

Crystal methamphetamine and sexual sociality in an urban gay subculture: An elective affinity

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Abstract

This paper draws on 49 qualitative interviews to explore the contextual antecedents of methamphetamine use in a sample of gay and bisexual Manhattan men. The paper distinguishes itself from the public health literature on crystal methamphetamine use in this population by shifting the analytic focus from individual-level factors of drug use to the role of social context. While individual-level factors—including self esteem and social awkwardness—are related to methamphetamine use, we argue that these factors arise in and are exacerbated by interactional pressures attendant to Manhattan's gay sexual subculture, which revolve around the expectation of peak sexual performance. Because methamphetamine is associated with increased self-esteem, increased libido, greater sexual endurance, diminished sexual inhibition, and a higher threshold for pain, the drug is used strategically by gay and bisexual men to negotiate sexual sociality and increase sexual pleasure. Hence, we suggest that there exists an elective affinity between Manhattan's gay sexual subculture and the particular pharmacological effects of methamphetamine—whereby the former strongly favours the latter as a systematic pattern of response. In turn, this relationship is linked to unsafe sexual practices or the social conditions that put gay men 'at risk of risk' of HIV infection.

Résumé

Cet article s'appuie sur 49 entretiens qualitatifs pour explorer les antécédents contextuels de l'usage des métamphétamines dans un échantillon d'hommes gay et bisexuels de Manhattan. Il se distingue de la littérature en Santé Publique sur l'usage des cristaux de métamphétamine dans cette population en déplaçant le centre d'intérêt, des facteurs individuels d'usage de drogues vers le rôle joué par le contexte social. Alors que les facteurs individuels – comprenant l'estime de soi et la gêne sociale – sont liés à l'usage de métamphétamines, nous soutenons qu'ils émanent de la sous-culture gay de Manhattan et qu'ils sont exacerbés par les pressions interactionnelles inhérentes à celle-ci, relatives aux attentes de performances sexuelles optimales. Nous constatons qu'en raison de son association à une plus forte estime de soi, une augmentation de la libido, une plus importante endurance sexuelle, une plus faible inhibition sexuelle et un seuil de tolérance à la douleur plus élevé, la métamphétamine est utilisée stratégiquement par les hommes gay et bisexuels pour négocier la sociabilité sexuelle et augmenter le plaisir sexuel. Ceci nous amène à suggérer qu'il existe une affinité élective entre la sous-culture sexuelle gay de Manhattan et les effets pharmacologiques spécifiques des métamphétamines – par lesquels la première favorise fortement ces derniers en tant que modèle systématique de réponse. En retour, cette affinité est liée à des pratiques sexuelles non protégées ou aux conditions sociales qui exposent les hommes gay aux « risques du risque » de la contamination par le VIH.

Resumen

Este ensayo se basa en 49 entrevistas cualitativas cuyo objetivo fue analizar los antecedentes contextuales del uso de la metanfetamina en una muestra de hombres gays y bisexuales de

Manhattan. Este artículo es diferente a la literatura sobre la salud pública en cuanto al uso en esta población del cristal de metanfetamina porque cambiamos el enfoque analítico de los factores a nivel individual del consumo de estupefacientes para incluir el contexto social. Mientras que los factores individuales, entre ellos la autoestima y las dificultades sociales, están relacionados con el uso de la metanfetamina, defendemos que estos factores aparecen y se agravan por las presiones interactivas y presentes en la subcultura sexual de los homosexuales en Manhattan que gira en torno a las expectativas de un máximo rendimiento sexual. Observamos que debido a que la metanfetamina está asociada a un aumento de la autoestima, una mayor libido y resistencia sexual, disminución de la inhibición sexual y un mayor umbral del dolor, esta droga es utilizada estratégicamente por homosexuales y bisexuales para negociar el aspecto social de la sexualidad y aumentar el placer sexual. Por tanto sugerimos que existe una afinidad optativa entre la subcultura de los homosexuales de Manhattan y los efectos farmacológicos de la metanfetamina: la subcultura *favorece* los efectos de modo pronunciado como modelo sistemático de respuesta. A su vez, esta relación está vinculada a las prácticas sexuales poco seguras o las condiciones sociales que ponen en situación de riesgo a los homosexuales ante la infección del VIH.

Keywords: *Methamphetamine, drug use, HIV/AIDS, gay men*

Introduction

Use of crystal methamphetamine among gay and bisexual men in metropolitan areas is rising rapidly (Freese *et al.* 2002, Halkitis *et al.* 2001, Rawson *et al.* 2002, Wilkonson 1998). Historically, the drug has been widely used by working class heterosexual men and women in Western and Midwestern states (Heishchober and Miller 1991, NIDA 1996). However, since the late-1990s, crystal methamphetamine has become increasingly popular within gay and bisexual subcultures in New York City and other urban centres on the East coast (Halkitis *et al.* 2001, Rawson *et al.* 2002).¹ Because crystal methamphetamine use is strongly associated with unprotected anal intercourse (Halkitis *et al.* in press, 2005), its increased use among gay and bisexual men has raised concerns of a 'double epidemic' of methamphetamine addiction and sexually transmitted infection (Halkitis *et al.* 2001). Moreover, to the extent that crystal use compromises adherence to anti-retroviral medication, it may also contribute to the evolution of multi-drug resistant HIV strains (Reback *et al.* 2004)—some of which may be more infectious and harder to treat than non-resistant HIV (Markowitz *et al.* 2005), and superinfection² (Halkitis *et al.* 2001). Hence, the growing use of methamphetamine in urban gay enclaves poses a serious threat to the health and wellbeing of gay and bisexual men (Urbina and Jones 2004), and requires focused research attention.

The disciplines of psychology, medicine and epidemiology have taken the lead on studying crystal methamphetamine among gay and bisexual men. The bulk of this research has examined crystal methamphetamine use from the standpoint of individual-level motivations, such as to enhance mood and counteract depression, to boost confidence and concentration, cope with HIV/AIDS, and negotiate internalized homophobia (Halkitis *et al.* in press, 2003, Gorman *et al.* 1997, Lewis and Ross 1995, Morgan *et al.*, 1994, Reback 1997). A related body of research examines crystal use in highly charged sexual settings, including club events such as 'raves' and 'circuit parties'³ (Halkitis *et al.* 2001, Heischober and Miller 1991, Mansergh *et al.* 2001, Mattison *et al.* 2001). This work identifies associations between use of crystal methamphetamine and other variables, including demographic characteristics, sexual activities, and self-described reasons for drug use. For example, Mattison *et al.* (2001) asked 1169 circuit party-goers to describe their reasons for using crystal methamphetamine. Authors then conducted statistical analyses of the data, indicating which combination of factors best explained crystal use. Similarly, Mansergh

et al. (2001) surveyed gay and bisexual men who attended circuit parties, examining patterns of drug use at party events and the extent to which attendees read prevention materials about crystal methamphetamine, and obtained and used condoms at the events. And McKirnan *et al.* (1996) analysed drug use and sexual behaviours in sexual settings, finding that gay and bisexual men may use drugs as a way of disassociating from risk awareness during risk-laden sexual practices.

On the whole, while these studies offer critical insights for HIV prevention, the extant literature on methamphetamine use among gay and bisexual urban men tends to leave the symbolic and interactional spheres under-analysed, including the meanings sexual actors attach to these events as special instances of sexual sociality, the interactional norms and pressures that circulate in these *milieux*, and how these may work in tandem to shape drug-taking motivation and behaviour.

This paper provides an exploratory examination of the relationship of crystal methamphetamine use to the social contexts of New York City's gay sexual subculture. Data from 49 interviews suggest that gay and bisexual men use methamphetamine in a strategy to improve sexual performance and enhance participation within Manhattan's gay sexual subculture. In these cases, individual motivations to use methamphetamine arose in and were inextricable from the contexts of sexual sociality and their attendant interactional pressures. We suggest that these interactional pressures, including the need for sexual arousal on demand, sustained sexual endurance, and the ability to have sex with newly acquainted partners—while not determining drug use—have an 'elective affinity' with methamphetamine use, as gay and bisexual participants use the drug to negotiate pleasure and peak performance in the course of sexual sociality. Moreover, when using methamphetamine, study participants reported engaging in unprotected anal intercourse, and in some cases, sexually 'compulsive' behaviour, to a greater degree than when not using methamphetamine. Thus, this paper highlights the role of social context in methamphetamine use among urban gay and bisexual men, and considers the ways in which the relationship of drug use and sexual sociality may put gay and bisexual men at 'risk of risk' (Link and Phelan 1995: 85) for crystal methamphetamine addiction and sexual risk-taking.

Literature

Research consistently demonstrates that methamphetamine use is associated with high risk sex among gay and bisexual men (Frosch *et al.* 1996, Guss 2000, Lewis and Ross 1995, Mansergh *et al.* 2006, Paul *et al.* 1993, Wong *et al.* 2005). This is coupled with clinical observation in cities with large gay populations. Yet, use of the drug is layered with complex psychosocial motivations, such as increased self-esteem, increased confidence, feeling of acceptance and attractiveness (Halkitis *et al.* 2001, Reback 1997, Semple *et al.* 2002). However, the role of social and psychological factors, and their interrelationship, is still unclear.

Presently, there exists a significant body of qualitative research on urban gay and bisexual men that attempts to disentangle the contributing factors of methamphetamine use. For example, Semple and colleagues (2002) found that HIV-positive men tend to use methamphetamine as a form of sexual enhancement and self-medication. Similarly, Lewis and Ross (1995) reported that methamphetamine was associated with risky sexual behaviours, sexual confidence, performance, endurance, and disinhibitory qualities. In an extensive qualitative study on methamphetamine-using men in Los Angeles, Reback

(1997) described sex-on-methamphetamine as an element of gay cultural identity and inclusion. Reback suggested that methamphetamine is used primarily to increase sensory experiences, especially as they relate to sexual activity and as a means of escaping from the feelings of boredom, isolation, hopelessness and grief. In a similar vein, some studies have indicated that methamphetamine use might offer a means by which gay and bisexual men cope with difficult emotions, including the avoidance of unpleasant emotions and physical pain, tensions of socialization, and the prejudice experienced for being gay (Cabaj, 1996, Halkitis *et al.* 2006, Morgan *et al.* 1994).

Despite the breadth of this literature, what holds across research on methamphetamine use among urban gay and bisexual men is the strong association between the drug and heightened libido, sexual adventurism and sexual endurance (Guss 2000; Semple *et al.* 2002). Left under-examined, however, is the relationship of social context to drug-taking motivations (Green 2003). Rather, motivation is typically analysed as an individual-level, psychological phenomenon rooted in self-esteem, social anxiety and internalized homophobia (e.g., Halkitis *et al.* 2005). As a consequence, while the existing literature acknowledges the importance of social context for drug-taking behaviours, we still have a poor understanding of the relationship of urban gay subcultures to the decision to initiate methamphetamine use, the development of drug-taking motivations and repertoires, and the phenomenology of a 'crystal high'.

Method

The data in this paper comprise excerpts from 49 qualitative interviews of gay and bisexual male crystal methamphetamine users in New York City. Halkitis *et al.* obtained these interviews in January–February 2001 for a study examining crystal use patterns among gay and bisexual men.

Design

A cross sectional design consisting of qualitative and quantitative components was implemented in order to assess the characteristics of methamphetamine use and the relationship between methamphetamine use, sexual risk taking, and psychosexual and psychosocial states in New York City. The study, locally named Project Tina (so named for a colloquial expression associated with methamphetamine), was guided by the following aims: (1) to formulate psychological and behavioural profiles of gay and bisexual methamphetamine users in New York City and (2) to characterize the dynamic relationship between methamphetamine use and sexual risk behaviours.

Sample selection

The original set of participants in Project Tina were 50 self-identified gay and bisexual men, recruited from commonly known gay and bisexual venues, such as coffeehouses, bars, and clubs, through active and passive recruitment strategies across the five boroughs of New York City. When the participants voluntarily called the study site, they were screened over the telephone to determine their eligibility. For a participant to be eligible, he had to be at least 18 years-old and have used methamphetamine at least once in the previous 3 months; at least one episode of use had to be in combination with a sexual encounter. Of the 61 men screened, 50 were eligible for the study. However, one participant was dropped

from the qualitative data set due to incomplete interviews. The final sample consisted of 49 men.

Procedure

Project Tina utilized both qualitative and quantitative methodologies to begin to understand methamphetamine use among gay and bisexual men in New York City. The institutional review board of the primary author's affiliated university approved the protocol. The qualitative data are presented here. For further description of the quantitative data, the reader should refer to Halkitis *et al.* (2003). All participants provided informed consent.

The qualitative component of the study consisted of a detailed semi-structured interview, in which participants were asked to describe their methamphetamine use. The interviews were conducted by trained research staff, audio-taped, and then transcribed verbatim by an independent agent. Each interview lasted between 1 and 2 hours. Participants answered open-ended questions to allow opportunity for them to describe experiences and pre-established probes were utilized to facilitate increased detail as needed.

The interview covered a number of areas related to methamphetamine use. We examined the first time the participant used methamphetamine, current methamphetamine use, and the contexts and situations in which methamphetamine was most likely to be used to assess the motivations behind use of the drug. Also, we implemented the Critical Incident Measure (CIM), which constituted the main part of the interview. Designed by Ross, Wodak, Gold, and Miller (1993), and closely explored two sexual narratives. This section of the qualitative protocol sought to capture behavioural and contextual data regarding the use of methamphetamine and its association with sexual behaviour. To this end, we captured data on two recent sexual encounters for each participant—one in which methamphetamine was used in conjunction with the sexual episode and one in which methamphetamine was not being used. The CIM allowed us to capture data regarding methamphetamine use through specific behavioural episodes and complemented the more general and non-situation specific questions and probes that constituted the other section of the qualitative interview.

Sample

Halkitis *et al.* (2003) describe the sample in detail. The sample obtained was racially and ethnically diverse. Twenty-seven per cent of the sample was comprised of African American or Black, 10%, Latino, 4% Asian-Pacific Islander, 4% mixed heritage and 55% Whitemen. Eligibility included self reported sex with other men in the previous 3 months that included methamphetamine use. To assess frequency of methamphetamine use, Halkitis *et al.* asked participants to use a five point Likert scale ranging from 'never' to 'every day'. Halkitis *et al.* also asked participants to measure the context of crystal methamphetamine use via the 'inventory of methamphetamine using situations', developed by Annis *et al.* It is at this methodological juncture where a sociological interpretive lens diverges from psychological approaches. For example, the focus of the Annis scale is meant to index five psychological states/motivations for using methamphetamine in 21 different contexts. These motivations/states include: (i) avoid unpleasant emotions, physical discomfort, conflict with others, social pressure, and to create pleasant times with others (Halkitis *et al.* 2003). While these indexes are useful in helping us to understand how social context might shape

methamphetamine use, they do not specify the kinds of interactional pressures that may bear on drug-taking motivations, nor the relationship of these micro-level pressures to the broader social arena within which gay and bisexual men socialize. We attempt to explore these contexts in greater detail to add more analytical power to the rich interview data.

Analytic plan

All 49 interviews were transcribed and analysed using the coding procedures prescribed for grounded theory (Strauss and Corbin 1998). The first stage of coding and analysis began with open coding, which provided an initial enumeration of elements of the narrative into discrete concepts and categories. Following open coding, axial coding related categories to subcategories that further distilled dimensions of the category. Analysing the interview data in this way, we draw on participants' thicker descriptions of how prevailing social and cultural structures influenced their methamphetamine use in the contexts of sexual sociality.

Results

Strategic dimensions of crystal intake

Crystal methamphetamine triggers the rapid release of serotonin, norepinephrine and dopamine in the autonomic and central nervous systems. These neurotransmitters regulate feelings of euphoria, sexual pleasure, self-esteem, and inhibitions (NIDA 1996). Crystal users in our sample commonly cited these libido and mood enhancing properties of methamphetamine upon their first use. Elliot, for instance, a 40 year-old White man, recalls the aphrodisiacal effects of methamphetamine when he first tried the drug. Subsequently, when he obtained the drug from friends, Elliot decided to save it for a sex party—an event that included the expectation of group sex. Thus, Elliot 'scheduled' his future use of the drug for an appropriate social-sexual occasion:

[T]wo friends of mine gave it to me earlier this year. I thought it was a great drug as far as its effects on me. It made me feel wonderful—it made me feel extremely sexual—so I took it in a very sexual atmosphere, it was a sex party ... It made me have like six or seven orgasms in the course of the evening ... Of course, by the seventh one there wasn't much left but I ... enjoyed it enough to want to do it again.

Not all men experienced methamphetamine as an aphrodisiac upon their first use, underscoring the fact that methamphetamine, alone, may not induce sexual response without a corresponding socialization process. Hong, a 29 year-old Asian man, was introduced to the drug 1 year before the interview by a friend in New York. Despite the profound impact of methamphetamine on his personality, Hong's first use bears no reference to sexuality.

It was different, a friend of mine introduced it to me. It was energizing, it woke me up ... I don't know other words that can describe. It made me into almost a different person, at that point when it was my first time. So I guess it brought out things in me that I did not know that I was. I guess that's the best way I could describe it.

A few months following his first use, however, Hong shared crystal with a sex partner. The interaction was pleasurable to a degree unparalleled in his prior sexual experiences.

The first time I had sex with crystal it was the most incredible experience of my life. I don't know how to describe it. It's just that ... everything fell into place at that given moment with one person. Everything was right; it made me hungry for more. It made me hungry for more passion ... for more, I guess, for more sex...

Like Hong, John, a 33 year-old White man, also did not associate sexual pleasure with his first use of methamphetamine. But during a 'party weekend in Manhattan', John's perceptions of the drug changed when he took methamphetamine during a sexual encounter. Since then, the drug has permanently changed his sexual life. For John, methamphetamine transforms otherwise impersonal sexual encounters with new partners into highly pleasurable, long-lasting, 'personal' erotic experiences:

It's a really interesting drug to explore sex with ... I find it allows you to really kind of focus on sex in a different way that's actually quite clear but can be very personal, I suppose, with someone who may not be the main, might be just a one-time partner or a first time thing ... I think it's really, it could be really enjoyable if sexually—if you're open to a long term sexual venture, I mean if you're up for—you know, having sex for several hours it could be really, it could be really fun.

And by way of contrast, Sebastian—54 years-old and White—extends John's observations by comparing sex with and without crystal. For Sebastian, sex without crystal methamphetamine is much less interesting and less pleasurable:

I think my sexual experience has changed somewhat too profoundly over the time I've been using and I find the sexual experience on crystal quite different from sexual experiences without crystal. I find them much more interesting and engaging ... How to say this? What I find is on crystal, I kind of enter into a special space. A particularly sexual, sensual space with somebody else ... It is very different from—I've had relatively little sex over the last 3 months that has not involved crystal. When I have, however, I found the sex to be pretty uninteresting. On one of those occasions, my sensation goes: 'Gee, this is like having sex with a straight man. It's like having sex with a straight man who is just having sex for the very first time. This isn't very interesting; it's not very developed.

Notably, for Sebastian, crystal not only enhances the sensuality of sexual exchange, but it also reduces the urgency to orgasm, which allows him to have more sexual partners on a given occasion. Here, Sebastian describes a ritualized pattern of drug use at bathhouses, where these sexual effects are highly desired:

One of the interesting things I found about crystal ... is for me it takes the edge off the project of cumming. It turns the sexual experience, for me, much more about having physical sensations, pleasurable, physical sensations, than it is about cumming. So cumming seems to be something that you do when you are ready to go home, when you had it and it's time to get out. You cum and you go. That's sort of the ritual of it. Over the course of baths ... I would meet a succession of people ... and have sex with them, over and over again ... without ejaculation.

While initiation into methamphetamine use varied across cases, nearly every gay and bisexual man in this sample associated crystal with enhanced sexual pleasure and self-confidence at some point in their drug use career. For many, methamphetamine became the explicit drug of choice for those seeking out social settings where casual sexual exchanges were anticipated—such as at a sex party, a dance club, or in a bathhouse. Over time, gay and bisexual men tailored their drug use to maximize its psychological and physiological effects on occasions that called for heightened sexual performance. For some

men, such occasions arose every few months, for others, weekly. Yet, what stands out across these instances are the strategic and ritualized manners that men used crystal methamphetamine—articulating a therapeutic motivation for use not unlike the rationale for using culturally acceptable medications for sexual performance, such as *Viagra*.

One of the chief therapeutic benefits of methamphetamine that men reported is its ability to facilitate receptive anal intercourse and increase and prolong its pleasure. Thus, men in this study targeted their use in anticipation of particular sexual interactions and sexual settings. For instance, when asked where and why Stan, a 38 year-old White man, uses methamphetamine, he stated:

I use it [crystal] for specific sexual encounters, if I know that there is gonna be certain activities involving anal sex that I might need to loosen up or be a lot less inhibited.

Erik, too, uses methamphetamine to relax and ‘loosen-up,’ both because receiving anal sex is easier and more enjoyable while on the drug, and because his partners get more pleasure the longer he endures. To the extent that Erik anticipates being a ‘long-term bottom’ at a sex party over the course of two or three days, he schedules his methamphetamine use, regarding it as a critical aid for his sexual performance.

...in the past I had problems taking it [anal penetration] for a long time. I like to satisfy my partner. It [methamphetamine] totally relaxes you. If I know that I’ll be a long-term bottom, I’ll use it with K [ketamine] ... You can go on for days. You can’t do it naturally. You just can’t get satisfied. Physically, it relaxes you. It amplifies the feelings. You can bottom for a long time very well ... [In] an orgy, if there’s some hot top guys there, some of them last for several days. While you’re on it, you just want more and more.

Elliot, the 40 year-old man mentioned above, enjoyed his first experience with methamphetamine enough to incorporate it into his sexual life on a regular basis. Like Stan and Erik, Elliot now uses methamphetamine strategically on evenings when he anticipates prolonged sexual sociality. When asked to discuss the last time he used crystal, Elliot reports how the drug maximizes his ability to participate in New York City’s gay sexual subculture.

It was 3 weeks ago. I did it with two friends who have it. We made a whole night of it sexually. We went to two bathhouses and a sex club. I had numerous partners, numerous anal sex ... It was great. I had more sex than I would have if I wasn’t on crystal. I would have gotten tired quicker, come home much earlier than I did, not been willing to travel from home to Queens and then down to Chelsea for sex. That was the crystal.

And Max—a 33 year-old Latino man—echoed Elliot when he reported that on methamphetamine he has more sexual partners in a given evening. However, Max derives a special sexual benefit from the drug: methamphetamine allows him to perform sexually with groups of men—including some men towards whom he feels no attraction. This effect is particularly valuable for events wherein Max anticipates group sex. Below, Max describes this drug benefit for his sexual interactions.

I feel like crystal allows me to free up and almost like have almost like a different persona—so like I can allow myself—they want a pig, I can be a pig ... That means I can get into, I can have sex with a group more easily—even if I am not attracted to some of the people in the group. I feel like the whole trip, so like if there is only two people in the room that I am really turned on to but there is two other people there, and you know, and they want me to take on all four of them, then I can and I am willing to ... [I] totally bottom out.

If methamphetamine improves the duration and intensity of sexual interactions over the course of a drug episode, it also commonly produces a desirable psychological state, including an increase in self-esteem and sociability, and a decrease in inhibitions. These effects, too, lead men in this sample to use methamphetamine as a means to better negotiate sexual sociality. For instance, Jeremy—a 40 year-old White man—uses crystal to boost his self-esteem giving him the confidence to approach and ask other men for sex:

I have this problem of not feeling good enough for anybody else. I have this low self-esteem problem, which is really stupid, you know—I see a therapist and everything. But it [crystal] gives me confidence beyond belief. I mean, there's nothing I can't have when I'm on it.

And Cole, a 40 year-old White man, receives a similar psychological benefit from methamphetamine, as the drug improves his self-confidence and, in turn, his sexual sociability—a necessity during circuit party weekends.

It gave me a fabulous weekend. There was just lots of sex, lots of fun ... just eager for more and more and more ... You felt good about yourself. You might not have looked like it, but I felt pretty full of myself. It was just a party weekend, and that's all it was meant for ... I looked confident and attractive. It built up my self-confidence.

Sex-based sociality—including casual and group sexual interactions in bathhouses, public parks and sex parties—is a common feature of urban gay subcultures throughout North America (Achilles 1967, Fitzgerald 1986, Sage 1975, Weinberg and Williams 1975), with a particularly well established history in Manhattan (Green 2006, Levine 1979, 1992, 1998). While urban gay subcultures, such as those located in Manhattan, are by no means uniform across cities (Hawkeswood 1996, Laumann *et al.* 2004), there are structural similarities that bind one's experience in patterned ways. For instance, urban gay subcultures that revolve around erotic-centred sociality are also associated with an impersonal, commercialized sexuality (Adam 1987, Fitzgerald 1986, Rushing 1995). In these settings, casual sexual interaction is a central feature of sociality.

To be sure, sex-based sociality permits gay and bisexual men to pursue pleasure outside traditional sexual scripts and moralizing proscriptions, yet it also introduces particular kinds of interactional pressures that require sexual performance, including arousal on demand, sexual endurance, and the ability to derive pleasure from impersonal and multiple sexual encounters (Green 2003). In light of these pressures, crystal methamphetamine's pharmacological effects help gay and bisexual men navigate this particular constellation of interactional demands and thereby participate more fully, and with more pleasure in sexual sociality. Thus, when using methamphetamine John lauds his ability to have more 'personal' sexual experience with 'one-time partners', Elliot, Sebastian, Jeremy and Cole are able to sustain sexual arousal and interest for longer periods of time, Stan and Erik can manage the physical demands of receptive anal intercourse with far more partners, and Max is able to have sexual encounters even with men for whom he otherwise finds unattractive. In short, to the extent that Manhattan's gay sexual subcultures hinge on sexual sociality and, in turn, sexual performance, gay men in this study targeted their methamphetamine use to enhance sexual interaction and assimilation in these contexts.

While men in this study experienced positive, 'therapeutic' effects of crystal methamphetamine, these were not without deleterious physiological and psychological consequences. In what follows, we demonstrate some of the ways in which methamphetamine contributed to sexual compulsivity, sexual concurrency, and unprotected anal intercourse.

No thinking twice; No pulling back: Methamphetamine and sexual risk-taking

As our research and the wider literature have shown, perhaps the most commonly reported effect of crystal methamphetamine among gay men is the intensification of sexual desire, pleasure and endurance. For men attached to gay subcultures that strongly emphasize sexual exchange, including bars, bathhouses, circuit parties and sex parties, these effects may dramatically increase the danger of acquiring sexually transmitted infections, including HIV. Indeed, the ability to participate safely in these contexts requires strong communication skills, and a high degree of self restraint and control. Yet, as the accounts below suggest, individuals using crystal in these contexts typically find their ability to maintain control impaired. For some men, this decrease in self-control leads to a modest diminution of inhibitions, with a somewhat increased possibility that they will participate in risky sexual behaviours. For others, the drug propels them directly into patterns of sexual extremism, sexual compulsion, and high-risk sexual practices.

Robert—a 27 year-old HIV-positive White man reports that methamphetamine leads him to seek out commercial sexual venues where high risk sexual behaviours are common. There, Robert enter into ‘situations’ that he otherwise would not:

I think there’s been a lot of times where like instead of going to bed at 4 am., I’d be like at some sex club or something until like the next morning ... It sort of makes you, it puts you in situations that you wouldn’t normally be in, like if you were sober at 4 am, you would go home [but] if you were on crystal at 4 am, you’d go to the West Side club.

Alex, a 29 year-old HIV-positive White man, becomes less inhibited and more willing to engage in risky sexual behaviour while using methamphetamine. In the following recollection, Alex considers a recent experience with the drug when he was injured and at risk for acquiring and transmitting sexually transmitted infections.

I did a whole bunch of crystal, and it just—probably not the best decision that I’ve ever made ... Sex became unsafe and two different condoms broke, and we just, in that particular situation it hit me very fast ... When you’re on crystal, you just—things tend to become rougher and it’s easier, for, like, my skin is very sensitive, so if there’s a lot of—if I’m doing it a lot, the chances of my skin breaking or tearing is high actually. With this particular episode, it’s to the point where I was bleeding, which is obviously not a good thing when you’re having sex with someone...

Whereas crystal made the sexual experiences of Robert and Alex somewhat rougher, longer lasting and more intense, it sent other participants into a state of sexual frenzy in which they pushed their bodies to physical limits. Jeremy, for instance, describes how crystal made him feel ‘indestructible’:

...[W]hen I’m having sex, I do feel indestructible because I can get very rough. I don’t want to say hitting but I could be the one who is abused. I can take a lot of pain and things like that, which I love. I mean, when I’m on that stuff, I have been beaten, knocked unconscious from the beating with the sex ... It’s a kinda sick thing—kinda—but what this drug does to me as far as sex goes and what I allow myself to do and be done to me is just, I just could not endure without it, without being on it...

Stan, quoted earlier, also pushed his body to its physical limits while on methamphetamine. Though he hesitates to characterize this as ‘necessarily bad’, he ponders the way in which the drug alters one’s conception of and response to safe and unsafe sexual practices. For

him, methamphetamine produces a 'spiral effect' that renders him 'less troubled' by potentially 'dangerous' sexual behaviours.

I would say it makes me less inhibited, and I do know that there are things that I am comfortable with sexually now, that a year or two ago I would never envision myself doing. And I don't think those activities in themselves are necessarily bad, but I do recognize that there is a spiral effect. The more you do, the more you get used to doing, the less troubled you are by things that might be dangerous.

Under the influence of methamphetamine, what starts out as enhanced sexual pleasure for some, turns into sexual compulsion for others. In these latter cases, crystal promotes a level of sexual drive that cannot be satiated until the drug wears off. Leo—a 19 year-old White man—is relatively new to urban gay life. Recently, while taking methamphetamine, he was introduced to a bondage sex club. While on crystal, Leo enters a state of hypersexuality in which he has trouble achieving sexual satisfaction.

It [crystal] makes me a lot more aggressive, also a lot more insatiable as far as, I become very sexual, almost to the point of, I can't get enough ... Not necessarily that I can go longer, I just enjoy having sex so much more. The more I use crystal then the more I want to be a bottom, and I guess that I have multiple partners.

Giovanni, a 34 year-old White man, echoes the level of sexual compulsivity described by Leo while using methamphetamine, though for him, this state extended periods of erotic 'obsession', including 'hunting down' sex, more severe sex, and anal sex without condoms.

I become very lustful. I can become a sexual predator, I guess. I mean, just hunting down for sex, sexual obsession. I couldn't—there's no ... I masturbate too much, or I will frequent sex clubs, or sessions with a partner of mine, for hours upon hours upon hours. I would practice unsafe sex. I will practice severer sex ... sadomasochistic. You know, bondage, role playing, more kinky the better ... the better. Almost no limits at times ... no limits with some people.

Giovanni's lack of limits during episodes of methamphetamine-induced sexual compulsion place him at high risk for HIV infection. Edgar, too—a 29 year-old White man—observed a similar impact of methamphetamine on the level of his sexual desire.

I think that I have seen where it has in some cases because it's kind of like you are very driven and you have the one focus of sex on your mind and that's it and once you get into that mind set—when I'm on crystal I find that I get that one mind set and it's sex. Whether it's sex with another person or sometimes masturbation—sometimes it's just all that my brain can think about—that's all I focus on.

And like Giovanni, Edgar's ability to practice safe sex is impaired while using crystal.

...I have been in a situation 2 or 3 weeks ago at the West Side Club—I had done crystal and I was with this guy and I wanted to be on top and I was having the frustrating problem of not being able to maintain an erection. I would get a hard on and put the condom and then it would go away. Then, we fooled around a little bit more and I got a hard-on, put a condom on, and it would go away. And what I would up doing is I got a hard-on and I put my dick inside him a little bit—just put the head in or something like that. And then pulled out, then put the condom on and then I was able to fuck him for a little while at least, and I normally wouldn't do it [without a condom].

Mark, a 26 year-old White man, also cannot maintain condom use during sexual exchange while using methamphetamine. Whereas Mark is generally careful to use condoms when sober, on crystal, he finds negotiating safer sex much more difficult.

I'm less conscious about my body. When I'm sober, I'm usually a top. When on crystal, you just converted me to a bottom. I'm really safe in what I do when I'm sober, and it slips a lot when I'm on crystal ... Your judgment can be altered or impaired ... When I'm sober I usually use condoms with everyone but my boyfriend. When I'm on crystal, it's still in the back of my mind, but it makes your margin of error really big.

Christopher—an HIV positive 34 year-old White man—sums up the experiences of Edgar and Mark in plain terms:

When you're on crystal you don't think about safe sex so you have the tendency to have unsafe sex more often ...

Perhaps David—a 34 year-old Latino man—summed up the perils of crystal use best:

Psychologically, it [crystal] can get kind of hard to take because ... when you're on crystal, you don't have as much will—there's no thinking twice, there's no pulling back, and saying 'maybe I'll meet someone else; maybe this isn't working out'. Psychologically, you just keep moving forward through the experience. You don't question anymore.

Discussion

The use of crystal methamphetamine among gay and bisexual men in this study had a profound impact on their sexual practices. Some of the respondents evaluated these effects as 'positive', including, heightened sexual sensation and pleasure, sexual disinhibition, energy and mental focus, higher pain threshold during anal intercourse and fisting, and an improved sense of confidence and sociability. Moreover, respondents embedded these myriad positive effects in particular social settings where sex with multiple partners and group sex was anticipated. Specifically, the drug transformed the impersonality of anonymous sexual encounters into more 'personal' experiences, provided sexual attraction toward partners for whom little or no attraction existed, enabled longer lasting anal intercourse, made anal intercourse less painful and more pleasurable, and softened the urge to orgasm, thereby allowing longer lasting sexual exchanges.

Conversely, crystal made it possible to have more than one orgasm in an evening, which in turn, enabled sexual exchange with more partners. Taken together, these effects give methamphetamine a kind of therapeutic status similar to that of *Viagra* and other state sanctioned medicinal products. With these therapeutic benefits in mind, gay and bisexual men in this sample strategically scheduled their drug use in order to improve pleasure and performance in the context of sexual sociality.

While some of the effects of crystal were regarded positively by men in this study, others effects were quite negative, including psychological and behavioural changes that put their health at risk. These effects include perceptions of indestructibility, episodes of sexual compulsion, and a diminished capacity to negotiate condom use. In some cases, users experience an 'insatiable' state of hypersexuality leading to patterns of unprotected anal intercourse, and, in turn, increased risk of sexually transmitted infections, including HIV. Moreover, there is the added danger that methamphetamine-related risky sexual behaviour among HIV positive men will produce new HIV infections in their partners with antiretroviral-treated and potentially mutated, medication resistant HIV virus potentially leading to HIV superinfection.

While the aphrodisiacal effects of methamphetamine are not unique to gay and bisexual men, the drug possesses properties that are ‘tailor made’ for the sexualized interactional patterns of the commercial gay subculture in Manhattan and other large urban centres in the US (Sadownik 1995). Indeed, there exists no single context in which methamphetamine is used, and yet, respondents report with great frequency *targeting* crystal intake in anticipation of intensive sexual interactions in a sex party, a gay nightclub, or bathhouse. These settings are organized to maximize opportunities for impersonal and concurrent sexual partner change with minimal investment in time and resources (Achilles 1967; Rushing 1995; Tewksbury 1995). Hence, perhaps it is not surprising that methamphetamine is emerging as a popular drug among men who participate in gay sexual subcultures, for it is in these contexts that the drug acquires its greatest utility. That is, crystal methamphetamine dramatically improves sexual performance in systems of anonymous sex-based sociality that require high libido, sexual adventurism, self-confidence, focus, endurance, reduced discrimination in partner choice, and pain reduction. In short, we suggest that there exists an ‘elective affinity’ between crystal methamphetamine use and Manhattan’s gay sexual subculture—the latter which includes patterned interactional pressures toward sexual sociality that are nearly effortlessly negotiated under the influence of the drug.

‘Elective affinity’ is a term devised by Weber to indicate less a causal relationship between a culture and an economic form, for instance, than a relationship characterized by a strong affinity (Gerth and Wright Mills 1946). Thus Berger and Berger (1972) suggests that an elective affinity identifies a kind of mutual attraction whereby one condition or structure is associated with another because they ‘seek each other out’. From a social epidemiological standpoint, the use of methamphetamine among the gay and bisexual men in this study arises as just such an affinity, whereby the psycho-physiological effects of the drug and the social contexts of its use ‘seek each other out’. Consistent with the concept’s original development, we do not intend to suggest a simple causal relationship whereby urban gay sexual subcultures *cause* use of methamphetamine. Rather, we argue that the normative sexual interactional patterns of urban gay subcultures, as represented by the accounts of respondents in this study and in the wider literature, strongly *favour* a systematic response pattern of methamphetamine use. What is more, taking methamphetamine motivates the user to seek out ever-expanding sexual opportunities in settings that expedite sexual access—i.e., the urban gay sexual subculture. In this sense, not only is there an elective affinity between the two, but there is also a reciprocally reinforcing relationship, whereby subcultural patterns and pressures promote strategic methamphetamine use, and methamphetamine use promotes increased participation in the sexual subculture. In turn, participants who use the drug are likely to have more sexual partners with less condom use, thus putting gay and bisexual men at risk of STD infection, including HIV/AIDS (see figure 1 below).

Conclusion

This paper distinguishes itself from the public health literature on crystal methamphetamine use among gay and bisexual men by shifting the analytic focus from individual-level factors of drug use to the role of social context. While individual-level factors—including self esteem and social awkwardness—are surely related to methamphetamine use, we argue that these factors arise in and are exacerbated by the normative interactional patterns and pressures of Manhattan’s gay sexual subculture, which revolve around intensive and

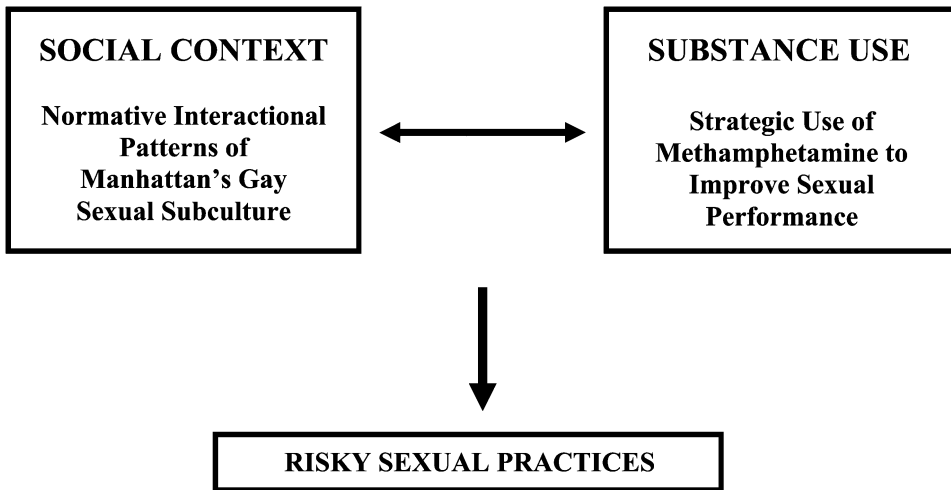


Figure 1. Social context, substance use, sexual practices.

sustained sexual performance. Hence, we suggest there exists an elective affinity between Manhattan's gay sexual subculture and the use of methamphetamine—the latter which induces psycho-physiological effects that help gay and bisexual participants negotiate the interactional demands attendant to sexual sociality. In short, we highlight the relationship of Manhattan's gay sexual subculture to drug taking motivations, and, in turn, to unsafe sexual practices—i.e., the social conditions that put gay men 'at risk of risk' of drug use and HIV infection (Link and Phelan 1995: 85).

To be sure, methamphetamine use is not exclusive to urban gay and bisexual men, as is evident by its formidable history in other social contexts, including drug cultures of the 'psychedelic 60s', the long-distance US trucking industry, and the 'rave' scene of the 1990s (Henry *et al.* 1992). Indeed, the concept of elective affinity may have relevance for a broader field of drug use, for instance, between truck driving and methamphetamine use, or cocaine and sales calls. Yet, the social contexts in which gay men in urban settings use crystal methamphetamine may have particularly dire personal and public health consequences. In the cases outlined above, methamphetamine and New York City's gay sexual subculture present reciprocally reinforcing elements that encourage both expanded drug use and high-risk sexual practices. Coupling a powerful sexual stimulant with a social context that revolves around the maximization of sexual opportunities, the current conditions are ripe for a 'double epidemic' of drug addiction and HIV transmission (Halkitis *et al.* 2001).

To this end, intervention and prevention strategies addressing methamphetamine addiction must not only focus on intrapsychic processes and psychological motivations underlying use, but also the social contexts in which such processes and motivations are embedded. Urban gay sexual subcultures institutionalize a form of sociality rooted in sexual exchange and attendant pressures around sexual performance—conditions that are highly favourable to the use of particular drugs, like crystal methamphetamine. In this regard, prevention and intervention approaches must attend not only to individual psychological factors, but also to the wider social environments in which these arise. This kind of intervention will require sensitivity to the social antecedents of methamphetamine use and the development of alternative strategies for negotiating the interactional pressures of urban

sexual sociality. It will also require coordinating targeted outreach programs designed to forge partnerships with gay social establishments that both respect the entrepreneurship of the individual and the health of the gay community.

Notes

1. A street-based convenience sample of gay and bisexual men attending New York City bars and clubs surveyed by Halkitis *et al.* 1999 found that 10–12% of men reported using crystal methamphetamine. Additionally, Halkitis *et al.*, 1999, and Lewis and Ross 1995, found high rates of crystal use among homosexual men frequenting bathhouses, nightclubs and circuit parties.
2. ‘Superinfection’ is infection with multiple strains of HIV. The condition significantly complicates the treatment and control of HIV (Vernazza *et al.*, 2002).
3. Circuit parties are large dance parties that occur throughout the year in large US cities. These parties typically attract thousands of gay men, who convene in a given urban locale for the weekend to dance, socialize and do drugs (Manserg *et al.*, 2001, Mattison *et al.*, 2001).

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