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Research Paper

Pleasure and HIV biomedical discourse: The structuring of sexual and drug-related risks for gay and bisexual men who Party-n-Play

Rusty Souleymanov[a,*], David J. Brennan[b], Carmen Logie[b], Dan Allman[c], Shelley L. Craig[b], Perry N. Halkitis[d]

[a] Faculty of Social Work, University of Manitoba, Winnipeg, Manitoba, Canada
[b] Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada
[c] Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada
[d] School of Public Health, Rutgers University, Piscataway, NJ, United States

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ABSTRACT

Party-n-Play (PNP) is a social practice that refers to sex that occurs under the influence of drugs. This study critically examined the risk and pleasure discourses of gay and bisexual men who PNP to explore how epistemic shifts associated with advancements in HIV biomedical sciences influence gay and bisexual men's perceptions of HIV risks and their sexual and drug-related practices. This study also aims to provide a more nuanced understanding of how sexual and drug-related risk practices of gay and bisexual men are entangled with their search for pleasure.

The study was framed within poststructural Critical Discourse Analysis (CDA) methodology. In-depth one-hour interviews were conducted with 44 self-identified gay, bisexual, queer, or Two-Spirit men, who lived in Toronto, and who reported using drugs before or during sex with another man.

The findings from this study demonstrated the capacity of biomedical discourses to affect respondents' HIV risk perceptions and practices. The transition from condom-centered prevention to today's context where new highly effective biomedical tools for HIV prevention are available created possibilities for greater intimacy, increased pleasure, and less anxiety about HIV tranmission, while challenging many years of preventive socialization among gay and bisexual men. However, this new context also rekindled deep-seated fears about HIV risk and viral load verifiability, reinforced unequal forms of biomedical self-governance and citizenship, and reproduced practices of biopolitics. While discourses on risk and pleasure were interwoven within complex PNP assemblages, the notion of pleasure was mobilized as a discursive tactic of self-control, and the division between normative and non-normative pleasures highlighted the consequence of biopolitical forces governing the production of discourses on sex and drugs.

Future HIV social science research needs to attend to the fluid nature of the discursive environments of HIV prevention science, and consider how both the material context of PNP and its social/discursive elements operate together.

Introduction

Party-n-Play as a social practice of gay and bisexual men

PNP (also known as chemsex) is a term that is used to refer to sex between gay and bisexual men that occurs under the influence of drugs (Bourne, Reid, Hickson, Torres Rueda, & Weatherburn, 2014, 2015; Deimel et al., 2016; Grov et al., 2007; Race, 2015a,b). Drugs like crystal methamphetamine and gamma-hydroxybutyric acid (GHB) are most commonly associated with gay and bisexual men's PNP practices in a North American context, although research on PNP documents that other substances may also be involved, including mephedrone, cocaine, MDMA/ecstasy, ketamine, and poppers (Bourne et al., 2015; Deimel et al., 2016).

Scholars argue that PNP provides gay and bisexual men an escape from oppression and stigma (Frederick & Perrone, 2014; Pollard, Nadarzynski, & Llewellyn, 2017), opportunities for self-expression and pleasure (Race, 2009, 2015a,b, 2017), as well as a means of producing new socio-sexual arrangements, sexual intimacies, social connectedness, and interactions (Race, 2015a,b). Some scholars suggest that PNP

* Corresponding author at: University of Manitoba, Faculty of Social Work, 173 Dafoe Road West, Tier Building, office 500 C, Winnipeg, Manitoba, Canada
E-mail address: rusty.souleymanov@umanitoba.ca (R. Souleymanov).

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also represents a strategic adaptation to the institutional conditions shaped by neoliberalism (Hakim, 2018), while others point to the important role of sex-based sexual sociality in the lives of gay and bisexual men who PNP (Dowsett, Wain, & Keys, 2005; Green, 2003; Green & Halkitis 2006).

The links between PNP and HIV/STI risks have generated considerable attention in literature, including concerns about the role of PNP in gay and bisexual men's communities (Bourne et al., 2015; Carrico, Zepf, Meanley, Batchelder, & Stall, 2016; Colfax et al., 2004; Deimel et al., 2016; Grov & Parsons, 2006; Halkitis, Levy, Moreira, & Ferrusi, 2014, 2001, 2005; Hammoud et al., 2018; Husbands et al., 2004; Kurtz, 2008; Mimiaga et al., 2008; Parsons, Kelly, & Weiser, 2007; Prestage et al., 2007; Pufall et al., 2018; Rose, 2006; Semple, Patterson, & Grant, 2002, Trussler, Marchand, & Gilbert, 2006).

Sexual risk practices among gay and bisexual men are contingent upon cultural, political, and social contexts and discourses (Husbands et al., 2013; Kippax, 2008; Parker, 2009). The premise that PNP risks or the perceptions of risks are inherently social and contextual has been suggested by scholars who wrote about the topic of PNP/chemsex earlier in this journal (Ahmed et al., 2016; Race, 2008). As a practice PNP is organized and patterned by social structures (including institutional forces) and reproduced by cultural, economic, and political discourses. The discourses that circulate within PNP (for example biomedical HIV prevention discourses or discourses on pleasure) may play a central role in the maintenance of HIV and STI-related sexual practices by affecting gay and bisexual men's perceptions of HIV risk. Few studies (Race, 2015b; Hammoud et al., 2018) examine how advancements in HIV biomedical sciences influenced the perceptions of risk and the sexual and drug-related practices of gay and bisexual men who PNP. Furthermore, with the exception of some scholarship (Melendez-Torres, Hickson, Reid, Weatherburn, & Bonell, 2016; Race, 2008, 2009, 2017), research on PNP tended to under-examine the relationship between pleasure and the cultural processes structuring sexual and drug-related risks for gay and bisexual men who PNP. This study critically examined the risk and pleasure discourses of gay and bisexual men who PNP to: 1) explore how epistemic shifts associated with advancements in HIV biomedical sciences influenced these men's perceptions of risk and their sexual and drug-related practices, and 2) provide a more nuanced understanding of how sexual and drug-related risk practices of these men are entangled with their search for pleasure.

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Gay and bisexual men and biomedicalization of HIV prevention and care

Biomedical prevention models, whether recent such as pre-exposure prophylaxis (PrEP), or more well established such as treatment as prevention (TasP) or post-exposure prophylaxis (PEP) have been progressively introduced across the world (Dieffenbach & Fauci, 2011; Grant et al., 2010; Spieldenner, 2016). Given the advent of PrEP and TasP, condomless anal intercourse is by now a blunt measure for sexual risk. For example, PrEP offers an opportunity for an HIV prevention strategy that could be usefully deployed by gay and bisexual men who PNP, as it offers benefits over condom-based HIV protection (Hammoud et al., 2018).

Changes within the gay community due to the evolving HIV epidemic and its related biomedical treatments have been recognized for some time (Brennan et al., 2010; Dowsett, 2009; Kippax & Holt, 2016; Matthews, Baeten, Celum, & Bangsberg, 2010), including the degree of normalization of condomless anal intercourse (Paz-Bailey et al., 2016), increase in various non-condom-based seroadaptive risk-reduction strategies, such as taking into account the viral load of sexual partners (McFarland et al., 2012), as well as the routinization of new HIV prevention methods among gay and bisexual men who PNP (Hammoud et al., 2018).

Halkitis and Singer (2018) urge scholars to consider the development of biomedical HIV prevention strategies and advances in HIV management in the last two decades in their examinations of the sexual and drug-related practices of gay and bisexual men. This is of great importance because preventative biomedical interventions are also cultural interventions (Race, 2012). Due to biomedical innovations such as PrEP, or TasP, HIV prevention among gay and bisexual men is a continually evolving field of practice, which demands careful monitoring, tracking and ongoing education by scholars (Race, 2012). For example, recently Pollard and colleagues (2017) conducted interviews with 15 gay and bisexual men who had experienced recent risks for HIV infection related to chemsex. The scholars suggested that while some gay and bisexual men in their study sought to minimize their risks in the context of chemsex, others stated their inability to manage HIV prevention during chemsex, which often left them resigned to contracting HIV (Pollard et al., 2017).

PrEP and TasP have been described as part of the wider biomedicalization of HIV prevention and care as well (Keogh, 2017), and more specifically among gay and bisexual men (Grace et al., 2015; Young, Flowers, & McDaid, 2016). In the TasP and PrEP era, HIV prevention and treatment has shifted from a regime of self-care, to an enhanced regime of self-monitoring to ensure the future health of others (Keogh, 2017). Rose (2007) argues that developments in biotechnology represent a significant shift in the way we understand and govern our bodies. Rose (2007) suggests that due to advances in new biotechnologies, the ethical relationship with our bodies has also changed, and that both our bodies and our conduct have become subject to Foucault's 'technologies of the self' (Rose, 2007). Therefore, citizenship in the era of biomedicalization is governed through both rights and responsibilities for the health of oneself and others (Keogh, 2017; Rose, 2007). According to Rose (2007), the imperative of health is now not only to engage in responsible, healthy activities but also to strive to be healthy. For example, gay and bisexual men are encouraged to be healthy not only through the physical management of their bodies but also by using biotechnologies for diagnosis, treatment and ongoing monitoring (Young et al., 2016). It is because of this biomedicalization of HIV prevention and care, that it is important to explore how epistemic shifts associated with advancements in HIV biomedical sciences influence the perceptions of risk and the sexual and drug-related practices of gay and bisexual men who PNP.

The role of pleasure in Party-n-Play

Research on PNP (Frederick & Perrone, 2014; Green, 2003; Green & Halkitis, 2006; Race, 2015a,b, 2017) calls into question dominant risk discourses. The work of Foucault (1976, 1985) and more recently the work of Race (2008, 2009, 2017) highlighted the capacity of individuals to resist the political deployment of sexuality by experimenting with pleasures, and enabled connections to be made between pleasure and knowledge. Foucault's (1976, 1985) work highlighted the power of pleasure discourses as catalysts for the resistance of hegemonic discourses of risk. Race (2015a,b) suggests that scholarship that addresses PNP solely from a deficit paradigm (one that focuses primarily on HIV risk and transmission as correlates of PNP) may inadvertently overlook opportunities for understanding the role of pleasure in the decision-making processes of men who PNP. As PNP is often discursively constructed and portrayed as a risky or deviant practice in research and policy accounts, empirical work needs to provide a more nuanced understanding of how the risk practices of gay men who PNP are entangled with their search for pleasure.

PNP can be argued to be a "de-subjectivating" (Halperin, 1995)

experience in which gay and bisexual men can claim spaces for pleasure and self-expression (Race, 2009), relationality (Riggs, 2006), and even romantic relationships (Amaro, 2016). Sex-based sociality may also permit gay and bisexual men who PNP to pursue pleasure outside traditional sexual scripts and moralizing proscriptions (Green, 2003). Within research on gay and bisexual men's sexual pleasures more generally, Hoppe (2011) uses the term "pleasure/risk dilemma" to refer to situations in which public health scripts about safer sex are juxtaposed with sexual scripts about pleasure, and argues that gay and bisexual men are experimenting with pleasures while being aware of existing HIV risks. Another qualitative study showed gay and bisexual men who use club drugs reported that they wanted to push and explore their limits, but did so while still being cognizant not to harm their health (O'Byrne & Holmes, 2011a).

Race (2017) argued that scholars often frame pleasure as an empirical object and invest it with fixed, determinable properties that can be measured, positively known, defined or classified (Race, 2017). When it comes to conceptualizing pleasure, disciplines like psychology and neurophysiology have developed biological foundations for emotions, including pleasure, as an inherently human phenomenon (Bunton & Coveney, 2011). By contrast, sociologists have situated pleasures in time, space and specific discourses seeing pleasure as a socio-cultural construction (Bunton & Coveney, 2011). This paper adopted a poststructural ontology of pleasure, where gay and bisexual men's experiences of pleasure were constituted, negotiated, and organized through available discourses. In addition, the paper also relied on Duff's (2012, 2014) poststructural conceptualization of pleasure as an element of an assemblage, where pleasure is seen as one of many e/affects enacted in the specific coming together of diverse objects, spaces, actors and affects.

Theoretical framework

The ontological framework of this study draws upon poststructural conceptual frameworks in socio-linguistics (Fairclough, 1992; Hall, 1996), poststructural theories of governmentality and biopolitics (Foucault, 1976, 1978, 1991; O'Malley, 2000; Malley, Weir, & Shearing, 1997; Rose, 1996, 2006), Foucault's work on "power/knowledge" (Foucault, 1980), as well as poststructural Deleuzian ontology (Deleuze, 1988, 1990; Deleuze & Guattari, 1984, 1988).

Foucault's notion of governmentality (Foucault, 1976, 1978, 1991) designates the ways in which individuals engage in the composition of themselves as subjects, endowed with the capacity to reflect and act (Foucault, 1991). The core idea of governmentality problematizes how societies produce citizens who conduct their lifestyle in accordance with various forms of knowledge (O'Malley, 2000; Rose, 2006). For example, discourses on HIV risk reproduced by respondents may entail particular ways for gay and bisexual men who PNP to understand their sexual and drug-related risks for HIV transmission, and to act in ways that incorporate emerging knowledge from HIV biomedical sciences into their sexual lives. Discourses also may shape the identities and practices of gay and bisexual men who PNP through 'interpellation/internalization of discourses' (Bakhtin, 1981; Fairclough, 1992; Hall, 1996), which consequently enables the formation of subject positions within discourses. Moreover, the framework of biopolitics highlights that discourses also act as agents of meaning derived and exercised through social relationships, which then produce a socially recognized reality (Foucault, 1976, 1978). For example, stigmatizing discourses of drug use typically frame drug consumption as being characterized by compulsion and pathology, and remain unattached to discourses of pleasure (O'Malley & Valverde, 2009; citation removed for masked review). The discursive regulation of subjects is one of the essential characteristics of modern biopolitics (Foucault, 1976, 1987), illustrating a constant need to redefine the boundary in life that distinguishes and separates what is considered normal and what is abnormal.

Finally, to understand how sexual and drug-related risks practices are entangled with pleasure, we use the lens of poststructural Deleuzo-Guattarian concept of an "assemblage" (Deleuze, 1988, 1990; Deleuze & Guattari, 1984, 1988). In a Deleuzo–Guattarian ontology, assemblages are "connections that can be multiple and intense, and that lie at the core of collections of desires that actually lead objects, subjects, bodies, animate and inanimate things to get together, to link, to connect in order to produce a new unprecedented sort of existence" (Zago & Holmes, 2013, p.29). This ontology conceives that the bodies form assemblages with others, whether persons or things, in order to allow desire to flow in different directions, producing new potentials, becomings, and new subjectivities (Zago & Holmes, 2013). Through this approach both pleasure and risk can be conceived as elements within an affective flow of a PNP assemblage, consisting of desires, discourses, actors, objects, spaces, and social institutions, all of which produce sexual and drug-related capacities.

Methodology

Research design

This project was framed using a poststructural Critical Discourse Analysis methodology, or CDA (Fairclough, 2003; van Dijk, 1993). CDA is a type of discourse analysis that studies the way abuse of social power, as well as dominance and inequality are enacted, reproduced, and resisted by text and talk in social and political contexts (van Dijk, 2003). CDA focuses on investigations of how discourses reproduce or challenge hegemonic social power relations (van Dijk, 1993; Wodak & Meyer, 2009), and interrogates the historical, epistemological, and political significance of discourses by articulating how discourses privilege these social relations (Foucault, 1976, 1978, 1991).

Sampling, recruitment and eligibility

In order to achieve a diverse sample, purposive sampling was used to select men across these important characteristics (i.e., types of substances, drug administration routes, HIV status, sexual orientation identity, race and ethnicity) to make sure the study was representative of the diverse groups of gay and bisexual men who PNP. Recruitment took place through social media (Facebook), online classified-type ads (Craigslist), flyers in Toronto's gay village (Fig. 1), as well as through AIDS service agencies and other community-based organizations serving gay and bisexual men's communities.

To be eligible to participate in the study, participants had to meet the following criteria: (1) self-identify as a cis- or transgender gay, bisexual, Two-Spirit, queer man, or "MSM" (men who have sex with men); (2) self-report use of drugs for sex in the last month (including crystal meth, GHB, cocaine, ecstasy, ketamine, poppers); (3) live in the Greater Toronto Area; (4) be 18 years of age or older; and (5) speak and read English. Participants were offered a cash honorarium of 50.00 Canadian dollars. The University of Toronto research ethics board approved this study.

Data collection

Data were collected through one-hour semi-structured interviews. The interviews consisted of a set of 15 core open-ended questions. Some of the interview questions included: "Tell me about the experiences you may have had when you used drugs for sex?" "Can you tell me about your most pleasurable experience?" "What is the best thing about using drugs during sex?" "How do you think drugs allow you to do or feel things you would not do or feel if you were not using?" The interview flowed from initial, general accounts of experiences to detailed retrospective accounts of thoughts and feelings.

Fig. 1. Study recruitment flyer.

Data analysis

All transcripts were imported into MAXQDA (VERBI, 2018) qualitative data analysis software to aid in data management and analysis. In accordance with CDA, interview data were analyzed inductively, with an emphasis on discourses emerging from the data (Gee, 2005; van Dijk, 1993, 2003).

CDA incorporates both textual/linguistic and contextual analyses (Fairclough, 1992; Lupton, 1992). On a textual level, particular focus was paid to how respondents conceived and talked about sex and drug-related risks in the context of advances in HIV prevention science, and how they talked about pleasurable experiences associated with PNP. By using CDA, this study focused on the rhetorical means and collective symbolism of language (Jäger & Maier, 2009), concentrated on lexical style, syntax, grammar, pragmatics, and semantics (van Dijk, 2003, 2009), as well as examined participants' ways of speaking about experiences, feelings, thoughts, and behaviours (Fairclough, 1992, 1995, 2001, 2003). The CDA in this study was also informed by Gee's (2005, 2015) approach which focused on multiple elements: the knowledge being produced and circulated in talk, the systems of thoughts, assumptions and talk patterns that dominate a particular area, and the social practices associated with discourses. On a contextual level, this study examined how the discourses of gay and bisexual men were constituted or reproduced through contemporary social practices, broader social structures, institutions, and people's daily practices (Foucault, 1976, 1978, 1991; van Dijk, 2003, 2009). Thus, the spoken data were approached as discursive artifacts, which produce power relations (Fairclough, 2003), and CDA uncovered how power relations were governmentally and biopolitically (Foucault, 1976, 1978, 1991) exercised through the risk and pleasure discourses of gay and bisexual men who PNP.

Study sample

The final sample included 44 men. Among these participants, the average age was 37 (range = 20 – 69), 30 (68%) self-identified as gay (the remaining as bisexual, queer, or Two-Spirit), while 38 (86%) reported having sex with men only. Thirty men (68%) had some college/university education, 18 (40%) were men from different ethno-racial groups (African and Caribbean, Latino American/Latinx, South Asian, East Asian, as well as Indigenous men) and 34 (78%) were born in Canada.

Among the 44 men, 23 (53%) self-reported HIV-positive serostatus, 20 (43%) self-reported HIV-negative serostatus, and one participant was not aware of his HIV status. The most commonly reported substances used in the last month were: crystal meth, which was used by 31 (70%) participants and gamma-hydroxybutyric acid (GHB) used by 24 (55%), followed by crack/cocaine 18 (41%), marijuana 17 (38%),

MDMA/ecstasy 16 (36%), poppers 16 (36%), and ketamine 12 (27%). Almost all men (43 out of 44 participants) reported co-use or poly-use of substances, with crystal meth and GHB being the most common combination. In a few instances, participants also commented on their use of cannabis, alcohol, as well as erectile dysfunction-type medications in the context of poly-substance use. All 14 men (32%) who administered substances via intravenous injections used crystal meth, and two men among these 14 also injected heroin and morphine. Finally, 19 (44%) had an STI diagnosis in the last month, with gonorrhea, chlamydia, and syphilis being the most prevalent.

Findings

In this section, we identify how biomedical discourses affected respondents' perceptions of HIV risks and their sex and drug-related practices; highlight the fluid nature of HIV risk discourses; point out how discourses were implicated in biomedical self-governance and the recasting of practices of biopolitics; and position respondents' pleasures and risks as elements of a PNP assemblage.

Conceiving risks within epistemic shifts of TasP and PrEP

Under this theme we document how biomedical discourse had implications for how gay and bisexual men understood and managed HIV risks in the context of PNP. The following quote from a 47-year-old, HIV-negative, gay man exemplifies the capacity of this discourse to affect risk perceptions and practices due to significant epistemic shifts associated with advancements in HIV biomedical sciences:

> Last October my safe sex practices started to erode. I'm going to say definitely fueled by a number of things, but one of them was the drug use, my partners, the increased awareness of the medical advancements of HIV treatments.

Multiple respondents commented how advances in HIV prevention represented the possibility of greater intimacy and less anxiety with sexual partners, and challenged the many years of preventive socialization. Advances in HIV prevention opened up the possibility of sex on drugs without condoms and without risk, in a context of intimacy, negotiated safety, and mutual consent:

> I am on PrEP. I think bareback sex, condomless sex, it's just the most natural thing for two persons, the intimacy that two people have, without that barrier. If people like having sex without a condom, that should be their option. Even if sober or while using substances. As long as the two consent to it (42, gay man).

Some respondents spoke about their reliance on antiretroviral therapy, which for some had been solidified as a routinized practice:

> I've been on PEP five times, and then I stopped going to my doctor about it because I felt embarrassed about the number of times I had to go on the post-exposure because he gave it to me for free (47, HIV-negative, gay man).

Moreover, HIV prevention discourses engendered new types of subjectivities. Respondents were often appropriating antiretroviral biomarkers such as "undetectable" to constitute HIV sero-identities:

> When the conversation happened we're all high, and…he told me that he is POZ, and he also told me he's undetectable. I let him fuck me anyway because I had knowledge of undetectable prior to this (42, HIV-negative, gay man).

Respondents also evoked tensions between biomedical HIV prevention discourse and the current economic context:

> I think attitudes are shifting. Other people are taking PrEP now as well. But I think I'm also in a place where I'm a working professional that can afford $100.00 a month for PrEP, in addition to going out on the weekends, and alcohol, drugs, or whatever (35, HIV-negative, gay man).

Among many respondents, the idea of an undetectable viral load and PrEP use were considered to be factors that can alleviate the anxiety about transmission while increasing pleasure. However, for some respondents managing HIV prevention in everyday life became a problem of verifiability (that is, if one can rely on the other's claim to undetectability):

> Previously, before I was on PrEP, I'd be worried when I was using substance and having condomless sex…Before, even if the guy said that, yeah, I'm undetectable, there's this worry that what if I miscalculated. What if he miscalculated? What if he is, during that time when he was fucking me bareback, his viral load is detectable (31, gay man).

Indeterminate nature of biomedical risk discourses

The quotes under this theme highlight the indeterminate nature of risk discourses and underline the fluid character of the discursive environments surrounding HIV prevention science. The following quote from a 35-year-old HIV-negative participant portrayed a complex picture alongside several dimensions of the biomedical HIV prevention discourse (namely the uncertainty, ambiguity and indeterminacy of HIV transmission events and contexts):

> I'm on PrEP so it depends on how well I know the person or not is my factor for that. If it's a person that I know and know their status, or know they're on PrEP, or know a bit more about their sexual history, then I'm more willing to not use a condom for them. But usually if it's someone that I don't know, we'll use a condom, but I wouldn't say it's 100%.

This participant spoke about how their decision to use condoms was contingent on PrEP use, as well as knowledge of sexual partners' HIV status and their sexual history. But even with all these elements present, the statement "I wouldn't say it's 100%" at the end represents the participant's recognition that this self-imposed norm regarding condom use is not strict, and can be broken if necessary.

Another example of the fluid nature of the discursive environments surrounding HIV prevention science centers the use of the term "party". In most cases "par*T*y" or "*T*" (for Tina) were argots used by respondents to refer specifically to the use of crystal meth:

> Jump on any gay website and just type in 'par*T*y' with capital *T*, and the person will be parked on the other end (28, HIV-positive, gay man).

However, sometimes the term "party" took on a new "situated meaning"(Gee, 2005) in the risk discourses of gay and bisexual men who PNP:

> I still have a [website] account, so from time to time I do check, but never reply. But there's a lot of, 'are you partying'? Because on my profile, I put negative and on PrEP (42, HIV-negative, gay man).

Given that PrEP is a relatively recent biomedical innovation, equating "partying" not only with the use of crystal meth but also with the use of PrEP is indicative of the unfinalized and indeterminate nature of HIV prevention discourses.

Conceiving pleasure

Significant characteristics associated with defining pleasure centered on the degree of its instrumentality. For example, the following 42-year-old, HIV-negative, gay man talked about pleasure as a leisure form and activity pursued as an end in itself:

> It's just to kind of elevate the sensation with my sex partners, and to

elevate pleasure (HIV-negative/on PrEP user, 42, gay)

Similarly, the following 24-year-old, HIV-positive, gay man commented:

Slamming crystal heightens pleasure. You feel that enhanced pleasure.

On the other hand pleasure was being conceptualized as an element that was pursued as a means to some other end, for example as a means to live out one's sexual desires, interests, and fetishes:

I got into the more taboo, kinkier play with a few guys one day. I'd done GHB, ketamine and crystal… I tried saline infusions in my scrotum. I had two litres of saline in my scrotum in the end. I actually enjoyed it. There was no way you were going to get an IV into my scrotum sober (40, HIV-positive gay man).

In a discursive fashion of a 'post-rational sexual actor' (Rangel & Adam, 2014), pleasure was conceived as something that was being pursued as a means to attain some other benefits, like exploring sexual boundaries and limits, to gain energy needed to sustain a PNP activity, or to reduce the pain associated with rough sex:

GHB is the thing that really amps up my horniness. For me the T or the crystal it gets me horny, it also gives me energy. All of a sudden there are no limits. Rough sex becomes pleasurable rather than painful (52, HIV-positive, gay man).

Pleasure was often conceived as something that could be "elevated", "heightened", "enhanced", or "amped up". Such grammatical realization and selection of verbs indicates a set of standards against which one can measure and compare pleasure (pleasure therefore becomes essentialized). Pleasure also was framed as something that modulated relational aspects of PNP, including intimacy, as well as something that was regulated/dosed, pursued, and somehow functional:

Being high and having sex feels really great, and you're able to last a bit longer … So we would just keep taking breaks, do a little more coke, and fool around.

I think being intimate with anyone is pretty pleasurable for me (35, HIV-negative/on PrEP, gay man).

Biopolitics of risk and pleasure

Within biomedical discourse, requisite forms of self-governance underpinned responses to PrEP and TasP. For example, rather than seeing PrEP as liberating, for some respondents socio-legal requirements of responsibility in relation to HIV risk reinforced unequal forms of biomedical self-governance. In some cases discursive links were established between biomedical self-governance and the capitalist processes of actuarial insurance:

With HIV, with PrEP you have two choices. I can go to the insurance company and get PrEP. But the catch is, they're going to flag my bureau as something called high-risk, which means if I ever come down the road and I do say, hey, I have HIV, they're going to say, well, fuck you, you were a high-risk person, we're no longer giving you that lifetime coverage that we were else-wise going to give you had you not taken PrEP (25, HIV-negative, gay man).

Here management of risk through responsibilization and self-regulation is related to a new technique of social control brought about by the market-oriented, neoliberal logic where responsibility is placed onto individuals and communities. Similarly, conceptions of sovereign individuality, self-control, and responsibility were salient elements of biomedical risk discourses:

I have HIV and my friends have HIV and we're all on medications, and with the new 'U equals U' [undetectable equals uninfectious] thing, other people are beginning to understand that if you are on medications, chances of infecting somebody are like five billion to one. So, I do get a lot of new guys who understand that…and I never bareback on the first occasion, I want them to really see what goes on and see us in our setting (58, gay man).

This quote above illustrates how the socio-legal requirements of responsibility in relation to new conceptualizations of HIV risk reinforced biomedical self-governance. While the metaphor of magnification ("five billion to one") highlights the changing idea of risk, the discourse is also governmentally deployed. Linguistically, the clause "I never bareback on the first occasion" symbolizes that the respondent is the agent of the clause. Such grammatical agency makes him active, provides the sense of the agent as capable, and imbues HIV-positive men with a sense of self-control and responsibility for their action ("infecting somebody").

Respondents' pleasure discourses were also often subject to biopolitical influence. For example, the language of one HIV-positive, bisexual man reflected a clear distinction between pleasures subjectivities that were good/normative (nice people with class) and those that deviated from good/non-normative (pure pleasure seekers):

A couple of years ago, I was invited to this man's home, and he had a partner. It was awesome. It was one of the few times where I was successful intravenously, because my veins are hard to find. I felt I was in paradise. They were really nice. They were my first experience with men that party that had class and never lost their humanity, even though they could transform into just pure pleasure seekers kind of thing.

Similarly, the notion of pleasure was mobilized governmentally as a discursive tactic, and the division between normative and non-normative pleasures highlighted the consequences of biopolitical forces governing the production of discourses on pleasure and risk. For example, among respondents moderate drug use was aligned with pleasure, and those who deviated from socially accepted scenarios of moderation risked their drug use being labeled as risky, problematic, and motivated by compulsive desires:

To me, if I went out Friday night to Saturday and then I stopped Sunday morning…that's a party. But when you're still online on Monday and Tuesday and Wednesday and Thursday, continuing that high, that's not a party, it's an addiction (40, HIV-positive, gay man).

Pleasure and risk discourses as elements of PNP assemblage

This section presents findings that help us understand the complex relationship between pleasure and risk discourses, alongside other material and social elements (beyond discourse) of PNP. Through the lens of poststructural Deleuzo–Guattarian perspective, both pleasure and risk can be conceived as elements within an affective flow of a PNP assemblage, consisting of not only discourses, but also desires, actors, objects, spaces, and social institutions. For example, in the following quote on the meaningfulness of semen exchange, both pleasure and risk are part of an affective flow (emotions, feelings, affects associated with this specific PNP encounter) within an assemblage of actors (a barebacker), spaces (bathhouse), social intuitions (sexual sociality) that structures PNP encounters, objects (semen), and other discourses (gay men's sex discourse):

I'm sure that I wouldn't be HIV-positive if I didn't do it [condomless sex]. When I was going to have sex with a guy who was going to meet me at the bathhouse, who was going to fuck me bareback and he was positive, it was a real turn-on. That was only months from having another guy's semen in me that I didn't think that was disgusting (57, bisexual man).

The quote below shows how the sexual capacities (disinhibition,

overwhelming pleasure, rush of dopamine, best sex) these flows produced in bodies also reflected a variety of elements that organized these assemblages, including discourses on pleasure and risk, actors (available sexual partners), desire (to fuck), and various objects (dick, crystal meth):

> Just think about the best sex you've ever had and multiply it by 10. It is absolutely amazing. It's that rush of dopamine, and for me the minute I slam [inject crystal], it goes right to my dick and all I want to do is just fuck. It's that instant, that rush… it doesn't matter who is there, I'm going to fuck (32, HIV-negative, gay man)

Finally, the extract below supplied evidence of a complex assemblage that encompassed discourses on pleasure and risk within the affective flow (of the physiological effects of crystal meth and the multiplicity of emotional affects and feelings associated with this particular PNP experience), alongside other elements of this assemblage, including spaces (bathhouse), actors (HIV-positive sexual partner, barebackers), and objects (PrEP, crystal meth):

> I met this one guy in a bathhouse. We started playing, and immediately he told me that he's pos. People are more open these days about their status, which is commendable. I said to him, I'm on PrEP, and he knew what PrEP was. He asked me again, so do you want me to fuck you bareback. I said yes. I was high, and crystal meth, that's an effective drug. I felt more, in terms of just everything, touch, kiss, sensation of the penetration, increased pleasure, intimacy, connection and bond that two people have, feelings, the movement, elevated sensitivity, less inhibition, less worries, less anxiety.

Discussion

This study demonstrated the powerful influence of biomedical HIV prevention discourses on the sexual lives of gay and bisexual men who PNP, including their capacity to affect risk perceptions and practices due to significant epistemic shifts associated with advancements in HIV biomedical sciences. Incorporating PrEP into sexual and drug use practices not only offered gay and bisexual men who PNP a highly effective harm reduction strategy, but their optimism about HIV prevention and treatment seemed also to create the possibility of greater intimacy, less anxiety about risks, and called into question many years of preventive socialization. Furthermore, the use of viral load biomarkers to justify condomless sex and reliance on antiretroviral therapy highlights how biomedical discourses participate in the emergence of practices that public health professionals might understand as risk compensation (Holt et al., 2012). This apparent shift away from behavioural (i.e. condom-based strategies) to biomedical interventions in the form of PrEP and TasP is not new but situated in the growing biomedicalization of HIV prevention (Belluz, 2014; Kippax & Holt, 2016; Kippax & Race, 2003; Kippax & Stephenson, 2012; Young et al., 2016).

Advances in HIV prevention science engendered new types of subjectivities, which is consistent with other research that explored TasP as an area of new identity development among gay and bisexual men (Race, 2015b). The emergence of the term "undetectable" as a prevention identity, and as a conventionalized form of discursive interaction that organizes gay men's expectations of socio-sexual capital demonstrated how the field of sexual practice among gay and bisexual men is informed by biomedical discourse (Race, 2015b).

Although having an undetectable viral load and PrEP use are considered to be factors that alleviate anxiety about transmission and increasing optimism regarding the management of HIV risks, the narratives of some respondents described tensions between how biomedical HIV prevention discourse considers the responsibilities of subjects at risk, in contrast to how the current economic context creates access barriers for them. Similar to other research (Girard, Patten, LeBlanc, Adam, & Jackson, 2019), while the transition from condom-centered prevention to a context where new highly effective biomedical tools are available created a lot of optimism among study respondents, this new context also rekindled deep-seated fears about risk and verifiability.

Moreover, the language used by study participants to describe their decision-making in relation to sexual and drug-related risks contained multiple instances of equivocation, indecisiveness, ambivalence, and circumstances of "unfinalizability" (Bakhtin, 1984), where respondents' disposition regarding condom use due to PrEP, TasP, or pleasure were never fully revealed. The findings also presented new situated meanings attached to discourses on partying (i.e., PrEP users are more likely to party). Bakhtin's ontological approach (Bakhtin, 1981, 1984, 1986, 1990) conceived of individual discourses being formed through the process of continuous dialogue and change. Given that PrEP is a relatively recent innovation, equating "partying" with the use of PrEP is indicative of the fluid nature of HIV prevention discourses. This 'unfinalizability' (Bakhtin, 1984) of individuals' dispositions towards risk practices is partially related to the capability of discourses to change or acquire new meanings, and affect individual practices and perceptions. This property of discourses highlights that when it comes to sexual and drug-related risks, respondents' perceptions of risk cannot be finalized, and are in constant flux due to the infinite capability of HIV prevention discourses.

This paper also examined how gay and bisexual men negotiated their experiences of pleasure in relation to the field of knowledge and discourses that surrounded PNP. Pleasure was an important element in the rationalization for unsafe sex among some participants. Given that pleasure and rationality are epistemologically linked, because pleasure is a problem where its pursuit conflicts with other key requirements made of liberal subjects, notably responsibility and rationality (O'Malley & Valverde, 2004), it is possible that for gay and bisexual men practices associated with PNP are also implicated in the release of a 'post-rational sexual actor' (Rangel & Adam, 2014). For instance, participants talked about how their pleasures were linked to exploring their sexual limits, and how they knowingly undertook various sexual or drug-related risks during PNP to explore these limits. These findings are consistent with others' reflection (Kippax & Race 2003) that gay and bisexual men may knowingly take sexual risks because of a desire for pleasure and intimacy.

In relation to pleasure, the data also indicated that sometimes drug use was an intensely pleasurable experience in itself, but at other times PNP-related drug use was a device/a means used not only for pleasure but also removal of inhibitions. Participants often talked about pleasure as something that is pursued, functional and embodied, and at times as something related to intimacy that might modulate the relational aspects of PNP practices. This critical examination therefore reveals PNP as a site for the construction of multiple pleasures, which position pleasure as a multifaceted, complex, and subjective experience. However, what was missing from the narratives of respondents is pleasure without specific need or function. According to Schnuer (2013) pleasure that is without need, without motive and without clear function is hard to articulate. Therefore, it is not surprising that this type of pleasure is barely accessible to discourses of gay and bisexual men who PNP.

The findings also highlighted the capacity of biomedical discourses to redefine preventive interactions and the notion of responsibility (Girard et al., 2019). These findings are consistent with other research, which suggests that undetectability is changing notions of responsibility, especially for HIV-positive men (Grace et al., 2015). Biomedical discourses conferred upon the gay and bisexual men who PNP a responsibility to be and remain healthy, good citizens, enforced through disciplinary discursive forms of self-governance. For example, discussions around the use of PrEP or TasP were framed by this sense of responsibility for HIV prevention, as well as requirement of self-governance, and new forms of risk and surveillance. Through biomedical discourses on HIV risk, respondents' practices became subject to Foucault's governmentality and "technologies of self" (Foucault, 1991).

Epistemological and historical analyses conducted by other scholars already highlighted the problematic nature of biomedical discourses. For example, Yeboah, (2007) traced biomedical discourse to its racist and colonial roots, while Spurlin (2019) described how biomedical discourses are grounded in representation of deeply seated prejudices surrounding gender, sexuality, and addiction.

Furthermore, rather than seeing PrEP as liberating, for some respondents the social and legal requirements of responsibility in relation to HIV risk reinforced unequal forms of biomedical self-governance. Discursive links that were established between biomedical self-governance and the capitalist processes of actuarial insurance are indicative of insurance-based rationality as an accommodation to risk in contemporary society. Levitas (2013) urged scholars for a sociological analysis, which places at the center of its interrogation the relationship between the accumulation of capital, danger, risk, and social exclusion. Levitas (2013) links conceptions of risk to the capitalist processes of actuarial insurance, specifically insurance-based rationality as an accommodation to risk in society. According to Levitas (2013), Western societies have experienced a shift from a class society to risk society, where pre-occupying issues with regards to a variety of hazards become the legitimation of risk and its avoidance. Contextually, these findings also highlight that the risk (and at times pleasure) discourses of respondents stood in relation to consumerism, neoliberalism, and social control.

Moreover, when these findings are critically read alongside Foucault's work on biopolitics, governmentality, and hegemonic disciplinary discourses on sexuality (Foucault, 1976, 1978, 1991), they call attention to how the deployment of risk subjectivities can play a role in the pathologization and social exclusion of these men. Epistemologically, risk discourses also perform the fundamental function of imbuing social actors with the sense that they have a moral responsibility not to disturb the social order and hierarchy (Douglas, 1966, 1992), governmentally linking risk discourses to discourses on morality (O'Malley, 2000), social control (O'Malley et al., 1997). Therefore, risk discourses of gay and bisexual men who PNP raise multiple current preoccupations of social theory and policy around social control and governmentality (Beck, 1995; Douglas, 1966, 1992; Lupton, 1999; O'Malley, 2000), and social inclusion (Allman, 2019).

Furthermore, with regards to biopolitics of pleasure, language of respondents often reflected a clear distinction between pleasure subjectivities that were good and moderate and those that were labeled as problematic, excessive, and risky. For men in this study "party" meant a form of drug consumption, which might be different from addiction. This finding is reminiscent of Dennis' (2017, p.1) analysis of the paradoxical relationship between pleasure and addiction: "pleasure can be addictive, but addiction can not be pleasurable". The division between normative and non-normative pleasures can be seen as a consequence of forces governing the production of "true discourses" (Foucault, 1976) on sex, drugs, pleasure, and risk. Thus, the notion of pleasure was mobilized governmentally as a discursive tactic. Pleasure that deviated from socially accepted scenarios of moderation, risked being labeled as risky (O'Malley & Valverde, 2004; Moore, 2008). Interestingly, Schnuer (2013) also suggests that the distinction between pleasures that are good or bad relies on some version of the distinction between moderation and excess, and that excess remains problematic as antithesis to rational action. In our study, participants engaged in defining what "party" means using a discourse on self-moderation, often constructing the subjectivities of gay and bisexual men who PNP as "moderate subjects" (Foucault, 1985). By defining PNP as a moderate practice, participants were also setting up a solid and stable state of rule of "the self over the self" (Foucault, 1985). For participants the virtue and state of integrity within the domain of pleasure and partying was conceived of as a form of moderation – that is a relationship of domination, and mastery over oneself. It was not abstinence from pleasure, but mastery over excess of pleasure ("To me, if I went out Friday night to Saturday and then I stopped Sunday morning…that's a party"), that was articulated by some study participants when they explained what "partying" meant to them.

Finally, the findings from this study also proposed that pleasure and risk can be conceived as elements within an affective flow of PNP assemblages, consisting of diverse desires, discourses, actors, objects, spaces, and social institutions. This emphasis on complex PNP assemblages, is not made to suggest that respondents discounted the pharmacological properties of PNP-related drugs like crystal meth or GBH (on the contrary, findings often hinted on this element), but rather that their assessment of these properties, and hence their assessment of the potential risk and pleasure, took place within particular material and social contexts, confirming Douglas' (1992) point that risks cannot be viewed as uncontested facts isolated from the socio-cultural context in which they operate.

Implications and future directions

This study demonstrated the powerful influence of biomedical HIV prevention discourses on the sexual lives of gay and bisexual men who PNP. Developing new and effective HIV outreach and interventions for these men may require an understanding of the socio-cultural dimensions of risk and pleasure. In addition, informing or designing interventions, programs, and services for gay and bisexual men who PNP will necessitate approaches that acknowledge pleasure with regards to drug use and sex. Such culturally sensitive approaches may enhance access to, and the uptake of, health services for this population. Recent work in this domain also speaks of the need to sensitively, non-judgmentally and meaningfully engage with gay and bisexual men about their participation in PNP in order to help improve their sexual health and wider wellbeing (O'Reilly, 2018; Bourne, Ong, & Pakianathan, 2018). In the context of interventions that seek to develop risk negotiation skills, service providers can use consciousness-raising methods to work with gay and bisexual men who PNP to examine how dominant discourses influence their lives and the decisions they make, including the sexual and drug-related risks they take. Scholars, practitioners, and policy makers who work on this topic (or with this population) need to engage in reflexivity and raise questions about how knowledge about PNP is produced and how it may be implicated in the recasting of the practices of biopolitics. Critical awareness of the factors that influence knowledge creation is an essential element of creating culturally sensitive interventions.

Multiple scholars (Kippax & Race, 2003; Kippax & Stephenson, 2012; Young et al., 2016) have argued that new biomedical HIV interventions are not a panacea for HIV prevention, but need to be part of a broader socio-cultural approach. Therefore, we propose scholars, policy-makers, and practitioners to adopt what Kippax and Stephenson (2012) called a 'social public health' approach to HIV prevention, which includes biomedical prevention interventions, but which also engages with how HIV is encountered in life "as biological, material, as informational and technological, as emotional and affective, as social, collective, institutional" (Kippax & Stephenson, 2012, p.796). Our work contributed to the social public health approach by arguing to rethink the risk and pleasure discourses of gay and bisexual men who PNP in order to become aware of how these discourses are implicated with the reproduction and recasting of the practices of biopolitics (Foucault, 1976). Future ethnographic research may need to complement this work through an in-depth examination of institutional sources of HIV risk discourses.

Finally, among other important issues requiring attention is the need for more accurate and nuanced descriptions of PNP practices as complex, fluid, and embedded in social and institutional contexts. Trying to make sense of the dynamics of pleasure and risk, post-structural theories of governmentality and biopolitics do not seem to go far enough. Both theories fail to cope with the complexities of risk-pleasure relationship. These theories try to see risk and pleasure as a matter of discourse in a way that does not take the materiality of drug

use and sex seriously, which neglects other parts of the PNP assemblage enacted (elements beyond discourse, including the affective flows and somatic feelings). Our conceptualization of risk and pleasure discourses as embedded within PNP "assemblages" (Deleuze, 1988, 1990) allowed for more nuanced and critical analyses of PNP. It ontologically disrupted any notion of rationality of a "post-rational sexual actor" (Rangel & Adam, 2014), and considered how both material context of PNP and its social/discursive elements operate together. Through the lens of poststructural Deleuzo–Guattarian ontology (Deleuze, 1988, 1990; Deleuze & Guattari, 1984, 1988), both pleasure and risk can be conceived as elements within an affective flow of a PNP assemblage, consisting of desires, discourses, actors, objects, contexts, and social institutions (which together produce sexual and drug-related capacities). Such theoretical and methodological reflexivity in future research on PNP will allow latent/unrecognized elements and dynamics related to risk and pleasure to be identified and explored.

Declaration of Competing Interest

No conflict of interest to declare.

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