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Pleasure and Desire in Anti-Methamphetamine Posters Targeting Gay Men

Introduction

In January of 2004, Peter Staley, a veteran gay AIDS activist (a pillar of ACT UP New York and a leader of its Treatment Action Group), spent \$6000 of his own funds on a series of posters on phone booths along Eighth Avenue in Chelsea. The posters featured a muscular male model in his underwear with a disco ball in place of his head (Figure 1). The model was overlaid with bright, colorful text, reading, “HUGE SALE! Buy crystal, get HIV FREE!” Frustrated by the perceived lack of public attention to the growing prevalence of crystal meth, a highly addictive stimulant, in the gay community, Staley took matters into his own hands by purchasing the posters and hiring a public relations agent to generate press around the incident (Staley, personal communication, August 18, 2014). A former addict himself, Staley had one goal in mind in putting up his posters: to “get the drug the reputation it deserves” (Jacobs, 2004, para. 22).

Crystal meth was largely confined to the western United States for several decades before reaching the East Coast (including New York City) in the late 1990’s and early 2000’s (Rawson et al., 2002, p. 145). Though used by all populations, the drug has gained the reputation of being particularly popular among gay and bisexual men, where it has become associated with unsafe sex and HIV transmission (e.g. Halkitis et al., 2001, p. 22-23): researchers say its energizing and disinhibiting effects have made it popular in clubs and bathhouses, where users have reported going on sleepless—and, frequently,

condomless—“sex binges” lasting several days at a time (Halkitis et al., 2001, p. 23; Jacobs, 2004). In addition to its link with HIV transmission, methamphetamine use poses a threat to those who are already HIV-positive, partly due to its negative effects on the immune system (Potula & Persidsky, 2008) and partly due to its apparent interference with a subject’s adherence to their antiretroviral medication regimen (Parsons et al. 2013; Reback et al., 2003).

Methamphetamine’s dual role of exacerbating the problem of HIV/AIDS as well as being dangerous and addictive in itself has led researchers to group these two effects as a “double epidemic” (Halkitis et al., 2001; Potula & Persidsky, 2008, p. 1467). That is, on one hand, we face an epidemic in the literal, medical sense; on the other, we have an epidemic in the rhetorical or metaphorical sense often used to imbue something with all of the “emotional urgency” of a literal epidemic (Rosenberg, 1992, p. 279; Sedgwick, 1993). The intertwining of the two has, not unexpectedly, made methamphetamine use among gay and bisexual men increasingly popular as both a subject of psychological research and a target of both publicly and privately funded public health initiatives—the most notable of which often involved poster campaigns (Groves et al., 2008, p. 43-44; Halkitis, 2009; Nanín et al., 2006).

From Threats to Psychology

These poster campaigns have not been without their detractors (Diabolique, 2004; Nanín et al., 2006; Osborne, 2004; Race, 2009, p. 172; Westacott, 2005). In some cases, this is hardly surprising. Take, for example, the ill-fated 2004 poster campaign initiated by David Kelley, then the U.S. Attorney for the Southern District of New York. On October 28th,

2004, the U.S. Attorney used one press release to announce two very different events. First, the press release announced the sentencing of one William M. McCullum to 87 months in prison for five charges of distributing methamphetamine, as well as the details surrounding his case. Second, the press release announced the U.S. Attorney's office's plans to display posters with names and portraits of five convicted crystal meth dealers under a banner reading out their legal sentence (e.g. "Over seven years for selling crystal meth" [Figure 2]), to be displayed in the neighborhoods in which the subjects of the posters did their dealing (Office of the U.S. Attorney, 2004).

Unsurprisingly, a single press release simultaneously announcing the disciplinary sentence of one man as well as an intent to make him and others into a public spectacle set up the Attorney (evidently not a student of Foucault) for backlash, especially among the gay community. Gay activists intensely resisted the campaign, claiming the posters stigmatized gay men, diverted funds from treatment-based initiatives, and villainized dealers who were victims of meth themselves in that they were likely just trying to support their own addiction. Peter Staley joined in, too, stating that the posters looked like "'wanted' posters of gay men" (Osborne, 2004, para. 11).

However, there was another reason behind the backlash: many of the protestors belonged to organizations that were running anti-meth poster campaigns themselves, and they did not want *their* posters—sympathetic, typically sex-positive, mostly created by gay men—to be conflated with the U.S. Attorney's in the eyes of the public. Staley said, "A very small segment [of the gay community] believes that [anti-meth posters in general] will create a backlash," and acknowledged, "These ads are their best evidence to date that the backlash exists" (Osborne, 2004, para. 13). That is, the posters' great transgression did not

lie in that they were offensive—but in that they were *ineffective*. The U.S. Attorney's posters and those belonging to the Gay Men's Health Crisis, the Callen-Lorde Community Health Center, and Staley's own Crystal Meth Working Group had the same ultimate goal: to fight crystal methamphetamine use. But they differed in strategy. The U.S. Attorney's posters operated by intimidation and public humiliation, and quickly met resistance from even those who shared their goal. The posters produced by the community groups, however, tended to take a more subtle route, or at least one that did not explicitly threaten meth users with the force of law. Where the U.S. Attorney's posters used this threat, the community groups' appealed with emotions; where the Attorney's office used brute force, the community groups' used psychology.

One typical example is Peter Staley's "Crystal Meth Makes Me Sexy" poster (Figure 3), launched in June 2005 through the Crystal Meth Working Group. The poster has an eye-catching bright orange background and contains a shirtless and muscular male figure holding a meth pipe with the caption "Crystal meth makes me sexy." The male figure's body is not that of one man, but rather a composite of several: his torso, head, neck and both arms have been crudely photoshopped together with a pair of bulging eyes and rotting, clenched teeth—the latter two being symptoms often associated with crystal use. The figure is rather disturbing, but more interesting is the caption. Why is it that the figure is saying that meth makes *him* sexy? Given the familiar narratives of meth giving its users a huge increase in sexual stamina, drive, and pleasure, we might expect the figure to be saying that, if anything, crystal meth makes *other guys* more sexy, or that crystal meth makes sex better generally. Instead, the poster uses the figure to teach us something about gay men: meth might make sex more pleasurable, but the *real* reason gay men use it is to

feel desirable. (The male figure's collated nature, in addition to giving him a monstrous, Frankenstein-like appearance, also serves to suggest he is the "typical" meth-using gay man.)

Staley has asserted this belief in interviews as well. "It makes you feel young again... It's the perfect mid-life crisis drug because you feel like a complete stud" (Osborne, 2003). In an interview with PBS, he reasserted this, adding gay men's interest in meth use stemmed from "survivor's guilt" among the generation that survived the early years of AIDS while their friends died (Staley, 2006). Jean Malpas, a practicing psychotherapist in New York City, agreed, stating, "The community is depressed, and instead of talking or honoring its grief, it's taking a big pill [i.e. meth]" (Miller, 2004, para. 17). Malpas also claimed that "a lot of meth use happens within a psychological context of wanting to be connected" (para. 14), and Bruce Kellerhouse, a Manhattan-based psychologist who treats mostly gay men, said meth use "stems from an individual hunger for connectedness, validation, and community" (para. 15).

In yet another interview, though, Staley frankly admitted that the sex people have on meth deserves its reputation as "the best sex of [one's] life" (Staley, 2005, para. 24). When asked how he would address this in convincing someone not to use meth, Staley responded, "Do you want to destroy your life in order to have great sex?" The interviewer said, "A lot of people are answering yes. *What type of people do you think they are?*" (Staley, 2005, para. 25, emphasis mine). Staley responded, "People who don't think enough of themselves. People who have issues... The self-loathing of the homosexual is not some trite propaganda. It's a reality, and that plays out in choices that are made" (Staley, 2005, para. 26). To end the interview, the interviewer asked what Staley would say to someone "who's

finding crystal alluring” (Staley, 2005, para. 27). He responds, “Why do you hate yourself? Why don’t you love yourself more? Why are you internalizing the hatred that ignorant people have shown you all through life?” (Staley, 2005, para. 28). Staley implies that what gay men, or at least gay meth users, really need is successful psychotherapy, individual or collective, and he presents himself as providing the first stage in their treatment by offering a diagnosis.

The mental lives of gay men have long been the subject of (often stigmatizing) psychological investigation (Halperin, 2007); Staley’s conviction that gay men are using meth to fill some deep-seated psychological need merely introduces a new character to an old story. This is not to deny that the activists behind the poster campaigns are acting out of sincere (or even justified) concern for their friends and community; many if not most of the activists are self-professed former addicts, many of whom attribute their current HIV-positive statuses to crystal-fueled sex binges (Race, 2009, p. 170; Westacott, 2005). Nor is it to deny the experiences of the many users who feel their crystal use has gotten the better of them (Reback, 1997). How then, can these users be reached by those who want to help them? Is there a non-normative, non-stigmatizing way to mitigate the negative effects of crystal?

I propose that such an approach is possible, but would look rather different from the posters and other initiatives currently targeting gay men who use or might use meth use, and that to differentiate between the two approaches, Foucault’s contrast between pleasure and desire might prove useful. Furthermore, I will argue that most posters addressing meth use to date have, intentionally or otherwise, utilized tactics that silence current meth users from speaking to their experience of pleasure with the drug.

The Pleasure-Based Approach to Discourse on Meth

Desire was described by Foucault in an interview as “a kind of instrument for establishing the intelligibility of a sexual pleasure and thus for standardizing it in terms of normality. Tell me what your desire is, and I’ll tell you who you are. I’ll tell you if you’re sick or not, I’ll tell you if you’re normal or not, and thus I’ll be able to disqualify your desire or on the contrary requalify it” (Foucault, 1978/2011, p. 389). To analyze one’s desire is to investigate one’s *true* motivations for having sex, smoking crystal, etc. When Staley and others speak of meth users getting high in order to feel young and attractive, or to self-medicate to treat the pain of internalized homophobia, or to cope with dead loved ones, they are talking about the desire.

Desire is that which claims to reveal the true reasons for one’s meth use, but when we speak of pleasure, terms like “true” and “false,” notes Arnold Davidson, are inherently misplaced. Davidson explains the distinction between desire and pleasure further:

[W]hile *ars erotica* is organized around the framework of body-pleasure-intensification, *scientia sexualis* is organized around the axis of subject-desire-truth... Desire has psychological *depth*; desire can be latent or manifest, apparent or hidden; desire can be repressed or sublimated; it calls for decipherment, for interpretation; true desire expresses what one really wants, who one really is, while false desire hides or masks identity, one’s true subjectivity... Pleasure is, as it were, exhausted by its surface; it can be intensified or increased, its qualities modified, but it does not have the psychological depth of desire. It is, so to speak, related to itself and not to something else that it expresses, either truly or falsely. (2001, p. 212)

Foucault goes so far as to claim that it is “bodies and pleasures,” rather than “sex-desire,” that ought to be “the rallying point for the counterattack against the deployment of sexuality” (1978/1990, p. 157). And though Foucault and Davidson were using the term more than twenty years apart, Kane Race points out that pleasure, with rare exceptions in the years since Foucault passed,¹ has remained “relatively untheorized” (2009, p. xi-xii). Therefore, it seems that, for the time being, at least, pleasure retains its usefulness as a “rallying point” against attempts to “explain” gay meth users. In fact, pleasure by its very nature—or rather, its practice—is in some ways incompatible with the notion of a subject with a unified, interpretable, identity at all; as David Halperin writes of Foucault’s notion of pleasure, “[intense pleasure] shatters identity, subjectivity, and dissolves the subject, however fleetingly, into the sensorial continuum of the body, into the unconscious dreaming of the mind” (1995, p. 95).

Thus, on the one hand, we have desire: hidden, deep, and loaded with psychological meaning. On the other, we have pleasure: undeniable, unable to be complicated, and inherently resistant to being broken down, interpreted, or otherwise “made sense of.” These two concepts provide an excellent springboard by which to analyze past anti-crystal posters and guide production of new initiatives, if any. The distinct properties of crystal meth, in fact, intrinsically seem to invite a pleasure-based approach rather than a desire-based one. (Indeed, why activists like Staley would take a psychological approach to explain the appeal of a drug that works by literally flooding the brain with dopamine—with *pleasure itself*—is, I confess, a bit mystifying.) It may *also* be true, hypothetically, that gay

¹ Race uses the examples of “normative models of reward pathways” in modern writing on addiction, as well as the rise of the concept of “anhedonia” as a symptom in psychiatry (2009, p. xi-xii), to show that even pleasure is starting to become theorized nowadays.

men use crystal to satisfy some psychological desire. But no matter how likely this is, it remains a hypothesis, and the specific desires intended to be satisfied thus remain murky as well. On the other hand, no one is denying that pleasure is a motive for crystal use. Therefore, it stands to reason that we should tailor our approach to the motive that we *know* exists.

There are other benefits to a pleasure-based approach. First, as Race observes, “[p]leasure prompts a focus on what people actually do, rather than the nature of their desires” (Race, 2009, p. xii). A pleasure-based approach might be more efficient than a desire-based one by virtue of attempting to effect behavioral change directly, by making information and resources available about the pleasurable or unpleasurable elements of crystal use and letting users decide whether to use accordingly. This contrasts with the desire-based approach, which attempts to change meth use *indirectly* by changing gay men, first making assumptions about gay meth users’ ulterior motives and then addressing those motives therapeutically. Rather than try to manipulate murky and cryptic elements of the human psyche (specifically, the gay male psyche), a pleasure-based approach, by focusing on the more easily visceral incentives of drug use, concerns itself with the actual behavior rather than the motive.

Second, and more important, crystal meth use has an important role as part of a larger and more systematic experiment in extracting pleasure from drug use. That is, the potentialities of intense pleasure offered by drugs are worth exploring in and of themselves. In a 1982 interview, Foucault said:

[I]f you look at the traditional construction of pleasure, you see that bodily pleasure, or pleasures of the flesh, are always eating, drinking, and fucking. And that seems to

be the limit of the understanding of our body, our pleasures. What frustrates me, for instance, is the fact that the problem of drugs is always envisaged only as a problem of freedom and prohibition. I think that drugs must be become part of our culture.... [a]s a pleasure. We have to study drugs. We have to experience drugs. We have to do *good* drugs, which can produce very intense pleasure. (p. 384)

Thus, for Foucault, the optimal approach toward drugs resembles a combination of his concepts of *ars erotica* and *scientia sexualis*: *ars erotica* in the sense of a personal art of maximizing the pleasure of an activity (“We have to experience drugs”), *scientia sexualis* in the sense of a more organized, collective endeavor of understanding drugs (“We have to study drugs”). Of course, this is not to say that public health campaigns targeting meth use need to start give glowing reviews of crystal—it merely calls for more honest evaluations of the pros and cons of meth use. In the same interview quoted above, Foucault went on to add:

I think this puritanism about drugs, which implies that you can either be for drugs or against drugs, is mistaken. Drugs have now become a part of our culture. Just as there is bad music and good music, there are bad drugs and good drugs. So we can't say we are “against” drugs any more than we can say we're “against” music. (p. 384)

Approaching crystal use by assessing—in a non-normative, unbiased way—its capacity for creating pleasure would enable an information exchange where people could learn not only about the (relatively) safest or more pleasurable ways to use meth, but also about the potential long-term counter-productivity of using it for pleasure.

Posters produced in such a discourse would almost certainly be seen as more trustworthy than the current anti-meth posters. For example, the Meth Project's slogan,

“Meth: Not Even Once,” is displayed in an icon in all of their posters (e.g. Figures 4, 5), and a 2007 press release announcing an award given to the “Not Even Once” campaign claimed a “97% addiction rate after first-time meth use” (“2007 Gold Effie,” 2007). Undoubtedly, the notion that addiction is all but inevitable after using meth even once does not square with gay men familiar with the drug. Nor should it, apparently: statistics from a 2011 survey conducted by the Substance Abuse and Mental Health Services Administration, a branch of the U.S. Department of Health, showed that only 3.59% of those who had used methamphetamine at least once in their lifetime had also used it in the last month at the time of being surveyed (SAMHSA, 2012). Race (2009) notes:

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. (p. 172)

Posters that make room for the voices of current users in addition to past users would almost certainly prevent missteps like the “Not Even Once” slogan, making posters and other methods of discourse on drugs more likely to be trusted and carefully considered by users who are familiar with the drug and have friends who have used it, but have not yet used it themselves.

Creating the Irrational Meth User

Despite the potential utility of shifting the discourse on crystal meth to a pleasure-based paradigm, at present anti-meth posters not only utilize desire at the expense of pleasure; they employ strategies that preclude their subjects from participating in such a

discourse at all. The voice of the current user, as Race notes, is “[c]onspicuously absent from the crystal debate... 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” (2009, p. 187).

Many anti-meth posters silence current or prospective users by portraying them as irrational.² In some cases, this is easy—anti-meth posters can, and often do, portray users in a state of meth-induced psychosis (e.g. Figures 4, 5). Other times, though, anti-meth posters portray gay men and other users as somehow irrational *outside* of the drug [?] for even having used it to begin with. In Staley’s “Meth Makes Me Sexy” poster, for instance, the male figure is not only exposing his inner desire to feel sexy; he is making a fool of himself in doing so. His washboard abs fail to hide his stringy neck, bulging eyes, and “meth mouth.” He thinks he is sexy, but we, the viewers, know better; he may have muscles, but he looks as though he’s wasting away. In this sense, even the pleasure he gets from fulfilling his desire to feel sexy is denied him: his claims to feel sexy make him an object of mockery.

[Good.](#)

Other posters infantilize meth users. Another poster developed by Staley’s Crystal Meth Working Group consisted solely of text (adapted from a speech by Larry Kramer) on an eye-catching neon green background. The poster, among the Crystal Meth Working Group’s most controversial (P. Staley, personal communication, August 18, 2014), made a number of contentious remarks, including, “You want to kill yourself? Go kill yourself. I’m sorry, it takes hard work to behave like an adult,” and, “You want it to be simple, and it rarely is, but this time it is... here’s the answer: GROW UP” (Figure 6). In this poster, gay

² Race links this to a larger trend where “risky” but pleasurable activities—even where the pleasurable aspects are readily apparent—have come to be constructed as *irrational* (2009, p. 169-170).

men who turn to meth to solve their problems face one primary problem: their own immaturity. Not only is their meth use again fashioned as a symptom of aberrant desire rather than as a means of pleasure (the poster's text begins "Crystal meth is not an answer"—presumably to some hidden psychological problem), and not only is it irrational. It is *infantile*.

Similarly, Staley's first poster, "Buy Crystal, Get HIV Free," mocks the terrible "deal" that gay meth users get from the drug (the bottom of the poster similarly reads, "Bonus special: Buy this trendy accessory pipe, get a life-time addiction absolutely FREE"). The message is clear: you would have to be an idiot to start using meth; meth users fall for such a terrible deal because they're foolish. Other posters also seem to operate by this same general principle. One poster in a series produced by the Minneapolis Health Department, for example, features two muscular shirtless men embracing, with red paint spelling out, "Stop hurting yourself" (Figure 7). The poster is ostensibly intended to be non-stigmatizing—the shirtlessness and body contact make the poster seem sex-positive, and the two men are sharing a rather tender moment, affirming that, though gay, they are emotionally healthy and able to form bonds. Nevertheless, the rather simplistic message "Stop hurting yourself" seems useful to precisely no one: after all, either the meth user is unaware or is in denial that he is hurting himself, and thus does not consider himself a target of the ad, or he is fully aware but is too entrenched in his use to quit so easily. The end result is a subtle identification of the meth-using gay man as someone irrational—after all, why would anyone deliberately do something so irrational as *hurt themselves*?

Portraying current meth users as irrational and unreliable denies them the possibility of speaking to their own experiences with the drug. This leaves the "only

authorized firsthand account... the discourse of recovery, the renunciative voice” (Race, 2009, p. 187). This exclusion would be understandable—though still highly problematic—if the presuppositions made by these anti-meth posters about meth user’s rationality were true. However, current evidence calls even that into question. A recent experiment led by Dr. Carl Hart, a neuropsychopharmacologist at Columbia University, has indicated that even regular meth users do not fit the get-high-at-all-costs trope. Hart discovered that, when given the choice between a dose of meth and a small amount of money (\$5), meth users chose the drug 41% of the time. When the cash award was increased to \$20, however, only 17% chose the drug (Kirkpatrick, et al., 2012). Hart found similar results with users of crack cocaine, who, even while being given controlled, daily doses of crack cocaine, were willing to forgo the drug for cash or vouchers to be collected in two weeks (Tierney, 2013). The preference for the money, the willingness to delay gratification, as well as the increase in preference for the money when higher amounts were offered, all suggest that drug users do in fact operate by self-consistent and rational principles when it comes to using drugs. In an article in the *New York Times*, Hart, speaking specifically of the crack experiment, said, “They didn’t fit the caricature of the drug addict who can’t stop once he gets a taste... When they were given an alternative to crack, they made rational economic decisions” (para. 10). Last but not least, a comprehensive literature review led by Hart on research of cognitive functioning in meth users found that, despite the fact that “cognitive functioning [in meth users] overwhelmingly falls within the normal range when compared against normative data,” there was a consistent tendency in the literature “to interpret any cognitive and/or brain difference(s) as a clinically significant abnormality” (2012, p. 586). Given the

scientific literature on the subject, the consistent portrayal of meth users as irrational seems itself irrational, as well as needlessly repressive and unnecessarily stigmatizing.

The Fragmented Subject

The notion of meth users as psychotic or irrational is not the only way that they are prevented from speaking about their use of the drug. Another interesting trend portraying meth users in the posters is that of fracturing or fragmentation: a meth user reflected in a shattered mirror or in broken glass is a common theme in anti-meth posters (e.g. Figures 8, 9, & 10). On one level, the message is clear: before meth, the subject is, if not wholesome, then at least whole; after meth, they are broken. This fragmentation of the subject is not due to the dissociating pleasure “which shatters identity, subjectivity, and dissolves the subject” (Halperin, 1995, p. 95) that Foucault predicted, but rather its inversion: like the chimeric meth-head of the “Meth Makes Me Sexy” poster, the subject is just as present as ever, but has been fractured, split, or damaged by their pleasure of choice.

In this sense, portraying meth users as fractured plays the same role as casting them as irrational: it casts doubt upon their ability to speak for themselves. The subject, broken and unrecognizable, can no longer be counted on reliably to account for its experiences. This, in part, is because the shattering can itself function as just another rhetorical technique to portray a subject as irrational; as art critic and theorist Mignon Nixon writes, “The implication of a shattered image is that it cracks apart the space that once held it together, producing a new field of vision, a discontinuous and *irrational* field” (1992, p. 81; emphasis mine). But in addition to the “irrationalizing” quality of fragmentation, the fragmented image also works as to disqualify a meth user from speaking of their use by

splitting them into two components: the intact subject who exists anterior to meth, and the splintered current addict. The shattering of glass—especially a shattered mirror reflecting a meth user—serves as a perfect metaphor for meth’s reputation of taking good people and destroying them. Of course, the binary of a whole, intact person on one hand versus a person who is broken and unrecognizable on the other does not tally with the accounts of gay meth users (from varying levels of addiction), who typically reject the idea that their meth use has significantly changed their identity and even when using still distinguish themselves from more serious addicts (Reback, 1997). Nevertheless, the even splitting of the subject into a “before” and “after” binary that corresponds to “whole” and “broken,” respectively (as in Figure 8), is enough to preclude the latter from speaking with the authority of the former.

Imagining a Pleasure-Based Approach

The posters examined thus far have mostly been cited either as examples of how the discourse of desire has flourished in anti-meth poster campaigns, especially those targeting gay men, or as examples of how they preclude current users from speaking to their pleasurable experiences with the drug and describing how they manage unpleasurable side effects. What, then, would an anti-desire, pro-pleasure poster look like?

One poster, put out by the Positive Health Project, boldly proclaims “Sex on meth can be amazing” in the largest font on the poster besides the title “Meth” (Figure 11). The caption is hardly the most noticeable part, however: the text of the poster is overlaid on a background of a man bent over on a bed, getting penetrated by a man standing up. The penis is covered by the caption, but the first man’s buttocks are bared for the camera. It is a

graphically sexual poster, more so than any of the others included in this paper, and also the most honest about the pleasurable effects of meth and sex on meth. And unlike the other posters, where the largest, most eye-catching text says things like “Grow up” (Figure 6) and “Buy Crystal, Get HIV Free” (Figure 1), the central text of this poster acknowledges up front the obvious appeal of meth.

Importantly, though, the poster is not an advertisement for meth. It does not resist or deny the allure that the drug has for many gay men, but that does not mean it sings its praises. Under the “Sex on meth can be amazing” caption, a much smaller text reads, “The problem is that meth can also really fuck you up.” Under that lies three sections: “The Good,” “The Bad,” and “The Ugly.” Under “The Good” is text like, “Rule the planet, dance all night, fuck all night.” Notably, “self-confidence” is also written. This apparently desire-based motive for meth use, though, does not feel out of place in the largely pleasure-themed poster: it is mentioned merely as one word, and when listed among things like “fuck all night,” it leaves behind any connotation of a psychological need and takes on a decidedly pleasurable feel—who’s to say that self-confidence can’t feel good for its own sake? In this sense, the poster demonstrates that a pleasure-based approach to drug use need not preclude psychological motives; they can merely suggest the possibility of these motives without assuming or over-emphasizing them, and they can refashion them into pleasures with a presumed common appeal.

The extremely sex-positive and non-heteronormative approach in this poster, as well as its frank acknowledgment of the pleasures of meth, immediately establish it as a relatively trustworthy and non-stigmatizing poster for gay men who use, or considering using, meth. This allows its message on the “The Bad” of the drug (“not being able to sleep,

not being able to get a hard-on, crashing...”) and the “The Ugly” (“Being an addict. Being paranoid, hearing voices...”) to come through without sounding judgmental or exaggerated to the point of hyperbole.

The poster is not necessarily perfect. For one thing, it merely warns non-using gay men about the risks of the drug; it fails to offer either alternatives for the perceived benefits of meth or advice on quitting for those who are already using—both of which are conspicuously missing from poster campaigns and other initiatives to date (Halkitis, 2009, p. 132-133). Furthermore, despite its realistic and apparently balanced assessment of the risks and benefits of meth, the voice of the current user is still absent from the equation; thus, the poster could be criticized, by listing “the Good, the Bad, and the Ugly,” as maintaining the pretense of balance and objectivity without necessarily involving those who might be able to speak to “the Good” (and the not-so-good) in another way. Nevertheless, the poster does appear quite balanced, and in any case simultaneously hints at the possibilities, and offers a prototype of, a pleasure-based approach to drug use.

Conclusion: Pleasure and Harm Reduction

One of the most prominent perspectives in the overall discourse of drug intervention and public health is that of *harm reduction*, an approach to drug use that professes itself to be “value-neutral” and prioritizes general health and well-being over the cessation of drug use (Hathaway, 2001; Keane, 2003). In addition to its emphasis on forgoing ideology for pragmatism and effectiveness, the harm reduction approach has been noted for its potential as a point of resistance to more normalizing approaches to health. Race writes:

Since the 1980s, harm reduction has grown into a broad social program and public health movement that provides life-saving education and care *against* or *despite* grander ideological prescriptions about how a moral citizen should behave in relation to drugs or sex. Broadly speaking, it resists those processes that pathologize individuals on the basis of their behavior, or police or neglect them on the basis of their deviance, seeking instead to provide resources for their care and safety, irrespective of their imputed moral status. It does not engage in a moral decipherment of individuals, this is not its mode of operation. (2008; p. 418)

Despite harm reduction's role of offering pragmatic help to drug users as well as challenging public stigma against them and challenging normative notions of health,³ the harm reduction movement has come under fire for a number of reasons, perhaps most significantly that even the notion of "harm" might contain hidden moral assessments and that there are still values in the supposedly "value-neutral" stance of harm reduction—values too widely accepted to come under scrutiny (Keane, 2003, p. 351). Miller, for example, argues that public health based on harm reduction comprises a "'moral enterprise' [which] involves prescriptions about how we should live our lives as a modernist project. Underlying this morality is the individual's duty as a citizen to be as healthy as possible" (2001, p. 172). And by claiming to be "value-neutral" because of its supposedly scientific and non-ideological outlook, harm reduction implicitly asserts a value and ideology by privileging science over other forms of knowledge and treatment (p. 173).

³ This position is not universally accepted, and in some cases the opposite has even been argued. For a Foucauldian analysis arguing that harm reduction has failed to challenge normative notions of health while simultaneously acting as a "vehicle of governmentality," see Miller, P. G. (2001). A critical review of the harm minimization ideology in Australia. *Critical Public Health*, 11(2), 167-178.

In this respect, an attentiveness to pleasure in public health may help to “fill in the gaps” of harm reduction. Its efforts to remain amoral and value-neutral leave the harm reduction movement with a dilemma: either bite the bullet and operate by implicit norms and assumptions regarding health (such as those identified by Miller), or risk stagnation due to a lack of a guiding principle, an organizing value that offers public health a non-normative “goal.” A pleasure-based approach would not only work to resist notions such as that which states it is an “individual’s duty as a citizen to be as healthy as possible;” it would provide a value that could partially or entirely guide policy. A utilitarian approach that is based nothing but the maximization of the public’s health could theoretically entail Draconian anti-drug laws and strategies (Mugford, 1993). As Keane notes, this is in part due to the “difficulties of measuring, or indeed acknowledging, the subjective benefits of drug use (excitement and pleasure) against the more obvious and seemingly objective harms” (2003, p. 228).

Thus, visualizing pleasure as part of a holistic view of a subject’s well-being or even health—or even, dare I say, viewing pleasure as the end to which health is a means; the entire purpose of health to begin with—might not only be compatible with harm reduction; it could be necessary to it. It is no coincidence that the Positive Health Project, which put out the pleasure-friendly “Good, the Bad, and the Ugly” poster, is a member of the Harm Reduction Coalition; the harm-reducing elements of the poster, such as its complete lack of judgment of gay sex or meth use, go hand in hand with its frank acknowledgment of the pleasurable appeal of the two. In any case, as Race tells us, “Pleasure is not the antithesis of self-regulation and safety, but the medium through which certain shared protocols of safety take shape... a socio-technical medium and process of exchange in which many actors and

concerns, including concerns about safety, are engaged” (2008, p. 421). Thus, it may be in the harm reduction movement that pleasure as a technique of public health finds its home: not as a competing theory, but as harm reduction’s final piece.

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HUGE SALE!

BUY  **CRYSTAL,**
get HIV FREE!

BONUS SPECIAL!

Buy this trendy accessory pipe, get a life-time addiction absolutely **FREE**

FREE

“It’s frightening. I’ve seen a huge increase of newly infected gay men that got HIV from unprotected sex during crystal meth binges. Our community is self-destructing with this drug.”
— Howard Grossman, MD
HIV Specialist, St. Luke’s-Roosevelt Hospital

Chelsea Phone Booth Ads Paid for by **AIDSMEDS.COM**
Conceived and Designed by Peter Staley and Vincent Gagliostro

Figure 1.

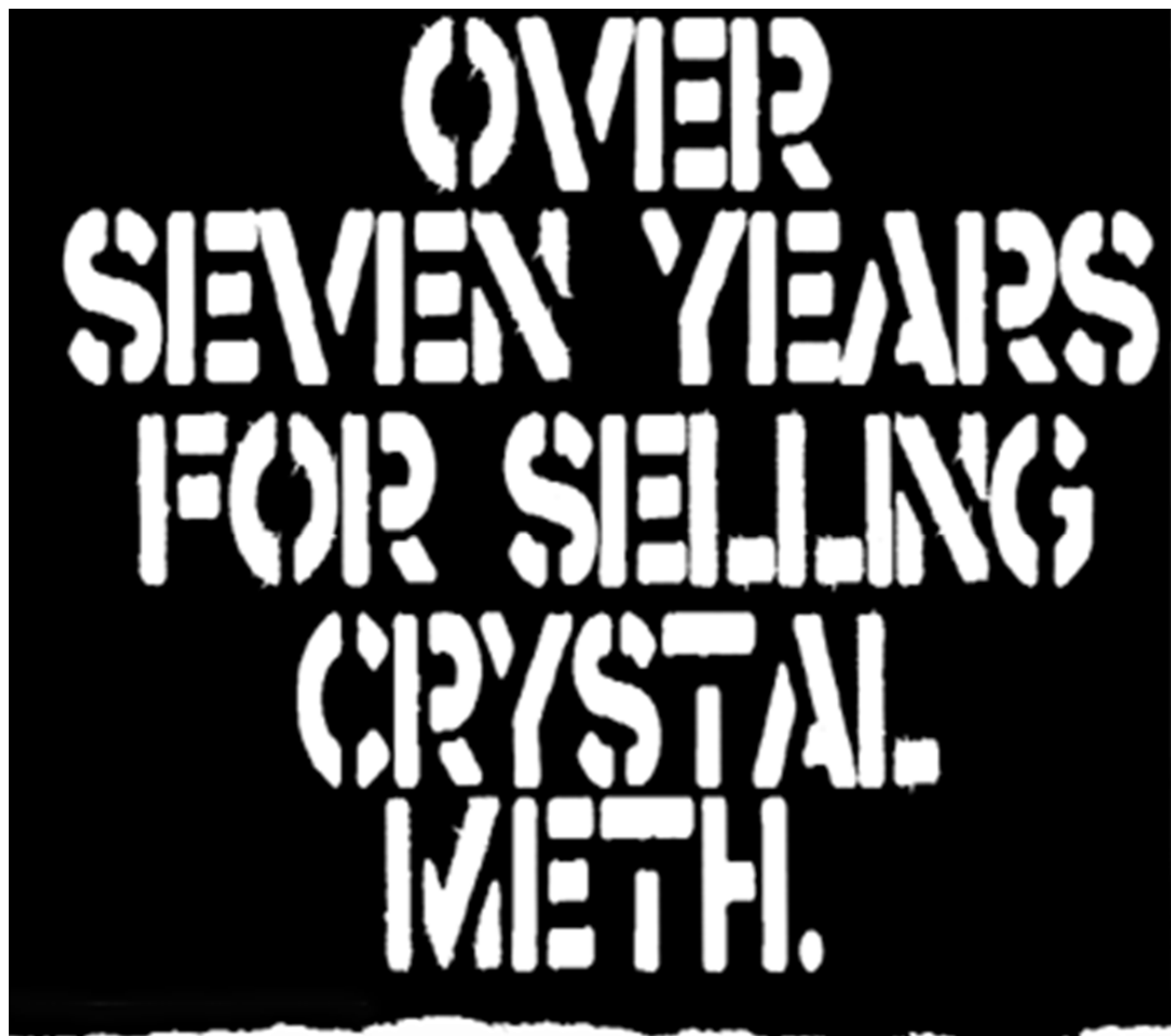


Figure 2. One of U.S. Attorney David Kelley's anti-methamphetamine posters. Had they been used, they would have appeared with the name and portrait of the dealer who received that sentence.



**CRYSTAL METH
MAKES
ME SEXY**

**MORE TOXIC THAN HEROIN.
AS ADDICTIVE AS CRACK.**

- Crystal users are twice as likely as non-users to bottom without condoms, and more than 3 times as likely to get HIV.
- Meth users are 4 times as likely to have syphilis, and 1.7 times as likely to have gonorrhea.
- Chronic meth users suffer brain damage. MRI scans show an 8-11% loss of brain tissue in the areas controlling mood, emotion, and memory.
- Experts consider meth one of the most addictive drugs ever.

FOR HELP CALL 1-800-LIFENET OR 311



Figure 3.



Figure 4.



Figure 5.

CRYSTAL METH IS NOT AN ANSWER

YOU MUST KNOW THAT BY NOW. I KNOW MANY PEOPLE ARE LOOKING FOR ANSWERS. PERHAPS THAT IS WHY MANY OF YOU ARE READING THIS. YOU WANT ANSWERS? **WE'RE LIVING IN PIGSHIT.** IT'S UP TO EACH ONE OF US TO FIGURE OUT HOW TO GET OUT OF IT.

YOU WANT TO KILL YOURSELF? GO KILL YOURSELF. I'M SORRY, IT TAKES HARD WORK TO BEHAVE LIKE AN ADULT. IT TAKES DISCIPLINE. YOU WANT IT TO BE SIMPLE, AND IT RARELY IS, BUT THIS TIME IT IS ...

HERE'S THE ANSWER:
BEHAVE RESPONSIBLY.

GROW UP.

FIGHT FOR YOUR RIGHTS. IT TAKES COURAGE TO LIVE. ARE YOU LIVING? **DO YOU THINK CRYSTAL MAKES YOU ALIVE?** METH IS AS ADDICTIVE AS CRACK, AND MORE TOXIC THAN HEROIN. I DON'T WANT TO HEAR EACH WEEK HOW MANY OF YOU ARE GETTING HOOKED ON METH. TAKE CARE OF YOURSELVES. **ALREADY HOOKED? GET HELP!** LOVE EACH OTHER. **THESE ARE THE ANSWERS.**

WE CANNOT CONTINUE TO ALLOW OURSELVES TO LIVE LIKE THIS!

FOR HELP CALL 1-800-LIFENET OR 311



Figure 6.



Figure 7.

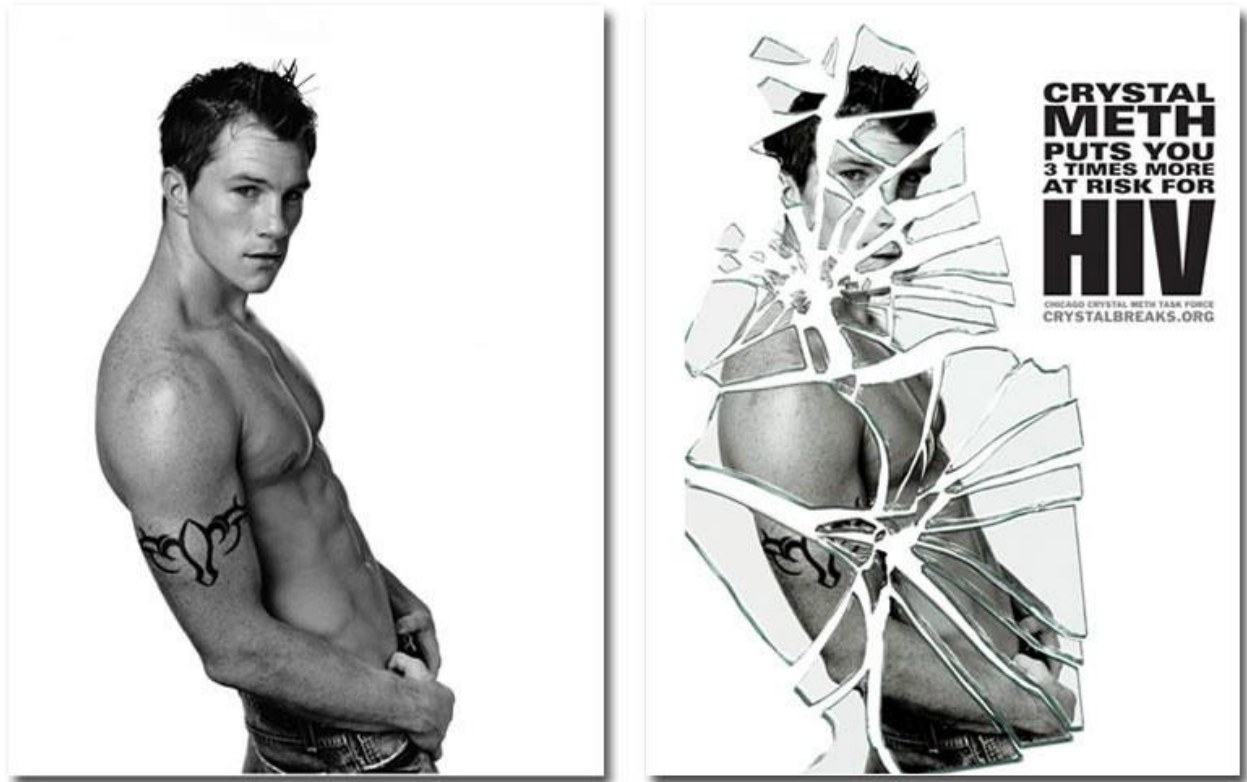


Figure 8.



Figure 9.

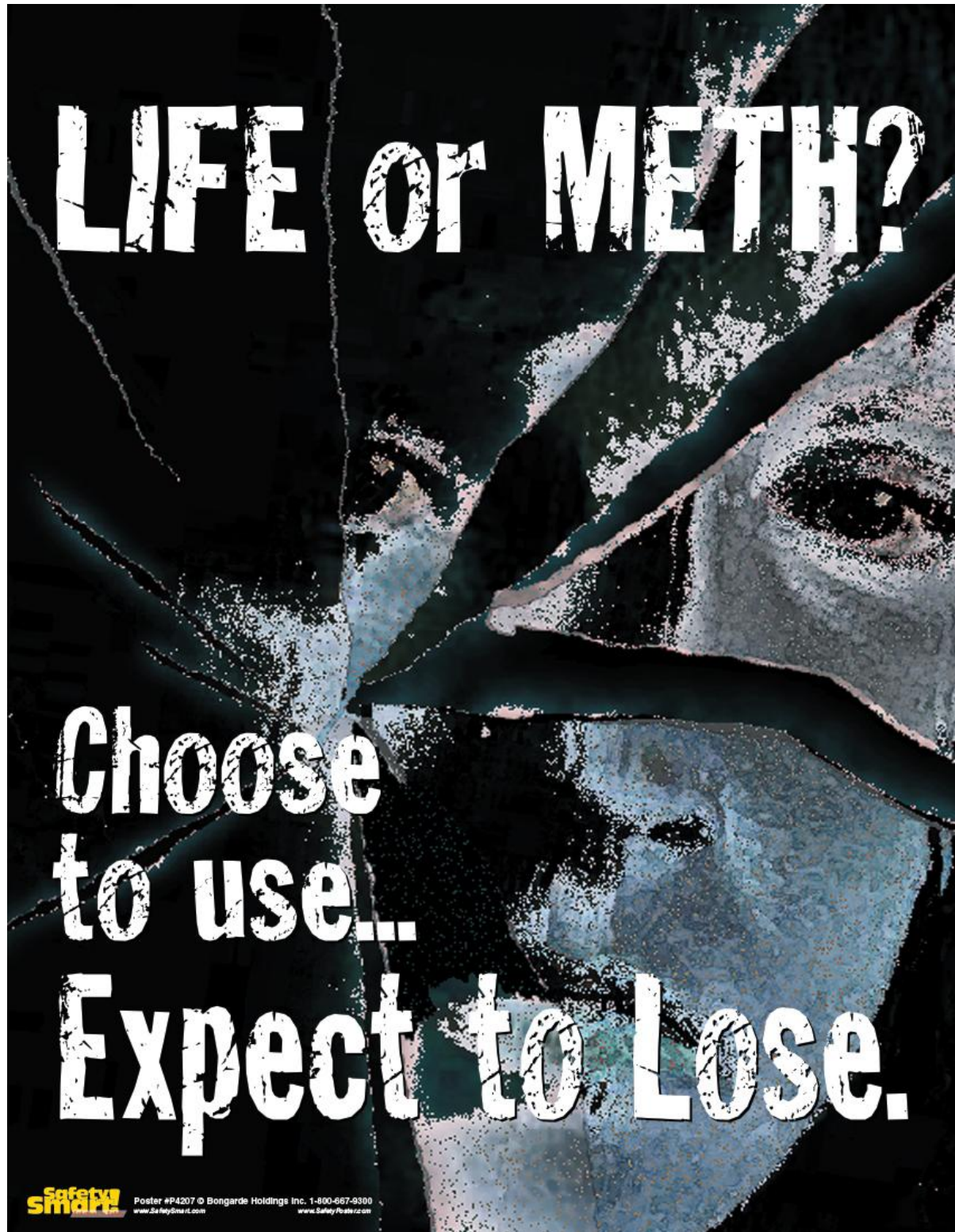


Figure 10.



Figure 11.