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EXCEPTIONAL SEX

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How Drugs Have Come to Mediate Sex in Gay Discourse

A few years back, in a video lounge in Sydney, I had an encounter that haunts this book. I was approached by a good-looking guy, about twenty-five years old, quite straight-acting (whatever that means). We went into a room, and it didn't take long for me to realize that nothing sexy was actually going to happen. The guy was seriously out of it, on ecstasy I presumed. His eyes were rolling back in his head; he was fumbling and swooning. I was disappointed (he was quite a hot guy), but it would have been useless to continue. I indicated as much and asked him if he was all right; he pulled himself together, and we left the room. I'm not sure this response was sufficient. But he was capable of walking. And while I tried to reassure myself that I was not my brother's keeper—or his mother, for that matter—he was gone.

This encounter has stayed with me over the course of my inquiries into the relations between gay sex and drugs. It has forced me to question almost every claim I have made about the possibilities of corporeal responsibility at this scene. I feel implicated in this encounter. I feel implicated even though the guy was a complete stranger whom I am unlikely to ever see again. He may not even have been gay (or so I'd like to think!). What is my duty to this stranger? How do I enact it? The ethicopolitical tensions between autonomy and care loom large.[1] Another question haunts me: What makes this guy put himself in this situation? Why does he feel he has to *knock himself out* to be here?

Lest it seem as if I am about to launch into a familiar lament about drugs and the "youth of today"—that conventional and odious genre—let me say more about the nature of my response. Part of why I feel

implicated in this situation is that I recognized myself in this guy. It made me think about my own use of intoxicating substances over the years (though, in this instance, I was as sober as a judge). And it made me think about the circumstances of my HIV infection, the diagnosis of which came as a complete surprise to me in 1996. I had regarded myself as a disciplined subject of safe-sex practice, almost piously so. I was in the habit of insisting on condoms for each and every sexual encounter involving anal sex; I prided myself on sticking to the rules. As far as drug use is concerned, experts might call me a "functional user," the sort of use that is typical in gay and recreational scenes. In my case, this involved the occasional use of drugs such as alcohol and ecstasy, which did not seem to interfere with ordinary responsibilities. I cannot recall an occasion where I didn't use condoms for casual sex; generally I felt in complete control. And through the fog of memory, a number of possible circumstances emerge which didn't involve alcohol or drugs. I cannot say that drug use led to my infection. But it's a tempting explanation, is it not? And since a question mark remains in my mind as to the circumstances of my infection, I couldn't help asking, "Is that what it was? Was I like that? Does that explain it?"

Before we all rush to fill in my blanks, let me say that I am quite OK with them, thanks. I can't imagine surviving in a space of pure intentionality, and I can't imagine anyone else surviving like that either. I want to keep this question about "what caused what" here open, while thinking about what the will to closure might be doing. And I want a different conception of corporeal agency, where drugs don't feature as such a thrilling and obvious escape route from the demands of normative intention.[2] What is at stake in answering such a question, supposing we could ever answer it definitively? Well, it might make me feel better about myself, for a start. Though substance use is not an approved activity, most of us have been intoxicated at some time in our lives—some more embarrassingly than others. I would be able to explain, both to myself and to others, what is difficult to explain without invoking a hostile and castigating response. We all know that drugs are powerful and bad. I could say that I wasn't myself. Then I would reclaim my strict hold on respectable intentionality, and maybe then I wouldn't have to worry so much about safe sex. It would help, of course, if I renounced intoxicating substances entirely. I might inspire others to do the same. I could spend

my time worrying about intoxicated people and blaming them for . . . (fill in the social problem). Between you and me, I can't really see myself sustaining this behavior indefinitely. Maybe every now and then, just on special occasions, just a little bit of this. And maybe I will take these special occasions and little moments of exception as opportunities to do all those wonderful, naughty things that my moral self so rigorously suppresses. *Welcome to our world.*

It is tempting to think of drug use as an escape from an oppressive social order. And from a certain perspective, and in certain instances, it may be. But this perspective covers over the multiplicity of drug practices. And it denies the agency of drug users: the capacity of our bodies to be active producers of pleasure—and incidentally, care. Things like sex and drugs and other forms of everyday practice tend often to take place in a subintentional zone, which ranges between strict intention and unexpected accident. Zoning out, getting distracted, losing oneself in something, cutting loose, getting carried away, getting surprised (whether pleasantly or otherwise) are familiar parts of everyday life, and are variously valued. It's only occasionally that subjectivity feels fully determined by one extreme or the other—completely intentional or utterly prone to accident. Total predictability and utter chaos may be equally difficult to handle. On drugs (but not only on drugs) some incidents have the habit of verging toward the realm of accident, incidents which evade the scope of the intention. But they are not entirely accidental either, not in the sense that they are unavailable to insight and consideration. This quality is something many like about drugs and alcohol, and one of the reasons that people keep taking them in full knowledge of their dangers. The recognition of these moments of unpredictability can be one of their pleasures. With this in mind, this chapter can be viewed as an inquiry into the incidental subject—and the fluctuating conditions in which certain of its pleasures and dangers materialize. Drugs are taken for all sorts of reasons, from the mundane to the sublime. But if drugs *are* seen as an attempt to escape from a normative or hostile social order, what would it take to engage more fully with the texture of these escapes? What possibilities of care, what new pleasures, what ethics, what multiplicities might emerge?

Westernized subjects often turn to activities like sex and drugs—and music and art and eating and shopping and dancing and exercise and reading and grooming and socializing and Internet-browsing—precisely

in order to lose themselves. The experience of losing oneself is part of their pleasure—sex and drugs perhaps especially so. But to date the discourses of HIV prevention and harm reduction have worked mainly to install a sovereign subject at the sites you might least expect to find one.[3] There are good reasons for this: for one, it is wrong to assume that sex and drugs are completely exceptional or entirely beyond the realm of care and attention. The remarkable histories of safe sex and moderated substance use prove this, while the contrary assumption is unhelpfully cited both to eliminate these strategies and to demonize sex and drugs and render them unspeakable. With this in mind, I want to consider the shortcomings of the doctrine of strict intentionality as a way of framing everyday practice, including sex and drugs. Recognizing how gradients of intention run through all manner of activity might even help to counter some of the ways in which drugs have come to participate in a moral drama of extremes, in which pure intention and total disinhibition materialize as the only available alternatives.

Part of this project involves critical engagement with the scientific, public health, and everyday discourses which make the use and effects of drugs more or less determined. In terms of self-care, there may even be certain value in keeping the effects of drugs from becoming—or being seen as—totally predictable. To return to the question posed earlier—*what makes this guy put himself in this situation?*—a number of sociological explanations have currency. In many of these, drug use by marginalized people is read as a reaction to social oppression—whether that of class, race, gender, poverty, or heterosexism.[4] In the case of sexual minorities, it is sometimes viewed as an attempt to quell the pain of social stigma or produce a zone of escape from the normative social order. From this perspective, one might argue that this guy can't even think clearly about his desires. He has to "knock himself out" to act on them. Or else drugs are depicted as a form of self-medication in the context of pervasive heterosexism—a symptom of, or reaction to, social pain, a palliation of the self in the context of impossible standards of performance.[5] This approach has the virtue of relating drug use to systemic conditions, in place of the psychologism that dominates the field. It may help to ground a more systemic response to the problem and promote a less punitive stance on drug use on the part of marginalized populations (which is more than welcome). But while I think this explanation is part

of the picture and provides a critical backdrop, I am not entirely happy with it as a total account of drug use—even on the part of subordinated bodies. Drug use is confirmed as only ever a sign of some "deeper" or "larger" injury, while its presence merely confirms the group as one that is "defined and unified by suffering, physical vulnerability and powerlessness."[6] Where does this leave the agency of the user? Users' lives are defined solely in terms of deficit.

This might seem like an easy stance to take in the case of gay men, who are increasingly presumed—even in the critical and antiracist literature—to be entirely volitional, unfettered by context, free from constraint, middle-class, and white. But what is at stake in denying the agency of even the most impoverished and marginalized drug users? What is the effect of reading substance use—even "problematic" substance use—as always only confirmation of social victimhood? As kylie valentine and Suzanne Fraser have argued, it should be possible to register varying constraints on agency in contexts of social subordination while declining to assume that people's lives are entirely determined by the latter.[7] The binary distinction between "recreational" and "problematic" drug use, which is a feature of popular and expert discourses on drugs, reserves pleasure for the privileged, in a move that can retract any recognition of the capacity for pleasure and agency among subordinated bodies. The attribution of passive victimhood is often mustered to legitimize the authoritarian treatment of the socially disadvantaged. It has been used to justify increased scrutiny and authoritarian policing of already severely scrutinized and marginalized populations.[8] Moreover, in treating drug use as only and always a self-evident symptom of "larger" social injuries, the specificity of each is lost. Drug use becomes symptomatic of crude and reified social distinctions at the expense of a consideration of their specific cultural dynamics. The risks of relying on an easy distinction between recreational and problematic drug use are amply borne out in the recent experience of "party drugs." What has become apparent is that the properties of a given substance cannot be understood outside specific practices of use and consumption, which are socially modulated. As valentine and Fraser put the matter: "How far can we go with 'pleasurable' and 'problematic' before they cover over so many multiplicities that their utility is exhausted?"[9]

One of the reasons that drugs are such a difficult problem for community health is that there is no clear recourse to a politics of identity or sameness, but the tendency toward disidentification is also strong. Meanwhile official regimes of knowledge and governmental practice demand a strict split between subject and object which disallows more embodied forms of engagement.[10] Perhaps it's worth trying to dramatize briefly some of the problems with complete self-identification *and* complete disidentification as alternative responses to drugs. Returning to my friend, perhaps I have done him a bit of a disservice. Because haven't I been using him to talk all about me? Concerns around HIV transmission lurk around all discussions of gay men's substance use, but they're not necessarily applicable here. The guy may have felt bad in the morning, and probably lost his wallet—but in his state, he had a hard time undoing his fly.[11] That is to say, his "problem" is a little different from mine. To impose my problem directly here is to do him a certain violence. I may have recognized myself in this guy, but he could be anyone. We may inhabit similar social worlds, but I am not him. In fact, I may as well distance myself from him entirely, just to shore up credibility. It's not really my problem at all. The move is quite tempting, and not that hard really. I mean—he was *such a mess!* No, this analysis is not about me. And it is not about him. (Who else isn't it about?) To summarize, what is the problem with gay men's substance use, and how should "we" define it? I'm not sure I can give any answers. As much as I'd like to solve "the drug problem" once and for all, and devise a program of definitive action, these problems are a bit more intricate than that and may require something a little different to address them.[12]

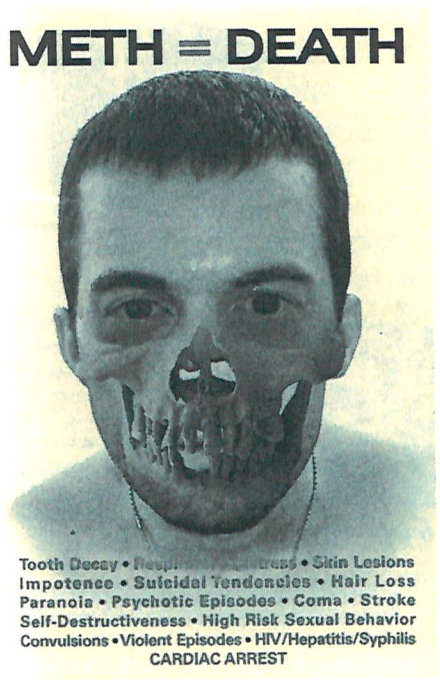
The Problem Crystallized

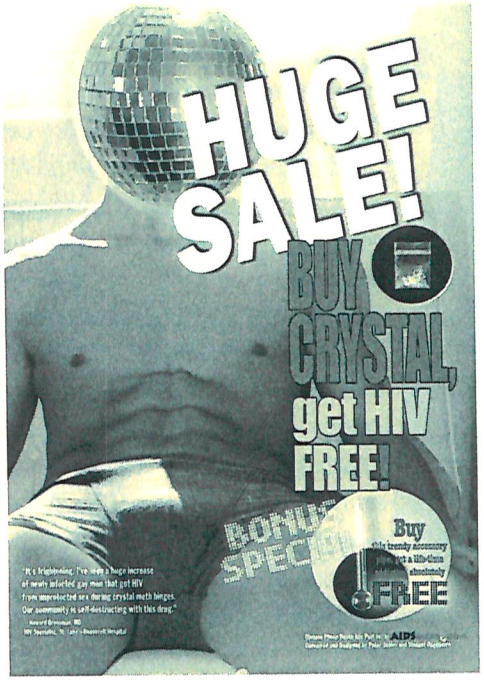
Accounting for HIV infection—as well as what has come to be constructed as "risk-taking"—in the highly moralized climate that surrounds the fact of ongoing HIV transmission among gay men is no easy task. Gay men in Western centers are presumed to be largely educated about the risks of HIV infection and the activities through which it is most likely to occur (unprotected anal sex). While the latter activity has come to be constructed as "irrational" in this context, the desire for sex without condoms is actually not that hard to understand. After all, it feels quite nice. But despite the intelligibility of this practice, which is largely unacknowl-

edged, the occasional engagement in activities known to put one at risk of contracting or transmitting HIV on the part of gay men is thought to demand extensive soul-searching and explanation, and this has given rise to a host of pathologizing and psychologizing discourses in recent years.[13] Notably, it is in the context of this will to knowledge that interest in, and concern about, substance use on the part of gay men has been growing exponentially, with crystal methamphetamine acting as a lightning rod.

Crystal methamphetamine is a powerful amphetamine that is smoked, snorted, bumped (snorted in its crystallized form in small amounts), and sometimes injected. Its increasing use has inspired increasing levels of concern and moral panic in gay centers in North America and Australia in recent years. It is the sexual risk-taking said to be caused by the drug, rather than HIV transmission through sharing needles, that has become the official focus of these concerns. The drug has been constructed as different from other "party drugs," dangerously addictive and a major source of new HIV infections. Increasing use of the drug has occurred alongside increasing rates of HIV risk practice and HIV infections in gay Western populations around the world, which have risen incrementally since the introduction of HIV antiretroviral therapy in 1996. Notably, increases in risk practice and new HIV infections have also occurred on the same scale in gay centers such as London, where use of crystal among gay men is minimal. On the basis of the imputed connection between crystal use and HIV transmission, some U.S. experts describe the situation as a "double epidemic."[14] An unprecedented degree of community investment in antidrug moralism has been the result.

Crystal began to attract a particular sort of attention when groups of anticrystal activists, many of whom declared themselves to be ex-users, began to organize around the issue in a number of locations. Criticizing the slow pace of government and the perceived lack of focus within established HIV community organizations, they cobbled together alliances and began running graphic poster campaigns and community discussions (see figures 7–11).[15] The central motif of these discussions, which is also reflected in the campaigns, consists of personal stories that recount escalating use of the drug for sexual purposes, culminating in HIV infection. Groups such as the Crystal Meth Working Group in New York and Community Action Against Meth Amphetamine in Sydney have created detailed websites,[16] and have formed international networks that





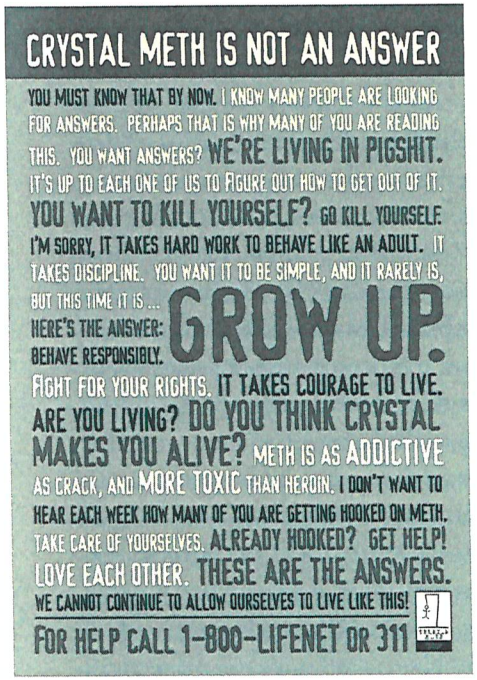
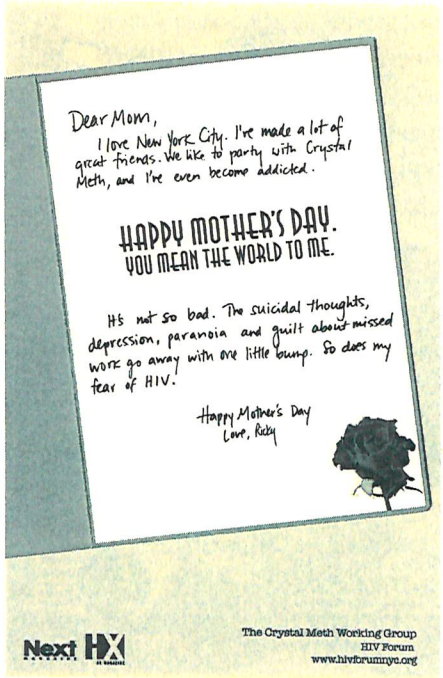


Fig. 7. Poster of the United Foundation for AIDS in Miami, distributed in Miami and New York in 2004

Fig. 8. Poster by Peter Staley, 2004, displayed widely in Chelsea, New York

Fig. 9. Poster of the Crystal Meth Working Group in New York, 2004



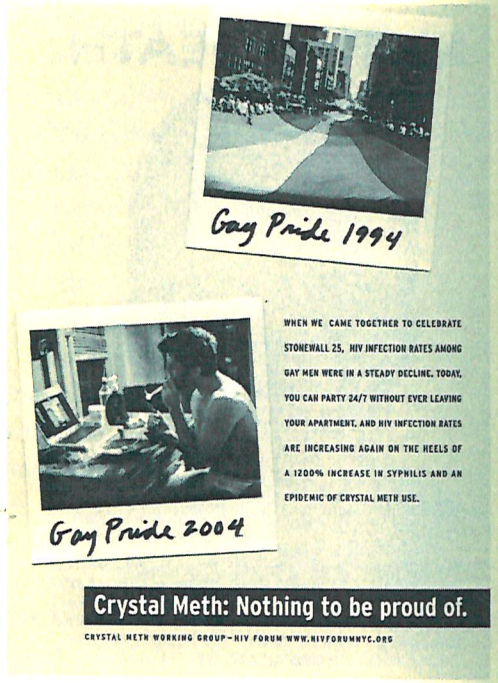


Fig. 10. Poster of the Crystal Meth Working Group in New York, 2004
Fig. 11. Poster of the Crystal Meth Working Group in New York, 2004

are generally critical of harm-reduction approaches and enthusiastically endorse the hard-line stance of conservative voices in government.

The fatalism implicit in the narrative of addiction does not tally with the experience of many gay men familiar with crystal, for whom limiting use to quite specific occasions remains somewhat effective in preventing the more serious physical and material problems associated with chronic use.[17] Nevertheless, the participation of this drug in problems not usually associated with party drugs—such as relational breakdown, social isolation, unbreakable habits, loss of employment, financial issues, eviction, homelessness, incarceration, violence, and the many very serious physiological and neurological effects of chronic or heavy use—has become a familiar story in urban gay networks, prompting considerable concern and understandable alarm about a problem whose shape is underdescribed by, and materially exceeds, the disciplinary commitments of HIV prevention. That is to say, the problematization of the drug within

HIV prevention discourse does not entirely capture the shape of embodied concerns around this drug, and this mismatch has been the source of heated community debate. As an upshot of this, a narrative of inevitable addiction is usually deployed by drug prevention activists in order to discourage use of the drug. While promoting caution may be important—and may serve to deter some people from use—this strategy does not acknowledge the practical experience of many occasional users of the drug, including long-term users who may have found practical ways to moderate their use, but who are generally shamed from the terms of the debate, or otherwise disinclined to participate.

Methamphetamine has been variously used in recent history, both clinically and within different social groups, to different effects—among truck drivers to clock up hours, among students to cram for exams, among street kids to stay alert and awake on the street, among adolescent girls to lose weight, within medicine to treat depression. It is in fact a common ingredient in ecstasy pills. Bumping became common in the 1990s on the sexually charged dance floors of the U.S. West Coast primarily as a means of enhancing stamina and mood. But the context of use becomes critical here. While the capacity of stimulants to enhance sexual pleasure was readily apparent to many participants in the gay dance-party culture of the 1990s, the instrumental use of drugs specifically for sex has recently become a more prominent feature of gay discourse in Australia and North America. Where the culture of ecstasy was popularly perceived to involve the dispersion of sexual energies to the more diffuse eroticism and communal affection of the dance floor, the use of crystal methamphetamine is now commonly associated with "sex binges," and, in particular, the use of the Internet to organize sexual encounters and private sex parties, where the drug is smoked intermittently through a glass pipe (see figure 11).[18] A minority of gay men now participate in two polarized and supposedly distinct moral worlds, the world of everyday responsibility and normative personhood, and a world of virtual freedom and escape, facilitated by the use of the Internet to organize sexual encounters and distinctive drug practices, by means of which normative prescriptions around sex, gender, and HIV infection are cast as less pertinent.

In neurobiology, addiction is understood in terms of the ability of certain drugs and activities to hijack the "reward pathways" that manage

the normal distribution of pleasure in the brain, leading to a focus on increasingly narrow activities. But perhaps we need to transpose this terminology for the purposes of a critique of the highly polarized "reward pathways" of everyday life and their apparent inability to come to terms with queer pleasure.[19] This would involve a consideration of how the moral policing of public space contributes to the shape of this predicament. I want to suggest that the current manifestations of gay men's crystal use cannot be understood outside the highly moralized sexual climate of the HIV epidemic, nor the increasingly punitive forms of public moralism around drugs in general, and this drug in particular. Increasing HIV infections among gay men have prompted an increasingly conservative moral climate around sex, which has been bolstered by the intensely conservative political culture in the United States and Australia over the last decade.[20] In addition, there has been increased use of antidrug provisions to patrol gay recreational spaces and scenes around the world.[21] There is a growing literature on the ineffectiveness of such operations, in terms of how they produce more private, more dangerous practices of drug consumption as users attempt to avoid detection.[22] But these raids are only concretizations of a more generally moralized climate. It isn't the whole story, but it is worth considering the effect of such policing on the shape of using practice. In gay parlance, "do you party?" is no longer a question that refers to going out in public, but is generally uttered covertly online and means only one thing. As recreational practices get constructed as more and more unspeakable and illicit, they get drawn into increasingly narrow confines.

The Disciplinary Production of "Disinhibition"

The mechanism proposed for the drug-risk connection, in scientific and everyday discourse alike, is the concept of "disinhibition." This is the notion that substances can lead people with "good intentions" to engage in "bad behavior."[23] The substance is the agent here, by virtue of its biological effects on desire and cognition. "The impairment in judgment produced by substance use leads to unsafe sexual practices that increase risk for HIV transmission."[24] The concept is applied straightforwardly to substances that act quite differently on the neurochemical pathways—sedatives, stimulants, tranquilizers, nitrates, psychedelics. (Users of

methamphetamine report a sharpening of focus, for example, which is quite different from the dissociative effects reported of ecstasy.) The concept of disinhibition is also carried over into psychosocial science to draw causal inferences from very general correlations. The reliance on simple correlations between substance use and HIV risk-taking for these purposes has been roundly critiqued within a considerable body of social scientific literature in this area, most of it published before the popularization of crystal among gay men.[25] Among those studies that do conduct the more rigorous sort of event-level and situational analyses called for within this literature, many find *no* significant relation between substance use and the likelihood of unprotected sex. In general, people who have unprotected sex when using substances are just as likely to have unprotected sex when not.[26] In the case of crystal, the drug's innate power to preclude condom use is presumed to be so self-evident that these methodological quibbles may be safely ignored. Yet one of the only studies published so far which has systematically compared gay men's sexual acts while high on methamphetamine, while high on other substances, and while sober, found no significant differences in the likelihood of unprotected sex across these different occasions.[27]

This finding would appear to cast doubt on the presumption of a direct causal relation between crystal use and unprotected sex. The drug becomes less available as an explanation for risk. Considering how drugs are invested in this discourse—precisely with the possibility of providing such an explanation—this throws a wrench in the works, leading experts to propose a host of psychologizing explanations for the "irrational risk-taking" that remains ("romantic obsession," "sexual compulsivity," "sensation-seeking," and so forth).[28] Perhaps this questioning of a causal relation is scientific sophistry? After all, if people tell us in qualitative studies and anecdotally that this is what the drug does, as is frequently the case, then why do we need pedantic statisticians to tell us what is "really" happening? Obviously drugs do something—otherwise one wouldn't spend such vast amounts of money on them! Yet what drugs "do" is an effect, in part, of the cultural narratives we have about drugs—narratives that are reproduced in scientific discourse.[29] In this sense, it really does *matter* how science represents this relation, for these representations substantiate an increasingly determined relation.

Disinhibition is a common enough notion, as mentioned, in everyday

discourse. It conceives the social order in terms of a personalized moral drama between self-control and inner desires. But disinhibition does more than fuel cultural suspicions around intoxicating substances; it is also a source of value. Thus an ad for Hornitos tequila depicts an image of Dr. Jekyll and Mr. Hyde, suggesting that one of the things the product is *good for* is doing away with the constraints of everyday respectability and "unleashing the monster within" (see figure 12). In other words, disinhibition does not exactly "take people by surprise." It is a cultural script that is pharmacologically enacted. One of the striking things to have been uncovered in qualitative research is the strategic manner in which many gay men use crystal. Not unlike the use of certain therapeutic substances, gay men schedule their use of the drug strategically to enhance certain sexual occasions.[30] The drug is valued as being particularly good for what has come to be known as "uninhibited" sex. One man describes, "I use it for specific sexual encounters, if I know that there is gonna be certain activities involving anal sex that I might need to loosen up or be a lot less inhibited."[31] So while experts and anticrystal activists join hands to ascribe initial causality to the drug, gay users' accounts put this relation almost completely the other way round, and put the desire for "disinhibition" first.

Some sociologists have considered how the notion of disinhibition circulates in everyday discourse. They argue that, because drug and alcohol use is commonly presented as an excuse for "unacceptable behavior," it is necessary to treat such explanations with caution.[32] Being "out of it" on drugs may serve as a form of normative substantiation which attempts to mediate between bad behavior and good intentions. "Because they are commonly believed to be 'disinhibitive,' " Tim Rhodes writes, alcohol and stimulant drugs "may provide socially acceptable 'excuses' for engaging in sexual behaviours in which people may want to engage but perhaps know they should not."[33]

As mentioned previously, many anticrystal activists declare themselves to be ex-users and also HIV-positive. The central motif in their community discussions consists of stories that recount escalating use of the drug for sexual purposes, culminating in HIV infection.[34] Anticrystal activists were clearly motivated by a concern for how they saw this drug affecting their community. But there are also some grounds for thinking that this account of risk-taking and HIV infection could be operating in

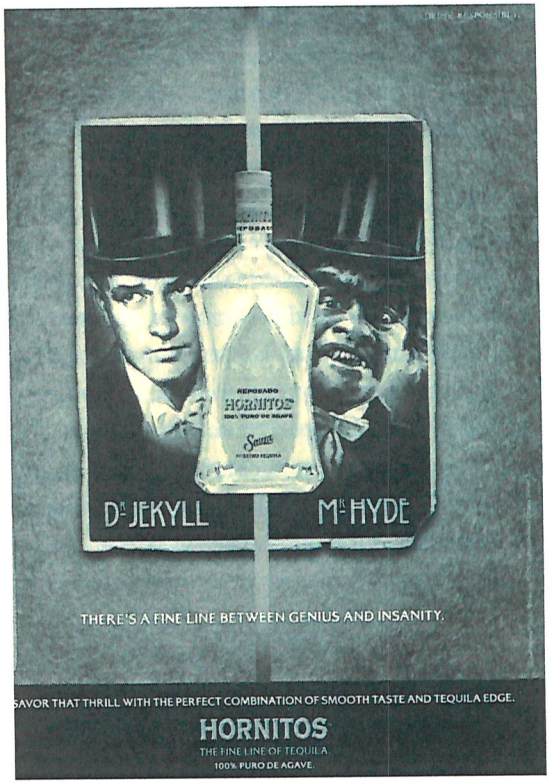


Fig. 12. Hornitos tequila advertisement, *GQ Magazine*, November 2007

these spaces more generally as a form of "normative substantiation." This process works by constructing, as an innate property of a drug, a set of relations that are much more complex and may be alternatively framed.[35] As we have seen, this understanding of drug effects is not the exclusive province of anticrystal activists. It finds a wealth of support both in psychosocial discourse and everyday discourse. Its appeal as an explanation for risk-taking cannot be understood outside the normalizing pressures that compact sexual practice, HIV infection, and drug use into moral tales about the worth of individuals. Yet it does not account adequately for the materiality of pleasure, sex, and drugs, nor how these elements may converge within specific trajectories of danger—as well as precarious formulations of care.

Crystal is further associated with a range of sexual practices which, from certain normative standpoints, are considered highly shameful. Unprotected sex is one of these, but there are others. The drug is famous for turning masculine men—perhaps *especially masculine* men—into "instant bottoms."[36] It is associated with forms of sexual experimentation which fall outside the prescriptions of legitimate intimacy—sex with multiple partners, anonymous sex, so-called adventurous sex, HIV-positive sexual activity. It is used to explain sexual encounters that—how should I put this?—*pay less heed* to some of the sexual segregations surrounding age, class, race, body shape, conventional attractiveness, sexual setting, and relational context maintained by respectable propriety.[37] The transgression of imposing norms of personal respectability and sociosexual class implicit in these encounters is most forcefully attested in the testimonies of horror that frequently punctuate narratives of come-down, recovery, and moral restoration.[38] In the absence of HIV transmission, these forms of pleasurable interclass contact and sexual exploration might be cause for celebration.[39] But the prudent subject of drug discourse can disavow their pleasures and parcel them away as the scandalous effects of disinhibition.

By pinning responsibility on a substance, the discourse of disinhibition may produce that substance as a manifest form of freedom and escape from what are experienced as overbearing normative standards. The avenue that "disinhibition" provides for mediating between "good intentions" and "illicit desires" may make drugs seem like an essential mediator of sex in some circumstances. This would be consistent with the argument of some social psychologists that "for many people sexual risk does not stem from a lack of community norms or personal standards, but from a desire to escape cognitive awareness of very rigorous norms and standards."[40] They argue that drug use facilitates a process of cognitive disengagement from such norms which allows people to act upon their desires. The use of the drug for "sex binges" suggests an unsustainable tension between normative standards and sexual needs.[41] The availability of the concept of disinhibition, not simply to explain, but also to excuse certain sexual pleasures, could conceivably heighten the appeal of substances like crystal and make them more compelling. It could even be argued that drugs are taking on the explanatory role of the "unconscious" in scientific and everyday regimes that only seem capable

of comprehending the rational-choice actor. Some gay men report that they *can only* have sex on the drug.[42] This is not a universal experience, and it might also be seen as a statement of preference, but the statement is striking for how it suggests a highly determined, apparently compulsory relation between sex and drugs. Can we just say no to this predicament? Is this sort of advice even practicable? I would argue instead that it necessitates a series of urgent sociopolitical questions. What are the conditions in which a small but significant group of people can *only* have the sort of sex they want on drugs? How do we account for a historical situation in which some people *feel compelled* to alter their consciousness chemically to even consider having sex? Given the increasing use of more potent and dangerous drugs for queer sex, could these isolated experiences be reflective of a much broader, tectonic compression in the moral landscape? What perversities of history and politics make the ordinary desire for sex and new intimate experiences so exceptional?

Uses, Pleasures, and Precarious Formulations of Care

Part of the project of "freeing up" relations between drugs, bodies, and subordinated sexual subjects might involve making room for greater recognition of the queerness that consists in sexual practice and everyday life more generally. I refer to those small "vacations from the will," mentioned at the outset of this chapter, which run through all manner of everyday practice.[43] Recognizing the perversities of everyday practice might help to counter some of the ways in which drugs have come to participate in such a moral drama of extremes. But recognition of the queer vagaries of pleasure must also take place in relation to the experience of drug use itself. For in fact my theory of "normative substantiation" does not go quite far enough. Escape does not even begin to describe the experience of drugs.

Indeed, by all accounts, sex on crystal *is* exceptional. The drug is said to maximize the pleasure and intensity of sexual encounters and enable experimentation and extended sessions. It is found to prolong the time until ejaculation and heighten other bodily sensations.[44] Not all users report a sexual response to the drug at first, which underscores the significance of a corresponding socialization process.[45] But use in sexual contexts is described as revelatory. The drug is said to give people the

confidence to try things they might otherwise be too shy to ask for and to diminish feelings of awkwardness. "How to say this?" says one man, "What I find on crystal, I kind of enter into a special space. A particularly sexual, sensual space" in which "every touch is enhanced."[46] Given this erotic reputation, it may be surprising to learn that a common experience of the drug is the reduced ability to get an erection. But some men have found a remedy for this in the form of another recreational drug, Viagra.

The drug is also specifically valued in the context of HIV-positive experience. Crystal is said to make sex more conceivable and more enjoyable and give users the confidence to engage in sexual encounters.[47] Considering the phobia and social stigma that surrounds the very idea of the sexually active, HIV-positive individual, it is significant that some HIV-positive men see the drug as providing a temporary escape from the normative pressures of HIV-positive subjectivity.[48] The drug may be used to construct a different materiality, one less structured by concerns around HIV transmission. The assumption that sexual partners are aware of the risks and responsible for themselves is sometimes used to rationalize this context.[49] The practical difficulty of conceiving how to go about sex from this pressurized social location—and the virtual ban on peer-based, sex-positive, nonmoralized practical guidance about how to negotiate sex without condoms in a way that averts HIV transmission—may well make the drug seem like an appropriate alibi for having a sex life *at all*. The drug's reported capacity to enhance confidence, mood, and sexual sensations becomes all the more significant. Some HIV-positive people use the drug to deal with the negative affect associated with HIV diagnosis generally—which is not surprising, given that the drug has been used in clinical practice to treat depression.[50] In the context of the loss of friends and life-sustaining relations caused by the HIV epidemic, and the experience of loss and grief, some gay men have embraced the drug simply in order to be able to be close to others again, or as a way of participating in new, sex-positive social networks.[51] Other people just use it to get up in the morning. One HIV-positive participant in a qualitative study describes: "When I found out that I was HIV+, I didn't know what was going to happen. I didn't know what to expect with HIV. I didn't know where I was going. But after I started using [meth]—I started making some

positive choices in my life. And actually I think I did some pretty good things. It helped me. I don't know how I would ever have got started again."[52]

ON THE ANTICRYSTAL WEBSITE of the Life or Meth Organization, Gary Leigh, the group's founder, gives an account of staying with a friend in New York, a friend he "had known for years as outgoing and exuberant," but who was now "just the latest of many to have withdrawn into the meth haze, contracting HIV in the process and restructuring his lifestyle exclusively around his musty, dimly-lit, black-draped apartment strewn with home-delivered fast food cartons, a sparkling new 17″ Mac to herald the arrival of 24/7 instant cable connection, assorted meth paraphernalia and a revolving door of Internet hook-ups of all shapes and sizes."[53] For Leigh this experience affords him "a sobering insight into a hitherto secret world," and his disgust plays a catapulting role in this account of his incipient activism. Leigh paints the "tweaker den" as the very embodiment of abject addiction. But I want to use this account as a way into considering further some of the microcultural dynamics of crystal use. For these subcultures have their own practical logics which deserve more generous forms of attention.

Tony Valenzuela describes a related scene in his remarkable account of the pleasures of crystal, where he describes "taking triple X-rated photos of myself to post online; requesting detached, anonymous role-playing scenes with multiple strangers; or seeking to be fucked unlimitedly . . . Often crystal made these experiences fervidly carnal in a way no other drug could."[54] Once you get past the intrigue that such accounts might provoke, you can see that this description shares certain features with Leigh's account—which suggest that this drug acquires meaning and value within distinct sociotechnical assemblages. It is no coincidence that the drug's popularity has grown in tandem with the movement of gay life online. With the stimulating effects experienced by users on focus and concentration, crystal would seem to be much better suited to Internet use than other drugs such as ecstasy, whose dissociative and disorienting effects I have depicted. What forms of online participation and webbed sociability do drug-sex practices involve? How do they wrestle with the personalization of the computer? Could the culture of pri-

vate partying be approached as a specific socialization of this already pornographized and pharmaceuticalized medium?

The homes of some of the crystal freaks I've known and loved are "an organized mess" which do however share certain features: massive digital or video screens for watching porn, enlarged computer monitors and an impressive array of Internet technologies, drawn blinds, scattered and re-assembled objects, sports drinks, certain arrangements of furniture, specific sound technologies and other contraptions—a veritable orgy of multimedia. The drug's ability to facilitate repetitive activity and heightened perception is sometimes said to make it conducive to tasks which involve intense concentration without other interferences.[55] When not having sex, or hosting private parties, some chronic users busy themselves with private little projects, like maintaining their online profiles. Some houses are in a constant state of renovation. With the lights on, some crystal dens resemble nothing so much as your father's garage: total chaos, but it has a logic to it.

The appearance of Internet cruising sites has incidentally been accompanied by new online practices that attempt to negotiate sex without condoms relatively safely. The disclosure of HIV status—and the use of other, more ambiguous signifiers to this effect—has become institutionalized on many sites (not always unproblematically, but that's another story) and the practice of explicit HIV disclosure is increasing significantly. Private sex parties may involve groups whose HIV status is negotiated in advance, or regular couples, or solo individuals, and they may involve any number of sexual activities—both inventive and depraved—that pose little chance of HIV transmission. One of the more careful pieces of recent research found that substance use had no effect on unprotected sex among HIV-negative men, some effect on unprotected sex among casual partners of unknown serostatus, and some effect on unprotected sex among HIV-positive men. But the analysis also suggests that "with knowledge of a partner's HIV-negative status, HIV-positive men are able to enact their plans for safe sex, even if they use substances."[56] These findings would appear to bear out the idea that gay men use substances like crystal as part of an attempt to construct a different materiality, one less structured by concerns around HIV transmission. But they also indicate that, in the presence of well-articulated risks and practical strategies to avoid them, substance use does not lead inevitably

to unprotected sex or so-called "irresponsibility." These strategies are not fail-safe, and require much better articulation and elaboration. But they might be approached as ethical techniques that emerge spontaneously within—or appropriate—new sociotechnical environments.[57]

In other words, unsafe sex does not exhaust the activities animated by crystal use—even in the most sexualized contexts. One hears reports of a range of disparate activities that take place while using the drug—such as chatting with friends for hours while smoking the drug at home; dancing; socializing; pottering around the house; fisting; fixing up things; cleaning obsessively; having wild, unprotected, piggy seroconcordant sex; watching DVDs; filming each other; browsing the Internet endlessly, comparing online applications, sites, and profiles; masturbating at length—whether alone, or with others.[58] Often the occasion is only nominally "all about sex." In short, HIV transmission is not an inevitable outcome of sexualized crystal use, nor does "sex" necessarily capture all of crystal's pleasures. In Cathy Reback's excellent study one man describes his "sex-binges" with one of his buddies as follows: He describes how he would be taking a shower or blow-drying his hair, when he would notice that his friend wasn't talking—and that he was, "like, in a closet." "I would assume getting something to wear. But you know—he would be in there tweaking—like finding all these things to put together. I used to say that his house was like the tweak museum. You go in and you see tweak projects and tweak towers and tweak jewelry and tweak furniture because it's all this stuff that has nothing in common with anything else that it is connected to, and it would form something that he apparently had a vision of at one time. Or just ended up with."[59] Different groups have used the drug in different ways throughout history, as mentioned earlier, and these have not all led to rampant unprotected sex. Club kids use crystal to go dancing. Some gay men use it for creative or work pursuits—before, during, after, or independent of sex. Street kids use it to stay awake on the streets at night and muster the courage to deal with prospective clients. One transgender participant in Reback's study claims that 99 percent of drag queens who inject crystal use it to "sketch on their face. They do their make-up, they tweak on their face." She describes a number of different activities that she engages in while on the drug. She uses it to walk, and to clean the house until it's spotless. And she describes "getting stuck." "Like I could get stuck in my bag, you know, stuck, for hours, in

my bag—in my make-up bag. Just sitting, putting my make-up on. For hours. And keep on putting it on. And leaving it on. Taking it off. Putting it back on."[60]

These accounts—of "getting stuck," of getting lost in the closet—are what they are. They are funny. They are moving. They cannot be heroized. They are contingent. They are necessary. They just are.[61] They are nonredemptive instances of difference and repetition that illustrate the contingency of drug relations. When recognized as such, these moments of difference and repetition may have some practical value for those who are concerned to avoid HIV transmission. To notice these peripheral pleasures is to begin to refuse some of the more fixed determinations of crystal discourse—though such a refusal is difficult to sustain in the current onslaught of totalizing knowledge.

In terms of resisting "addiction," gay men adopt a number of strategies —though in the present climate these strategies are precarious. Ethnographic data is very slim on this, so here I draw also on personal observation and speculative knowledge. Some users attempt to maintain a strict separation between their recreational activities (including sex) and their everyday sense of self. This constitutes a workable strategy for some, but one that may be compromised. For users who have jobs, the lack of sleep over the weekend and the physical effects of the drug produce tiredness and impaired concentration at work. In order to maintain their confidence and performance at work, some turn to the stimulating and focusing properties of the drug, and their previous containment strategy comes undone.[62]

For others, the disparity between their "recreational" practices and their "respectable" sense of self produces some dissonance, which can manifest in guilt, paranoia, and growing isolation. The schism between normative respectability and queer pleasure (Dr. Jekyll and Mr. Hyde) is relevant here. Some users divide their social networks into "respectable friends" and "weekend friends" (this is of course a response to the highly moralized public environment).[63] The binarization of social networks makes the illicit aspects of personal life difficult to reconcile with everyday social being, which in turn makes peer understanding, recognition, and support around these issues difficult to access in any safe or satisfactory way. Meanwhile, the continual presence of the Internet in everyday life as an instant form of distraction and virtual belonging, for both

employed and unemployed individuals, works against the forms of compartmentalization that some gay men adopt to contain their drug use. The connection between online gay sociability and drug sex—virtually concealed but nonetheless persistent—makes for a particularly challenging if not inescapable environment to navigate. The decline in gay neighborhoods and their inability to live up to idealized expectations of "community" can make the actual experience of gay social life in urban centers seem bland and disappointing. The general monotony of working life and its failure to provide a satisfying context of queer belonging for most laborers lead to highly bifurcated and isolated subjectivities, in which leisure time is increasingly dominated by the need for sexual sociability—now rendered instrumentally as the pursuit of sex online.

For the unemployed and for those in part-time work or on a pension (many HIV-positive users), the division of social life into work time and leisure time is less available for moderating their use. In order to supplement their low income, some users take up small-time dealing—mainly to their friends—and the constant availability of drugs is not conducive to moderation. The possibility of a criminal record and the fear of employment-related drug testing hover around all these circumstances, threatening even more systematic exclusion from the workforce and public life.[64] Even in these severely reduced circumstances, many "crystal freaks" manage to construct a way of living whose small pleasures and modes of care, though covert, are not that unusual, but are rendered unintelligible and disgusting to the mainstream—an unintelligibility that compounds their bodies' disintegration.

Conclusion

In this book I have tried to suggest the value of an approach to drugs that is grounded in given formations of drug use and which involves queer practices of self-relation. Rather than insisting upon a sovereign subject at the site of drug use, this approach entails a degree of attention to and curiosity about *how the body is*, in a given situation—the queerness of its pleasures, their irreducibility to conventional predictions, scripts, and formulations.[65] This practical method turns to history, not to confirm that the body is subject to larger historical forces (which of course it also is) but as part of an attempt to multiply and "free up" possible relations

among subjects, bodies, drugs, and erotic practices. It refuses to take current productions of "objective" knowledge as all-determining, though it takes them very seriously. And it does not rest simply on "having an experience," though it does take self-experience—and the claim to have it and make sense of it—as vitally important. Life may simply be more pleasurable and more possible when one tries to work out how different experiences are being produced. Biology is part of this production, but it is not all of it. Biologized subjects have other resources at their disposal. The archive of *using drugs* that is mainly yet to be assembled comprises a rich heteroglossic site in which the pleasures and capacities enabled by certain uses of drugs may be given original and joyful expression, and in which certain dangers are more specifically acknowledged. There are surprises and unanticipated experiences in these accounts which participants would seem to value or consider. Occasionally something new, unexpected, or queer emerges—a new sensation, an unusual mood, a previously inconceivable way of relating—and these experiences help some users devise parameters of use. Could greater curiosity about such moments form the basis of an ethical approach to drug use?

Given the negative physical effects of drugs such as crystal, some people will say that it is better to just say no to these contexts and possibilities. It would certainly be unwise to ignore the fact that, when used heavily or over a prolonged period, crystal is known to result in a range of serious physiological harms including muscle wasting, skin and organ deterioration, immune damage, tooth and gum decay, damage to blood vessels and neural cell endings, depression, paranoia, psychosis, heart attack, and stroke. As I write this sentence, I remind myself of the intoxicating genre of pharmaceutical advertising that now proliferates throughout U.S. media, whose lists of "side" effects hammered out quickly at the end must surely belie any confidence in the presumption of the inherent predictability of drugs (institutionalized, as it is, in the instrumental rationality of the randomized controlled trial) as they get longer and longer and funnier and more outrageous. But my suggestions here should not be taken to amount to a prescription for crystal, or for anything else. It is precisely against the medicalizing ideology of prescription that I have been arguing. In the context of dangerous substances like crystal, it would further seem that to discern any inkling of possibility in given practices of use is to run the risk of encouraging further use.[66] But figuring such

possibilities remains important for those who are trapped in unbearably tight spots. I have been taking "use of the drug" as already given while seeking to refuse the normalization of any drug practice in this very intervention. In the case of gay uses of crystal in particular, the negative physical effects of the drug are typically used to ignite moral judgments about the sexual activities associated with it, which only adds fuel to escalating forms of sexual conservatism. The narratives of recovery that now saturate gay space conceive a pristine self engaged in "healthy" activities like sports, family, and "normal" intimacy. But this vision is depressing and, for many, difficult to sustain—and only raises the stakes of queer forms of experience. Hence the vital importance of clearing some space to account for pleasure consuming medicine. I believe a more open acknowledgement of pleasure and a respect for its importance in our lives is crucial if we want adequately to account for the social life and material effects of such drugs.

Practical ethics of drug use may be difficult collectively to elaborate within current regimes of knowledge, not least because they run up against the unspeakability of illicit drug use. Conspicuously absent from the crystal debate, for example, is the voice of the current user. The only authorized firsthand account of the experience of using the drug is framed by the discourse of recovery, the renunciative voice. Any attempt to question the self-evidence of addiction on the part of actual users is constituted as denial, their practices and ways of life as "condoning" drug use. For the subject of drug discourse, the unspeakability of their use within legitimate conversation would appear to consolidate "addiction" as a fait accompli. Users are bound to the mode of speech whose parameters of "true knowledge" are destined to fail them, rendering embodied or implicit practices of self-moderation virtually unrecognizable, practically speaking.[67] But while promoting more inclusive conversation is important, speech does not entirely categorize the scene of response I have been describing, nor does it completely execute the capacity for responsiveness—neither via complete inclusion nor preclusion.[68] Indeed, the speech of the well-intentioned subject can play out as a different matter altogether in practice! Given this indeterminacy, and the multiplicity of drug practices, it is probably worth jettisoning the binaries of moralized speech in this case altogether. In this chapter I have considered the inadequacies of presuming—and dangers of reproducing

—a clear-cut binary alternation between the intentional and the instinctual or corporeal self when it comes to sex and drugs. It is also relevant to consider that the notion of abrupt abandon—or the sense of an unbridled and violent discharge of corporeal urgency from the scene of ethical attention—only inexpertly characterizes the relational dimensions of drug-related activities such as dancing—among other cursory scenes of imputed "disinhibition."[69]

Think of a dance floor. What we have here are much more incremental modulations of affect, mood, sensibility and subjectivity. Participants are engaged with each other (or not) through embodied interaction and an immense range of participative modes, diverse elements, and conditions. The various players are reading each other as they incorporate, try out, come up with, and transform different gestures and responses in various mixes of routine and spontaneous activity. A person or two may be completely self-absorbed (possibly for quite a while) but that's OK. They're probably working through something. Things can be boring and predictable . . . for what seems like forever . . . and then they can pick up, maybe through some small shift in the relational dynamic or some other element—gradually and unexpectedly and increasingly ecstatically as people get drawn out of themselves and into new relations and start to embody new postures of attention. A rhythm kicks in. New things become possible. When a dance floor really "goes off," it has nothing much to do with individuals, as any Party Animal will tell you. Everyone is responsible.

Against the transcendent rationality that thinks it can work out once and for all whether a given substance (or, by implication, its users) is good or evil, or speak the truth of drugs as though finally, here I have sought to adopt a more practical and "ethological" approach grounded in given practices of drug use and their contexts.[70] The treacherous reduction of "the crystal problem" into "the thing that it is"—and the apparently determined enforcement of such conditions—make it clear that, when it comes to addressing such issues, well-intentioned speech doesn't always cut it. Resisting the categorical and individualizing force of "addiction" is a practice that does not take place in the pages of critical theory or the health sciences mainly, but involves the critical and embodied work of consumers from all walks of life who elaborate their resistance to bionormalization in varying but mainly hidden ways implicitly and daily.[71] We are all junkies of one sort or another—or on the way to being made into them—though the differences between the embodied possibilities of resistance are irreducible. Just saying no to given forms of embodiment is, at any rate, not a collectively viable option. Given the problems that have crystallized, in the baser parts of this exercise I have been asking (and attempting to generate a more inhabitable climate for continuing to ask and answer openly and variously) the much more concrete, interesting, and not simply *urgent* but also *open* question: What, in a given encounter, is a drug-using body capable of?

sexual interaction as a learning environment must de-centre the primacy of message-based and information-providing approaches such as poster campaigns and printed resources such as booklets where such interventions assume a pre-emptive, self-defined self that once provided with information will act in appropriately healthy ways." McInnes, Bollen, and Race, *Sexual Learning and Adventurous Sex*, 31.

69 Warner develops this point in relation to gay men's HIV prevention in the final chapter of *Trouble with Normal*. See also Ballard, "Constitution of AIDS"; Dowsett, *Practising Desire*.

70 Indeed, many of the claims I make for these booklets can also be made for the booklet I discuss in chapter 4 (*Our Strongest Weapon Against Drugs . . . Families*), the difference being that the latter enjoys considerably more power to frame its address as the universal language of moral people.

71 Race, "Engaging in a Culture of Barebacking."

72 Too often, social analyses of health and medicine lose sight of the critical tension between the normative moral code and embodied ethics that can be found in Foucault's later work. The concept of "care of the self" has found much application in this literature, especially in relation to health and medicine, where it has been used analytically and empirically to characterize neoliberal regimes. To be sure, the terminology of "self" has had much purchase in a political climate where the self is cast as both the horizon and limit of social responsibility. But in taking "care of the self" to be emblematic of neoliberal regimes and rationalities in general, this literature evacuates this concept of much of its ethico-political momentum. Foucault developed this concept as part of a broader project that sought to counter the forms of totalization and individualization associated with the modern state. He wanted to show how in the Greco-Roman period the ethical question of "how to live" begins to turn on the notion of "care of the self" in a manner that was symptomatic of the growing tension between contemplative and practical knowledge. It is the individualizing effects of categorical knowledge that are the target of his critical efforts here. Foucault's ethics attempt to provide a basis for conceiving practical relations between care, pleasure, and knowledge that have some chance of resisting the prescriptive and demoralizing effects of official determinations of deviance. In short, "care of the self" cannot be equated with the exclusive, atomized self of neoliberal regimes—the *soi* of *le souci de soi* merely expresses a reflexive relation in being, not a thing called the self (though this point is often lost in translation). As Will McNeill puts it, Foucault's formulation of the ethical imperative to "care for the self" functions as a "historical imperative that formulates ethical existence as a task, as a relation to the future. 'Care for yourself'—for whom? for what? who or what might that be? That is precisely the question." McNeill, "Care for the Self," 60. From this perspective, it would be a mistake to map "care for the self" uncritically onto the familiar neoliberal injunction (though this is a perfectly valid place to start). Against the diminished possibilities of this limited identification, Foucault offers a set of critical and historical tools that may be of assistance in trying to formulate one's existence as effectively as possible to respond ethically to the situation into which one is thrown. For further discussion of this point, see Race, "Queer Substances and Normative Substantiations."

7. *Exceptional Sex*

1 For discussions that frame drugs as an ethical rather than a moral problem, see Stengers and Ralet, "Drugs"; Keane, "Critiques of Harm Reduction"; Sybylla, "Hearing Whose Voice?"

2 This chapter is in part a response to Lauren Berlant's brilliant rethinking of agency in relation to sovereignty and embodiment. Berlant, "Slow Death (Sovereignty, Obesity, Lateral Agency)." I aim to put her highly original and important intervention and ideas into conversation with discussions of HIV, gay sex, and drug use.

3 See Fraser, " 'It's Your Life!' "; Race, "Engaging in a Culture of Barebacking"; O'Malley, "Consuming Risks."

4 Excellent critiques of given explanations of drug use in terms of social oppression, which nonetheless acknowledge systemic effects and structural pressures on agency, exist in Keane, "Women and Substance Abuse"; valentine and Fraser, "Trauma, Damage and Pleasure."

5 In the context of gay drug practices, see Green, "Chem Friendly." In an intelligent analysis, Green rejects social stigma and heterosexism as a sufficient explanation of gay drug practices, in favor of greater attention to the specificity of recreational drug use. However he ends up suggesting that drugs are used mainly as a form of self-medication to keep up with the exacting standards of the commercial gay scene and stranger sociability. This may be an accurate reflection of some people's perspectives, but the problem with this reading, in my view, is that it takes as given "natural" forms of intimacy (private, domestic, long-term)—and thus reproduces them—rather than querying these normative presumptions and highlighting alternative constructions (of sex, pleasure, and drug effects). See Berlant and Warner, "Sex in Public."

6 Keane, "Women and Substance Abuse," 77.

7 valentine and Fraser, "Trauma, Damage and Pleasure."

8 The most recent and appalling example of this in the Australian context is

the conservative former Prime Minister John Howard's use of the police and the military to intervene in the alleged problem of alcohol, drug, and child abuse within indigenous communities in the Northern Territory in 2007.

9 valentine and Fraser, "Trauma, Damage and Pleasure," 415. One of my favorite exercises with public health students is to have them read Philippe Bourgois's powerful ethnography of crack use in East Harlem, "Just Another Night in a Shooting Gallery." In this article, Bourgois tracks how the micro-practices of drug use within this population relate to entrenched structural violence of race, class, and poverty. In his concluding paragraph, he suggests that the "vitality of cultural expression [including music, dance, clothing, styles, and argot] on the poorest, most despised streets of the U.S. is best understood as an oppositional reaction to the conjugation of racism and unemployment." He suggests (not entirely unproblematically in my view) that the result of this alternative framework, when linked to drugs on the street, is "a self-destruction and community havoc that cements the status quo of gross socioeconomic inequality" (65). I ask students to think what a similar account might look like in relation to the forms of "recreational" drug use common in gay scenes ("Just Another Night on Manhunt"?). The exercise generates startling discussions around different notions of oppression, different attributions of agency and constraint, conceptions and practices of resistance, and conventional distinctions around drug practice and autonomous personhood, and their political and practical implications.

10 For a discussion of the intellectual risks of "insider" drug research, see Measham and Moore, "Reluctant Reflexivity."

11 Loss of full volitional control and self-sovereignty may of course make one vulnerable to exploitation by others—a point that has been used to legitimize forceful treatment of those deemed not to have sovereignty throughout history.

12 On the critical method of problematization, which obviously informs me extensively throughout, see Foucault, *Use of Pleasure*. See also my discussion and use of this method in chapters 2 and 3. For anthropological applications of "problematization," see Ong and Collier, *Global Assemblages*.

13 Halperin, *What Do Gay Men Want?* Halperin's work in general has enabled my thinking here in more ways than I can mention. For insight into the intensely moralized climate that surrounds HIV infection in the United States (much of it stirred up by gay conservative pundits), see the concluding chapter in Crimp, *Melancholia and Moralism*. Another brilliant and far-reaching intervention into questions of HIV, queer sex, moralism, and shame—which has informed much of my thinking around HIV and gay sex since its timely publication—is Warner, *Trouble with Normal*. Warner's coining of the phrase "the poppers effect"—the idea that with poppers you "give yourself a chance to swoon"—is the sort of insight that can inspire a whole project.

14 Halkitis, Parsons, and Stirratt, "A Double Epidemic."

15 For a good account of this, see Westacott, "Crystal-Meth."

16 See www.gaymeth.org (accessed 12 November 2007); www.caama.net (accessed 12 November 2007).

17 In community surveys conducted in gay urban centers like Sydney, around 20 percent of gay men in convenience samples report having used the drug in the last six months. In pooled data on methamphetamine use within the general population in Australia, daily use of the drug is confined to 2 percent of regular ecstasy users, and weekly use to 23 percent of this population, while these figures are halved again when it comes to frequency of use in the general youth population (twenty-two to twenty-nine years old). Degenhardt et al., "The Epidemiology of Methamphetamine Use and Harm in Australia." In a comparison of the drug practices of regular ecstasy users in Australia, both homosexual and heterosexual,there were higher general rates of crystal use among homosexual men in comparison to heterosexual men (64 percent versus 41 percent), but no differences in the median frequency of use (four days in the last six months). Homosexual men were however more likely to report "heavy" use of crystal than their heterosexual counterparts (defined as at least forty-five days in the last six months)—12 percent versus 2 percent—and had significantly higher median scores on a "Severity of Dependence" scale (two versus zero). Note however that under this definition of "heavy use," 52 percent of gay men in this sample report "non-heavy" use of crystal (over 80 percent of the gay crystal users). Homosexual men were however significantly more likely to report crystal was the primary form of methamphetamine about which they were concerned, and significantly more likely to report having injected drugs (26 percent versus 16 percent). Minimal differences existed between the groups in terms of reporting social, financial, work, or legal problems related to drug use generally: Fewer gay men reported work-related problems, while fewer heterosexual men reported social and financial problems. Degenhardt, "Drug Use and Risk Behaviour among Regular Ecstasy Users."

18 In this setting, the drug is often used in conjunction with GHB, which is said to have more sensual and dissociative effects.

19 For a beautiful example of such an undertaking, which reconfigures addiction as a form of intimacy, not just among people, but also with objects, see Keane, "Disorders of Desire." Keane draws on the groundbreaking critique of hegemonic intimacy found in Berlant and Warner, "Sex in Public."

20 In this context, gay community responses to new HIV infections have be-

come particularly condemnatory. See the discussion in the final chapter of Crimp, *Melancholia and Moralism*.

21 For more on how antidrug provisions have been used to patrol sexual minorities (among others) in history, see D. Osborne, *Suicide Tuesday*; Phongpaichit and Baker, *Thaksin*; Chauncey, *Gay New York*; Buckland, *Impossible Dance*; Slavin, "Crystal Methamphetamine Use among Gay Men in Sydney."

22 New South Wales Ombudsman, "Review of the Police Powers (Drug Detection Dogs) Act 2001," 2006; Bourgois, "Just Another Night in a Shooting Gallery."

23 Jarlais, "Intoxications, Intentions, and Disease Preventions."

24 Halkitis, Parsons, and Stirratt, "A Double Epidemic," 23.

25 J. Fortenberry et al., "Sex under the Influence"; Stall and Leigh, "Understanding the Relationship between Drug or Alcohol Use and High Risk Activity for HIV Transmission"; Weatherburn and SIGMA, "Alcohol Use and Unsafe Sexual Behaviour."; Leigh and Stall, "Substance Use and Risky Sexual Behavior for Exposure to HIV"; Rhodes and Stimson, "What Is the Relationship between Drug-Taking and Sexual Risk?"; Rhodes, "Culture, Drugs and Unsafe Sex"; Jarlais, "Intoxications, Intentions, and Disease Preventions"; Stall and Purcell, "Intertwining Epidemics"; Worth and Rawstorne, "Crystallizing the HIV Epidemic"; Gillmore et al., "Does 'High = High Risk'?"

26 Stall and Purcell, "Intertwining Epidemics"; Weatherburn, Davies, and Hickson, "No Connection between Alcohol Use and Unsafe Sex among Gay and Bisexual Men"; Gillmore et al., "Does 'High = High Risk'?"; Fortenberry et al., "Sex under the Influence"; Rhodes and Stimson, "What Is the Relationship between Drug-Taking and Sexual Risk?"

27 Halkitis, Shrem, and Martin, "Sexual Behavior Patterns of Methamphetamine-Using Gay and Bisexual Men."

28 Ibid. In multiple regression analyses, colleagues in Sydney have found that crystal use does not predict HIV infection among gay men outside the coincidence of a number of other variables which, combined, suggest participation in distinctive sex subcultures. Rawstorne and Worth, "Crystal Methamphetamine Use and Unsafe Sex"; Worth and Rawstorne, "Crystallizing the HIV Epidemic." This sociocultural interpretation is indicative of a crucial difference between Australian and U.S. mainstream HIV psychosocial research. Australian HIV social research has largely tried to avoid problematizing the "desires" of deviant groups, in favor of an approach that treats sex and drugs as social practice. See generally Race, "The Use of Pleasure in Harm Reduction." Obviously, the intervention of Heather Worth and Patrick Rawstorne has been pivotal for my analysis in this chapter.

29 MacAndrew and Edgerton, *Drunken Comportment*; Becker, *Outsiders*; Rhodes, "Culture, Drugs and Unsafe Sex."

30 Green, "Chem Friendly."

31 Green and Halkitis, "Crystal Methamphetamine and Sexual Sociality in an Urban Gay Subculture," 324.

32 Weatherburn and SIGMA, "Alcohol Use and Unsafe Sexual Behaviour"; Rhodes, "Culture, Drugs and Unsafe Sex."

33 Rhodes, "Culture, Drugs and Unsafe Sex," 756.

34 Westacott, "Crystal-Meth."

35 As mentioned, concerns around HIV transmission are obviously not the only motivating factor around anticrystal activism. There are many other problems associated, especially with heavy use. Part of the difficulty in some locations has been getting governments to provide adequate funding or support gay-specific programs around these various dangers *at all* without positing a direct connection to HIV transmission. Governments are unwilling to fund sexual-minority community-health initiatives that are not directly related to HIV prevention. Anticrystal activists and community-based organizations alike are thus put in the ignominious situation of having to endorse the notion of a direct causal link in order to get support for getting anything done on the issue at all. But as I am arguing, this move stands further to institutionalize an essentialized connection between crystal use and HIV risk in gay culture and discourse.

36 Halkitis, Parsons, and Stirratt, "A Double Epidemic," 25. Biology is sometimes cited here, specifically the negative effect of the drug on the ability to attain an erection. But gay users counter this effect with Viagra. At any rate, biochemical explanations deflect from a consideration of how norms of masculinity enter into gay men's lives to produce shame and pervasive disavowal of the pleasures of receptive anal sex. As an object of disinhibition discourse, crystal becomes available for facilitating, but also explaining away, passionate engagement in this practice.

37 In her study of gay crystal use in Los Angeles, Cathy Reback found that sexual subcommunities of crystal users have formed across class and ethnic differences. Cathy Reback, *The Social Construction of a Gay Drug: Methamphetamine Use among Gay and Bisexual Males in Los Angeles* (Los Angeles: City of Los Angeles AIDS Coordinator, 1997).

38 See, for example, the narratives of recovering users in Todd Ahlberg's film *Meth* (Babalu Pictures, 2005).

39 It is worth noting here that the forces that frown upon "illicit" sexual practice frequently turn for their support to a sort of HIV moralism that forgets —and is quite happy to promote a certain forgetting about—condoms. That is to say, the tendency is to conflate social deviance with HIV risk in a

manner that makes HIV prevention significantly less possible to enact or recognize in the context of "deviant" status. See Race, "Engaging in a Culture of Barebacking."

40 McKirnan, Ostrow, and Hope, "Sex, Drugs and Escape," 655.

41 Feminist cultural responses to binge eating have guided me here. These interventions provide an important model that rejects individualizing and psychological explanations of binge behavior in favor of an analysis of normative pressures, cultural material, and the experience of embodiment. See Bordo, *Unbearable Weight*.

42 Semple, Patterson, and Grant, "Motivations Associated with Methamphetamine Use among HIV+ Men Who Have Sex with Men"; Reback, "The Social Construction of a Gay Drug."

43 See Berlant, "Slow Death."

44 The experience of gay men here would seem to contrast significantly with the experience of rats, despite the resonances that some may find in the evocative title of a study by Anderson, Bignotto, and Tufik, "Facilitation of Ejaculation after Methamphetamine Administration in Paradoxical Sleep Deprived Rats." Prompted by the sexual reputation of methamphetamine, this study sets out to assess the effects of methamphetamine on sexual activity by giving paradoxical sleep deprived rats large doses of the drug and measuring their ejaculatory response over a sixty-minute period in a controlled trial, after which the rats were "killed by decapitation with a minimum of disturbance in an adjacent room." The researchers find that methamphetamine administration, in combination with sleep deprivation, does indeed make rats ejaculate at an increased rate over a sixty-minute period, thus "proving" the sexual reputation of metamphetamine. But in their own—apparently less "controlled"—experiments, gay men paradoxically find precisely the opposite (in relation to ejaculation).

45 Green and Halkitis, "Crystal Methamphetamine and Sexual Sociality in an Urban Gay Subculture."

46 Ibid., 323. See also Semple, Patterson, and Grant, "Motivations Associated with Methamphetamine Use."

47 Semple, Patterson, and Grant, "Motivations Associated with Methamphetamine Use."

48 Given the length of the HIV epidemic, and the ways it has worked its way into gay men's intimate lives to lace sex with anxiety and fear, this perspective may provide partial insight into both HIV-negative and HIV-positive gay men's use of substances in relation to sex. How much more magnified are these normative pressures for HIV-positive individuals in the context of recent initiatives in HIV education and legal enforcement which position

them as exclusively responsible for HIV transmission? The production of peer-based, sex-positive, nonmoralizing guidance on how to negotiate HIV-preventive sex from this social location should be a priority in my view. Such education would resonate with HIV-positive men's manifest concerns around HIV transmission. See Adam, "Constructing the Neoliberal Sexual Actor"; Race, "Engaging in a Culture of Barebacking."

49 Reback, "The Social Construction of a Gay Drug." For an excellent analysis of how this assumption plays out in HIV positive sexual cultures more generally, see Adam, "Constructing the Neoliberal Sexual Actor."

50 Semple, Patterson, and Grant, "Motivations Associated with Methamphetamine Use."

51 Reback, "The Social Construction of a Gay Drug."

52 Semple, Patterson, and Grant, "Motivations Associated with Methamphetamine Use," 153.

53 G. Leigh, "AIDS Inc. Uncovered," www.lifeormeth.org, ca. 2007, accessed 12 November 2007.

54 T. Valenzuela, "The Crystal Conundrum," *LA Weekly*, 9 June 2005.

55 Reback, "The Social Construction of a Gay Drug."

56 Purcell et al., "Illicit Substance Use, Sexual Risk, and HIV Positive Gay and Bisexual Men," S44.

57 For a more detailed analysis of practical ethics of HIV prevention that attempt to dispense with condoms, see Race, "Revaluation of Risk among Gay Men"; Race, "Engaging in a Culture of Barebacking"; Adam, "Constructing the Neoliberal Sexual Actor"; Rosengarten, Race, and Kippax, *Touch Wood, Everything Will Be Okay*.

58 I am indebted to one of my informants for coming up with the brilliant term *cracktivities* to describe the variation in drug-induced activities. Crystal methamphetamine is not the same substance as crack cocaine, but it is sometimes dubbed "crack" in gay vernacular, especially with reference to the glass pipe that is usually used for smoking it (the "crack pipe"). But of course this begs the question of what a "cracktive" analysis of crack cocaine would look like, and who can be supported to make such an intervention, and how. For an incisive critical analysis of how antidrug provisions have been used in the United States to deny and police black women's reproductive and corporeal autonomy in the name of the anticrack crusade, see Roberts, *Killing the Black Body*. For a good critical analysis of the televisual production of crack cocaine use in Reagan's America, see Reeves and Campbell, *Cracked Coverage*. For an anthropological analysis of drug use within severely marginalized communities that pays particular attention to the dynamics of sex and race, see Maher, *Sexed Work*. For further ethnographic

insight into structural constraints on agency in the context of racialized poverty and drug use, see the work of Philippe Bourgois, e.g., Bourgois, "Just Another Night in a Shooting Gallery."

59 The participant continues, "Sometimes tweaking can be good, and sometimes it's not good at all"—though the referents of this embodied evaluation of drug effects are ambiguous. Reback, "The Social Construction of a Gay Drug," 39.

60 Ibid., 38.

61 On contingent necessity and necessary contingency and the politics of recognizing being *as such*, see Agamben, *The Coming Community*.

62 Slavin, "Crystal Methamphetamine Use among Gay Men in Sydney."

63 These speculations are borne out in some of the data that Reback presents. One man talks about how he "always had a problem with integrating that part of me that likes to use crystal with the rest of my life. And, as a result, my life is very divided." Reback, "The Social Construction of a Gay Drug," 16. Another account shows how the adoption of addiction rhetoric makes one man unable to recognize the practical strategies *implicit in his own practice* that are serving to contain and moderate his use, in favor of a self-conception as hopeless and diseased. Reback, "The Social Construction of a Gay Drug," 22.

64 For a critique of employment-related drug testing and its maintenance of structural violence in relation to race and class, see O'Malley and Mugford, "Moral Technology."

65 For a more explicit, theoretically grounded elaboration of this method that attempts to engage the policy field, see Race, "The Use of Pleasure in Harm Reduction."

66 I am also aware that accounts of illicit agency and possibility are prone to be heroized or misread as statements of reified transgression or victorious sovereign intention. See Berlant, "Slow Death." I have been trying to work against this tendency while also trying to figure, as ontically as possible, specific formulations of hope or possibility. I guess another question arises here also: is it possible to have a response to a health problem that resists the forms of totalization and normative agency that would seem to be demanded by the policy sphere? Are *queer health* and *queer policy* oxymorons?

67 Hence the linguistic ontology of addiction. See note 63 above. And of course, see Derrida, "The Rhetoric of Drugs"; Ronnell, *Crack Wars*.

68 I would like to thank Lauren Berlant for taking me up on this point and pressing me for closure.

69 For a brilliant new analysis of theory on drugs, for example, see Boothroyd, *Culture on Drugs*. On the dense historicity of "losing oneself" and self-overcoming, see McNeill, "Care for the Self."

70 On "ethological" approaches and the ethicopolitical alternative they provide to transcendent morality, see Deleuze, "Ethology." At the crux of an ethological approach to bodies is the insistence that we do not yet know what a body is capable of "in a given encounter, a given arrangement, a given combination." Deleuze, "Ethology," 627.

71 Sedgwick, "Epidemics of the Will."

PLEASURE CONSUMING MEDICINE

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