Methamphetamine, Club Drugs & the Psychology of Risk in Gay & Bisexual Men

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Aims Of Presentation

- Describe historical trends and community reactions to methamphetamine use among gay and bisexual men in New York City
- Provide descriptive data regarding the use of methamphetamine and other club drug use, correlates, and contexts of use among gay and bisexual men in New York City
- Consider patterns of HIV seroconversion among club drug users, and the potential role of methamphetamine and other club drugs, as well as orientations to drug use and sexual behavior which could explain seroconversion
Methamphetamine & Gay Men in NYC

- Early 1990s: Crystal methamphetamine use reported among MSM mostly on the West Coast of the USA and Hawaii.
- 1998-1999: Seropositive Urban Men’s Study (SUMS) finds 7% among HIV + MSM in NYC as compared to 17% in San Francisco are active methamphetamine users (Purcell et al., 2001).
- 2000-Present: Anecdotal evidence from LGBT Center coupled with research studies undertaken by CHIBPS-NYU documents exponential increases in use among segments of gay and bisexual male communities of NYC (Halkitis, Parsons, & Fischgrund, 2005; Halkitis, Parsons, & Wilton, 2003; Halkitis, Shrem & Martin, 2005; Halkitis, Parsons, & Stirratt, 2001).
- 2003: CHIBPS & LGBT Center combine efforts to address meth issue in gay community.
Community Reaction to Methamphetamine

Immediate responses in NYC have been based on knowledge-based approaches: knowledge dissemination

- Print campaigns
- Conferences & Trainings
- Media stories
- Emphasis is on link between methamphetamine use and HIV

“Scare” tactics

Task forces: GMHC, NYCDOH, Callen-Lorde

Targeted solely to gay & bisexual community
The Beast in the Bathhouse

Crystal Meth Use by Gay Men Threatens to Reignite an Epidemic

BY ANDREW JACOBS

Bob looked belligerent but was feeling flustered. Chewing gum at a music store, circling the labyrinthine halls of the West Side Club on a recent Sunday afternoon, he had been awake since Friday, thanks to a glassine packet of crystalline powder he had tucked beneath the mattress of a room he rented in this Chelsea bathhouse.

The powder, known as methamphetamine, or crystal meth, had helped Bob conquer a half-dozen sex partners during a 24-hour binge. Like many of the men craning the two-story club lined with crimson-curtained bars, Bob, a 28-year-old advertising copywriter, was "weaking" high on a wildly addictive stimulant that had been sweeping through Manhattan's gay subculture.

"The stuff is a wonder," he said, taking a pause from his preening, his acne-ridden frame wrapped in a white towel. Asked about condoms and the dangers of risky sex, Bob shrugged. "Whatever," he said, turning away.

At the club, there were plenty of condoms for the taking, courtesy of the management, but in conversations with a dozen patrons who acknowledged using crystal, only two men said they were following the rules of engagement in the age of AIDS. "Some guys just throw you out of the room if you pull one out," said one of the men. Indeed, who, like everyone else, would not give his full name? "To them, rubbers are a killing." Health officials say a sharp increase in the number of syphilis cases in the city, many of them among young men, are linked to crystal meth.
CITY POWER

Crystal-meth use is about to race out of control

BY PERRY HALKITIS AND PAUL GALATOWITSCH

Last Sunday's raid of the Sound Factory, a Hell's Kitchen dance club, where authorities charged the owner and two members of his staff with promoting the sale of illegal drugs, highlights the fact that crystal-methamphetamine use in New York City has been rising the past five years, prompting a dangerous increase in unsafe sex practices and many new cases of HIV infections. Despite this documented trend, the city has not yet established crystal-methamphetamine education and treatment initiatives. It can't afford to wait.

In 1999, our research revealed that crystal-methamphetamine use was beginning to grow rapidly and would inevitably be associated with new HIV infections in New York City. This was especially true among men having sex with men — the population where increased crystal use in New York City began. Men used crystal to increase sexual pleasure, to be more social, and even to treat undiagnosed attention deficit disorders and depression.

To our great alarm, participants in our studies described forgetting and choosing to forget to use condoms as they engaged in crystal-fueled sexual marathons. Now crystal use is spreading to adolescent and heterosexual populations in the city.

Not surprisingly, our latest data suggest that the proportion of HIV infection associated with crystal-methamphetamine use is dramatically rising. For example, in one study we found that crystal-methamphetamine use in New York City men having sex with men were 2.9 times more likely to become HIV infected through receptive anal intercourse. Our findings echo earlier research among this population on the West Coast, which has documented crystal-methamphetamine use to be between 5-25 percent. Affected communities have begun to respond to the burgeoning crystal-meth epidemic. In 1999, there was one crystal-meth anonymous group at the Lesbian, Gay, Bisexual and Transgender Community Center in New York City; today there are 2.

A cascade of disasters is accompanying the rise in crystal-meth use. HIV-positive crystal users on HIV medications are missing more doses and are likely contributing to the spread of drug-resistant strains of HIV. Crystal users and other newly infected people oblivious to their new HIV infections could rapidly spread the HIV-medication-resistant virus. According to researchers at New York's Aaron Diamond AIDS Research Center, some drug-resistant HIV may be mutating into "super-spreader" varieties capable of infecting more people with fewer numbers of exposures.

Thus, the combination of crystal use and the evolution and spread of multi-drug-resistant viruses may be setting the stage for a far greater epidemiological disaster by creating novel, super-spreading varieties of HIV. Multi-drug-resistant HIV infections are more difficult and expensive to treat — and more painful to endure.

New York City knows enough about the public health implications of crystal-meth use and its history to draft an aggressive response. The city should extend resources to train drug treatment programs to provide detoxification to crystal-methamphetamine users. Surprisingly, many New York City drug treatment programs do not have protocols for treating crystal-meth addiction. Billboard, bus and subway advertising campaigns would also help — adding to the pioneering efforts of Peter Staley, founder of AIDSmeds.com, who has personally paid for public health ads warning of crystal meth's dangers.

New York City must not wait for unequivocal proof showing the association between crystal use and new HIV infections before mounting a decisive and intelligent response to this growing epidemic. Existing qualitative research and the reports of mental health and medical professionals have supplied sufficient evidence to take action now. We strongly urge the city to respond as creatively and compassionately to the crystal problem as it has to syphilis, and to replicate its current efforts to vaccinate gay and bisexual men for hepatitis.

As far as we can tell, the only impediment to launching a new campaign is bureaucratic inertia — a malady much easier to overcome than a devastating addiction to crystal methamphetamine.
Meth = Death

Tooth Decay  Respiratory Distress  Skin Lesions  Impotence  Stroke  Suicidal Tendencies
Self-Destructiveness  High Risk Sex  Paranoid  Psychotic Episodes  Coma
Convulsions  Violent Episodes  Emphysema  Hair Loss  Cardiac Arrest
Cardiac Arrest  Hair Loss  Coma  Violent Episodes  Convulsions
Coma  Psychotic Episodes  Violent Episodes  Self-Destructiveness  Suicidal Tendencies  Stroke
Tooth Decay  Respiratory Distress  Tooth Decay  Respiratory Distress  Toothy Decay
Self-Destructiveness  High Risk Sex  Convulsions  Violent Episodes  Coma
Cardiac Arrest  Hair Loss  Coma  Psychotic Episodes  Violent Episodes  Self-Destructiveness
Suicidal Tendencies  Stroke

Reach Out For Help
Crystal Meth Anonymous
www.nycma.org
GMHC
Offers Harm Reduction Services:
www.gmhc.org
1-800-AIDS-NYC
The LGBT Center
www.gaycenter.org
212-620-7310

This campaign is organized by private citizens and is not affiliated with any of the (listed) organizations.

Generously funded by

United Foundation for AIDS
www.UFAmiami.org
I did some crystal so I could party all night...
next thing I'm screwing without condoms.
Now I could have HIV.

Crystal: It's dangerous. Know the risks.

My rule was to always use condoms...
then I tried some crystal and forgot all my rules.
Now I have HIV.

Crystal: It's dangerous. Know the risks.

I hooked up with these guys at the bathhouse...
they were doing crystal, and I felt like I needed to keep up.
I overdid it, lost control, and now I'm worried I have HIV.

Crystal: It's dangerous. Know the risks.
CRYSTAL
FREE

and
Sexy

“Sexiness comes from within. When I used crystal meth, I felt vacant inside. Now that I’ve stopped, I love my life because I’m connected to people in an honest way. Crystal is not who I am.”

Anthony

The Crystal Meth Working Group • www.hivforumnyc.org
CRYSTAL METH
MAKES ME SEXY

MORE TOXIC THAN HEROIN.
AS ADDICTIVE AS CRACK.

- Crystal users are twice as likely as non-users to bottom without condoms, and more than 3 times as likely to get HIV.
- Meth users are 4 times as likely to have syphilis, and 17 times as likely to have gonorrhea.
- Chronic meth users suffer brain damage. MRI scans show an average loss of brain tissue in the areas controlling mood, emotion, and memory.
- Experts consider meth one of the most addictive drugs ever.

FOR HELP CALL 1-800-LIFENET OR 311
From the Practitioner Perspective

By 2002, LGBT Center program CENTER CARE see more clients presenting with crystal methamphetamine use:

- 100 intakes,
- 65 clients,
- 2 groups
- 55% HIV+
- All report high risk sexual practices when using methamphetamine
- Many also report social anxiety and isolation, sexual compulsion, depression, bipolar disorders
Project CMPII

LGBT Center & CHIBPS combined efforts to address methamphetamine use among gay and bisexual men

Project CMPII—Crystal Methamphetamine Prevention and Intervention Services Initiative (CMPII)

- to implement an outreach, education and intervention initiative
- targeted at gay, bisexual and other men who have sex with men in NYC
- aged 18 and older
- current or potential users of crystal methamphetamine and other frequently associated party drugs (e.g., MDMA, ketamine etc.)

CMPII married information based on research and best practices from CHBIPS with frontline experience of LGBT Center

Funded by SAMHSA Contract #SPO9992
Components of Project CMPII

I. community-based outreach using community forums and print materials specifically addressing party drug use and concomitantly providing referral information on treatment, counseling and other resources;

II. development of a prevention counseling intervention, which involved training LGBT Center and CHIBPS counseling staff in motivational enhancement techniques to reduce risk behaviors;

III. dissemination of educational and intervention information and strategies to substance abuse counselors and other health providers throughout New York City and to any other provider interested in the project's materials and findings;

IV. Internet based assessment and outreach
Posters & Flyers

**DRUGS are US**

*Poz, Party, Healthy?*

Join us for a safe community forum about HIV medications and their interactions with other drugs.

Tuesday, November 12
7-9 PM

The Lesbian, Gay, Bisexual & Transgender Community Center 208 West 13th Street New York, NY 10011

**Sex in the City**

*70s '80s '90s NOW!*

Dedicated and spirited, the drugs, dinner and presentation have changed the way we love and The awe-and-fear, impossible, provocative Robin Byrd and her allies, the Gay, Lesbian & Transgender Community Center present a forum and an discussion titled Sex in the City: Making a scene of academics, activists and physicians, who will explore the meaning of LGBT sexual culture and health today.

Thursday, June 5, 2003
7-9 PM at The Center
208 West 13th Street • New York City

Co-sponsored by GMHC, GMHC, The Center, NYS, UHC and the City of New York. For more information, call 212/850-4000.

with your host Robin Byrd
LGBT & CHIBPS Sponsor First Community Forum

> Are you or your friends using crystal meth?
> Do you have questions about the risk you have when you're high?
> Do you want more information on crystal meth's use, risks of HIV infection, treatment or recovery?

Please join us for an evening with crystal, a community forum about crystal meth.

- Tuesday June 4, 2002
  7:30 - 9:30 p.m.
  LGBT Community Center
  208 West 13th Street
  New York City

For more information, call 312-829-7510 or log onto www.gaycenter.org

Sponsored by:
- Center for HIV/AIDS Educational Studies and Training
- New York University-Hunter College
- DanceSafe.org
- GMHC
- LGBTQ Community Center
- The Lesbian, Gay, Bisexual & Transgender Community Center
LGBT Center and CHIBPS with Harlem United & NY Panthers co-sponsor community forum on meth for MSM of Color
GETTING CLEAR ABOUT CRYSTAL METH

Welcome to the Center’s crystal meth information and referral page. This site offers:

- FACTS about crystal meth (also known as "TINA", "crystal", "crank", "chalk", "chandeler", "ice", or "quartz");
- a CONFIDENTIAL SURVEY you can take to assess what you know or need to know about crystal meth;
- LINKS to other resources for education and support; and
- ACCESS TO COUNSELING services for anyone who needs it.

In the meantime, here are some facts about crystal meth:

- During the early 1990’s research studies determined that use of the drug was largely a regional phenomenon confined to the Western portion of the United States. These earlier studies documented methamphetamine prevalence rates that ranged between 5% and 25% of the gay and bisexual men surveyed.

- More recent investigations by the Center for HIV/AIDS Education, Studies and Training (CHEST) in New York City have found that among gay or bisexual male party/club drug users, approximately 62% of the participants indicated significant and frequent use of crystal meth. Furthermore, a substantial proportion of the men reported poly-drug use and the combining of methamphetamine with alcohol (45%), Ecstasy (39%), K or ketamine (32%), Viagra (29%), inhalant nitrates (28%), and cocaine (25%).

- CHEST also found that crystal meth use crossed lines of race/ethnicity, age, gender, and sexual orientation among the men it surveyed.
Getting Clear About Crystal Meth
Survey Attracts 700 to 1000 Visitors Per Month

Test your CRYSTAL METH IQ and find out what you know about:

- The effects of CRYSTAL on your body
- How CRYSTAL can affect you differently if you are HIV-positive
- How CRYSTAL interacts with HIV medications
- Where to go for help stopping CRYSTAL
9. When you do crystal, are you more likely to use it:
   - Alone
   - With a friend or friends
   - With a sexual partner or partners
   - Out "clubbing"

10. Are you most likely to use crystal meth to
   - Feel happier and more upbeat
   - Reduce anxiety
   - Get energized and focus better
   - Increase sex drive and get hornier

Crystal keeps you awake for days and ruins sleep patterns. You won't get anything done when that happens:

Tweaker
Initial Findings from Web Survey

- 1022 hits to May 2005
  - 75% (n = 767) males
  - 40% (n = 407) less than 30 years old and over 18
  - 73% (n = 748) White
  - 71% (n = 724) gay or bisexual
  - 30% (n = 304) from NYC proper
Frequency of Methamphetamine Use

- 23% daily
- 17% more than 2x/week
- 24% 1-2x/week
- 12% 1-2x/month
- 17% 1-2x/year
- 12% < 1x year
Main Reason for Methamphetamine Use

- Feel happier: 8%
- Get energized: 31%
- Increased sex drive: 32%
- Reduces anxiety: 29%
Club Drug Use & Men’s Health (Project BUMPS)

Funded by NIDA, R0113897
Methodological Overview

- Longitudinal/developmental/contextual study
  - Baseline, 4-, 8-, & 12-month interviews
  - Focus on 5 club drugs: cocaine, GHB, ketamine, MDMA, and methamphetamine
- Active Outreach & Recruitment
  - Palm cards
- Screening for Eligibility
  - 6 instances of club drug use in previous year
- Qualitative & Quantitative data
  - phenomenological meanings attached to norms, attitudes, and behaviors
- HIV counseling & testing
  - Baseline and 12 months
Participants Screened
A total of 1,393 gay and bisexual men were screened for participation. The recruitment and screening process was undertaken until the 450th baseline appointment was completed. Of these 1393 screened individuals, 692 (49.7%) were eligible for participation and 701 (50.3%) were ineligible.
Participants Eligible*

* Biologically male, gay or bisexual identified, over 18 years old, 6 instances of club drug use in last year, 1x in last 3 months, and 1x with sex in last 3 months
Baseline Sample Characteristics (n = 450)

Age: 33 (s = 7.93, range = 18 to 67)

Race/Ethnicity:
- African-American, Black 14.5%
- Latino, Hispanic 19.6%
- Asian, Pacific Islander 5.3%
- White, Caucasian 50.7%
- Mixed heritage/Race 6.2%
- Other 2.9%
Education and Sexual Identity

Educational Attainment
- High school or less: 13.1%
- Some college/AA: 34.1%
- BA: 36.3%
- Doctoral degree: 14.5%

Sexual Identity
- Gay: 87.2%
- Bisexual: 11.9%
## Club Drug Use at Baseline

<table>
<thead>
<tr>
<th>Drug</th>
<th>% Using</th>
<th>Mean</th>
<th>SD</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meth</td>
<td>65.1%</td>
<td>12</td>
<td>19.20</td>
<td>5</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>74.7%</td>
<td>10</td>
<td>13.00</td>
<td>5</td>
</tr>
<tr>
<td>Cocaine</td>
<td>78.9%</td>
<td>18</td>
<td>22.57</td>
<td>8</td>
</tr>
<tr>
<td>GHB</td>
<td>29.1%</td>
<td>6</td>
<td>12.45</td>
<td>2</td>
</tr>
<tr>
<td>Ketamine</td>
<td>55.1%</td>
<td>10</td>
<td>14.39</td>
<td>5</td>
</tr>
</tbody>
</table>
No differences noted among users along key demographic factors.
**Sequence of Club Drug Use Initiation**

<table>
<thead>
<tr>
<th></th>
<th>First</th>
<th>Second</th>
<th>Third</th>
<th>Forth</th>
<th>Fifth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>258 (59%)</td>
<td>67 (15%)</td>
<td>53 (12%)</td>
<td>19 (4%)</td>
<td>7 (2%)</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>154 (35%)</td>
<td>154 (35%)</td>
<td>54 (12%)</td>
<td>16 (4%)</td>
<td>4 (1%)</td>
</tr>
<tr>
<td>Ketamine</td>
<td>10 (2%)</td>
<td>96 (22%)</td>
<td>134 (31%)</td>
<td>71 (16%)</td>
<td>9 (2%)</td>
</tr>
<tr>
<td>Meth</td>
<td>15 (3%)</td>
<td>84 (19%)</td>
<td>87 (20%)</td>
<td>124 (29%)</td>
<td>30 (7%)</td>
</tr>
<tr>
<td>GHB</td>
<td>0 (0%)</td>
<td>7 (2%)</td>
<td>29 (7%)</td>
<td>59 (16%)</td>
<td>93 (21%)</td>
</tr>
</tbody>
</table>

*Note. Each box contains the number of participants who used the drug for the first time.*
Poly-drug Use

Among those who reported methamphetamine use at baseline, 7.9% reported not mixing methamphetamine with any other drug while

- 14.5% reported with use 1 other drug
- 18.7% reported use with 2 other drugs
- 14.8% reported use with 3 other drugs
- 8.4% reported use with 4+ other drugs
Combination of Club Drugs

Across the five club drugs, our participants indicated that they had used an average of 3 of the five club drugs \( (SD = 1.28, \text{Median} = 3, \text{Mode} = 4) \)

Number of club drugs used in the last 4 months was explained by key demographic factors \( (F(6,428) = 6.04, p < .001) \)

- fewer number of club drugs by men who were older \( (\beta = -.15, p < .01) \), who were Black \( (\beta = -.20, p < .002) \) and who were bisexual \( (\beta = .11, p = .03) \), but was not related to HIV status
## Poly-Drug Use Combinations

<table>
<thead>
<tr>
<th></th>
<th>Alcohol</th>
<th>Marijuana</th>
<th>Inhalant Nitrates</th>
<th>Viagra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meth</td>
<td>64.2%</td>
<td>38.2%</td>
<td>34.5%</td>
<td>36.2%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>55.4%</td>
<td>42.9%</td>
<td>26.8%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>68.5%</td>
<td>43.4%</td>
<td>27.3%</td>
<td>18.9%</td>
</tr>
<tr>
<td>GHB</td>
<td>26.0%</td>
<td>21.4%</td>
<td>18.3%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Ketamine</td>
<td>48.4%</td>
<td>35.9%</td>
<td>29.4%</td>
<td>26.2%</td>
</tr>
</tbody>
</table>
Methamphetamine Use

![Bar Chart showing Meth Use]

- B (450): 65.1
- 4M (354): 53.9
- 8M (336): 49.7
- 12M (311): 46
Frequency of Methamphetamine Use in 4 Month Period (# days)

- M12: 11.66 days
- M8: 10.45 days
- M4: 11.2 days
- B: 11.76 days
Methamphetamine Use and Race/Ethnicity

Initial analyses indicate that while Black men are less likely to use methamphetamine than White men, Black men who do report the use of methamphetamine are similar along key demographic factors and psychological states to other methamphetamine users in the sample.

Analyses are currently considering how these Black men differ from once who do not use methamphetamine.
Methamphetamine Using Contexts at Baseline

Participants reported use of methamphetamine in the following contexts:

- At dance club 72.7%
- At bars 61.4%
- At friend’s/lovers home 54.3%
- At circuit party 50.9%
- At sex club 49.1%
- At sex party 47.1%
- At home alone 44.3%
Drug Combinations with Methamphetamine at Baseline

- Alcohol: 64.2%
- MDMA: 55.3%
- Ketamine: 45.1%
- Viagra: 36.2%
- Inhalant Nitrates: 34.5%
- Cocaine: 32.8%
- Marijuana: 24.9%
- GHB: 18.7%
# Race and Methamphetamine Combinations

<table>
<thead>
<tr>
<th>Drug Combination</th>
<th>Black</th>
<th>Latino</th>
<th>Other</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viagra*</td>
<td>21.9%</td>
<td>35.7%</td>
<td>22.5%</td>
<td>42.4%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>80.0%</td>
<td>47.8%</td>
<td>56.3%</td>
<td>63.6%</td>
</tr>
</tbody>
</table>
Use of methamphetamine at baseline is explained with a conditional model with a high level of reliability (intercept reliability = .81; slope reliability = .78).

Model improves fit for both intercept and slope of the then unconditional model.
Multilevel Predictors

Unit specific model for intercept
- \( \gamma \) (intercept) = 1.93, \( p < .001 \)
- \( \gamma \) (positive OE) = 0.02, \( p = .02 \)
- \( \gamma \) (negative OE) = -0.05, \( p < .001 \)
- \( \gamma \) (emotions) = 0.05, \( p < .001 \)
- \( \gamma \) (physical) = 0.10, \( p = .001 \)

Unit specific model for intercept
- \( \gamma \) (intercept) = -0.55, \( p = .02 \)
- \( \gamma \) (age) = 0.01, \( p = .05 \)
- \( \gamma \) (sensdrug) = 0.03, \( p = .05 \)
Methamphetamine Use & HIV Seroconversion

Of the 274 self-reported HIV-negative men, 11 (4%) tested HIV-positive at baseline
- African American 4 (36.4%)
- White 4 (36.4%)
- Latino 2 (18.2%)
- Mixed Race 1 (9.1%)

Of the 26 men who reported an unknown HIV status, 5 (19.2%) tested HIV-positive at baseline
- African American 3 (60.0%)
- White 2 (40.0%)
Methamphetamine Use among Seroconverts

- 63% (10 of 16) of the seroconverts reported use of methamphetamine at baseline as compared to 64% (of 182) of confirmed HIV-negative seroconverts.
- Seroconverts reported 18 days of use in the four months prior to assessment and 12 days of use for confirmed HIV-negative men.
- Seroconverts and confirmed HIV-negative men were just as likely to combine methamphetamine with cocaine, ketamine, GHB, MDMA, alcohol, marijuana, inhaled nitrates, and Viagra.
## Reasons for Methamphetamine Use

<table>
<thead>
<tr>
<th>Reason</th>
<th>Seroconverts</th>
<th>HIV-Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Avoid unpleasant emotions</td>
<td>22.70</td>
<td>14.11</td>
</tr>
<tr>
<td>Avoid physical discomfort*</td>
<td>11.90</td>
<td>3.78</td>
</tr>
<tr>
<td>Avoid conflict with others**</td>
<td>20.00</td>
<td>10.49</td>
</tr>
<tr>
<td>Social pressures</td>
<td>9.50</td>
<td>2.99</td>
</tr>
<tr>
<td>Pleasant times with others***</td>
<td>17.00</td>
<td>6.58</td>
</tr>
</tbody>
</table>

* p < 0.01  
** p = 0.09  
*** p = 0.10
Primary Partnering

54.9% (100 of 182) of those meth users who were confirmed to be negative at baseline also indicated being in a relationship, while only 20% (n = 2 of 10) of the seroconverts reported this status.

While the majority of the 182 of the confirmed HIV negative men (87.6%) reported a seroconcordant partner, both of the partnered seroconverts indicated that they had not discussed serostatus with their primary partners.
Among all the methamphetamine using confirmed HIV- and seroconverted men, the average number of non primary sexual partners was 17 ($SD = 23.85$), with a median value of 9. Both groups reported an equivalent number of such partners and an equivalent likelihood of having non primary partners (87% vs. 90%).
Frequency of Unprotected Receptive Anal Intercourse (URAI)

Rates of URAI with non primary partners while the participant was not high were equivalent for the seroconverts and confirmed HIV-negative men.

While high on methamphetamine, the confirmed HIV-negative men reported an average of 1.64 (SD=7.43) acts of URAI as compared to 18.78 (SD=33.00) acts reported by the seroconverts.
FREQUENCY OF URAI

SEROCONVERTS VS. CONFIRMED HIV-NEGATIVE

HIGH
NOT HIGH
Methamphetamine & Seroconversion: Analysis of Qualitative Data

- Data were collected from baseline qualitative assessments as part of Project BUMPS.
- 16 men who had seroconverted were matched with 16 HIV-negative men for race/ethnicity, most-frequently used club drug, self-reported HIV status, and age.
- Qualitative audio interviews of both groups were transcribed verbatim and subjected to thematic analysis (Miles & Huberman, 1984).
Measures

- Contexts of club drug use and sexual relations
- Risky and protective sexual behaviors (ex. discussion with partner regarding HIV status, condom use, UIAI, URAI, “barebacking,” group or marathon sex, sex with someone of unknown HIV status)
- Motivations and subthemes for using or discontinuing/modifyng club drug use
No significant difference in age, age of first club drug use, number of the five club drugs used, sex and drug use contexts, as well as partner type in seropositive and seronegative men during high sex or sober sex.

Seropositive men reported more frequently their expectations for sex while high than the seronegative men (85%, n=17 vs. 63%, n=12) and more frequent use of club drugs with their partners in order to facilitate sex (90%, n=18, vs. 74%, n=14).

Seropositive men reported more incidences of UIAI (30%, n=6 vs. 11%, n=2) and URAI (50%, n=10 vs. 0%) while under the influence of club drugs.
75% (n=12) of the seropositive men and 44% (n=7) of the seronegative men stated that they had engaged in barebacking behavior in the last six months.

44% (n=7) of the seropositive men gave an account of having engaged in group sex in the last 6 months, while 25% (n=4) of the seronegative men recounted the same.

31% (n=5) of the seropositive men reported that they had a history of trading sex for money and had done so in the last six months, while 13% (n=2) of the seronegative men had indicated the same.
Characteristics Of Motivational Components

“It’s this fucking life. You never know what’s going to happen next. That’s why Nadine spiked herself with the easy way out. That’s why Diane keeps on going like she does. See, most people, they don’t know how they’re going to feel from one moment to the next, but a dope fiend has a pretty good idea. All you got to do is look at the labels on the little bottles. You got to know how to read the signs.”

- Bob
Gus van Sant’s Drugstore Cowboy
## Motivations For Drug Use: Physical Domain

<table>
<thead>
<tr>
<th>Physical Domain</th>
<th>Common Descriptors of Motivations for Seroconverted Narratives (N=16)</th>
<th>Common Descriptions of Motivations for Seronegative Men (N=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Sensation (non-sexual)</td>
<td>“focus,” “lose weight,” “party more,” “energy”</td>
<td>“physical stamina,” “keeps you awake for days,” “rush,” “stay awake,” “energy”</td>
</tr>
<tr>
<td>(additive)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Sensation (sexual)</td>
<td>“extremely horny,” “prolongs ejaculation,” “longer sex,” “sexual,” “more aggressive during sex,” “intense [sex]”</td>
<td>“sexual,” “cold sex,” “intense [sex]”</td>
</tr>
<tr>
<td>(additive)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitation of Sex (subtractive)</td>
<td>“less inhibited,” “group sex,” “nasty sex,” “makes me feel a little more freakier,” “more free”</td>
<td>“less inhibited,” “initiating sex more,” “more courage”</td>
</tr>
</tbody>
</table>
Motivations For Drug Use: Emotional/mental Domain

<table>
<thead>
<tr>
<th>Emotional Mental Domain</th>
<th>Common Descriptors of Motivations for Seroconverted Narratives (N=16)</th>
<th>Common Descriptions of Motivations for Seronegative Men (N=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Enhancement (additive)</td>
<td>“insight,” “feel in control,” “makes me feel alive and beautiful,” “I love everyone on crystal,” “self-improvement”</td>
<td>“affectionate,” “considerate,” “open and smart,” “self discovery,” “peaceful,” “creative”</td>
</tr>
<tr>
<td>Emotional Equivalence (additive)</td>
<td>“I’ll feel what they’re feeling,” “apart from the party,” “makes me feel accepted with them,” “I did it to basically be around him”</td>
<td>“I like being on the same wave length,” “It makes me more together with my people,” “in tune,”</td>
</tr>
<tr>
<td>Cognitive Disengagement/E motional Escape (subtractive)</td>
<td>“relaxing,” “depression,” “I hate my life,” “feel less guilty about what I’m doing,” “they look at you with hatred,” “the anger that I had built inside of me,” “everything just goes away”</td>
<td>“relaxing,” “relief,” “anti-depressant,” “escapism,” “melancholy,” “like I’m normal”</td>
</tr>
</tbody>
</table>
### Motivations For Drug Use: Social Domain

<table>
<thead>
<tr>
<th>Social Domain</th>
<th>Common Descriptors of Motivations for Seroconverted Narratives (N=16)</th>
<th>Common Descriptions of Motivations for Seronegative Men (N=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Interaction (additive)</td>
<td>“makes me outgoing and very talkative,” “makes me feel accepted”</td>
<td>“makes me cool with the people I’m with,” “I will focus on guys,” “I will notice cute guys on the dance floor,” “it’s a fake confidence”</td>
</tr>
<tr>
<td>Overcoming Social Inhibitions (subtractive)</td>
<td>“security,” “I’m kind of bashful,” “people will come over to you,” “makes us more secure,” “more bold, more brave,” “less afraid,” “I would have waited for him to make the first move,” “I’m normally more shy and introverted,”</td>
<td>“relaxes your inhibitions”</td>
</tr>
</tbody>
</table>
Methamphetamine, Viagra, & Context

Among those who used methamphetamine, no differences were noted in terms of the percentage of HIV+ (as compared to HIV-men) men who used Viagra in combination.

However, men who used methamphetamine in combination with Viagra were older than those who did not combine these substances.

- 34 vs. 32 (p < .05).
## Use of Meth & Viagra in Sexual Partnering

<table>
<thead>
<tr>
<th>Partner Status</th>
<th>Freq.* Use</th>
<th>% With Viagra</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV+</td>
<td>2.80 (1.43)</td>
<td>46.9%</td>
</tr>
<tr>
<td>HIV-</td>
<td>2.57 (1.19)</td>
<td>38.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2.50 (1.33)</td>
<td>35.7%</td>
</tr>
</tbody>
</table>

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<tr>
<th>Partner Status</th>
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<th>% With Viagra</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV+</td>
<td>2.41 (1.45)</td>
<td>50.0%</td>
</tr>
<tr>
<td>HIV-</td>
<td>2.21 (1.08)</td>
<td>36.6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2.14 (1.22)</td>
<td>25.6%</td>
</tr>
</tbody>
</table>
Meth-Viagra use By Context

F(6, 1746) = 18.64, p < .001; INTXN: F(6, 1746) = 5.58, p < .001
DISCUSSION...