - I don't wan[t] to care". - CamFrog recreational drug user [26]

[I] never [undergo] HIV testing for [my belief] of 'No test, No HIV'. - 28 year old, online drug dealer [27]

Respondents clearly understood the linkage between risky sex behavior and HIV transmission; however, to avoid feelings of anxiety or worry, they chose to ignore the association. In one case, a respondent did express anxiety about HIV transmission, but only expressed his concern the morning after sex, seen here:

> *Usually, during sex with drugs, I and the other person [don't] feel worried about anything. But the next morning, I usually freak out and go to the Thai Red Cross Anonymous Clinic for blood testing [HIV Testing and Counseling].* - 36 year old health and beauty officer [20]

This blasé attitude regarding HIV transmission may be reinforced by knowledge of alternative treatment options, mentioned by one respondent when discussing his regular sex group:

> *No one in my group uses condoms, despite their knowledge of HIV. [I] know that PEP is available, [so] after having unprotected sex, [I] will go to the Thai Red Cross Anonymous Clinic for PEP on the next day and so will [my] friends.* - 22 year old undergraduate student [24]

It should be noted that this respondent also was aware of post-exposure prophylaxis (PEP) options and where to obtain them; this may be influenced by his age and education level.

Correct, rather than consistent, use of condoms was not always discussed; however, one set of respondents noted:

> *Mostly, tops use only one condoms and rotate to other bottoms.* - 50-55 year old party organizers [18]

This suggests that condoms are not switched between partners, during group sex activities, demonstrating incorrect condom use.

4.9.2 Condom and Lubricant Usage

Less than half of the interviewed respondents reported consistent condom use. Overwhelming, individuals who discussed group sex reported that no one in the group used condoms. One individual mentioned that sex was more pleasurable without a condom. This lack of condom usage held true in saunas, as well, where "bare-backing" (sex without condom use) was common. Only two mentioned lubricant use, with both reporting that while they always used it, when provided, they did not necessarily pair lubricant with condom use.

A few respondents distinguished condom use, based on type of partner or if drugs were used, as seen in the following excerpt:

> *When doing drugs, [I] never use condoms. Neither does my boyfriend.* - 28 year old online drug dealer [27]

Staff at underground saunas were also unaware of condom use, though condoms were at times provided. For instance, one respondent said:

> *Condoms are available but these things we wouldn't know. Some clients are bastards, dragging these boys to fuck in the private room (and we wouldn't know if they use condoms or not).* - Group sex organizer at private sauna [25]

Among MSM who reported condom usage, their decisions to have sex were not dependent on condom use. In other words, condom use was considered a benefit but not necessarily a requirement, seen in the following excerpts:

> *[I] always touched the penis of the boy to ensure that the boy puts condoms on all the time.* - 36 year old Health & Beauty officer [20]

> *[I am] actually very skillful and experienced in condom use but [I am] never scared of condom breakage … I prefer not to use condoms because PEP is available.* - 22 year old undergraduate student [24]

Again, for one respondent, PEP was considered a normal option to prevent HIV, while still experiencing the perceived pleasures of condom-less sex. Condoms were not discussed prior to the act, and no respondents reported disengaging from sexual activity, if condoms were not used. Notably, respondents distinguished condom use between sexual roles. Many believed bottoms were at higher risk of HIV infection, and respondents intimated that bottoms needed to be more concerned with consistent condom use. This is illustrated in the below extracts from respondents' interviews:

> *[I think] that the bottom [has]a high possibility of getting an HIV infection because the bottom always asked him to have an intercourse without the condom, the bottom told [me] that the feeling was much more pleasurable.* - 29 year old, lower class MSM [21]

> *When [we] are bottom[s] and if [we] are conscious [due to drug use] , [we] will ask the top(s) to use condoms.* - 50-55 year old party organizers [18]

This suggests a degree of knowledge regarding manners of HIV transmission, with a distinct lack of urgent concern in preventing that transmission.

5. SUMMARY OF FINDINGS

Recreational drug use forms a common aspect of social, sex-seeking behavior among MSM, with procurement of drugs found to be relatively easy. Interviews with individuals familiar with the drug use and risky sex scene revealed the following findings:

i. **Social Actors, Networks, and Venues:** MSM tend to congregate in common venues around Bangkok. They are first introduced to drug use, beyond alcohol or tobacco, through friends, boyfriends, or former boyfriends. Group organizers, known as "hosts," bring together MSM in group sex events, often held in private homes or hotel rooms.

ii. **Sexual Roles among MSM:** MSM self-identify as top, bottom, or versatile; however, roles may switch based on group sex dynamics. Drugs are used to ease individuals' transitions into new sexual roles, by lowering inhibitions or increasing feelings of sexual prowess.

iii. **Networking:** The majority of networking – for partners, fellow drug users, or group sex participants – occurs through web or mobile-based applications. After a period of vetting, individuals decide to meet in-person.

iv. **Three Segments of MSM Recreational Drug Users:** Three segments of MSM drug users were identified: 1) MSM under the age of 22 who participate in group sex as an end in itself but also as a means to consume drugs and enjoy the benefits of drug-use. Many younger MSM are enticed into group sex scenarios through the implicit offering of free drugs by older MSM; 2) MSM between 22-45 years of age. They treat drugs and sex-focused parties as a manner to vary and liberate their sexual desires and to experience extended group sex without inhibitions; 3) MSM above the age of 45. They use drugs as a commodity to entice younger MSM; they often use drugs in combination with sex.

v. **Importance of "Attractiveness":** Age, physical appearance, and penis size factor into MSM perceptions of attractiveness (youth, muscle tone, and larger penis size desired), regardless of socio-economic status. More attractive, younger, MSM are more highly sought after as partners or group sex participants, and are offered drugs, for free, as enticement.

vi. **Effects of Drugs:** The perceived benefits of drug use offset associated costs for most respondents, with drugs selectively taken to achieve particular effects. Benefits include heightened sensations of intimacy and happiness, lowered inhibitions, and greater self-confidence. With particular drugs, increased sexual prowess (particularly for bottoms) was also mentioned. Costs include physical weakness, fatigue, erectile dysfunction (unable to be fully corrected with EDD), and feelings of regret and disappointment.

vii. **Condom and Lubricant Use:** Both condom and lubricant use among MSM is low, though respondents were aware of HIV transmission factors. Barriers include low self-risk perceptions of becoming HIV positive through multi-partner, unprotected sex; beliefs that intercourse is more pleasurable without condom use; and loss of control or inhibitions with use of recreational drugs (and inability to negotiate condom use).

viii. **Rationalization of Drug Use:** Most respondents enjoyed drug-associated group sex, and reported no desire or motivation to stop. Drug use and sex had become inseparable in their minds, and the happiness derived (and desire to stay with the trend of drug use) outweighed expressed anxiety or fear.

6. RECOMMENDATIONS FOR SOCIAL MARKETING AND PROGRAMMING

- Specialized counseling MSM related to drug use and increased risk, including effects on health beyond HIV
- Establish focused group therapy/sessions for drug-users who have moved from recreational to problem users. A template for this exists in the United States where there are group gatherings for MSM crystal meth users.
- Messaging through social media/geo-social hook-ups using the following messages: "Drug users look old more quickly".
    - » "Drug users look haggard and have bad skin".
    - » "Drug users find it difficult to work out".
    - » "ICE makes you thinner when you first start playing but then it makes you look old".
    - » "Even if you take Viagra with ICE you will find it difficult to keep a hard penis and your sexual performance will suffer. If you have sex without ICE your erection will be harder and more reliable".
    - » "Many ICE sex parties end with cock-fights. Why not spend your time and money meeting guys with whom you know that you can have reliable fun with?"
- Providing party organisers with party packs: condoms, lubricant, information about PEP, information about HIV testing.
- Targeted Interpersonal Communication (IEC) with younger MSM. Encouraging more effective condom negotiation tactics by reminding younger MSM that they are highly prized and valued by other MSM because of their looks, virility and body. These prized assets provide an opportunity for more assertive condom negotiation tactics. Target universities and other institutions which might be frequented by younger MSM.
- Messaging through social media/geo-social hook-ups: Combining ICE and Viagra is dangerous (http://news.bbc.co.uk/2/hi/special_report/1998/viagra/285629.stm).
- Messaging on social media and geo-social hook-ups on Friday before the weekend when most orgies happen.
- Messaging on social media and geo-social hook-ups before Song Kran.
- Messaging on social media and geo-social hook-ups about PEP on Monday and during Song Kran and other festivals after parties have often happened.
- Utilise this study as an opportunity to integrate the domains in PSI/Thailand that deal with HIV prevention focused on MSM and Harm Reduction focused on drug-users.

7. REFERENCES

[1] Family Health International: Bureau of AIDS TB and STIs: Department of Disease Control and Ministry of Public Health Thailand, "The Asian Epidemic Model (AEM): Projections for HIV/AIDS in Thailand: 2005-2025," 2008.

[2] Centers for Disease Control and Prevention, "HIV and Syphilis infection among men who have sex with men – Bangkok, Thailand, 2005-2011," *Morb. Mortal. Wkly. Rep.*, 2013.

[3] C. Wei, T. Guadamuz, and S. Lim, "Patterns and levels of illicit drug use among men who have sex with men in Asia," *Drug Alcohol Depend.*, vol. 120, pp. 246–249, 2012.

[4] S. Liu and R. Detels, "Recreational drug use: an emerging concern among venue-based male sex workers in China," *Sex. Transm. Dis.*, vol. 39, no. 4, pp. 251–252, 2012.

[5] P. Likhitpreechakul, "Time to break the Ice," *The Nation*, pp. 1–2, 2010.

[6] B. Roehr, "Methamphetamine use drives HIV infections among gay Thais," *BMJ Group Blogs*, pp. 2–3, 2013.

[7] P. Winn, "Southeast Asia : More meth-mad than ever," 2012.

[8] "Don't Say Hi To Me," *Asia Out*, pp. 3–6, 2014.

[9] K. McElrath, "MDMA and sexual behavior: ecstasy users' perceptions about sexuality and sexual risk.," *Subst. Use Misuse*, vol. 40, no. 9–10, pp. 1461–77, Jan. 2005.

[10] A. I. Green and P. N. Halkitis, "Crystal methamphetamine and sexual sociality in an urban gay subculture: an elective affinity," *Cult. Health Sex.*, vol. 8, no. 4, pp. 317–33, 2006.

[11] J. A. Bauermeister, "It's All About 'Connecting ': Reasons for Drug Use Among Latino Gay Men Living in the San Francisco Bay Area," *J. Ethn. Subst. Abuse*, vol. 6, no. 1, pp. 109–129, 2007.

[12] J. Palamar and P. Halkitis, "A qualitative analysis of GHB use among gay men: Reasons for use despite potential adverse outcomes," *Int. J. Drug Policy*, vol. 17, no. 1, pp. 23–28, 2006.

[13] B. B. Carey and A. O. Connor, "How to Get Those at Risk to Avoid Risky Sex ?," *The New York Times*, pp. 3–5, 2005.

[14] E. Brown, "Crystal Ball," *New York Magazine*, pp. 1–5.

[15] F. van Griensven, W. Thienkrua, J. McNicholl, W. Wimonsate, S. Chaikummao, W. Chonwattana, A. Varangrat, P. Sirivongrangson, P. a Mock, P. Akarasewi, and J. W. Tappero, "Evidence of an explosive epidemic of HIV infection in a cohort of men who have sex with men in Thailand.," *AIDS*, vol. 27, no. 5, pp. 825–32, Mar. 2013.

[16] P. Decha-ananwong, "PEER, 45 year old middle class MSM." Bangkok, 2014.

[17] P. Decha-ananwong, "PEER, 32 year old middle class MSM." Bangkok, 2014.

[18] P. Decha-ananwong, "PEER, 50-55 year old party organizers." Bangkok, 2014.

[19] R. Jommaroeng, "PEER, 33 year old marketing officer." Bangkok, 2014.

[20] R. Jommaroeng, "PEER, 36 year old Health & Beauty officer." Bangkok, 2014.

[21] P. Decha-ananwong, "PEER, 29 year old lower class MSM." Bangkok, 2014.

[22] P. Decha-ananwong, "PEER, 27 year old male sex worker." Bangkok, 2014.

[23] R. Jommaroeng, "Key Informant Interview, Staff member of underground sauna." Bangkok, 2014.

[24] R. Jommaroeng, "PEER, 22 year old undergraduate student." Bangkok, 2014.

[25] R. Jommaroeng, "Key Informant Interview, Group sex organizer at private sauna." Bangkok, 2014.

[26] R. Jommaroeng, "PEER, CamFrog recreational drug user." Bangkok, 2014.

[27] R. Jommaroeng, "PEER, 28 year old online drug dealer." Bangkok, 2014.