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# Post-Circuit Blues: Motivations and Consequences of Crystal Meth Use Among Gay Men in Miami

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Miami, Florida was at the vanguard of the rise of circuit parties and attendant club drug use—especially ecstasy, GHB, and ketamine—in the 1990s. Crystal methamphetamine, a drug of abuse among gay men for some years on the West coast, gradually moved east toward the end of the decade and recently became prevalent in Miami. This paper reports the results of focus group research into the motivations and consequences of crystal use among gay men in this new setting. Loneliness, fears about physical attractiveness due to aging and illness, and desires to lose sexual inhibitions were common motivations for using the drug. Continued use of crystal was often described as the cause of lost friendships, employment and long-term relationships, as well as sexual behaviors that put men at risk for HIV and other sexually transmitted infections. Implications for drug and sexual risk prevention interventions are discussed.

**KEY WORDS:** methamphetamine; drug use; gay men; HIV risk behavior.

> I told him before he moved to Miami Beach what was going to happen. Because I've seen this Beach spit so many, you know, chew them up and spit them out. And that's how they end up. He thought living in Miami Beach—every weekend was going to be a circuit party. Every single weekend was going to be a circuit party. "I'll get cracked out [high on crystal meth] on Friday night. I'm gonna crack till Monday morning, I'll go straight to work and I'll sleep on Monday night.' And that was exactly what he made it when he came here. Then I remember talking to him one morning—he was cracked out of his skull—and he didn't have enough money to put gas in his car to drive to work, so he had to call in sick. And, then he gets sick, he has some kind of gall bladder or something, goes into the hospital, and they find out he's HIV positive. And it's all in a matter of like eight months. And everything was, "Oh, poor me, poor me, poor me." And I have a real hard time mustering up any sympathy. I'm not going to be an asshole to him, but it's like, "You know what? I told you, I told you that! What makes you think that you are any better, any different, any smarter than anybody else that's fallen before you?"

## INTRODUCTION

In contrast to the 1980s when urban gay communities suffered the initial ravages of AIDS, the 1990s witnessed a gradual return to the sexual freedom, pervasive drug use and all-night dance parties that were hallmarks of the 1970s. MDMA, or ecstasy, gained early popularity and was closely associated with the rise of "techno" dance music and "circuit party" culture. Other "designer" or "club" drugs followed, primarily ketamine (Special K), gammahydroxybutyrate (GHB), and crystal methamphetamine (crystal or "tina") (Kurtz, 1999b; Lewis and Ross, 1995; Li *et al.*, 1998; Mattison *et al.*, 2001; Signorile, 1997; Silcott, 1999). Although methamphetamine has a long history of abuse among a number of populations (Brecht *et al.*, 2004; Kalant, 1966; Kirsch, 1986), in this recent context crystal use spread rapidly among gay men on the West coast and gradually moved east toward the end of the 1990s (Brown, 2002; Halkitis,

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*et al.*, 2003; Heredia, 2003; Reback, 1997). 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 *et al.*, 1998; Reback, 1997; Semple *et al.*, 2002).

Researchers have found associations between gay men's sexual risk behaviors and the use of other substances as well, including alcohol (Halkitis and Parsons, 2002; Perry *et al.*, 1994); ecstasy (Klitzman, *et al.*, 2000); nitrite inhalants (Halkitis and Parsons, 2002; Darrow *et al.*, 1998; Ekstrand *et al.*, 1999; Paul *et al.*, 1994); and cocaine (Chesney *et al.*, 1998; McNall and Remafedi, 1999). The specific mechanisms linking substance use and sexual risk behaviors are not well understood (Clatts *et al.*, 2001; Chesney *et al.*, 1998; Gold *et al.*, 1994; Leigh and Stall, 1993; Stall and Purcell, 2000). One problem is the paucity of studies which have employed event-level measures (Stall and Purcell, 2000) which could help determine, for instance, whether intoxication was designed to achieve unprotected sex (McKirnan *et al.*, 2001), whether unprotected sex was the result of clouded judgment, or whether sexual risk and substance use are related through a third variable, such as sensation-seeking (Dolezal *et al.*, 1997; Kalichman *et al.*, 1996; Ostrow, 2000).

Nevertheless, there is abundant evidence that crystal has an especially synergistic relationship with sex among sizeable numbers of gay men (Frosch *et al.*, 1996; Ireland *et al.*, 1999; Molitor *et al.*, 1998; Reback, 1997; Semple *et al.*, 2002; Signorile, 1997). Unlike ecstasy, for instance, which is often described as a "love drug" but not a "hard sex drug" (Beck and Rosenbaum, 1994; Cohen, 1998; Ireland *et al.*, 1999; Reback, 1997), crystal has been described, more than other drugs, to be especially sexually arousing and disinhibitory (Ireland *et al.*, 1999; Kirsch, 1986; Paul *et al.*, 1993; Reback, 1997; Semple *et al.*, 2002; Zule and Desmond, 1999).

A few studies—all from Sydney, Australia or the West coast of the United States—have employed qualitative research methods to explore more deeply the motivations and meanings that gay men ascribe to crystal. In one such study, Semple *et al.* (2002) found that HIV-positive men used crystal to both enhance sex (through increased confidence, heightened sensations and loss of inhibitions) and self-medicate negative emotional states related to having HIV. Similarly, Ireland *et al.* (1999) found that a community sample of men used crystal for its sexual confidence, performance, endurance and disinhibitory qualities. Lewis and Ross (1995) interviewed crystal users as a part of their ethnographic study of Sydney's dance party culture with similar findings; in addition, their respondents indicated that the drug was associated with risky sexual behaviors and a high potential for dependence. In one of the most extensive qualitative studies to date, crystal-using men in Los Angeles described sex-on-crystal as an element of gay cultural identity and inclusion (Reback, 1997). That study also found that some men reported using crystal to escape feelings of boredom, isolation, hopelessness and grief.

There has been little research published on crystal use among gay men on the East coast (Halkitis *et al.*, 2003) and none on gay men in Miami, a city that was at the vanguard of the rise of circuit parties and attendant club drug use—especially ecstasy, GHB, and ketamine—in the 1990s (Albin, 1995; Kurtz, 1999b; Kurtz and Inciardi, 2003; Signorile, 1997). The South Beach Health Survey (Webster *et al.*, 1998), a 1996 population-based study of the drug use and sexual behaviors of gay men living in Miami's "gay ghetto" (Levine, 1979:384), found that 13% of 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 and Wiley, 1988). Overall, 63% of South Beach Health Survey respondents used illicit drugs other than marijuana in the prior year; 24% reported having been high on drugs or alcohol during anal sex at least half of the time (Webster *et al.*, 1998).

Despite these high background levels of drug use, the incursion of crystal meth in Miami has been recent and rapid, and occurred as the city's reputation as an international mecca of gay nightlife was beginning to wane. The spread of crystal meth also coincided with an alarming rise in already high rates of HIV and syphilis infections among gay men in the area (CDC, 2002; MDCHD, 2003; Stepick *et al.*, 2003). Although the literature on gay men's use of crystal provided some guidance about the likely meanings, motivations and consequences of the spread of the drug, there were important reasons to suspect that conditions in Miami may be different from the Sydney and West coast experiences. First, the lack of history of methamphetamine abuse in Miami made it unlikely that the drug could already have become a key element of gay cultural identity here. Second, the seminal Lewis and Ross (1995) study framed crystal meth as one of several drugs embedded in the ritualistic gay dance party scene, an aspect of gay culture which had almost disappeared from Miami by the time the

drug became popular. Within this context, the present study was designed as a qualitative exploration of the motivations for and consequences of crystal use in this new setting.

## METHODS

Between February and April, 2003, four focus groups of three to four participants each—including a total of 15 men ages 33–50—were conducted by the author. Men were recruited through print media advertisements and screened by telephone to determine if they met eligibility requirements: at least 18 years of age, had sex with another man in the past 30 days, and used crystal meth more than five times during the past year. Eight participants were Hispanic and seven "Anglo" (non-Hispanic white). The groups included seven current users as well as eight men recovering from some level of self-described addiction to crystal. Six of the current users said they were HIV-negative, while six of the ex-users reported being HIV-positive.

Subsequent to informed consent using a protocol approved by the University's Institutional Review Board, participants completed a brief demographic and behavioral questionnaire using an identifying pseudonym. This questionnaire was also used to confirm eligibility. In the audio-taped focus group discussions that followed, the participants identified themselves on the tape using the same pseudonym so that the two sources of data could be linked at the individual respondent level. The sessions lasted 60–90 min and were guided by a relatively unstructured interview schedule that included open-ended questions about the initiation, motivations, and health and social consequences of crystal use. Participants were compensated $30 for their participation.

Following Morgan (1997), the small size of the groups was deemed important for two reasons: 1) the study targeted personal meanings attached to private behaviors, and 2) it was anticipated that respondents would be quite deeply involved in the questions of interest. Similarly, the number of groups was considered sufficient when the group discussions reached consensus, or converged, i.e., when additional data collection was not expected to generate new knowledge or themes (Morgan, 1997). One group included only current crystal users, one group only ex-users, and two were mixed. All groups were diverse in terms of HIV status and ethnicity. The study was also informed by a focus group of health professionals held in May 2002 that included a primary care physician specializing in HIV/AIDS, a hospital pharmacologist, a drug treatment program administrator, and an expert on local drug use trends.

### Analyses and Interpretation

Focus group sessions were transcribed using pseudonyms to identify individual speakers. The transcribed texts were segmented and coded while retaining their links to the original speakers and contexts (Leap, 1996; Miles and Huberman, 1994) using QSR N6 text analysis software. As this was an exploratory study, the coding themes emerged from the data following a constructivist-oriented grounded theory approach (Charmaz, 2000; Glaser and Strauss, 1967). This inductive method entails synergistic iterations of data collection and analysis in an effort to build theoretical frameworks that explain situations and events as respondents experience them. Therefore, although the interview schedule targeted specific aspects of crystal use, including the motivations for use and any health or social consequences, the coding categories used in the analyses were not predetermined. The results of the author's analyses were reviewed by two of the study participants from different groups as a test of validity.

## RESULTS

### The Lures of Crystal

As discussed earlier, the rise in the popularity of crystal in Miami has been both recent and rapid, by all accounts having been introduced to the gay scene around the millennium. To better understand how this drug became prevalent so quickly among gay men here, focus group participants were asked to discuss the circumstances surrounding men's initiation to the drug and the benefits they perceived from using it. There were three main patterns to respondents' motivations to use crystal: escaping loneliness, dealing with feelings of sexual unattractiveness, and lowering sexual inhibitions. In a more general sense, these problems appeared to stem from deep-seated feelings of being unloved and unlovable.

#### *Avoiding Loneliness and Alienation*

Focus group participants were unanimous in attributing pervasive drug use among gay men to the

social difficulties they face in a homophobic culture. Those problems usually started within men's neighborhoods and families while they were growing up. But men said that the same cultural norms that make growing up gay a difficult, often secretive process contribute to long-term difficulties with intimate relationships. Difficulty with self-disclosure to a partner is exacerbated by the lack of social and institutional support in either gay or mainstream cultures for long-term gay couple relationships. The participants in one focus group shared the following exchange:

> Participant A: What's missing in most of our relationships [is] the commitment . . . that dirty word, *love*. Having somebody there for you. And so I think a lot of people turn to drugs because what we're looking for is just acceptance.
>
> Participant B: We don't have things like marriage, domestic partner benefits, *any* legal protections as gay couples. So, we're vacillating from having been oppressed to where we're busting out of the closet and we're taking it to the other extreme. I mean, take it on an individual basis: if you're in high school and college, if you're gay, you keep that very much under wraps. And if anything, you go out of your way to keep people from thinking that you might be gay. Then, say you move to a big city where you can be openly gay, you go all out and you go overboard.

In this context, drug use serves as an escape from an unshakable sense of being alone, unacceptable, and unloved; crystal emerged on the Miami scene as the newest way to avoid those realities. As one 38 year-old Anglo put it,

> Despite all the progress in gay rights and everything related to being gay, the reality of it is that, for a lot of gay men, reality still is fairly unpleasant. Crystal fixes that. Or at least it makes it seem that way.

In addition to being an escape, drugs often provide the "courage" necessary to overcome fears of rejection that surface when trying to meet sexual partners. A 50 year-old white man described his need for human connection and the usefulness of crystal in facilitating that:

> I do not have a family. I have no mother, no father, no sister, no brother, no aunts, no uncles, no cousins. So I don't worry what anybody thinks of me because I know I am alone and nobody really cares, you know? I get overwhelmed sometimes by the sense of being so alone in the world that it just becomes so overwhelming to me, and drugs and any kind of mind-altering substance can kind of take that sense away of just being so alone. I can say that when I am on the drug it's easier for me to reach out and just pull somebody into my home, and they'll spend the night and I take them back to where I met them in the morning. I have no illusions that they are probably a crackhead prostitute, you know, from [neighborhood], but it kind of fills the void for me for that evening. And I don't really care what anybody says, it fills the need for human interaction.

This environment is even further complicated by men's isolation *within* a subculture in which drugs are such a common form of escape. A 33 year-old Anglo said:

> I have been at the beach since 1990, and I really had done well not to get so wrapped up in the scene, or the group. I went out and drank every now and then, and every now and again I would do coke or take a roll of ecstasy, whatever. And then right around the millennium, I don't know what happened, but I felt almost defeated by it. Like if you can't beat them, join them. I mean, literally, it was stay home and do absolutely nothing or be in that crowd. I was doing ecstasy and K[etamine] all the time and then that high wasn't enough for me, so next crystal came into the picture.

### *Dealing with Aging and Illness*

If mainstream American culture debases sex between men, gay ghetto cultures tend to value sexual attractiveness and prowess to a degree that is unreachable for many men (Kurtz, 1999a; Levine, 1998; Signorile, 1997). Aging and illness exacerbate those worries, and represented a second broad set of concerns that led men to experiment with crystal. The doctor with a primarily gay HIV/AIDS medical practice noted that:

> I see guys, when they get into their late thirties and early forties, that's when they get into real trouble. It's this change-of-life gay thing. "I'm in my late thirties, early forties; I've got to get everything I can get now before my hair falls out. Yeah, I've got to do it now before I'm no longer a commodity." And they just get annihilated. See, guys in their twenties, they call it partying. They take ecstasy before they go to [dance club]. These guys in their late thirties are the ones that are doing the, "I need a little bit of this, a little bit of that," and they think they're chemists. They do one little thing, too much of something that doesn't balance out something else, and they're in trouble.

As an example of this "mid-life-crisis" problem, an Anglo in recovery from crystal described the circumstances under which he first tried the drug:

> I'm 49, so at my age, when you get an 18 or 19 year-old who's like, "Hey, I'm yours, just try this," you try it. And we were in the right places where the owners of the bars would come over and meet and greet, and we met stars, and we met people with money, and all

> of those people do drugs here. And they all offered us drugs. I used to have a penthouse on [street name]. I'd have people show up that I didn't even know, and they'd show up with this bag, and say, "Oh, come on try it, I know you'll like it." It gives you the mentality that you're someone you're not.

Concerns about physical attractiveness brought on by illness also provided the impetus for some men's experimentation with crystal. A 38 year-old white man described his experience:

> I was diagnosed with HIV in 1991, and then in '93 was diagnosed with an HIV-related cancer and I wound up having major surgery and chemotherapy. It was a pretty brutal, long-term kind of thing. I took a good two years to sort of recover, physically at least. I did not want to deal with the mental part, even though I knew I really needed to. At that point, when I got sort of physically recovered, but not mentally, the drug use started. It was a way to sort of numb the pain, to deal with the body issues that come with it. They sometimes say that people that were fat all their lives and lose weight look in the mirror and they still see a fat person. Well, I still saw somebody who was emaciated, with tubes hanging out of him and all of that stuff. It took a long time to get to the point to where I felt viable and sexually attractive again. Crystal did wonders towards making that happen.

### *Unbridled Sex*

As described earlier, crystal has been described by many gay men as increasing sexual arousal and lowering inhibitions. Opposing cultural value systems—the mainstream cultural debasement of sex between men as dirty versus the high valuation within gay ghetto subcultures of sexual variety and freedom—produce conditions under which lowering one's sexual inhibitions is often a goal in itself. All respondents in this study had engaged in sex while using crystal, and all but four of them had done so in group settings. A 33 year-old Latino explained why so much of gay men's sex on crystal is in groups:

> The more the merrier, I mean its just more, it's sexual. You have a voracious appetite. Maybe you see other people having an orgy . . . that appeals to you. If you're watching porno, it's great to see 15 guys fucking in room, or whatever. And, you wanted to do that, but you just couldn't. I mean, I could personally never go to a bathhouse if I wasn't cracked out of my skull, you know? And so the drug allows me to do things I would never be able to do without it.

A 38 year-old ex-user added that there are practical reasons related to the psychological effects of the drug that sex on crystal works better with more men rather than fewer:

> Being high on crystal in sexual situations, you need excessive amounts of input, of stimulation, just to keep that end of the buzz going. And the chances of getting that to the degree you need with one person over an extended period of time are not too good. You go through phases where you're really into doing this, then you're into phases when you're really into playing with the VCR and seeing what you can do with that. The most important thing for you is that you are doing it with other people who are of the same mindset, but also at the same level of buzz. It does not matter who you are having sex with, near, or whatever, as long as they are just as high as you and on the same thing. That becomes your overriding concern.

## The Tragedies of Meth

Men in recovery described using crystal for various lengths of time before they experienced serious problems. Some had been users for as long as 8–10 years before things got out of control, while others managed only for a few months. Those still using generally confined their use to weekend binges and reported being able to manage their daily lives pretty well, although most of them also experienced some problems. Like the original motivations for using crystal, the events that led men to try to stop using the drug revolved around personal relationships and sex. In contrast to respondents' initial perceptions, crystal was ultimately destructive of both kinds of experience.

### *Isolation and Lost Personal Relationships*

If making "connections" was the common thread in men's stories of their initiation to crystal, regular use of the drug became a barrier rather than an aid to social involvements. Friendships with non-users were early casualties of the drug for many men. A 33 year-old Hispanic man said:

> When I came from work on Friday, crystal took me away from friends and took me away from normal things you do in life. I said, "I got my crystal, I'll go into my AOL and that's my company."

Another Latino described how using the drug became a substitute for dating:

> It gets to the point where you feel like people are against you. Well, let me say that I've messed up my relationships because I've chosen to be on crystal meth, and then I start thinking to myself, "You know

> what, I really don't need a relationship." Where before the initial high I was thinking, "Oh yeah, I'm going to have a relationship with this guy, so let me [go meet him]." I've lost many relationships because of my stupid high. Because my mind gets so high up there that I start thinking to myself like, "I don't need someone to make me happy, I can make myself happy." Then afterwards I fucking regret it and I start crying and I feel like shit, you know?

The sexual adventurism and insatiability that served initially to gratify users created insurmountable problems for several men's long-term relationships as well. As one 42 year-old Latino related:

> I started to use crystal when I was in a relationship, which I was in for twelve and a half years. Crystal wasn't so much related to sex in the beginning, and then sex became a lot of it. We had sex for a long time, long hours. We already had intimacy because we were lovers for so long, so it was a lot of fun. Then, when we started having problems in the relationship, that's when the crystal use would be a problem. We'd go and start having sex with other guys and having three-ways and four-ways and having guys come to the house. With the internet, that's when we really started going out there and having more partners. That's when we started breaking loose from our relationship, because I'd be working and he would still be on the crystal high, and he would come home looking for sex. And I wanted to do the same thing he did. So we started going to the bathhouse. We started going together, me and him, holding hands and finding partners that we liked. Then that didn't work after a while so it was like, "Okay, you get a room and I'll get a room." And then after that, the crystal just made it worse, because you were never satisfied, but at the same time it was hot sex.

In addition to romantic relationships, several men reported losing their jobs or businesses because crystal use interfered with reporting to work on time, their judgment on the job, and their trustworthiness in the eyes of others. Paranoia was another frequently cited complaint, which led to increasing isolation even from the sex scenes that respondents initially found so "enlightening" and "liberating." As one 36 year-old Hispanic man explained:

> And now, it's like fucking sit in front of my computer. You can literally sit there and it's like, "Shit, it's two days later." I've sat there and drank two 2-liter bottles of Diet Coke and I haven't even got up to pee in twenty-four hours. And whacked off, literally whacked off sitting watching the same porno tape that you rented four days ago, twenty times, over and over again, let it rewind, you know, like you've got this parade of men coming in and out of your house. Thank God for auto re-wind, it goes right back to the beginning, you don't even have to get up.

Finally, if crystal initially made men feel better about their physical appearance, the direct physical effects of using it eventually kept many long-term users out of the public eye. A 41 year-old Latino said:

> One thing with crystal use is that people tend not to see it too much. People who get sucked into crystal use very, very quickly drop out of sight. You don't see what happens to them. You don't see that they've plucked all the hair out of their eyebrows. You don't see the sores on their skin. You don't see the sunken-in cheeks. You don't see their pupils bigger than their whole head. You don't see that really ugly thing, the ugly, physically ugly side of it, because people who get like that have long since disappeared.

### *Sexual Risks and HIV/Sexually Transmitted Infections (STI)*

If crystal made for uninhibited sex, it also led many to take sexual risks that they would not have if they had not been high on the drug. Many focus group respondents cited health problems, including HIV/STIs, as the critical signal that crystal was taking their lives out of control. The consensus among all of the groups was that men having sex while high on crystal are very unlikely to use condoms or to inquire as to the HIV status of their partners. One HIV-positive 44 year-old Anglo, who began experimenting with crystal after moving from New York following the break up with his long-time partner, recalled the first sex-on-crystal party he attended:

> My [internet] profile always says I had [HIV]. I'm pretty up front about it. And then, you know, it ends up that 5 or 6 people are there that evening and there was a lot of unprotected sex. It freaked me out because I had really not been around that. Even though I'm not, you know, naive. And I know that had been going on for a while, but not to the level of not really caring of how or who you're having sex with. They didn't even talk about it. That's why I think this drug, it, you know, you don't even care.

Another echoed:

> There can be a bowl of condoms sitting right in the middle of the bed, and they're not going to get used. Most people on crystal, it's been my experience, it's like saying, "Here, have a 22-pound turkey."

One man in his mid-30s who expressed constant panic over becoming infected, as well as a high level of personal commitment to safe sex, talked about the

way he felt after a weekend on crystal:

> If you're HIV negative, at the end of it all you're, "God, I can't believe I just had sex with ten guys in two days or whatever." You come with that guilt. I'm not so worried about how much money I spend on the meth, I'm worried, "Did I . . . , I wonder if I was safe to do that?" That's my thing. It's like those two have to be definitely intertwined to show that one does lead to the other. And Miami Beach is a hotbed case in point.

A fourth participant recounted the frightening story of a friend who thought he could place the exact moment of his HIV infection at a sex-on-crystal party:

> On crystal, certain things that aren't normally high risk become high risk. When you are having sex for three days straight, and have been masturbating three days straight, and you maybe ran out of lube two days into that, and now you've got a big raw spot on the side of your dick because you just can't manage to leave it alone. And then, somebody manages to get you hard enough to get off . . . I have a friend who's a top, has never put himself on the receiving end of anal sex. He sero-converted once at a party when people were doing crystal. He had sort of rubbed a raw spot on the side of his dick. Somebody came, and he said he remembers reaching down and grabbing a handful of it, because it was the closest thing to use as lube, put it on his dick, and felt a burn, because he had just put something on a raw spot on his skin, and he said it burned a memory in his brain, that that's how he got infected. So even normally, some of the low risk behaviors can—on crystal, because of the type of activity and situations you're in—it can make low risk activity suddenly become high risk. And, to be quite honest, you are with a lot of high-risk people. You know, these are people who . . . people who have lots of sex on crystal eventually are going to be positive, given enough time. It is the rare person who will not at some point succumb, or forget, or be too tweaked to have any decent judgment to exercise. You know you're in a very concentrated viral pool.

### *Return to Reality*

In addition to leading to increased risks for HIV and STIs, the experience of sex on crystal became less fulfilling with time. A 34 year-old Latino described the transition he made from his first perceptions of sex on crystal to his now-sober assessment:

> For me, once I got into the bathhouse it was amazing. Just walking there and having all these people just walking around. It was like a connection. It was just a spiritual . . . I mean, we were attracting each other and you felt good. It just felt like a connection. You knew that if you'd find it, that that would be the connection to get you to what you needed. In my case I needed what I thought was intimacy. For those twelve hours I thought I was in love. That's why I know the lie. I have no desire to go back to the lie, because I've tasted the truth.

A 46 year-old white man who still participates in the sex-on-crystal scene acknowledged that it didn't take long for him to understand the true nature of the "connection" he is making with other men:

> When I first signed up on one of the "party and play" websites, I posted a picture of my face on my profile. I wasn't getting so many hits. When I posted a picture of my dick instead, then I became really popular right away.

Another participant, a 36 year-old Latino, explained that his moment of realization that he needed to quit the drug occurred during a sex-on-crystal party:

> At first it was a really drug high, which made for really good sex. Then after a while you realize you just not getting high any more. You have lost your ability to respond to the drug. And you also wake up one day and realize that I am not really having sex with people, I am just having sex near people. I did not like what I was seeing, I did not like what I was becoming. I realized there was just no good end to this. Taken to its logical conclusion, it was just going from bad to worse. I was then looking for a reason to stop.

## Trying to Quit Crystal

Even when men reached the low point of understanding the damage that crystal was doing to their lives, quitting the drug was a very difficult passage. The first hurdle was the physical and emotional reaction to coming down from the drug, as explained by a 33 year-old Anglo:

> For a while, deep down underneath it all, you still know you got that dread that this high is going to wear off. You're so high that you're like, "Shoot, this is going to be a rough one." In that few minutes in that particular day, that's when you lock the doors and turn on the answering machine. You lay down—that's the worst time, until you fall asleep. "Please let me pass out." That's why you don't stop doing it. Because as soon as you stop doing it, you'll have to deal with that horrible despair and depression. The way to avoid that is, you just don't come down.

But using crystal over even a short period of time also had profound effects on men's ability to distinguish reality from fantasy. A 38 year-old Anglo respondent related how the internalization of the

crystal high as "normal" made quitting a tremendous challenge:

> A lot of people don't realize exactly how quickly crystal becomes addictive. The thing that makes crystal so insidious is that, even if you were basically a mentally healthy, well adjusted, happy person beforehand, the first couple of times after you do crystal it manages to convince you that the state you are in when you are high on crystal is the normal, desirable, natural state, and that what happens to you when you are off crystal is the abnormal condition that needs to rectified. *That* becomes the abnormal state. What do you do when you're in an abnormal state? You fix it with something. It becomes this chase, you know, "If I could just do enough crystal, if I can manage to get enough of it into me, that will fix whatever is wrong." I don't think a lot of people are prepared for how fundamentally it changes the way you think on and off the drug.

## DISCUSSION

### Limitations

The findings of this study may not be generalizable to gay men's experience in other cities. In fact, the difference in the timing and social context of the introduction of crystal to the Miami gay scene was a major impetus for the study. Also, Miami is known as an international center of tourism and entertainment—as well as a high drug trafficking area—and drug use may consequently be more highly normalized in this city than many others. This entertainment focus has been blamed for the dearth of gay community social support systems (Albin, 1995; Levin, 1996; Halden, 1996); gay men may well have a greater sense of isolation than in other locales. As well, the findings of this study may not be representative of the larger population of gay men in Miami who use crystal. Focus group participants were not randomly selected and may have been particularly motivated by the cash incentive or because their experiences with crystal meth were especially debilitating. Although not due to the study design, the men who did participate fell into a rather narrow age range. Further, the results of focus group research are dependent to varying degrees on the makeup of the individual groups, the engagement of the moderator, and the content of the interview schedule (Krueger, 1993). All of that said, the study included Anglo and Hispanic participants (the largest ethnic groups in Miami) as well as HIV-positive and negative men, and there was broad group-to-group validation (Morgan, 1997) of recorded patterns in the motivations and consequences of men's use of crystal.

## CONCLUSIONS

The associations of crystal with the perceived enhancement of sexual experience and sexual risk-taking found here are confirmatory of other research among gay men. The present study also contributes new findings to the literature in several respects, however. First, the nature of the connection between crystal and sexual behavior as described by the participants appears to be complex, and to some extent quite specific to the individual. Some men said that they used crystal *in order to* be able to have sex or to engage in more diverse sexual activities. Sensation-seeking behavior (Kalichman *et al.*, 1996) is implied in some of the cases, but other men explained that they were unable to *ever* have sex without being under the influence of some psychoactive substance. At the same time, Reback's (1997) finding that sexual response does not directly follow from the pharmacological effects of the drug was not contradicted here. Rather, men's intentions and expectations, their perceived HIV status, their emotional state, the extent of their experience with using crystal, and situational factors all appear to intertwine with the effects of the drug in ways that result in many men—including those with usually strong commitments to safe sex—engaging in risky behaviors. A multifactoral model of drug use and sexual risk such as that outlined by Ostrow (2000) is indicated.

Other motivations for using crystal described here fit well with Signorile's (1997) "cult of masculinity" thesis about the circuit party subculture (and for that matter, Levine's (1998) thesis about the "homosexual clones" of the 1970s)—that the strong focus on physical appearance and sexual performance is destructive of men's self-esteem, intimate relationships, and the enjoyment of a wide range of life activities. Many participants in the present study emphasized that, initially, crystal helped them to feel more attractive, sexually desirable, and socially connected.

The findings regarding the devastating consequences of crystal use described by the participants in this study break new ground. Paranoia and employment difficulties, both also noted by Semple *et al.* (2003), were cited here as common problems resulting from continued use of the drug. The extent of the isolation and loss of social relationships attributed by these men to crystal use have not been previously

described in the literature, however. Earlier qualitative studies (Lewis and Ross, 1995, Reback, 1997) emphasized men's perceptions that the drug contributed to social bonding within the subculture. Here, even men who continued to use the drug were aware that their relationships to others during a crystal high were quite superficial. Those in recovery often attributed their efforts to quit to a realization that they no longer had any meaningful social support system.

At least in Miami, where the rise in the popularity of crystal coincided with the rapid decline of the dance scene, it might be argued that the sex-on-crystal subculture reveals more fully what the circuit party subculture was better able to hide—that many gay men feel isolated, often use drugs in an attempt to bond with others, and find that connectedness and intimacy remain elusive. This suggests that interventions to reduce drug use and sexual risks among this population may be more successful to the extent they address men's needs for—and skills at attaining—social connectedness to other individuals and to the broader community. As well, community level interventions that target subcultural norms of both drug use and safe sex, and expectations regarding both physical attractiveness and sexual performance, appear to be equally necessary.

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