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EXCEPTIONAL SEX

How Drugs Have Come to Mediate Sex in Gay Discourse

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

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

guy put himself in this situation? Why does he feel he has to *knock himself out* to be here?

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

Before we all rush to fill in my blanks, let me say that I am quite OK with them, thanks. I can't imagine surviving in a space of pure intentionality, and I can't imagine anyone else surviving like that either. I want to keep this question about "what caused what" here open, while thinking about what the will to closure might be doing. And I want a different conception of corporeal agency, where drugs don't feature as such a thrilling and obvious escape route from the demands of normative intention.[2] What is at stake in answering such

a question, supposing we could ever answer it definitively? Well, it might make me feel better about myself, for a start. Though substance use is not an approved activity, most of us have been intoxicated at some time in our lives—some more embarrassingly than others. I would be able to explain, both to myself and to others, what is difficult to explain without invoking a hostile and castigating response. We all know that drugs are powerful and bad. I could say that I wasn't myself. Then I would reclaim my strict hold on respectable intentionality, and maybe then I wouldn't have to worry so much about safe sex. It would help, of course, if I renounced intoxicating substances entirely. I might inspire others to do the same. I could spend my time worrying about intoxicated people and blaming them for … (fill in the social problem). Between you and me, I can't really see myself sustaining this behavior indefinitely. Maybe every now and then, just on special occasions, just a little bit of this. And maybe I will take these special occasions and little moments of exception as opportunities to do all those wonderful, naughty things that my moral self so rigorously suppresses. *Welcome to our world*.

It is tempting to think of drug use as an escape from an oppressive social order. And from a certain perspective, and in certain instances, it may be. But this perspective covers over the multiplicity of drug practices. And it denies the agency of drug users: the capacity of our bodies to be active producers of pleasure—and incidentally, care. Things like sex and drugs and other forms of everyday practice tend often to take place in a subintentional zone, which ranges between strict intention and unexpected accident. Zoning out, getting distracted, losing oneself in something, cutting loose, getting carried away, getting surprised (whether pleasantly or otherwise) are familiar parts of everyday life, and are variously valued. It's only occasionally that subjectivity feels fully determined by one extreme or the other—completely intentional or utterly prone to accident. Total predictability and utter chaos may be equally difficult to handle.

On drugs (but not only on drugs) some incidents have the habit of verging toward the realm of accident, incidents which evade the scope of the intention. But they are not entirely accidental either, not in the sense that they are unavailable to insight and consideration. This quality is something many like about drugs and alcohol, and one of the reasons that people keep taking them in full knowledge of their dangers. The recognition of these moments of unpredictability can be one of their pleasures. With this in mind, this chapter can be viewed as an inquiry into the incidental subject—and the fluctuating conditions in which certain of its pleasures and dangers materialize. Drugs are taken for all sorts of reasons, from the mundane to the sublime. But if drugs *are* seen as an attempt to escape from a normative or hostile social order, what would it take to engage more fully with the texture of these escapes? What possibilities of care, what new pleasures, what ethics, what multiplicities might emerge?

Westernized subjects often turn to activities like sex and drugs—and music and art and eating and shopping and dancing and exercise and reading and grooming and socializing and Internet-browsing—precisely in order to lose themselves. The experience of losing oneself is part of their pleasure—sex and drugs perhaps especially so. But to date the discourses of HIV prevention and harm reduction have worked mainly to install a sovereign subject at the sites you might least expect to find one.[3] There are good reasons for this: for one, it is wrong to assume that sex and drugs are completely exceptional or entirely beyond the realm of care and attention. The remarkable histories of safe sex and moderated substance use prove this, while the contrary assumption is unhelpfully cited both to eliminate these strategies and to demonize sex and drugs and render them unspeakable. With this in mind, I want to consider the shortcomings of the doctrine of strict intentionality as a way of framing everyday practice, including sex and drugs. Recognizing how gradients of intention run through all manner of activity might even help to counter some of the ways in which drugs have come to

participate in a moral drama of extremes, in which pure intention and total disinhibition materialize as the only available alternatives.

Part of this project involves critical engagement with the scientific, public health, and everyday discourses which make the use and effects of drugs more or less determined. In terms of self-care, there may even be certain value in keeping the effects of drugs from becoming—or being seen as—totally predictable. To return to the question posed earlier— *what makes this guy put himself in this situation?* —a number of sociological explanations have currency. In many of these, drug use by marginalized people is read as a reaction to social oppression—whether that of class, race, gender, poverty, or heterosexism.[4] In the case of sexual minorities, it is sometimes viewed as an attempt to quell the pain of social stigma or produce a zone of escape from the normative social order. From this perspective, one might argue that this guy can't even think clearly about his desires. He has to "knock himself out" to act on them. Or else drugs are depicted as a form of self-medication in the context of pervasive heterosexism—a symptom of, or reaction to, social pain, a palliation of the self in the context of impossible standards of performance.[5] This approach has the virtue of relating drug use to systemic conditions, in place of the psychologism that dominates the field. It may help to ground a more systemic response to the problem and promote a less punitive stance on drug use on the part of marginalized populations (which is more than welcome). But while I think this explanation is part of the picture and provides a critical backdrop, I am not entirely happy with it as a total account of drug use—even on the part of subordinated bodies. Drug use is confirmed as only ever a sign of some "deeper" or "larger" injury, while its presence merely confirms the group as one that is "defined and unified by suffering, physical vulnerability and powerlessness."[6] Where does this leave the agency of the user? Users' lives are defined solely in terms of deficit.

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

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