Crystal Meth, Gay Men, and Circuit Parties

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Circuit parties are often themed events attended by thousands of participants, largely gay men. They are held in various locales throughout the United States and originally served as fundraising venues for HIV nonprofit organizations. In this article, Steven P. Kurtz and James A. Inciardi describe the subculture of circuit parties and the role of crystal methamphetamine within these settings. The study presented here drew on survey data collected from gay men attending a well-known circuit party in Miami, Florida. Additional data were collected through focus groups of gay men who had used crystal methamphetamine. The results showed that a large number of men had used the drug and that polydrug use was common. Focus group data described the price and availability of crystal methamphetamine. The authors conclude with a discussion of the strengths and drawbacks of different interventions.

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Over the three decades since the advent of the gay civil rights movement, gay male subcultures in large cities have frequently maintained—as an integral and celebrated element of "gay ghetto" life—an intimate connection between recreational drug use, all-night dance parties, and sexual freedom (Browning, 1993; Kramer, 1978; Rotello, 1997; Shilts, 1987). Writing about 1970s New York, Levine (1998) called these cultural elements the "four Ds: disco, drugs, 'dish' and 'dick'." Although the onslaught of the AIDS epidemic in the 1980s forced a broad-based retrenchment in the more libertine aspects of these subcultures, a number of social forces in the 1990s brought the drug/sex/dance scenes back with vigor. The most visible facet of this renewed revelry has been the circuit party, which, paradoxically, emerged from AIDS fundraising efforts initiated by the gay community in the early days of the epidemic (Kurtz, 1999; Signorile, 1997).

As these one-night fundraising affairs stretched into week-long dance events attracting many thousands of men, recreational drug use became more prevalent. Methylenedioxymethamphetamine (MDMA or ecstasy) was initially the primary drug of choice for these parties, followed by the additions of other "designer" or "club" drugs"—ketamine (Special K); gammahydroxybutyrate (GHB), and crystal methamphetamine (crystal or tina) (Kurtz, 1999; Signorile, 1997). Crystal use spread rapidly on the West Coast among gay men and gradually moved east toward the end of the 1990s (Brown, 2002; Heredia, 2003; Reback & Ditman, 1997).

In response to crystal use, the party scene changed again to include the development of harder-edged music and an increasing focus on casual sex encounters rather than dance. Crystal has now become embedded in many urban gay communities and is strongly associated with sexual behaviors that put men at risk for HIV infection (Frosch et al., 1996; Molitor, Truax, Ruiz, & Sun, 1998; Reback & Ditman, 1997; Semple, Patterson, & Grant, 2002). This article reports the results of a survey of drug use and sexual HIV-risk behaviors that was conducted at a recent circuit party in Miami, Florida, focusing on the behavioral characteristics of crystal users.

Circuit Parties

The form and style of the modern circuit party have roots in both the AIDS epidemic and the emergence of rave culture in the late 1980s. The lack of government attention to the growing AIDS crisis in the early 1980s left gay men, by far the most common victims of the disease in the early years, to fend for themselves in helping those already infected and attracting resources to fighting the disease. Gay Men's Health Crisis (GMHC) in New York City sponsored, what some consider to be the very first circuit party, a fundraising event on Fire Island in 1982 (Silcott, 1999). The Morning Party (thus named to acknowledge both loss and hope) became an annual, ever larger dance event that combined fundraising for AIDS with the celebration of life. Miami followed quickly in New York's path, establishing the White Party in 1985. Held at an elegant historic mansion on Biscayne Bay over Thanksgiving weekend, the White Party became an instant international success. Similar AIDS fundraising affairs soon cropped up in other major cities and gradually spread to smaller municipalities, such as Austin, Texas, and Palm Springs, California. Traveling the "circuit" of parties to support the cause became an important social activity for the mostly white, moneyed gay men who could afford it.

As the circuit phenomenon developed, gay male fashion was also changing. Spurred by a desire to create as much distance as possible from the gaunt appearance of AIDS victims, gay men raised the gym-honed body to icon status. Muscles—often aided by the use of anabolic steroids—became a fashion statement; the shirtless, shaven male chest and "six-pack" abs symbolized circuit party style, while also adding a strong sexual component to the celebrations that defied the power of AIDS to define gay life (Kurtz, 1999; Signorile, 1997). As AIDS treatment and prevention technologies [e.g., zidovudine (AZT, the first pharmaceutical treatment for HIV infection), HIV

antibody tests, and the "condom code"] emerged in the late 1980s, hope for an end to the epidemic combined with the reinvigoration of gay party life to make the devastation of AIDS less visible and the reinstitutionalization of sexual adventurism in the culture possible (Signorile, 1997).

Drawing on rave cultures that first developed in England and other parts of Europe, circuit parties increasingly included drug use on a broad scale (Kurtz, 1999; Lewis & Ross, 1995; Signorile, 1997). As a source of boundless energy and loving, happy feelings, ecstasy had a particular affinity for gay dance parties that raised money for AIDS. Drug use fueled the extension of the parties into all-night affairs. As men began to travel long distances to attend the events, the parties evolved into extended weekend, and eventually. week-long, celebrations. Although most circuit parties across the country still include a signature AIDS fundraising affair, promoters have expanded the concept to include many other events: Miami's Winter Party, begun in 1993 as an afternoon dance party on the beach to raise money for a local gay and lesbian foundation, for example, has become Winter Party Week. In March 2003, the event included 12 "officially-sanctioned" dance parties (each about five to nine hours long) that filled both days and nights.

Bars and clubs in the community offer many peripheral "nonofficial" parties as well. Every event features a dance party with one or more nationally known DJs spinning mostly electronic music. Dance events generally cost $60–$125 per person, with passes for the entire week usually running about $350–$600, depending on VIP entry status. Municipal governments and mainstream hoteliers have come to provide major support for these events. Corporate sponsors for the 2003 Winter Party included Bacardi, Perrier, Southwest Airlines, and Budweiser. *Circuit Noize,* a national magazine dedicated to articles and advertisements related to circuit events, listed 11 such parties for the month of May 2003, in cities ranging from Chicago and New York to Cancun, Mexico and Montreal, Canada. The parties are primarily defined by their size (5,000 to 25,000 people are the usual attendance figures), their hours (it is generally possible to stay in party mode 24 hours a day), and the recreational drug use that takes place there.

As drug use increased, the party scene got messier. Ambulances were parked outside of party venues to administer help to the fallen. Bouncers conducted pat down searches for drugs at the entrances. (At least in Miami, the general practice has been to confiscate drugs found on patrons and to eject those who overdose but never to prosecute). More recently, deaths from drug overdoses caused some charitable organizations, beginning with New York's Gay Men's Health Crisis in 1999, to back away from their association with the parties (GMHC, 1999), In an article weighing the community-affirming benefits of circuit parties against the widespread drug abuse that accompanies them, columnist Alan Brown (1998) wrote in *Circuit Noize...*

> The primary shift has been from an underground ritual of music and dance to a consumer-based marketing phenomenon around which a subculture has formed. As the party experience got packaged into a publicly-traded commodity, so too did party drugs, leading to increased consumption in a range of venues extending well beyond the party circuit.

Indeed, the circuit party subculture—from the music to the muscles—gradually took prominence in local nightclub scenes across the country as well. As the 1990s wore on, there was an explosion in the regular use of "club drugs" especially ecstasy, GHB, ketamine and crystal, among urban gay men (Kurtz, 1999, Lewis & Ross, 1995; Li, Stokes, & Woeckener, 1998; Mattison, Ross, Wolfson, & Franklin, 2001). Gay dance clubs, throwing "weekly circuit parties," extended their hours to the limits of municipal tolerance. (For a time, Miami Beach gave permits for clubs to stay open as late as noon). In entertainment-oriented cities like New York and Miami, after-hours clubs sprang up (*sans* alcohol, but no one cared), opening at 5:00AM and closing in the late afternoon for those who were not yet ready to go home. Thus, the circuit style became an integral part of everyday "ghetto" life.

Drug Use Among Gay Men

Numerous studies of gay men have shown prevalent alcohol and drug use (Stall et al., 2001; Stall & Purcell, 2000), with polydrug use also common (Greenwood et al., 2001; Stall & Wiley, 1988). The mainstreaming of new designer drugs only added to the list of possible mind-altering substances that could be sequenced and/or mixed. Miami's growth during the 1990s as an adult entertainment capital and a key resort destination for gay men coincided with this rapid rise in the popularity of club drugs (Albin, 1995; Kurtz, 1999). The South Beach Health Survey (SBHS), a 1996 population-based study of the drug use and sexual behaviors of gay men living on South Beach—the southern end of Miami Beach, Florida (Webster, Darrow, Buckley, & Kurtz, 1998)—found that 13% of the respondents used drugs other than marijuana and inhalants at least weekly, more than double the rate found in San Francisco in the late 1980s (Stall & Wiley, 1988); overall, 73% used illicit drugs, and 93% used drugs and/or alcohol in the prior year.

Researchers have also found strong associations between gay male sexual HIV-risk behaviors and alcohol and drug use (Paul, Stall, Crosby, Barrett, & Midanik, 1994; Purcell, Parsons, Houkitis, Mizuno,& Woods, 2001; Siegel, Palamara, Mesagno, Chen, & Christ, 1989). Twenty-four percent of the men in the SBHS reported having been high on drugs or alcohol during anal sex at least half of the time (Webster et al., 1998). Some studies designed to investigate this problem more closely have found only certain substances to be associated with sexual risk-taking: alcohol (Perry et al., 1994); ecstasy (Klitzman, Pope, Jr., & Hudson, 2000); nitrite inhalants (Darrow et al., 1998; Ekstrand, Stall, Paul, Osmond, & Coates, 1999; Paul, Stall, Crosby, Barrett, & Midanik, 1994); methamphetamine (Molitor et al., 1998; Semple et al., 2002), and cocaine (Chesney, Barett, & Stall, 1998; McNall & Remafedi, 1999). One reason for these divergent findings may be that different drugs find popularity in gay subcultures—and specifically popularity for use during sex—at a rapidly changing pace. Neither GHB nor crystal, for example, registered as drugs of abuse among gay men in the 1996 SBHS (Webster et al., 1998); data from the present study discussed below show these to be among the most common drugs used by gay men in 2003.

Although the specific mechanisms linking substance use and sexual risk behaviors among gay men are not well understood (Chesney et al., 1998; Clatts, Welle, & Goldsamt, 2001; Gold, Skinner, & Ross, 1994; Leigh & Stall, 1993; Stall & Purcell, 2000), it is clear that the two sets of behaviors are correlated and increasing among gay men. Although the onslaught of the AIDS epidemic in the early 1980s forced a pause in the sexual freedom that was a hallmark of urban gay cultures in the prior decade, the restraints on sex that emerged from that crisis—reducing numbers of partners, refraining from anal sex, and normalizing condom use (Ekstrand & Coates, 1990; Joseph, Adib, Koopman, & Ostow, 1990; Kippax, Crawford, Davis, Rodden, & Dowsatt, 1993; Kalichman, Heckman & Kelly, 1996; Siegel, Bauman, Christ & Krown, 1988)—gradually began to unravel. In the late 1990s, researchers in many cities began reporting increasing rates of unprotected anal intercourse (UAI) between men of unknown HIV status (Catania et al., 2001; Ekstrand et at., 1999; Katz et al., 2002; Ostrow, McKirnan, Klein, & DiFranceisco, 1999; Valleroy et al., 2000).

If the increase in already heavy drug use among gay men can at least be partly traced to the circuit party phenomenon, the increase in sexual risk behaviors, specifically UAI, appears to be partially rooted in the development of pharmaceutical highly-active antiretroviral therapies (HAART) for the treatment of HIV disease. The increasing longevity and good health of HIV-positive men, and continuing announcements of additional medicines on the market for treatment, have resulted in a rather widespread decline in the perception of the seriousness of the disease (Elford, Graham, Maguire, & Shurr, 2000; Ostrow et al., 2002; Vanable, Ostrow, McKirnan, Taywaditep, & Hope, 2000). These changing attitudes, increasing distance from AIDS-related deaths, the maturation of circuit party culture, exhaustion with safe

sex messages, and the rise of Internet chat rooms as places to make sexual connections coalesced to set the stage for the resexualization of the subculture. Crystal meth played a major role in fueling that shift.

Crystal Meth and Gay Men

Although, as noted earlier, a number of different drugs have been found to have associations with sexual risk-taking by gay men, there is ample evidence that crystal has a different connection to sexual behavior than other drugs and that it plays an important part in the observed rapid increases in UAI and sexually transmitted infections among this group (Frosch et al., 1996; Molitor et al., 1998; Reback & Ditman, 1997; Semple et al., 2002; Signorile, 1997). Increasing levels of crystal abuse by gay men were noted on the West Coast as early as the late 1980s (Reback & Ditman,, 1997); the problem emerged in eastern cities only in the late 1990s (Brown, 2002; Heredia, 2003). Crystal initially served as merely the newest club drug—after ketamine and GHB—to take the dance club scene another level higher. Unlike ecstasy—which is often described as a "love drug" but not a "hard sex drug" (Beck & Rosenbaum, 1994; Cohen, 1998; Ireland et al., 1999; Reback & Ditman, 1997)—crystal is particularly synergistic with sex. Crystal has been found, more than other drugs, to be especially sexually arousing and disinhibitory (Ireland et al., 1999; Paul, Stall, & Davis, 1993; Reback & Ditman, 1997; Semple et al., 2002; Zule & Desmond, 1999).

The most recent settings for crystal use among gay men are private home- and hotel-based sex parties organized using Internet websites established specifically for that purpose (Benotsch, Kalichman, & Cage, 2002). These websites enable the distribution of photographs and profiles of interested men, making clubs unnecessary as meeting places. Although other drugs are commonly used in these settings—especially GHB, ecstasy and Viagra—crystal is the "core" drug at sex parties just as ecstasy was for the dance scene. New HIV-related behavioral terminology has accompanied this new sexual subculture, including "barebacking" (the intentional engagement in unprotected anal intercourse between men of unknown serostatus); "bug chasing" (bareback sex solicited by HIV-negative men from HIV-positive men); and "PNP" (party and play, or the combining of drugs—particularly crystal and GHB—with casual sex encounters) (Goodroad, Kirksey, & Butensky, 2000; Mansergh et al., 2002; Suarez & Miller, 2001). These new terms signified the rejection of sexual restraint by a significant cross-section of gay men. The survey used in this study was designed to rapidly assess the extent of these behaviors among men who attended the Winter Party in Miami.

Methods

Site

Miami-Dade County consistently reports in the top three Metropolitan Statistical Areas (MSAs) nationwide in numbers of HIV and AIDS cases (CDCP, 2002; Miami-Dade County, 2003). As a major gateway for international tourism and trade as well as a popular adult-oriented entertainment destination in its own right, metropolitan Miami lies amidst a constant stream of vacationers, transients, temporary residents, part-time residents, immigrants, and political and economic refugees from across the globe. Men of widely divergent sexual cultures and HIV prevention knowledges share the space of a highly sexualized and sexually commodified geography (Albin, 1995; Kurtz, 1999).

Miami is the site of two world-renowned circuit parties: the White Party, which is held over Thanksgiving weekend to support the largest AIDS service organization in the county, and the Winter Party, which is held in early March. Survey data for this study was collected at the Winter Party in March 2003. Described in some detail earlier, the Winter Party is held at the height of Miami's tourist season and attracts more than 5,000 men from around the world. Sponsored by major corporations as well as by the greater Miami Convention and Visitors Bureau, it is comprised of a week of dance and after-hours parties, with the signature event occurring on "14th Street Beach" on Sunday afternoon.

Winter 2003 Men's Sexual Health Survey

To administer the survey, researchers gathered in the registration area of the host hotel on South Beach. Upon entering the registration area, men were asked to complete a brief, anonymous, self-administered questionnaire that included questions about demographics, drug use, sexual risk behaviors, intimate relationship status, HIV serostatus, history of sexually-transmitted infections (STI), and attitudes about condom use and HIV disease. The first page of the survey form explained the purpose and contents of the survey, as well as its anonymous nature. Participants were paid $5 for their time. Research staff estimated the refusal rate at 10–15%.

Focus Groups

This report was also informed by data from four focus groups of gay male residents of Miami-Dade County held between February and April of 2003. Focus groups included 15 men who responded to an ad targeting gay men who had experience using crystal. The groups included both current users and men recovering from some level of self-described addiction to crystal. Focus group sessions lasted about an hour and were tape-recorded with prior consent The sessions dealt specifically with crystal use, its availability, its association with sexual behaviors, and the effect of the drug on respondents' lives. Participants were compensated $30 for their participation. Finally, the study was informed by a focus group of health professionals held in May 2002. Although the subject matter for that focus group was the use of club drugs among the general population, a significant amount of the discussion related to crystal use in the gay community.

Measures, Analyses, and Interpretation

Data from the self-administered questionnaire was entered into a database and analyzed with the assistance of standard statistical computer software. Tables were created to examine independent, intervening, and dependent variables of interest. Pearson chi-square and t-tests for statistical significance and associated levels of probability (p) were used to assess differences between crystal users and nonusers.

Except where noted in the tables, information regarding continuous variables, such as age, were collected and reported at the ratio level of analysis. Nominal variables, including race/ethnicity, primary partner relationships, and HIV and STI infection status, were derived from simple "yes/no" or categorical responses on the self-administered questionnaire forms. Sexual behaviors were measured by having the respondent indicate whether, and with how many partners, he had engaged in certain activities during the preceding six months. Drug use was measured by questioning the frequency (e.g., daily, weekly, monthly, less often, never) of use of each of 11 classes of pharmaceutical and street drugs of abuse during the prior six months.

Attitudes toward safe sex and HIV risk were measured using a Likert-type four-item scale: 1= agree strongly, 4 = disagree strongly. The tables in this article report those findings and associated levels of probability, using Pearson chi-square tests; for this purpose, and primarily to avoid necessary assumptions about continuous variable distributions, scales were reduced to dichotomies (e.g., agree or disagree).

Findings

Availability of Crystal

As noted above, the sample for this study was one of convenience and not necessarily representative of the Winter Party attendees. Nevertheless, zip code data was compiled to examine whether certain geographic concentrations of crystal use were indicated among this population. One hundred and forty (59.1%) of 237 attendees resided in zip codes representing just eight metropolitan areas in the United States. Table 25.1 shows the numbers and percentages of those men who used crystal in the prior six months by city of residence. While any generalizations using these data are tenuous, it appears that crystal use is common among this population throughout major cities in the United

Table 25.1 Crystal Use Among Winter Party Attendees in Miami, Florida, by City of Residence

City	Attendees N	Crystal Users N	Crystal Users %
Atlanta, GA	10	9	90.0
Austin, TX	6	6	100.0
Boston, MA	8	8	100.0
Chicago, IL	18	5	27.8
Los Angeles, CA	14	8	57.1
Miami, FL	49	31	63.3
New York, NY	24	18	75.0
Washington, DC	11	8	72.7
Subtotal	140	93	66.4
All others	97	53	54.6
Total	237	146	61.6

States, and also quite common among men who attend circuit parties. Only the Chicago data suggests a relatively low level of availability or popularity there; although this statement is made with an abundance of caution because of the sampling method used.

Focus group participants who had moved around the country over the last decade could clearly trace the path of crystal's popularity from the West Coast to the East. According to these men, crystal was easy to find and commonly used for sex by gay men in California and Texas in the early 1990s. By the end of the decade, around 1999, it was emerging as a popular drug in Washington, DC, and New York. Participants reported that the drug had become prevalent in Miami only since about 2001.

Focus group participants reported that crystal is now widely available throughout Miami and neighboring Ft. Lauderdale. Men reported that the drug can easily be purchased in bars (e.g., sometimes one can get a "bump" [snort] for free), on the dance floor in nightclubs, and through a widespread dealer network that is easy to access. Dealers can be found in both wealthy and poor neighborhoods. Home delivery service is common, often employing the services of young teens riding bicycles. Men reported that, for most users, the drug is relatively cheap, costing perhaps $50 for a bag that lasts a weekend. Given the declining quality and increasing price of ecstasy, cost was one of the motivations to use crystal. One respondent estimated that 50% of the gay population in Miami and Ft. Lauderdale are either crystal users or know someone who is having problems because of it.

A local authority on drug trafficking and abuse traced the shift from ecstasy to crystal in another alarming way:

> Methamphetamine has had among the lowest prevalence rates, certainly in the nation, in South Florida over the years. We did a study for NIDA...in 1988 on this, and one of the reasons always came back to us, that the cocaine dealers would not allow it. This was cocaine territory and they didn't really want the competition of methamphetamine. Now just go a little north, up to Tampa or Orlando; methamphetamine is there among the white, blue-collar populations, as it is throughout much of the Southeast and Southwest and Midwest. But tina [crystal] has been the real breakthrough in bringing methamphetamine to the community. It's almost as if it's being planned and marketed because just like the gay community taught the straights how to dance and disco in the '70s, and taught them about the link between dancing and partying and drugging, tina is really, I think, being promoted right now. Because what's going to happen with ecstasy after September 11, it ain't earning in the same levels as it used to be with "Hurricane E" [ecstasy]. And so now there have got to be other methylated amphetamines to replace it...methamphetamines. In Asia, where we've seen this epidemic of ecstasy and methamphetamines, the two drugs are now just the same. I think the real future of ecstasy is going to be methamphetamine.

Demographics

Demographic characteristics of the survey sample are displayed in Table 25.2. The heavy concentration of men in their late 20s to early 40s is not surprising, given the nonstop nature of weeklong circuit party events. Although younger men may have a strong interest in participating, the expenses associated with travel, entrance fees, and party drugs are prohibitive for many of them. Similarly, the overwhelming number of white participants

Table 25.2 Demographic Characteristics of Winter Party Attendees in Miami, Florida (N = 237)

Age	N	%
21–29	37	15.7
30–39	135	57.2
40–49	59	25.0
50 and Over	5	2.1
Median Age = 36		
Ethnicity:		
White/Anglo	175	73.8
Latino	38	16.0
African American	12	5.1
Other	12	5.1
Miami Area Resident	52	21.9
HIV-Infected (self-report)	31	13.1

is due in part to economic factors, as well as the origination of circuit parties within largely white, urban, gay subcultures. Although the Winter Parry attracts men from across the globe, our sample included a significant number of local men.

The number of men who self-reported HIV infection (13.1%) approximates that found in several studies of urban gay men of this age distribution (Catania et al., 2001; Wolitski, Valdiserri, Denning, & Leyine, 2001). It should be noted that this is likely a low estimate, however. In addition to the possibility that some men were unwilling to disclose HIV positive status even on an anonymous survey, other researchers have found that many gay men do not know they are infected (Valleroy et al., 2000). In the South Beach Health Survey, 18.0% of respondents self-reported HIV infection on an anonymous survey. Men in that study also provided oral fluid samples for testing, which showed that 24.9% were actually infected (Darrow et al., 1998).

Polydrug Use

Drug use over the previous six months is shown in Table 25.3. Almost 90% of respondents reported that they used one or more illicit drugs. Ecstasy was the most frequently cited drug, and "club drugs" in general accounted for all of the most popular psychoactive drugs except marijuana. Attesting to the broad popularity of crystal among this population,

Table 25.3 Drug Use in the Past Six Months by Winter Party Attendees in Miami, Florida (N = 237)

	N	%
Street Drugs		
Marijuana	135	57.0
Cocaine	94	39.7
Opiates	22	9.3
Hallucinogens	34	14.3
Club Drugs		
Crystal Meth	146	61.6
Ecstasy	186	78.5
Ketamine	152	64.1
GHB	116	48.9
Amyl Nitrite	110	46.4
Pharmaceuticals ("to get high")		
Uppers	54	22.8
Downers	63	26.6
Viagra	127	53.6
Any Drug Use	213	89.9
Weekly Drug Use	69	29.1
Five or More Drugs	127	53.6
Ever Injected Any Drug	23	9.7

over 60% of the sample had used it. Although not a psychoactive drug, Viagra use was measured because of its strong association with crystal use among gay men. Viagra is not included, however, in any aggregated measures of drug use in this report.

Over half (53.6%) of the sample used five or more different illicit drugs in the prior six months, and almost one-third (29.1%) used at least one drug daily or weekly. The most popular drug combination among polydrug users was ecstasy, crystal, and GHB. The most popular drugs used daily or weekly were marijuana (10.6%), crystal (9.3%), and ecstasy (8.9%). Less than 10% of the sample had ever injected any drug. Respondents were not asked about which drugs they had injected, but crystal has a strong association with injection among this population (Clatts & Sotheran, 2000; Ireland et al., 1999; Reback & Ditman 1997).

Polydrug use among crystal users and non-crystal users is compared in Table 25.4. Clearly, men who use crystal are much more likely than non-users to ingest a wide variety of psychoactive substances, with almost all of them also using ecstasy, almost 80% also using ketamine, and about two-thirds of them also using marijuana,

Table 25.4 Crystal Meth and Polydrug Use Among Winter Party Attendees in Miami, Florida (N = 207)

	Crystal Meth Users (N = 146)		Nonusers (N = 91)		
Variable	**N**	**%**	**N**	**%**	***p***
Other Drugs Used					
Marijuana	100	68.5	35	38.5	0.000
Cocaine	75	51.4	19	20.9	0.000
Opiates	18	12.3	4	4.4	0.041
Hallucinogens	32	21.9	2	2.2	0.000
Ecstasy	136	93.2	50	54.9	0.000
Ketamine	116	79.5	36	39.6	0.000
GHB	94	64.4	22	24.2	0.000
Amyl Nitrite	80	54.8	30	33.0	0.001
Uppers	47	32.2	7	7.7	0.000
Downers	56	38.4	7	7.7	0.000
Viagra	96	65.8	31	34.1	0.000
Used Five Drugs or More*	113	77.4	14	15.4	0.000
Weekly Drug Use*	55	37.7	14	15.4	0.000
Use Drugs Often for Sex*	82	56.2	17	18.7	0.000
High for Sex at Least 50% of the Time	55	37.7	16	17.60	0.001

*Includes listed drugs except Viagra.

GHB, and Viagra. Crystal users were much more likely to report weekly drug use, often using drugs for sex and being high on alcohol or drugs during anal intercourse half or more of the time. Noncrystal users had relatively low rates of polydrug and weekly drug use, with the "older" club drugs—ecstasy, ketamine, and amyl nitrite—being the most popular in addition to marijuana among them.

Pharmaceutical drugs other than Viagra are important aspects of polydrug use among this population as well. Over 38% of crystal users reported using "downers," while less than 8% of noncrystal users did so. A medical doctor discussed the extent to which crystal users mix different drugs to try to maintain the desired high and to ease the effects of coming down from it:

> It's interesting in the HIV population, the AIDS population. Back five years ago, people were sick, before the protease inhibitors. And there were quite a few people on Percocets because they really needed the Percocets. And the protease inhibitors came along and, you know, like a phoenix rising from the ashes, everybody did so much better. But they still wanted their Percocets. And I notice now people calling me on a Friday. I go, "Why do you want these Percocets?" "I only need thirty. I only need fifteen." "What do you need them for?" And it's this mixture again. "I'll take a few Percocets, I'll do a little bit of tina," and, oh, they have to have that Viagra prescription called in, and thank God Medicaid pays for it. And the Xanax. At the end of the weekend, they need their Xanax to go to sleep, and sleep for 48 hours to get it all out of their system. Hopefully they wake up. But [back to] the pain killers, they don't need them and they don't call for it unless it's a party weekend. So they're just dragging other stuff into it, things that they used to take for legitimate purposes.

One ex-crystal user struggling with recovery explained why crystal users tend, more than others, to be users of many other substances as well:

> Crystal took over all the other drugs. I mean, I didn't care if I took two ecstasies or I did [Special] K...G [HB] was the only one that subdued the crystal. But it didn't last that long. Crystal, the jealous bitch, she takes over every situation. I mean, it does, it takes over every drug. I don't care how potent the drugs are, crystal makes its presence known.

Many men in the focus groups agreed that as crystal addiction took a stronger foothold, their

Table 25.5 Crystal Use and Sexual Behaviors Among Winter Party Attendees in Miami, Florida (N = 237)

	Crystal Meth Users (N = 146)		Nonusers (N = 91)		
Variable	**N**	**%**	**N**	**%**	**p**
HIV-Infected (self-report)	17	11.6	14	15.4	n.s
Diagnosed with STI in Last 12 Months	43	29.5	16	17.6	0.040
Engaged in UAI in Last 6 months	84	57.5	58	63.7	n.s
5+ Anal Sex Partners in Last 6 months	51	34.9	21	23.1	0.054
Reported Problems with Use of Condoms (1)	83	57.6	48	57.1	n.s

(1) Condoms cause erection problems or take the fun out of sex, or it is difficult to ask a partner to use one.

lives became increasingly isolated and dysfunctional. The choice eventually became the continuation of crystal dependence or giving up every drug completely.

Crystal and Sexual Risk Behaviors

Sexual risk behaviors for crystal users and nonusers are compared in Table 25.5. Although there were no discernable differences in rates of HIV infection between the two groups, crystal users were almost twice as likely to have been diagnosed with an STI during the previous 12 months. The most common STIs for both groups were herpes (8.0%), gonorrhea (5.5%), and chlamydia (5.1%). Similarly, there was no difference between crystal users and nonusers in self-reported engagement in UAI during the previous six months, but crystal users tended to have more anal sex partners, though this did not reach the .05 level of significance. No difference was detected between users and nonusers on whether they experienced problems when using condoms.

Discussion

The introduction of crystal meth to the circuit party scene has generated a number of health policy implications. The data collected from this sample of 237 gay men attending Miami's Winter Party in 2003 suggests that the use of crystal meth is widespread and that the users of crystal meth are at considerable risk for numerous health problems. For example, crystal users are more often users of other drugs as well, with significant numbers using marijuana, cocaine, ecstasy, ketamine, GHB, and prescription "uppers" and "downers." As such, they are at increased risk not only for an overdose on any given drug, but also for potentially lethal drug interactions. In addition, crystal users would appear to be at greater risk for HIV and other sexually transmitted infections. For example, they reportedly use drugs more often during their sexual encounters, causing a loss of inhibitions, which might serve to increase their willingness to participate in unprotected sex. There were no statistically significant differences in rates of HIV seropositivity between users and nonusers of crystal meth; however, almost twice the proportion of crystal users reported having been diagnosed with a sexually transmitted infection in the past six months.

Although the presence of crystal meth and other illegal drugs at circuit parties might appear to be a matter for local law enforcement, it would be difficult for most, if not all, police agencies to have a major impact on this growing health problem. There are several reasons for this assertion. First, infiltrating circuit parties for the purpose of seizing illegal drugs would indeed be a daunting task. There are few "straight" police officers who could effectively "pass" as gay men to work undercover at circuit parties. Moreover, it is likely that few, if any, officers known to be gay would be willing to work this kind of detail.

Assuming that undercover work would be feasible and possible, circuit party attendees, even crystal users, carry and use only small amounts of drugs at any given time. As such, having a significant impact on the availability and use of crystal meth at circuit parties would be far too labor

intensive to be cost-effective. There are other areas of enforcement in which police resources could be better utilized. Moreover, the crystal meth that finds its way to circuit parties originates outside of the gay community, in the biker and other trafficking subcultures that support themselves through the production and distribution of illicit drugs.

Should significant numbers of arrests for the possession of drugs at circuit parties be achieved, which is unlikely, any successes would be short-lived. Like raves, most circuit parties would begin to move from place to place, shifting to those jurisdictions and precincts where drug enforcement is less intensive or effective.

The problem of crystal meth and other drug use at circuit parties would be most appropriately dealt with through targeted public health education combined with intervention by health services and harm reduction agencies. Harm reduction involves attempts to ameliorate the adverse health, social, and economic consequences associated with the use of mood altering drugs and/or activities, which increase the risks of HIV transmission (Inciardi & Harrison, 2000). Among the better known harm reduction initiatives are methadone maintenance for heroin users, syringe exchange programs for injection drug users, and condom distribution to commercial sex workers. An important community-policing activity in this regard would be the distribution of condoms and drug education materials by uniformed police volunteers in the vicinity of circuit parties. In addition, police agencies might wish to consider working with local gay men's health advocates to address the problems associated with the use of crystal meth.

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