

Party Drugs in Toronto's Gay Dance Club Scene

Issues for HIV Prevention for Gay Men



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Summary

In the late 1990s, outreach workers at AIDS service organizations (ASOs) in Toronto were hearing anecdotal reports linking high-risk sex among gay and bisexual men with the use of party drugs in Toronto's gay dance club scene.

Subsequently, five community-based ASOs came together to better understand (a) gay and bisexual men's experiences and modes of participation in the gay dance club scene, (b) the circumstances associated with using party drugs in the scene, and (c) the circumstances and reasoning processes associated with using party drugs in relation to sex. This knowledge is crucial to designing HIV prevention campaigns that are sensitive to the setting and culture of gay dance clubs, and the experiences of patrons. Between June and November 2003 researchers from the five ASOs conducted in-depth interviews with an ethno-racially diverse sample of 74 gay and bisexual men who use party drugs in Toronto's gay dance clubs.

Participants identified a number of key experiences and attributes of the dance club scene. These include getting into the music and dancing, a sense of community, the sexualized atmosphere and, for some, the opportunity to meet men for sex. Drugs are intrinsic to these modes of experiencing the scene. However, Caribbean, South Asian and East and Southeast Asian men also remarked on how 'whiteness' is privileged in the scene, and the sense of alienation that they experience. For those men, the scene presents some challenges despite its obvious attraction.

Participants use a variety of different drugs on their clubbing occasions, most notably Ecstasy alone or with at least one other drug. They vary the types, timing, sequence and dosage to achieve certain desired effects. Though they articulated various practices to avoid or minimize harm, there is considerable variation in the degree to which they carry through on those practices.

Participants' accounts of high-risk or unprotected anal sex associated with the club scene or other types of social occasions suggest that unprotected sex is not merely due to impaired judgement or a lapse in judgement under the influence of drugs. They indicated that drugs do or may impede their ability to practice or insist on safer sex. However, they also articulated a very strong interest in sex within the realm of their clubbing experiences, and a generally weak or inconsistent commitment to practicing safer sex. They use drugs to enhance their dance club experiences and sexual fulfillment, but exempt themselves from safer sex in ways that are not necessarily influenced by drugs.

The research findings suggest a number of recommendations for HIV prevention education among gay and bisexual men who populate the dance club scene. These recommendations acknowledge the existing sense of community, but promote a more inclusive view of community as well as personal responsibility for the health of community members. The recommendations also build on patrons' interest in harm reduction and their latent interest in safer sex, and promote the development of skills and self-confidence related to safer sex and avoidance of the harms associated with drugs.



Background and Rationale

Some research suggests that drug use, or at least the use of 'party drugs',¹ is more common among gay and bisexual men than among heterosexual men or the heterosexual population generally. In the USA, for example, men who have sex with men (MSM) are much more likely than non-MSM to use poppers and other recreational or party drugs (Woody et al., 2001). In a recent household survey in four American cities, more than half of MSM reported using recreational drugs, and almost one-fifth reported frequent drug use (Stall et al., 2001). One study covering seven urban areas in the USA estimated that drug use among young MSM was 3.6 times higher than drug use among single urban men in the National Household Survey on Drug Abuse (Thiede et al, 2003).

HIV/AIDS researchers and service providers are concerned that gay and bisexual men who use party drugs may be inclined to engage in high-risk sex. It is believed that drugs may increase sexual desires while diminishing cognition or exposing underlying traits related to risk-taking (Ostrow and Shelby, 2000). Indeed, several research studies over the last 15 to 20 years demonstrate that drug use is implicated in high-risk sex among gay and bisexual men in Canada (Craib et al., 2000; Myers et al., 1996; Strathdee et al., 1998), the USA (Beckett et al., 2003; Chesney et al., 1998; Choi et al., 1995; Colfax et al., 2001; Diaz 1998; Gay Men's Health Crisis, 2000; Halkitis and Parsons, 2002; Kalichman et al., 1996; Klitzman and Pope, 2000; Mansergh et al., 2001; Parsons and Halkitis, 2002; Purcell et al., 2001; Ross et al., 2003; Romanelli et al., 2003; Stueve et al., 2002), and elsewhere (Clutterbuck et al., 2001; Lewis and Ross, 1995).

Most of the studies noted above were designed as sample surveys to investigate a possible link between drug use and high-risk sex. However, some researchers have questioned the extent to which the designs and tools employed in these studies substantively measure or assess such a link (Gillmore et al., 2002). The results of these studies may also pose problems for HIV prevention programs. For example, a general finding is that gay and bisexual men who use drugs regularly, or who use specific drugs, are more likely to engage in unprotected sex than men who do not use drugs or use them occasionally. These types of results may create an expectation that men would practice safer sex if they stopped or cut back their use of drugs. But this expectation may be warranted only if researchers and prevention educators also understand why men take drugs and their level of commitment to safer sex.

The connection between substance use and unprotected sex is neither straightforward nor incontrovertible. For example, one study found that episodic substance use does not increase the relative risk of seroconversion (Chesney et al., 1998). Another study found that substance use is not more common on occasions of unprotected sex than on occasions of protected sex (Dolezal et al. 2000).

¹ We use the term "party drugs" in the sense in which it is generally used in the research literature and by some networks of gay men – mainly non-injecting drugs that are used recreationally (e.g., at dance clubs, sex parties, etc). Party drugs include Ecstasy, GHB, Ketamine and cocaine, although many men who use these drugs also use a number of other substances recreationally (e.g., acid, marijuana, poppers, etc).



Research in Toronto has also shown that gay and bisexual men who use non-injecting drugs often explain their risky sex and seroconversion through a range of narratives in which drugs have no substantial role (Aguinaldo et al., 2004). On the whole, research has not established a causal relationship between substance use and unprotected anal intercourse. The relationship appears to be very complex, and many men who take drugs may engage in risky sex for reasons that are not directly attributable to the drugs themselves. Nonetheless, the idea that party drugs are implicated in unprotected sex is entrenched in the scientific literature.

Anecdotal evidence and reports in the popular press also support the connection between party drugs and risky sex presented in the scientific literature. For example, Andrew Jacobs (2004) has written at length in the *New York Times* that crystal meth is fuelling the spread of HIV/AIDS in New York City. Articles in the popular HIV press also focus on the deleterious effects associated with crystal meth and other party drugs among gay men in Canada and the USA (Berger, 2004; Murphy, 2004; "Research shows ...," 2004; Townson, 2004). Popular and scientific opinion suggests that, in the midst of an upturn in HIV infection and sexually transmitted infections, party drugs (not just crystal) are a serious health issue among gay men. The current research was motivated initially by anecdotal reports collected by AIDS service organizations (ASOs) in Toronto about drug use and its possible relationship to risky sex in the gay dance club scene.

In 1999-2000, the AIDS Committee of Toronto (ACT) undertook a preliminary study of drugs in the gay dance club scene (AIDS Committee of Toronto, 2001). The study found that the possible link between party drugs and sexual behaviour was much more complex than either the existing research or anecdotal reports suggested. ACT also concluded that ethno-racial issues in Toronto's gay dance club scene needed to be examined.

Given the context outlined above, in 2003 five ASOs began interviewing gay and bisexual men in Toronto for this study. Unlike the trend in previous research that explores a statistical association between using party drugs and having high-risk sex, the ASO partners were interested in gathering data that could inform HIV prevention education. Through semi-structured interviews with gay and bisexual men, we wanted to identify the circumstances, reasoning processes and contextual influences associated with the use of party drugs in relation to sex.

The study focuses on the gay dance club scene where the use of party drugs is thought to be fairly common (Halkitis and Parsons, 2002; Lewis and Ross, 1995; Ross et al., 2003; Southgate and Hopwood, 1999). It is important to understand gay and bisexual men's interpretations of their experiences and modes of participation in the gay dance club scene, the role drugs play in the scene, and how (high-risk) sex may be associated with drugs among men who populate the gay dance club environment. In taking this approach, we are also proposing that prevention campaigns must be sensitive to the setting and culture of gay dance clubs, and to the experiences of patrons.



Two related concerns, outlined in a recent report from ACT (Adam et al., 2003), motivated our approach to this research. First, though survey-based studies have shown a link between drug use and high-risk sex, these studies are not designed to explicate the meanings and discourses that gay and bisexual men attach to drug use. This suggests a need for research that advances our understanding of why individuals take drugs (i.e., the circumstances, reasoning processes, and contextual influences), as well as ethnographic study of the microcultures and environments where drugs and sexual interaction are part of "a culture of pleasure and recreation."

Second, effective HIV prevention for gay and bisexual men must "engage with [the] social circumstances and reasoning processes of men" in their behaviours related to (un)safe sex. Knowing that certain behaviours exist (e.g., high-risk sex) is the starting point for thinking about HIV prevention. Knowing how those behaviours come about and how they unfold helps to shape the content and orientation of prevention education. As outlined above, we have designed this study to identify and understand those circumstances and processes. This research shows that high-risk practices should not be attributed to ignorance about drugs or sex. HIV prevention and harm reduction must proceed from a heightened understanding of gay and bisexual men's discourses about drugs and high-risk sex. In this way HIV prevention messages are likely to be informed and unambiguous, and avoid the contradictory interpretations that have characterized prevention messages in the past.²

Methods

Study participants were recruited through cards distributed at gay dance clubs and social events for gay men, advertisements in the gay press, fliers posted at the offices of study partners and in establishments catering to gay men, and advertisements on the web sites of the partnering agencies. We also interviewed men who said that they had heard about the study from friends who were interviewed. These advertising materials contained a brief description of the study and the study coordinator's contact information. Some of these advertising materials were available in Chinese and Spanish.

The research team wanted to interview gay and bisexual men who (a) had gone to a gay dance club in Toronto in the last three months (i.e., in the three months leading up to the date at which they called to register for the study), (b) had used Ecstasy, Ketamine, GHB, or crystal meth and other substances in the last three months, and (c) identified with an ethno-racial background consistent with the populations served by the study partners (mainly East and Southeast Asian, South Asian, Latino, Caribbean, and White/European).

Men who contacted the study coordinator were given more information about the study. They answered a short screening questionnaire to confirm that they fit the profile of men whom the study wanted to recruit, and to arrange an interview. The screening process also allowed the research team to constantly monitor the

² See Adam et al. (2003) for a discussion of semiotic snares embedded in HIV prevention messages



ethno-racial composition of the sample. By closely observing the waiting list, we concentrated our efforts periodically on recruiting men from ethno-racial minorities. Over the six months of data collection (June-November, 2003), we interviewed 77 men. Due to poor audio-recording on two interviews and problems with translating a third, the final sample includes 74 men.

Study participants were interviewed in person (i.e., face-to-face) for 60-90 minutes and offered \$20 and two public transit tokens. Only three men chose to be interviewed in a language other than English, even though the research team advertised that interviews could be conducted in Spanish, Chinese, Vietnamese and Tagalog. Seventy-two interviews took place at ACT, and the remaining two at the Asian Community AIDS Services (ACAS). The study coordinator and two research assistants conducted almost all the interviews. These staff (Filipino, Indo-Caribbean and British/White in ethno-racial background) reflected some of the ethno-racial and cultural diversity of the study population, were knowledgeable about the South Asian, East and Southeast Asian and Caribbean communities in Toronto, and were familiar with the Toronto's gay dance club scene.

The semi-structured interviews included mainly questions about interviewees' participation in the gay dance club scene, drug use in the club environment, and drug use in relation to sex. Participants also recalled their most recent dance club experience and most recent experience when they had sex while high on drugs, and were asked a series of questions about how and why the event or experience unfolded as it did. In addition, there were questions about participants' sexual orientation and identity, ethno-cultural affiliation and identity, religion and immigration issues. Interviews were transcribed and coded according to a scheme devised by the principal investigator and study coordinator, and the principal investigator carried out a constant comparative analysis to identify patterns of responses.

The sample is ethno-racially diverse, mainly in the late 20s to late 30s age range, with a high level of formal education (Tables 1 to 4). Forty percent of participants reported that they expected to earn less than \$30,000 in 2004, and slightly more than one-third reported annual incomes of \$30,000-\$49,000. Twenty-nine participants (39%) reported that they were HIV-positive.



Table 1.
Participants' self-reported ethno-racial affiliations

	Total	% *
East and Southeast Asian	10	13.5
South Asian	4	5.4
Caribbean	13	17.6
Latino	9	12.2
Aboriginal	3	4.1
White	27	36.5
Mixed	7	9.5
Other	1	1.4
TOTAL	74	100.0

Table 2.
Age level of participants

	Total	% *
17-19 years old	4	5.4
20-24	5	6.8
25-29	19	25.7
30-34	19	25.7
35-39	12	16.2
40-44	10	13.5
45-49	3	4.1
50 and older	2	2.7
TOTAL	74	100.0

Table 3.
Highest level of education

	Total	% *
Elementary/grade school	4	5.4
Secondary/high school	17	23.0
Some college/universty	13	17.6
College/university grad	40	54.1
TOTAL	74	100.0

Table 4.
Annual income level of participants

	Total	% *
Less than \$20,000	17	23.0
\$20,000-29,000	13	17.6
\$30,000-39,000	18	24.3
\$40,000-49,000	10	13.5
\$50,000-59,000	8	10.8
\$60,000 or more	4	5.4
No data	4	5.4
TOTAL	74	100.0

*Percentages may not add up to 100 due to rounding



The Gay Dance Club Scene in Toronto

There were six gay dance clubs or dance bars in downtown Toronto at the time of recruiting participants for this study.³ Together, these venues may accommodate 2,500 patrons on a busy Saturday night. In addition to these six, there are four "straight" dance clubs that cater to a substantial gay clientele attracted by particular DJs, performers, events (e.g., Pride parties) or the clubs' gay-friendly reputation. Most clubs attract an ethno-racially diverse clientele, though White men predominate. Some clubs cater to fairly distinct segments of gay men according to musical tastes and other cultural markers (e.g., leather community, college crowd, or particular ethno-racial groups, etc.).

The gay dance club scene refers to regular weekend attendance at dance clubs, in addition to special party events and circuit parties at venues that do not regularly function as gay dance clubs. There are a number of subtle differences between dance bars, (after hours) dance/nightclubs, club events and circuit parties. Dance/nightclubs are generally open on weekends, whereas bars might be open any weeknight. Club events and circuit parties generally attract greater numbers of men than the typical weekend crowd, are organized by a producer, occur less frequently, and usually coincide with particular calendar events (e.g., Pride Day, New Year's Eve, etc.). Occasionally there are live performances at dance clubs, usually at circuit parties and club events.

Most clubs are open as early as 9:00 p.m or 10:00 p.m, but a crowd usually develops between 11:00 p.m -1:00 a.m. Most dance bars close shortly after 2:00 a.m, but dance clubs are usually open until 5:00 a.m. - 7:00 a.m. After hours clubs usually open around 6:00 a.m. or 7:00 a.m. and continue as late as 3:00 p.m. In general, gay dance clubs offer very intense and rhythmic styles of popular dance music. Some venues and events that cater to specific ethno-racial communities offer forms of popular music associated with or rooted in those communities (e.g., bhangra, chutney, reggae).

Use of party/club drugs (Ecstasy, Ketamine, GHB, crystal meth and cocaine) and other illicit substances (e.g., marijuana) is common in the gay dance club scene. However, there is wide variation in the specific type and amounts of drugs consumed. Though users may consume drugs at dance clubs, and some dance club patrons sell drugs, many users will purchase or acquire their supplies outside the dance club scene (i.e., before going out to party). Partying in Toronto's gay dance club scene can be an expensive undertaking, partially because of drug prices that vary from \$10 to \$60 for a pill, dose or hit depending on the type of drug.

Going out clubbing

The men interviewed for this study were regular clubbers. Of the 47 men who provided reasonably clear responses about the frequency of clubbing, 39 (83%) went clubbing at least one weekend each month. Participants typically went clubbing with

³ A seventh dance club closed shortly before the research team commenced data collection.



their respective circle of club friends, and their partner (if they were in a relationship). Participants invoked a number of characteristics that held together their circle of clubbing friends. The men in a circle might consume similar drugs, and group members shared drugs with each other. Group members may also share a common understanding of the boundaries of 'having fun', described by one participant:

I like going [to clubs] with the kind of people who can have fun but not necessarily lose their mind and end up going off with some guy and then coming back and then going off with some guy (Caribbean, 17-19)⁴

Group members also assume some responsibility for each other's safety by protecting each other against (sexual) encounters that may not be in a group member's best interest:

They're a lot of fun and they'll do stuff. I wouldn't want to go home with someone I didn't really like. So I know that if I have them there, it's like the barrier. (Mixed, 17-19)

Membership in the group may reduce the harm associated with using drugs. Being in the company of group members may reduce the likelihood of intoxication or, if intoxication does occur, ensures that care is available. This man explains his group of 10 as follows:

The reason for that is because some people in our group is more experienced with drugs than others. So we have an agreement ... that if something happened with another person, then you know you're in good hands ... I mean it's not like you're going to G out and you're totally on your own. (White, 25-29)

Out at the Clubs

Participants recounted the qualities of their clubbing experience that appealed to them and sustained their involvement in the gay dance club scene, as well as experiences and behaviours that undermine those attributes. These attributes and experiences are sorted and discussed in this section of the report.

Music, dancing and energy

Almost all study participants explained their interest in gay dance clubs with reference to music and dancing. Music and dancing account for a substantial emotional and physical investment in the spectacle:

I usually really like the music. I actually like the, sort of the physical workout aspect of dancing when I ... You know, when we are there, I'm usually on the dance floor virtually the whole time. I'm not sort of off in the lounge you know sitting and talking to people or whatever. (White, 40-44)

⁴ Verbatim quotes are referenced as: (ethno-racial background, age group)



Most often, music and dancing facilitate or are facilitated by other compelling experiences, such as using drugs or enjoying a certain atmosphere:

The main reason I go to clubs is because I want to dance. And along with that I want to do Ecstasy so I can dance longer or I can enjoy the music better. (South Asian, 35-39)

Music can do a lot if you're in, in a state of, of influence of drugs. So if you have crappy music, you get a crappy party time ... a crappy high. (White, 30-34)

If you want to go out to a club, you want to dance, you want to hear consistently good music and you want to be with attractive people (White, 30-34)

Participants often used the term "energy" in reference to an overall quality or experience that combines music, dancing bodies, drugs and the collectively high spirits of patrons in the clubs. For example, one participant spoke of energy in terms of a "communal" experience. Within this communal perspective, energy is "a general good feeling" of being "in the same space with everybody else" (East/Southeast Asian, 25-29), which is made possible by music and drugs:

Interviewer: *What do you like or enjoy about gay clubs?*

Respondent: *Uhm, the energy ... Uhm, it's. I find the experience is very communal in the sense that everyone is sort of sharing uhm the moment ... and the music ... I guess there's sort of an air of, of naughtiness to it, you know. I mean you shouldn't be taking drugs and uhm so I mean there's sort of a danger aspect to it (White, 30-34)*

Drugs are at the centre of this experience. Drugs facilitate the energy that participants experience, and this energy is tangible and positive:

Somehow I find that people know, know how to party ... Like if you go to [club] okay or if you go to [club], there's a really good spirit ... you can feel the energy. Everybody has so much energy and it's, mostly it's a positive kind of energy. But I mean it's because of drugs because that's what it does to you. (White, 25-29)

Sense of community

Gay and bisexual men who participate in the gay dance club scene experience a sense of community that is facilitated to some extent by using drugs. In a very straightforward way, participants find pleasure in the fact that "there's a lot of gay men" (Caribbean, 20-24). The clubbing environment also allows a sense of inclusion that patrons, as young gay men, may seldom experience to the same extent elsewhere:

... I've gotten to know a lot of people [in the gay dance club scene] and I like walking into a place and having 5, 10 people know who I am and come up and speak to me (Caribbean, 30-34)

This sense of community and inclusion appears to be driven by a belief in the equality of patrons. The clubs are a gay space where the usual distinctions (income, class, etc.)



are of little significance:

In the gay environment the socio-economic distinctions are not really a factor ... most of those people share the same characteristics, they are gay. (East/Southeast Asian, 40-44)

The gay dance club scene is therefore a world unto itself, that sets the men apart (and where gay men set themselves apart) from the non-gay world outside. Both "top drawer" and "bottom drawer" (i.e., high and low socio-economic status) men populate the scene, where they meet as "equals" (East/Southeast Asian, 30-34). However, despite this apparently strong belief in community, equality among patrons in the clubs is provisional. Outside of the clubs, patrons still contend with the usual class and race distinctions:

Take yourself out of that context and that's where the separations happen ... You have no common ground [whereas] in the clubs you do. (East/Southeast Asian, 30-34)

The source of equality, inclusion and community is the fact that the participants are meeting as gay men in a gay environment. In many respects, the gay dance club scene legitimizes and affirms experiences that may be seriously circumscribed elsewhere. For some men, the scene is merely self-affirming:

Well, I'm gay. So it's nice to be around people who have similar interests ... and similar energy. (Caribbean, 40-44)

For others, it may be therapeutic, such as the man who reported that participating in the scene "blocks out all the negative things that I encounter and I grew up with" (Latino, 30-34). But it is also liberating, as described by one participant in reference to his "discovery" of the scene at age 21:

I felt like reborn. [It] drove me to do things I so would never have done ... But no regrets. (Caribbean, 30-34)

The sense of community also implies that patrons enjoy a level of safety in the dance club environment that might not be possible in equivalent non-gay spaces. Gay dance clubs collectively are a safe space for gay men to socialize. Participants noted that, compared to similar non-gay establishments, gay dance clubs are somewhat less stressful:

It's mostly heterosexual clubs, there's always fights ... You know, it's pretty laid back at gay clubs you know. Nobody bothers anybody, and it's what I like. (Latino, 30-34)

In this more relaxed atmosphere, patrons may be "more friendly" and feel "less pressure" in spite of using drugs, or because of the types of drugs they consume:



... in a straight environment sometimes people can get, do stupid things on, on different chemicals that, it can present, cause more trouble than it's worth. Whereas in gay clubs usually, when people are all high on E and K and stuff, they're usually much more friendly and more calm A lot of straight bars, which they, sometimes they, more focus on coke and G. They're a little bit more wasted and, and fucked up and more violent. (Mixed, 25-29)

Consequently, participants feel comfortable behaving in ways that are consistent with the spectacle:

If you catch eye contact with a guy, you know if in a straight club. You don't have to worry about him beating you up or like, you know, saying something. There's way less things to worry about and it's just comfortable. (White, 20-24)

Safety may supersede concerns about flirting or looking for sex, and may add to the attraction of gay dance clubs even when these clubs compare unfavourably in other ways with straight clubs:

There's safety in gay clubs that I don't necessarily always feel in a straight club, though I find the music is often better at a straight club ... But I also like the fact that I feel very safe meeting people in a gay club and meeting them not for sex, but just to meet them as people. Uhm, at a straight club I'm a little more cautious. I still meet a lot of people, but there's a cautiousness because I'm never sure how introducing myself to somebody can be taken. (Caribbean, 25-29)

Despite the sense of community described above, some participants suggested that the quality of interactions in gay dance clubs can be superficial. These men may have undergone a process of personal development that has shifted their interpretation of the scene. One participant, after referring to his "sheltered" childhood, described his changed perspective as follows:

In the beginning, I thought 'This is absolutely amazing' ... Um, all these people on the same stuff, substance. Everybody, you know, hugging, kissing and, you know like, touchy-feely ... but after you do it after a certain amount of years it just is, it's like, you still get high but I just, I don't like the comedown ... I don't like how fake everything is, how fickle people are. Um, so I'm trying to, I'm trying to stop but I, I, I can't seem to do it ... People are naïve to think that these people are their, their friends. I mean, I was, I just, I was stupid and thought, actually, no, I don't think I was stupid. I don't think anybody's stupid. I think you just learn, you know, that, you know, these people that are in the clubs aren't really your friends, you know. They're an acquaintance and you see them on the street and they don't remember who you are. (White, 25-29)

The scene is seductive. Participants understand and accept that there will be a degree of superficiality. They also recognize that in some respects the scene is a fantasy, and they manage their expectations accordingly:



Well, because you know that it's, it's drug induced. So you know it's not real. It's, it's a fantasy ... It's there and that's it and uhm which can be nice if you're in the mood just to go with that and just accept what's happening. But if you go through moods where you're looking for something deeper, a bit more, more intimate, other than just physical, then of course it becomes a bit less, a lot less personable, and it becomes very empty. (White, 35-39)

Sexualized atmosphere

The participant who stated "I like the fact that you can go and cruise people" (White, 25-29) captured an issue that permeated the interview data. Participants acknowledged that gay dance clubs present a very sexualized atmosphere, which they found appealing. Some men do cruise for sex, but sex itself may be less important than the sexual overtones of interactions in the clubs.

The music, some of the drugs, and the sense of community and safety enhance the environment for sexualized encounters in gay clubs. This demonstration and exploration of intimacy was explained as follows:

... the sort of almost sexual nature ... You know, just the kind of, you know, hugging and massaging and whatever goes, you know, that sort of stuff on the dance floor. That's, that's fun. (White, 40-44).

In this environment, the dance floor is central to various expressions of desire and intimacy:

I like to see other guys, you know. I like, I like to enjoy dancing with other guys. I like to see, touch the nice bodies. (Latino, 30-34)

Given the large numbers of gay men that populate this environment, and the sexual overtones to the scene, dance clubs also function as venues to locate sexual partners. This is a significant incentive for some men:

The reason why I'm going to nightclubs is to find somebody ... Find company, that's the reason why I'm going. Sometimes I'm going because I, I like to relax. But most of the time I'm going because I want to find company. (Latino, 25-29)

Even in a sexualized environment, there are limits to what is considered acceptable. Clubbers who perceive that participation in the scene is premised almost exclusively on sex are the ones most likely to interpret the sexualized atmosphere in a negative light:

You walk in and you're immediately noticed as like, a sexual object as opposed to like, anything else ... it's more about what you can do for them sexually than who you are. (Caribbean, 17-19)



Therefore, the sexualized atmosphere becomes 'too much' when it subverts (rather than supports) other compelling attributes:

[T]o have a sort of conversation with anybody in a gay dance club in Toronto, everybody just assumes they're hitting on them ... You start up a conversation with uh, somebody here, they assume that you're automatically hitting on them or you want to take them home or whatever. (White, 30-34)

Diversity versus uniformity

In some respects the gay dance club scene does display a degree of cultural diversity, which is consistent with the sense of community discussed above. This display of cultural diversity refers to the inclusion of different gay subcultures (e.g., leather men, etc.). One participant described the scene at a particular club as "not just the same old type, like circuit boys or whatever" (East/Southeast Asian, 25-29). Another participant remarked:

What I like about [club], it's very gay, straight, bisexual, and gay men. Everybody is there for a good time. (Aboriginal, 25-29)

In ethno-racial terms, however, mainly White men populate the gay dance club scene. In the gay dance club scene, as in Canada more generally, notions of beauty and desirability are dominated by White/European norms. Asians and Black men are distinct minorities. As one Indo-Caribbean participant remarked cryptically, "It's an extremely white space" (Caribbean, 25-29). A more expansive interpretation of whiteness in the scene states:

Aside from the steroid driven muscle sort of uhm atmosphere, the idea of, of a, of white being beautiful or the, the tall muscular blonde, etc., etc., which of course I don't ascribe to and I don't look that way either. But I, I don't think nowadays it's as bad as it was before. (East/Southeast Asian, 30-34)

Whiteness therefore dominates the scene in a complex way. This dominance refers to the fact that the majority of patrons are 'white' men, and also to how 'Europeanness' or 'whiteness' are privileged as attractive and desirable.

Drugs in the Gay Dance Club Scene

Participants responded to the question "What drugs do you use?" by naming a number of substances that they use from time to time. Ecstasy (E), marijuana, Ketamine (K, Special K) and cocaine were cited most often (Table 5). Far more men use Ecstasy than any other substance, and the vast majority of men who use other drugs also use Ecstasy (e.g., 35 of the 40 men who used Ketamine also used Ecstasy).



Table 5. Drugs used by participants¹

	Drugs used from time to time		Last club event	
	Number of men using	% of men	Number of men using	% of men
Ecstasy	61	82.4	40	54.1
Marijuana	47	63.5	17	23.0
Ketamine	40	54.1	10	13.5
Cocaine	39	52.7	12	16.2
GHB	27	36.5	10	13.5
Crystal meth	18*	24.3	5	6.8
Poppers	17	23.0	6	8.1

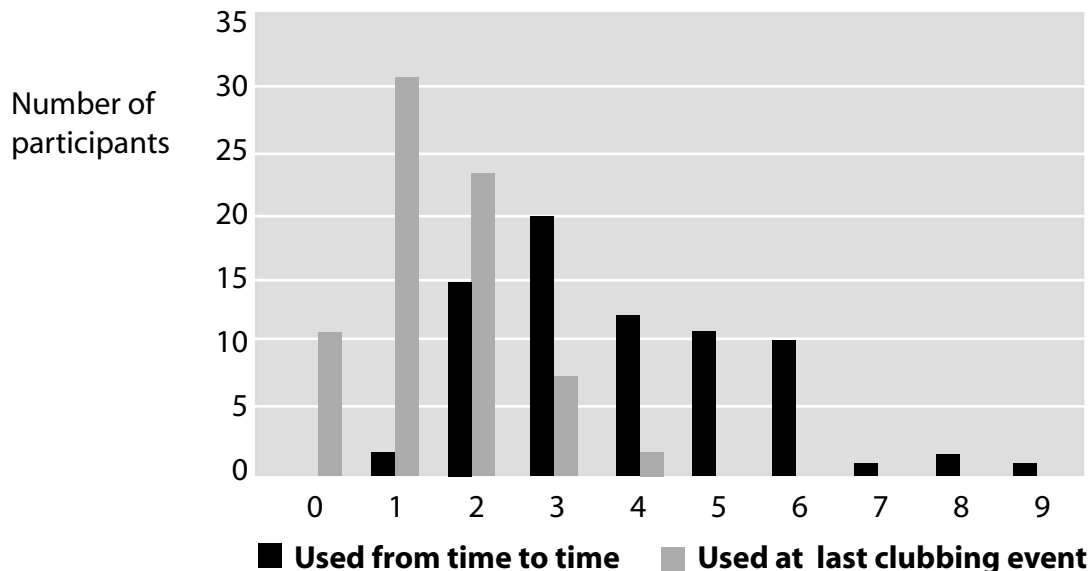
¹This table shows only drugs used from time to time by more than one-fifth of participants. Other drugs mentioned were crack, mushrooms, LSD, Viagra, hash, and MDA.

*Two additional participants mentioned speed, which would result in 20 participants or 27% if we combined crystal meth and speed.

Table 5 also shows the drugs that participants used on their last clubbing event. Slightly more than half of participants used Ecstasy, and the most widely used drugs were Ecstasy, marijuana, cocaine, GHB and Ketamine.

Some men do not use drugs every time they party at a gay dance club (Fig. 1), but the practice of using two or more different drugs at a clubbing occasion is common: 11 men (15%) did not use drugs on their most recent attendance at a dance club or bar, 31 men (42%) used just one drug, and 32 men (43%) used two to four different drugs.

Figure 1. Number of drugs used





In referring either to their favourite club or the scene as a whole, participants suggested that drugs are intrinsic to the scene in two basic ways. First, using drugs recreationally is a social experience, consistent with and complementary to the atmosphere in a dance club. The experience is analogous to drinking alcohol in a bar, and using drugs is a benefit that patrons derive from being in the dance clubs:

It's not something that you really want to do when you're at home alone cause it really takes the enjoyment out of it. Like if you're drinking a beer at home by yourself, it's the most disgusting taste in the world. But if you're at a bar and it's smoke-filled or something, you're drinking a beer, it tastes great. (Mixed, 25-29)

Second, the club environment is conducive to drug use, given the special lighting, loud rhythmic music, sexualized atmosphere and party mood. One participant stated that "clubs are geared toward drug use; that's why they exist" (Caribbean, 25-29). Another participant insisted that "they're open because of the drug culture that exists," and explained his point of view as follows:

Because [clubs] charge people, what is it, \$4 for a bottle of water, which is covered as a beverage, right ... So therefore you're making up for, you're not making bar sales after 2 o'clock. And how else can you do that if you're like, you know? If you're open till 6, and your bar is, is open for four hours but no one's buying liquor ... therefore the space is, is set up for people to basically come and do drugs. (Caribbean, 25-29)

Role and significance of drugs in the scene

Among study participants, the use of drugs (or the opportunity to use drugs) is a salient feature of their involvement in the gay club scene. "Good music, good drugs", "the highs from drugs", and partying being "more enjoyable" because of drugs, are succinct examples of statements that declare the importance of drugs to dance club patrons. We explored these statements further by asking participants to relate why they did drugs in dance clubs, and what they accomplished by using drugs. In response, participants narrated a variety of issues and circumstances related to using specific drugs or drugs in general in gay dance clubs. We identified three classes of responses.

Obligation and peer pressure

Several men claimed that they did drugs in the clubs because of peer pressure and a sense of obligation. This sort of 'explanation' denies their personal agency as willing consumers. They imply that they have no personal investment in or motivation for using drugs, but consume them under the influence of the environment and their friends. One variant of this explanation goes as follows:

The people that you hang out with and the people, or the people that you go to the club with have, also have an influence on your mood. So if you're going there with a bunch of straight-edge people, you being the only one on like, cocaine, is not gonna be too good for them or you because they don't feel your vibe and it just doesn't mesh. So if you go with a whole bunch of people, it kinda sounds like, like you're adhering to, I guess um, peer pressure. (Caribbean, 17-19)



Another variant draws a link between peer pressure and the need to have fun, but also suggests that peer pressure and feelings of obligation are more salient in certain clubs that are more associated with drugs:

I try not to do as much drugs when I go out. But sometimes it's difficult. Like uhm, when you go out to say [club], you almost feel that your kind of obligated to do it, otherwise you are not going to have fun, especially if the people around you are all doing it. Which is why sometimes I just go to [club] because somehow there, I don't feel as much pressure, maybe because it closes earlier. (East/Southeast Asian, 25-29)

Even the choice of specific drugs can be attributed to peer pressure and the norms of an individual's circle of club friends. As one participant remarked, "you just do Ecstasy or K or whatever, what other people do" (East/Southeast Asian, 30-34).

Boosting confidence, overcoming alienation and fitting in

Drugs are an antidote for the sense of alienation and a lack of confidence that some gay men experience in gay dance clubs. This suggests that, to some extent, drugs fuel the strong sense of community associated with the scene, and perhaps also explains why this sense of community appears to diminish outside the clubs (see p. 10). Several participants reported that without drugs, they feel seriously out of place and paralysed in gay dance clubs. Drugs retrieve or facilitate the excitement of clubbing:

From my experience, I've gone to clubs before with like nothing and you just feel like an outcast. I felt like an outcast. So it's part of the gay clubs and that ... it helps you feel more included ... pretty much on the same wavelength of other people. (Latino, 25-29)

In explaining his preference for hallucinogens, another participant observed along the same lines:

So hallucinogens allow you to like, I don't know, um, imagine your own reality as opposed to the one you have [at the time] which is like standing alone in the dark. (Mixed, 35-39)

The idea of doing drugs to boost one's confidence was neatly summarized by one participant who admitted, referring to his use of Ketamine, that "you could replace doing a bump of K with just being confident" (White, 20-24). However, to the extent that men go clubbing with their particular circle of club friends, it is not clear why participants experienced alienation and a lack of confidence while surrounded by their respective cliques. One might have expected that the friendship and solidarity of group members promoted confidence in the individuals in the cliques, as suggested above (see p. 8).



The answer to this apparent contradiction lies in the fact that 'fitting in' does not only refer to relating to others in a physical sense (e.g., conversing or dancing with another man). 'Fitting in' also refers to experiencing the mood that seems to pervade the club. For example, in explaining his belief that doing drugs is part of the excitement of partying, one participant stated:

It's the thrill of the seek, the find, the have, the want, the need to – it's not really to fit in, but it is to fit in. But in the same respect, it's not to fit in just because you're in a clique of people. What I mean by clique of people is people that are your friends or people that are drawing that group of people who are out to party ... My group of people I hang around with are like old school. So we're used to that sort of environment where that's how we relax and enjoy ourselves. (White, 40-44)

Enhancing the atmosphere and experience

Participants claimed that they took drugs to enhance the party atmosphere of dance clubs. Some drugs initiate or sustain a state of mind conducive to enjoying the party atmosphere in the clubs. They intensify the mood or mindset for enjoying a night of partying:

Whenever we go out with just friends, I said 'okay, you know what, good happy thoughts.' So when I get to the club, I'm already in that mindset. I'm happy. Then when I do Ecstasy, it intensifies that. (White, 25-29)

The sensation and the high from drugs attach to the music and dancing in particular. Participants recounted a reciprocal relationship between music and their drugs of choice. From one perspective, drugs enhance their enjoyment of the music and dancing by heightening:

... the sensation of music, and, and, the tactility and, and, and the um, the escape and everybody's riding this nice wave. (White, 55-59)

In another perspective, it is the music that:

... enhances the high. So if it's good music being played, it'll take a good high and turn it into a great high. (Caribbean, 25-29)

These excerpts suggest a situation in which men take certain drugs to 'get into' the music and dancing, but then the music itself complements and fills out the high they experience from drugs. The combination of music and drugs produces a level of ambience that may facilitate the use of greater amounts of their preferred drugs:

I would probably tend to do more if it's a, if the ambience is really strong and really good and the beat is rea- and you really want to get into it. (White, 55-59)

Participants also reported that some drugs gave them stamina and energy to stay the course or, as one participant described, to "ride the wave". With the right types or quantities of drugs, participants are able to interact with others and dance to the



music for longer periods of time. This was stated as follows:

Because the reason why I'm going out is to be social and to dance and I find that Ecstasy enhances that and allows it to happen for a longer period of time than my body would be able to do it. (Caribbean, 25-29)

In the sexualized environment of gay dance clubs, some men will use certain drugs to enhance the sexual tension. In some cases, participants may want to diminish their inhibitions about picking up someone for sex, or prepare themselves for the possibility of a sexual encounter. Referring to Ecstasy, one participant noted: "[I]t makes me feel a little bit more sexual. It does lower my inhibitions" (Caribbean, 30-34). In the more extreme case of looking for sex, Ecstasy:

... intensifies the thing you feel, you'll start dancing and you'll see a really good looking guy or whatever, and what it does is that it totally boosts that sexual tension between you and that person, and nine out of ten times you're going to end up having sex with him. (White, 25-29)

Drug practices

Men who use drugs in gay dance clubs acquire their supplies through specific dealers with whom they have established a relationship. Though some men purchase drugs in the clubs, there is a tendency to arrange and execute transactions outside of the club environment. There are advantages to doing business with a specific dealer. An on-going arrangement enhances customers' familiarity with the product, and their faith in the quality and safety of the substances. In addition, men who have a track record with a particular dealer may benefit from a guaranteed supply at lower prices reserved for regular customers.

The method of acquiring drugs is part of an etiquette concerning drugs in the gay dance club scene. This etiquette also covers preferences for certain substances, patterns of consumption, and codes of conduct that regulate how participants use specific substances. Participants follow very deliberate and complex 'rules' about what drugs they will take, when, and how much. These practices require a high level of decision-making to ensure beneficial and anticipated outcomes from ingesting more than one dose or hit of a particular drug, or more than one drug, over the course of a clubbing evening or day. Notwithstanding the complex monitoring and decision-making about which drugs to use, when, and in what quantities, the patterns of drug use reported by participants could pose a health risk.

Experienced drug users will use specific drugs to achieve desired effects, states or outcomes. As Table 5 shows, the vast majority of men in this study (61 men, or 82%) reported using Ecstasy. Therefore most men commented about why they used Ecstasy or the effects of using Ecstasy.

As narrated by participants, the main benefits of consuming Ecstasy are to experience feelings of affection, closeness with others, sensuousness and to maintain or boost



their energy levels to party for an extended period. Ecstasy "gives you the feeling that you want to be touched" (Latino, 30-34). It is associated with words like "affection" "friendly" and "non-threatening" (White, 40-44). Ecstasy also makes it possible to "stay awake" and dance for a long period (White, 30-34) or, in the words of another participant:

I'm sure that if I didn't do Ecstasy, I'd be home in bed probably like midnight, 1 o'clock. (Caribbean, 40-44)

Participants agree that using Ecstasy, GHB, Ketamine, cocaine and marijuana is an attractive proposition in the dance club environment. They claimed to derive real benefits from using these drugs. Drugs were interpreted in a positive light, compared to experiences or claims about the negative consequences of alcohol consumption. Alcohol makes people "silly", "violent", "depressed" and "sleepy" (White, 40-44), whereas Ecstasy and other drugs sustain the party mood:

It [alcohol] drains me out. I have no energy and no dancing and there's a mess. But when I do drugs, it gives me more energy. I can stay awake and it keeps me going. (South Asian, 40-44)

Though participants spoke about taking specific drugs (Ecstasy and GHB) to feel sexy or even horny, and did use some "sex drugs" in the clubs, they rarely articulated using particular substances specifically to facilitate sex (as opposed to just feeling sexy) in the context of dance clubs. Instead, "sex drugs" were consumed mainly in venues and at events where men gather for sex, such as public cruising areas (parks) and sex parties. One participant differentiated these different types of venues and experiences as follows:

My crystal meth experiences have been mostly at like, a private party or an orgy, as they call it. And a lot of men there, and there's meth available and the idea is that we're gonna go all night anyways. (Mixed, 35-39)

On the other hand, this same man used hallucinogens in dance clubs to achieve an effect or experiences more suited to the club atmosphere, namely, to join the party or "imagine [his] own reality ... as opposed to standing alone in the dark", and "to cruise but, you know, I mean flirtation"

Patterns of consumption

Participants reported that they did a number of different drugs during a night of clubbing. They varied the type, timing and sequence to achieve a particular effect at specific times during the night. For example, many participants take Ecstasy and other specific drugs in a sequence over a period of several hours, either to complement or mitigate the effects of Ecstasy. In explaining their particular drug-drug regimes, participants claimed that GHB, for example, supplements or precipitates "sexy" or "horny" feelings if consumed some time after taking a hit of Ecstasy. Ecstasy is an 'upper' and GHB is a 'downer'. Therefore, participants will use one followed by the other, after an interval of one to several hours, to change their mood or energy level at



different periods during a clubbing event. One participant also noted that marijuana imparts a mellow tone to the party mood derived from Ecstasy. And two participants stated that they sometimes use cocaine on the following day to counteract the feelings of depression associated with the "comedown" from Ecstasy.

Typically, participants will use certain "set up" substances that they consume before or shortly after arriving in a club. At specific times during the night they will use the same or other substances to boost their energy, feel sexy or reduce their inhibitions. Some men go to bathhouses after leaving the club, where they may consume particular drugs to boost their libido or otherwise facilitate sex. After a night of clubbing and using drugs, some participants then use specific substances to address the after-effects or "comedown" from the drugs they consumed hours earlier in the clubs, or to refresh their energy after a vigorous night of dancing or sex.

In a relatively detailed example, a participant began the night with GHB – "a G driver" - as his "set up" drug at around 10 pm:

We like taking it because it gives a great little buzz to get you going from like 10 o'clock to get yourself going out the door to get to the club and you're in this kind of great headspace. (White, 30-34)

He consumes Ecstasy and/or GHB again later in the night according to a schedule and the type of high that he wants to achieve. His most recent clubbing night before being interviewed was a "perfect example" of this pattern:

I set up with the G. I get to the club. I drop my E and then about two hours later ... I take another vial [of G] and then that should take me until about three or four in the morning and by that time, I either, I may do another G but I won't do anymore other drugs. And then if I have it I might do a bump of coke about four in the morning or something to give me a little boost because that's when I get mentally tired, even though my body can still go (White, 30-34)

Participants who go to bathhouses after clubbing may show a different sequence that includes drugs that may facilitate sex, such as poppers and Viagra. One example goes as follows:

Uhm, smoked a joint before I went there [to the club]. I went there. I had a few drinks and then I went to [bathhouse] and smoked some more grass and did poppers and sex and then went home. (White, 35-39)

Participants tend to be fairly scrupulous about timing their use of a drug so that the interval between ingestion and effect is just right. In other words, a drug will be consumed so that the onset, peak and duration of an effect follow a prescribed pattern and duration. One participant conveyed this issue of timing the use of a single drug as follows:



... the pot I do uh, it's slow to react so uh, you may not feel it right away but give it 15, 20 minutes. And by the time I'm into the club it's uh, uh, it'll be fine uh, like, on Friday ... I had, I had like, a giant uh, bowl uh, for the pot and I smoked it. And, and I wasn't quite feeling it by the time we got to it. And when I got to it I was like, okay, I'm starting to feel a little. And then, then I went upstairs, up to the third floor and basically planted myself on the seat there. And I sat there and I was enjoying myself. I was uh, basically grooving to the music ... And that, that was about midnight. Uh, it, the total of, well, I wouldn't say, the total effects, but the effects started wearing off somewhere around 2 o'clock in the morning. (White, 30-34)

Participants adopt quite complex patterns of consumption when they are using more than one drug. The timing and sequencing may depend on the specific drug that they took to start off the evening, and whether they need to take certain drugs to enhance or counteract the effects of others. Participants gave the impression that they exercised a deliberate process of decision-making to modulate their poly-drug use, and appeared to invest some care in managing rather complex patterns of drug use. The incident quoted below provides an example of how drugs are important to participants' dance club experience, and the complexity of drug use. But the narrative also shows that decision-making about drugs may be rather ad hoc, even though the reasons for taking drugs are clearly stated:

It's like we were standing there and it's like none of us have drugs in our system and there's all these other people in front of you and they are just dancing and hopping and going crazy and I'm just standing there and like, oh my God, actually this is not going to work. This is not going to work. And then what I did is uh my friend had GHB on him and I took GHB and uh like half an hour later, it kicked in and it's like it's an amazing feeling because you start dancing and everything. But you know, after a while, you go totally, totally dizzy ... So I took Ecstasy and uh that really worked and it's like the dizziness stopped and everything and I picked up this a lot of love energy and it's like we danced probably until like four or five in the morning, which is crazy. (White, 25-29)

Participants attend to the type and sequence of various substances, and also to the dosages they consume. This calculus of drug use is meant to ensure that participants can perform appropriately in the dance club, whether their performance involves dancing, cruising, sex or some combination. In one case, dancing for 12 hours at two different venues required two hits (tablets) of Ecstasy rather than the usual one – the first at midnight, and the second at 7 a.m. to start at the second venue on Sunday. Even so, this man was mindful of his limits:

Very rarely do I ever do 2 uh, because like, the E I get is pretty high-octane stuff so I don't want to be sketched out. (East/Southeast Asian, 40-44)

Other men may consume half-tablets of Ecstasy each time, with a periodicity that they believe to suit their needs and tolerance:



[I] dropped half at about 11:30 ... and then you drop the other half at about 12:30. So it'll take you all the way maybe up until 1:30 and then I, maybe have another half. And that would probably take me up until 2, 2:30 ... and then I drop the other. I do it in half intervals ... Because I find like, for me, the stuff that I get, it's potent. (Caribbean, 25-29)

For some men, the pattern and dosing of consumption may also be structured to increase the chances of having sex after clubbing. Though participants did not usually describe their use of Ecstasy in relation to sex, the "correct" timing and dosage may put men in the mood for sex. This man (below) and his partner appear to have worked out a timing and dosage of Ecstasy that culminates in sex after they return home from clubbing:

I'm usually comfortable with doing one hit an evening, and I do that in half, half increments ... So we will drop earlier between like, you know, 11 and midnight and possibly up until 1, and then we usually leave shortly after that, usually when it starts to, you know, take effect. (Caribbean, 30-34)

In another example, a participant used a combination of drugs that would more likely facilitate sex: a half of Ecstasy and a bag of crystal before going to the club, another half of Ecstasy "halfway through the evening" followed by another bag of crystal, and a bag of crystal after leaving the club. After 6 am on the following day, he had sex with an "old friend" that he met at the club. His way of justifying this particular pattern suggests that sex was an expected outcome: Ecstasy to keep him "happy" and "perky", and crystal to remain "alert". This justification, or the expected effects, is consistent with known effects of Ecstasy and crystal – both are uppers that stimulate the central nervous system. However, the combination of these two uppers within the space of 24 hours may not constitute safe use.

Codes of conduct regarding drugs

These complex drug-using behaviours described above involve some risk. To some extent, the complexity may augment the risk of violating the periodicity and dosage of drugs used, with unwanted or perhaps deleterious consequences. Participants attempt to manage these risks in two fundamental ways, namely, by adopting particular patterns of drug use (see above), and by observing codes of conduct that are meant to reduce risk and harm.

Earlier in this report we drew attention to the 'buddy' system, whereby friends and lovers look out for each other's well-being, and collectively reinforce 'responsible' use of drugs within their respective cliques (see pp. 8,10-11). This form of protection is meant to ensure that users may experience a high without becoming seriously intoxicated or, if intoxication does occur, that assistance is available. For example, in describing a recent experience at a sex party, one man recounted that while tripping on Ecstasy "my partner was there holding space for me, taking care of me while I was doing my trip" (Latino, 40-44). Patrons who do not use drugs may sometimes influence others in their circle to forego drugs. Thus, a participant explained that he



did not use drugs at his last club appearance because his best friend "wouldn't let me" (Caribbean, 17-19).

Men who consume alcohol when they are using party drugs may be creating a serious health hazard for themselves. They will be unable to monitor or control the effects of the various substances, and may increase the risk of serious adverse effects. For example, consuming alcohol and GHB may create problems because both drugs slow down the central nervous system. The majority of men interviewed for this study reported some form of alcohol avoidance - they either did not drink alcohol as a rule, or did not drink alcohol when they were using drugs. Less than half of participants (33 men, or 45%) reported that they drank alcohol on their last clubbing occasion.

Some participants do not drink alcohol when they are doing specific drugs. For example, in response to the interviewer's question about whether he drank alcohol at a particular party event, this participant said:

No, because we were doing GHB ... We, uhm, follow the rules when we do GHB. We don't drink at all during the day. (White, 30-34)

Some have virtually given up alcohol although, for the man quoted below, concerns about mixing drugs and alcohol are only part of the reason for avoiding alcohol:

I enjoy alcohol. Uh, but I never, never, never, never mix. It doesn't even interest me. And uh, I'm older and in my teens it was booze and I can't do booze anymore because the hangovers uh, kill me. (White, 55-59)

And others claim to use what they consider to be small amounts of drugs when they are drinking alcohol, or small amounts of alcohol when they are doing certain drugs, but are mindful of what they are doing:

I did a couple bumps of K, but I was drinking all night. So I know better not to, not to mix the two. (East/Southeast Asian, 30-34)

In a more tenuous example of alcohol avoidance, some men indicate that they have figured out which drugs they can mix with alcohol:

If I'm on E or acid or pot, then I'm drinking beer and if I'm on K, that's water. (Caribbean, 35-39)

The last two examples (above) illustrate a practice that seems widespread. Of the 63 participants who reported that they used drugs on their most recent attendance at a dance club, 28 men (44%) reported that they also drank alcohol (i.e., they consumed both alcohol and drugs). Some reported that they consumed prodigious amounts of both. Clearly, many men continue to mix drugs and alcohol despite being generally aware of the risks involved and contrary to their objective to refrain from mixing.

Some participants explained their decisions or actions to reduce harm by referring to



ideological considerations, personal codes of conduct or attitudes rather than to health concerns explicitly. One participant (White, 30-34) interpreted his participation in gay dance clubs within a specific ideological framework - peace and love, unity, respect and responsibility (PURR). This ideology predisposes him to exercise great care in using drugs, and also to look out for the well-being of other men using drugs in the clubs.

Along similar lines, another participant invoked an 'arms length' approach to the scene as a way of minimizing drug use. From this perspective, drugs are merely "a component" of the dance club experience, and of lesser importance than listening to the music and meeting friends:

*I mean I enjoy clubbing. I enjoy going out but I, I like to keep an arm's length distance from what actually goes on there. I don't want it sort of you know uhm coming over into my, my personal life or my private life or anything like that. It's just a very small component of, of who I am or what I like to do socially and uhm yeah, you have to. I think you have to be on top of it because quite easily, it's, it's very easy when you're you know taking drugs to uhm succumb to you know their allure and it's potentially extremely damaging, not only physically but psychologically and you know. **So it's all about moderation and trying to, uh, be responsible.** (emphasis added; White, 30-34)*

The personal code that says "I don't go looking for them [i.e., drugs]" is another expression of how participants attempt to regulate their drug use. This may include refusing to buy drugs from dealers, and trying to "stay away from friends and not do drugs", but does not prohibit receiving drugs from friends as gifts (Latino, 30-34).

Some men also referred to the fact that as they grew older their interest in drugs had waned. More generally, this observation suggests that priorities change over time. Priorities and interest in drugs may also change under the influence of life-changing events, particularly those that have an impact on one's health. This is the situation with the man who admitted that his life has "changed" since testing HIV-positive, such that using drugs was inconsistent with taking "better care of my life" (Caribbean, 30-34).

Codes of conduct about drug use also incorporate quite practical concerns. The price of drugs is one such concern. Club patrons have to budget their expenses for drugs, as they would expenses for other items of consumption. Spending on recreational drugs is discretionary, so the types and quantities that participants may consume depend on the amounts of income left over after other expenses. These calculations work as follows:

I make sure other things are paid for first and whatever is left, if I choose to party with, then I will arrange to get so much of what I need for the party event. (White, 40-44)

Health-related and budget-related concerns may together generate a strong disincentive to mixing drugs and alcohol:



If I'm going to do drugs, I'm probably not going to maintain drinking and spending money on alcohol and then do drugs, especially if I'm on something like GHB. That would depend on if I'm going to do any that night because you really shouldn't drink when you're doing drugs. (Caribbean, 25-29)

In another practical sense, partying at the clubs is just one item in participants' daily and weekly schedules. Therefore, participants' schedules limit the amounts of drugs consumed at party events, and the opportunities to consume drugs:

Depending on how long I'm supposed to, well, depending on what I'm doing the next day. If I have to work the next day, of course I wouldn't drop as much. (Caribbean, 25-29)

Similarly, in answer to the interviewer's question about the "deciding factor" in the amounts of drugs he consumes, this man replied:

How I'm feeling, what I have to do the next day ... If I'm working. (White, 25-29)

Sex, Club Patrons and the Dance Club Scene

We have already outlined that the sexualized atmosphere of dance clubs is a key attribute of the dance club experience, though some men are discomfited by experiences they consider to be 'over the top'. But sexualization and sensuousness are not synonymous with sex, or looking for sex. Nonetheless, the sexual overtones of the scene do raise the prospects for meeting or picking up men for sex.

On balance, participants suggest that sex, or the promise of sex, is a minor aspect of their involvement in the gay dance club scene. Some men reported that the prospect of finding a sex partner is definitely not a consideration. For a variety of reasons, the prospect of picking up someone for sex is not necessarily associated with clubbing.

Cruising for sex - a minor detail

Though the research literature and popular opinion leave the impression that party drugs turn men onto sex, this effect is not universal even if it is true. The different party drugs do not affect all men in the same way. This line of reasoning is exemplified by the participant who stated:

When I take drugs and I'm at a club, I'm not very tactile and I don't like really being touched. So it's kind of like, it's kind of strange because a lot of people you know being massaged and touched, etc. Generally I don't. I don't like being touched and I rarely. It's not that I, I don't like talking, but I kind of. I feel like a boy in a bubble. Like I, I like my own space and I'm more of an observer than I am a participant in terms chatting people up and talking to them and finding out more about them and you know, whether or not they're attracted, whether or not I find them attractive, kind of thing. (White, 30-34)

In rejecting the idea that sex is an integral part of the excitement of clubbing,



participants explained that sex is not part of having a good time at the clubs. They focus on doing drugs and dancing:

I go out to have fun doing drugs, dance and have fun. (Mixed, 35-39)

You can just have a good time at the clubs drinking and doing drugs. (White, 25-29)

The last thing I'm thinking about when I'm there is who I'm going to have sex with and if I'm going to have sex. (Caribbean, 30-34)

Some men claim to have no interest in picking up someone for sex (or being picked up) because of their commitment to an existing monogamous relationship. Sex may occur after a night of clubbing and using drugs, but with a declared or established boyfriend and under the expectation of monogamy:

Uhm, well I have a boyfriend. So I am not. I wouldn't go and have sex with someone else or someone that I pick up from the club because it wouldn't happen. It's just I, I have to be totally oblivious to what is going on for that to happen. It's not uhm a decisions that I would make. Uhm, even though that I am on drugs or even though I am high, I, it's going to have to be knocked out to make that decision or taken advantage of, which happened a few times and uh that is one of the reasons why I uhm, I don't think that it's good and uhm I wouldn't promote it to anyone. (Latino, 30-34)

Some participants invoked a distinction between appropriate and inappropriate behaviours to explain their decision against looking for sex in the clubs. Picking up someone for sex in a dance club is considered inappropriate. One man complained that whereas drugs were formerly "about the music", they are now "about the sex and I haven't crossed that line" (White, 30-34). Another perspective admitted an interest in cruising, flirting, and even groping, which are considered "clean and safe" (Mixed, 30-34), but not in "anal sex or anything like that" (White, 25-29) and certainly not in sex with strangers.

Cruising for sex – a major consideration

Naturally, the sexualized environment of dance clubs signals the promise of sex for some men. And the promise of sex, the opportunity to pick up a sexual partner, is a primary motivator for some men, such as the participant who claimed that he has "sex" all the time in dance clubs and afterwards:

I usually grab someone's dick. They usually grab mine and then we both smile and then we do what we want to do and then we either leave or stay. (Caribbean, 35-39)

However, many men who admit that sex is part of the excitement of clubbing discuss sex associated with the scene as a contingent possibility. In one version, they attribute this excitement and interest in sex to drugs, rather than to any specific interest in picking up a sex partner. They suggest that picking up somebody is something that just happens because of drugs:



Sex is part of the experience. E does make you more horny ... But I wouldn't pick up somebody. Like I usually don't pick up people. I get picked up usually. I'm too shy to approach people. So if I do pick up somebody, yeah, I mingle and go back to their place. (Other 16-19)

In another version, they remove the reference to drugs and locate the emphasis on sex in gay culture at large:

I would say the scene is sexual but sex is like the, you know, gay men, queer culture on Church and Wellesley. So how can you remove it from that space? (Caribbean, 25-29)

A third version emphasizes the rarity of picking up someone, and guilty feelings that result:

It's [picking up somebody for sex] rare. I don't find enjoyment out of just casual, random sex. And those cases where I did, afterwards I really felt sorry that I had and I wish I hadn't. So I guess I'm now kind of staying away from that. (White, 40-44)

A somewhat different perspective focuses on safety. Sex is a major part of the clubbing experience for some men, but it has to be safer sex even if this insistence limits the chances of a sexual encounter. These men display a high level of confidence about themselves and about sex associated with the dance club scene:

My theory is I don't care if you are [HIV-positive] or whatever. If you don't want to have sex with me and you want to have sex with me, you have to do it my way [with a condom] ... It's either my way or the highway. (Mixed, 35-39)

Always with a condom, always. It doesn't matter who I'm with, I have to wear a condom. (White, 40-44)

Clubbers, drugs and sex

Participants were asked to relate their most recent dance club experience, including drug use and sexual activities. If participants reported that they had sex associated with the most recent clubbing occasion, the interviewers posed follow-up questions as necessary, including: What kind of sex did you have? With whom? Was it safe sex? Why do you say it was (un)safe? Thirty eight participants (51.4%) reported that they did not have any sexual encounters associated with their last clubbing event. We paid particular attention to the 10 participants who reported that they had high-risk sex, that is, unprotected anal intercourse with a partner whose serostatus was unknown or was different from the study participant's.



Eight of the 10 participants who had high-risk sex acknowledged that sex was an integral part of the excitement of clubbing (i.e., "a major consideration", as described in the previous section). As one of the eight stated about clubbing on weekends:

Personally, for my boyfriend, he loves the dancing, and I like the dancing a lot too. But I wouldn't go out if there wasn't sex at the end. (White, 45-49)

Along similar lines, another of these 10 participants interpreted his interest in sex as ritualized behaviour within the dance club experience:

It's more like a ritual. Like, you do the clubs and then you go to the bathhouses, you have sex or you just come down off them [drugs]. Or you go home, or you go home with somebody. (White, 25-29)

For these men, sex as part of the clubbing experience is not just something that may happen, but is the result of a conscious decision:

I actually made a conscious decision at the beginning of this year that I would try to release my inner slut ... or get in touch with my inner slut, and then I would try and take advantage of those opportunities when they came along. (South Asian, 35-39)

These 10 participants also differed from the complete sample of 74 in their tendency to use more than one drug, to mix drugs and alcohol, and to use crystal meth.⁵ For example, seven of the 10 used Ecstasy, though only slightly more than half of all participants used this drug on their last clubbing occasion. And six of the 10 consumed both drugs and alcohol, whereas slightly more than one-third of all participants mixed drugs and alcohol on their last attendance at a dance club. Three of the four men who did not drink alcohol on that occasion used crystal meth. Five of all 74 participants reported that they used crystal meth on their last clubbing occasion, and three of the five reported having high-risk sex. Eight of the 10 who had high-risk sex used more than one drug or mixed drugs and alcohol. In terms of relationship status, these men were not involved in conventionally monogamous relationships: seven of the 10 reported that they were single, and two reported that they were involved in 'open' relationships.

Six of the 10 reported that they were HIV-positive, compared to 39% of all participants. And two of these six used the term 'barebacker' in reference to themselves, which suggests that they have abandoned protected or safer sex unless a sexual partner insists otherwise.

Dance clubs are not sex venues, though some dance club patrons do have sex in washrooms and stalls at clubs. Among the 10 men who reported that they had high-risk sex associated with their last clubbing occasion, four men picked up their partner at the club and had sex at his place or theirs, and five went to a bathhouse or sex club where they consumed more drugs and had sex with several men.

⁵ We interpret these differences only as clues rather than conclusive proof about the behaviours and practices associated with high-risk sex among clubbers who use drugs.



On the whole, the accounts of the 10 men who had high-risk sex suggest that picking up someone for sex or having sex with a partner after partying is an integral and deliberate part of their clubbing agenda. In addition, the practice of using two or more drugs and of mixing drugs and alcohol was more widespread among these 10 men than among participants as a whole. Poly-drug use and/or mixing drugs and alcohol may have augmented their interest in, or capacity for, high-risk sex; but their willingness to have high-risk sex is not a function of drug use. All of this suggests that the relationship between drugs and high-risk sex is not reducible simply to the effect of drugs.

Study participants were also asked to relate their experiences associated with having sex while high on drugs, irrespective of whether those experiences were associated with clubbing. We imagined that questions specifically about having sex while high on drugs might provide a clearer picture of how drugs are implicated in unprotected sex among dance club patrons.

All except two participants reported that they have had sex while high on drugs. Fifty-eight participants were able to describe the last time that they had sex while high on drugs. The ethno-racial and age distribution of these 58 participants (Tables 6 and 7) is broadly consistent with the breakdown of the sample as a whole shown previously. Most (31 participants, or 53.5%) reported that they did not plan to have sex while high on drugs (i.e., "it just happened" or "it was spontaneous"). Ecstasy was the drug most affiliated with sex (Figure 2), but there was a higher prevalence of crack and crystal meth among participants who said that they planned to have sex when they took drugs.

Table 6. Ethno-racial status of participants reporting the most recent occasion of having sex while high on drugs

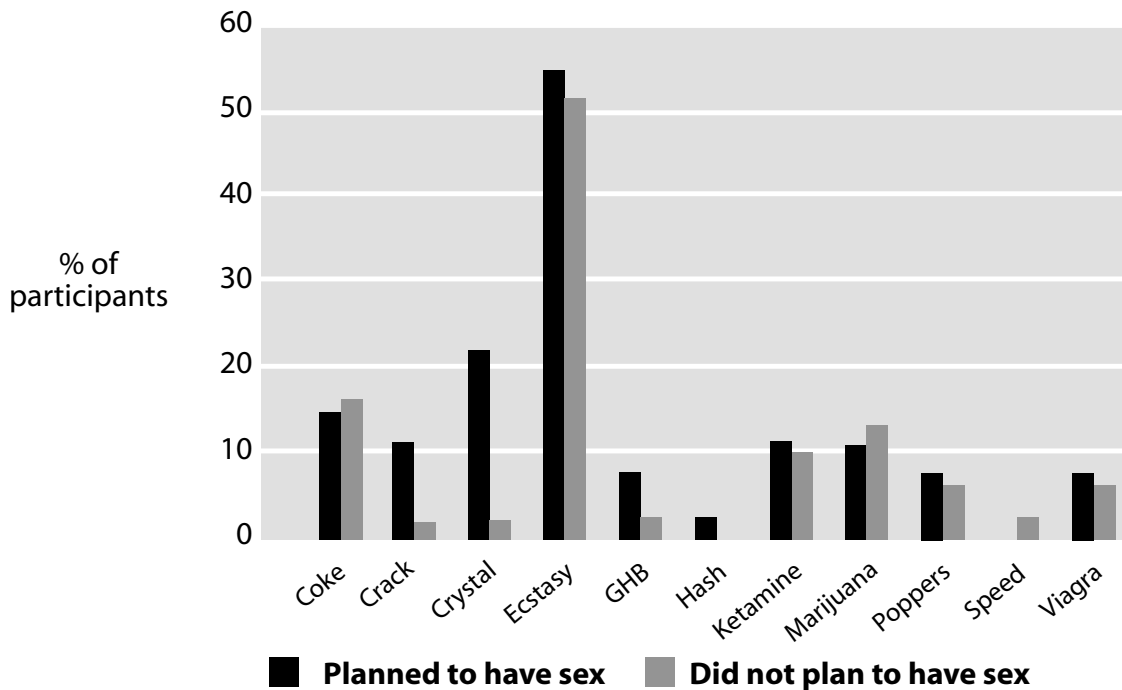
		% of men
East and Southeast Asian	8	13.8
South Asian	3	5.2
Caribbean	10	17.2
Latino	6	10.4
Aboriginal	3	5.2
White	22	37.9
Mixed	5	8.6
Other	1	1.7
TOTAL	58	100.0



Table 7. Age distribution of participants reporting the most recent occasion of having sex while high on drugs

		% of men
Less than 20 years old	4	6.9
20-24	3	5.2
25-29	15	25.9
30-34	16	27.6
35-39	8	13.8
40-44	8	13.8
45-49	3	5.2
50 and older	1	1.7
TOTAL	58	100.0

Figure 2. Drugs used last time participants had sex while high on drugs





Among the 58 participants who described the last occasion when they had sex while high on drugs, 12 (16.2% of all study participants) reported that they had unprotected anal intercourse.⁶ The 12 are also younger (mean age of 29.5 years) than the sample as whole (mean age of 32.5 years). The drugs used by these men were Ecstasy (7 men), crystal, poppers and Ketamine (2 men each), and crack and GHB (2 men each). Gay dance clubs are central to sexual encounters of the 12 men who had unprotected sex when they were high on drugs. Five of the 12 most recent sexual encounters were associated with partying at gay dance clubs – either at the men's or their sexual partners' home after clubbing, or at a bathhouse or sex party after leaving a club.

The 12 men ascribed very compelling experiences and qualities to the role of drugs in their sexual activities. Three of the 12 claimed that drugs lengthened their sexual encounters in a very positive way. Typically:

When you're high it [sex] lasts much longer. You have more stamina. When you're not high it's usually get in there, get done, then uh, on our way again. (White, 35-39)

When we're not high, it's a lot quicker and it finishes a lot faster than when we're high. We take our time when we're high. There's no rush. (South Asian, 30-34)

They recounted that drugs diminished inhibitions, heightened sexual desire and increased the intensity of the experience:

I'll try a lot more different things or – not different but be a bit more receptive to things than if I wasn't on Ecstasy. (Caribbean, 30-34)

... it feels different because of the fact that you're high ... but because you're on Ecstasy, that feeling you have of, of pleasure and sexual desire, it's 10 times higher. (White, 25-29)

From their perspective, sex without drugs may be "boring" or "mechanical", compared to the expectations or outcomes that drugs may facilitate:

You have a romantic notion about what you want sex to be. And the drugs just actually kind of leads you up, leads you up there quicker ... Or it makes you forget a lot of things and it glosses over a lot of imperfections. (White, 45-49)

Being high on drugs may also be a key ingredient for some specific types of sexual experiences. In referring to his involvement in S&M activities, one participant commented:

I like to be high because it makes sex better and 9 times out of 10 it's not even sex that I'm having. (White, 17-19)

⁶ For some of the 58 men, we were unable to determine with sufficient certainty whether the most recent sexual encounter that involved drugs was unprotected anal intercourse.



Nonetheless, these men are cognizant of the dangers associated with sex on drugs. Being high on drugs may diminish their capacity to negotiate or insist on safer sex. One participant, who explained that he becomes "submissive" when high on drugs, acknowledged his tendency to engage in high-risk sex as follows:

They take advantage of it because if I was sober, I'd be more quick to say no or stop, or 'no you can't do that' or whatever. (White, 20-24)

Similarly, though acknowledging that he does have sex when he is high, another participant explained:

Most of the sex like, for me, I don't have sex while I'm high ... Because I, it's like for me it was the same thing as drunk, you know. You're so high, don't do anything that you'd, you'd regret. (Caribbean, 25-29)

Some of the 12 men who had unprotected sex while on drugs use condoms inconsistently, though they claim a degree of personal commitment to safer sex. Others have virtually given up using condoms. Our data indicate that drugs are implicated in unprotected sex, but unprotected sex cannot be attributed solely or even mainly to the effects of drugs.

Two of the 12 men linked their inconsistent use of condoms to the effects of drugs. In one of the narratives, drugs were associated with a state of impairment that diminished this man's capacity to make decisions. He "will use a condom in a heartbeat" except that drugs interfere with this intention:

When I'm high, I am not even coherent enough probably to mention a condom. I mean, when you're high on certain drugs, you don't think. You don't take that 30 seconds to pull that out and put it on. (White, 17-19)

In the other case, the narrative suggests that drugs induce a personality change that impairs his ability to insist on safer sex:

When I'm on Ecstasy I'm, I turn very submissive when it comes to sex ... So like if, if he wanted to force himself on me, he probably could and I wouldn't have put up that much of a fight. (White, 20-24)

Some men exempt themselves from using condoms under specific conditions, though this exemption is not necessarily tied to drugs. For example, two men framed their participation in group sex as an exemption. Another form of exemption is framed around the idea of satisfying one's partner sexually. This exemption follows a script that says 'I want to use condoms but it's my partner who doesn't'. As one man stated:

I usually don't like to have sex without a condom. But my boyfriend likes it. So. (South Asian, 30-34)



In the other example, the onus for using condoms is placed squarely on this participant's partner (i.e., boyfriend). As far as this participant is concerned, responsibility for introducing condoms rests on his partner:

He thinks that because he's a top and he's negative that he's not going to get it [HIV]. So I'm just like 'that's your choice' you know. (Aboriginal, 25-29)

Finally, one of the 12 men has chosen to forego condoms. The onus is on his partners, who are free to choose whether condoms may be used. In his telling, dropping condoms is the reasonable thing to do. While the other men interpret their inconsistent use of condoms as an exception to the rule, this man reverses the priority entirely – using condoms is the exception rather than the rule:

Everybody wants to be juiced. They want to fuck something and they want to come inside something. Not inside a piece of plastic ... The fact of the matter is nobody really wants to fuck with a condom. (White, 45-49)

Concerns about mixing drugs and sex

Participants expressed a range of concerns about mixing drugs and sex. Almost 30% were concerned that drugs may or could impair their decision-making about safer sex, their choice of sexual partners or their personal safety. Some based these concerns on their own experiences, while others referred to experiences that they had observed among friends. The general issue of concern is that drugs diminish inhibitions and facilitate behaviours that could be conceived as "irrational" or "irresponsible". In one kind of response, drugs lead to a blurring of the distinctions between what is right or appropriate, and what is wrong or inappropriate:

[Drugs] lowered my inhibitions to the point where I didn't rationalize what was right and what was wrong ... It [having sex while high on drugs] was a common practice, especially with so many people using crystal meth. (White, 30-34)

Drugs also increased the chances of making unwarranted assumptions about what or who is safe:

He's okay because, you know, he's a brown boy like me. And we're the same age and therefore everything must be okay. (Caribbean, 25-29)

Men who are concerned about the quality of their decision-making when high on drugs still continue to mix sex and drugs. As discussed above, participants reported that drugs intensify sexual desires and experiences. Therefore, the ideal of mixing drugs and sex may be difficult to resist:

Originally it seemed like ideal, you know, and it still does. But no, but the judgement is gone for sure. I get out of control ... I think it's more negative than positive. (Mixed, 30-34)



In some situations, men who are high on drugs depend on their sexual partner to insist on protected sex. Drugs may impair their own ability to think through their actions, but they follow the lead of their sex partner. Protected sex would enter the picture only if "the person that you're with is bringing up the fact that, you know what, maybe we should use a condom" (White, 25-29).

A few men intimated that they were not at all concerned about mixing drugs and sex. However, they are still uncertain about the degree to which particular choices or acts resulted from the effects of drugs:

I don't have any problems with mixing drugs and sex because, like I said, I can do it on or off it ... I don't think I'd do too much to make me not aware of what's going on. But you know what? It may still happen. You know, there's times when I've looked back at it and I said, you know, did I do this because of or did I do it because I wanted to. So I'm not sure. (Caribbean, 30-34)

Interpreting Race in the Club Scene

Earlier in this report we drew attention to the comment, made by a Caribbean man, that the gay dance club scene is "an extremely white space". Asian and Caribbean men noted that the dance club scene is structured in a way that privileges whiteness and diminishes their presence. They recounted a sense of alienation within the dance club scene, and also from their respective ethno-cultural communities that are not sympathetic to their gay, bisexual or queer identities.

Several visible minority men observed that representations of 'gay' in Toronto are synonymous with 'white'. In perhaps the clearest example of this observation, the narrator describes himself as "post-gay" because:

I think gay is defined by what is given to you ... that is uh, a white middle-aged, or white, 20 to 30 year-old man. And that is not me. And I may be light-skinned but like, it's still, I'm not white and that is what quintessentially is defined as gay. (Caribbean, 25-29)

In this particular interpretation, white is the default representation of 'gay' and other men are represented unidimensionally as sexual objects: the "submissive Asian", the "virile Black top", the "hot" Latino. A more up-to-date rendition of the 'othering' of visible minority men as sexual objects refers to the characters in a popular television drama:

Look at 'Queer as Folk'. There's a certain set of boys that you see ... and they're all white. And if they're of colour they're put as someone getting fucked or someone fucking. (Caribbean, 25-29)

Their relationship to the 'gay community' is just one source of alienation for many South Asian, East and Southeast Asian and Caribbean men. These men may experience what one participant described as a "double whammy": they also feel rejected by their



ethnic communities precisely because they are gay. The situation of one participant of East and Southeast Asian background is an extreme illustration of this "double whammy." He stated that it would be a "catastrophe" if his family found out that he is gay. As far as he understands, a quite prevalent view in his ethnic community holds that it is "unnatural" to be gay. In his words, "I'm agree with them ... I think being gay is unnatural." This struggle to be gay is compounded by his experience as an outsider in the gay community:

I'm attracted by Caucasian. So most of Caucasians, they much like, they don't much like Asian. Then I think myself is so limited. So I wish I was white. (East/Southeast Asian, 35-39)

The example described above may be extreme, but the general sentiment is not atypical. For example, another participant described his experiences as being gay and South Asian in Toronto as follows:

It's very hard to be gay. It's very, very hard. Uh, some, sometimes it's not very acceptable in my culture and also I find very hard time to, sometimes get to know people in different nationalities, especially Caucasians ... Yeah, that's why maybe, that one of reason I couldn't really have relationship right now. Because I really into, I really into Caucasians. I, I attract to them so I, being a South Asian, find sometimes difficult to, not always but most of the time I find it really difficult to uh, develop friendship or relationship. (South Asian, 25-29)

These men are not necessarily uncertain about identifying with their respective ethno-racial communities, nor do they refuse to acknowledge that they are gay. There is really no ambiguity. If anything, visible minority participants recounted a strong sense of identity. What they do acknowledge is the difficulty of resolving two identities that others construct as antagonistic or even impossible, and which some of them internalize as antagonistic as well. Their experiences illustrate the contingent nature of the sense of community that many participants attribute to the dance club milieu. Also, these experiences raise the possibility that drugs and associated risky sex may be to some extent the price of admission. In this regard, the participant who said of himself "being gay is part of me, being Asian is part of me" reflected on his experiences of the gay dance club scene as follows:

Well, it could be that a lot of times when you engage in that sort of activity [drugs and unprotected sex], it could be without drugs as well, but you're trying to look for acceptance as well ... There's still a lot of, there's still a lot of internal homophobia⁷ that exists and I think people gloss over it you know, sort of thing. It still happens, but people are not completely overtly blatant about it to your face. They're just likely to continue on and ignore you or whatever. (East/Southeast Asian, 30-34)

The interview data indicate that there is indeed much truth to at least one aspect of this narrative about the relationship between drug use and the search for acceptance.

⁷ By "internal homophobia" the respondent appears to be referring to racism among gay men.



Caribbean and South and Southeast Asian men in particular often referred to the need to overcome feelings of alienation, to boost their confidence and to fit into the scene in explaining why they used drugs in the gay dance club scene (pp. 15-16).

Drugs, Sex and The Gay Dance Club Scene in Perspective

Among the men interviewed for this study, the consumption of certain drugs is woven into the fabric of the gay dance club experience. Within the clubs, drugs enhance the sense of community, facilitate a sexualized atmosphere, and allow participants to get into the music and dancing for extended periods. Drugs allow some participants to immerse themselves in the scene by boosting their confidence and allowing them to fit in. Though some men claimed to consume drugs as a result of peer pressure, drugs open them to the possibilities presented by the scene.

In general, participants from minority ethno-racial groups have an uneasy relationship to the gay dance club scene. There are two sources for this relationship, though just one source may apply in some cases. First, they construct the gay dance club scene as "white", which refers not just to the fact that White men are a numerical majority but also to the dominant interpretations of beauty, attraction and desirability that are consistent with "white" or European norms. Therefore, in the clubs visible minority men are minorities in strict numerical sense, and also do not conform to the dominant interpretation of what or who is beautiful, attractive or desirable.

Second, some of these men experience a degree of alienation from family and their respective ethno-racial communities because of their homosexuality. These men therefore experience a "double whammy" or an estrangement from both identities (gay and ethnic). The inclination to mix drugs and sex, or to engage in high-risk sex, could sometimes be a point of entry to acceptance in the "white" gay scene.

Participants use a variety of drugs, but most notably Ecstasy. Many men will consume more than one drug on a typical clubbing occasion, usually a combination of Ecstasy and another substance. They vary the types, timing, sequence and dosage to achieve certain desired effects and according to various codes of consumption to minimize the negative effects of using drugs. These codes include avoiding alcohol and certain combinations of drugs. In addition, the various networks or cliques to which participants belong also impart a degree of safety to their consumption of drugs and more generally to their involvement in the dance club scene. However, there appears to be considerable variation in the extent to which participants adhere to these various informal harm reduction strategies. For example, many participants offered noticeably ad hoc explanations or rationalizations for their patterns of drug use, and the mixing of alcohol and drugs was fairly widespread.

Drugs are implicated in high-risk or unprotected sex among men who use drugs in the gay dance club scene, in the sense that some men use drugs and have unprotected sex. However, these sexual encounters should not be interpreted merely as drug-



induced, nor are drugs responsible for unprotected sex. Ten participants or about 13% of participants had high-risk sex associated with their last clubbing occasion. Compared to the general trend in the interview data, these 10 participants displayed more widespread drug and alcohol use. While most participants narrated a fairly routine fascination with the sexualized environment of the dance clubs, these 10 participants described sex (i.e., picking up someone or being picked up for sex) as an integral component of their clubbing agenda.

Seventy-two of the 74 participants reported that at sometime they had engaged in sex with another man while high on drugs. Participants described the last occasion when they had sex while high on drugs, and 12 of these narratives (16.2% of participants) included unprotected anal intercourse. They reported that drugs are seductive in various ways. Drugs appear to diminish sexual inhibitions, heighten sexual desire, increase the intensity of sex, and lengthen the encounters. However, some participants reported that drugs impair their ability to practice or negotiate safer sex, and others recognize the possibility of this effect. In general, they were concerned about their sexual behaviours when using drugs.

Despite expressing a general interest in safer sex, participants who have unprotected anal sex when high on drugs reported that they used condoms inconsistently even in the absence of drugs. In some cases, the onus for safer sex rests on the sexual partners. They demonstrate a low commitment to safer sex, or have abandoned the use of condoms. Therefore, participants' involvement in unprotected sex is not simply a function of whether drugs are used. They use drugs to enhance their dance club experience and sexual fulfillment. At the same time, they use condoms inconsistently or exempt themselves from using condoms in certain situations, such as group sex, wanting to satisfy a sexual partner, or in bathhouses. But this inconsistent use or exemption is not dependant on whether drugs are used. Those who put the onus for safer sex on their partners narrated a predisposition to unprotected sex that bears no relation to drugs.

Lessons for HIV Prevention Education and Harm Reduction

This study focuses on gay dance clubs but, as noted earlier in the report, clubbers also patronize dance bars and after-hours clubs where drugs are used. Dance clubs are active mainly on weekends, though they are also highly patronized on other days during special calendar events or holidays such as Pride week and the December-New Year's holiday season. Typically, dance clubs record their peak attendance on Saturday nights-Sunday mornings between midnight and 5 am. Dance bars are essentially bars with fairly limited facilities for dancing. They are open on weekday and weekend nights, but their peak time is between 10 p.m and 2 a.m on Thursdays, Fridays and Saturdays. After-hours dance clubs operate from about 7 a.m – 3 p.m on Sundays (i.e., after the dance clubs close).



Club operators play an important role in shaping the attributes of the gay dance club scene. Clubbers consume party drugs in dance clubs, but the club environment is conducive to drug use. Therefore, club operators must attend to issues related to party drugs in their establishments. They have a vested interest in enabling patrons' enjoyment, comfort, well-being and safety.

Though drugs are consumed at the clubs, decisions about drugs (i.e., what quantities of specific drugs to consume, etc.) are often made elsewhere. Many men also use drugs and/or meet men for sex at other venues or locations outside the dance club scene, such as at bathhouses and sex parties. Many men acquire their drugs prior to going to a club, which means that they have previously decided how much to spend on what types and quantities of drugs. Moreover, participants generally go clubbing with their individual circle of clubbing friends, who often meet to socialize prior to going to a club. These networks have developed their own understandings about favoured drugs and acceptable levels of consumption. They provide members with a degree of safety from the harms associated with drugs, either by observing that consumption adheres to the practices that group members understand, by rendering assistance if someone becomes intoxicated, or by ensuring that group members engage the sexualized environment in ways that may not jeopardize their sexual health.

Drugs are intrinsic to many aspects of the dance club experience. Participants use drugs to facilitate enjoyment of the music and dancing, and to boost their energy levels over an extended period. However, drugs also boost participants' self-confidence and self-esteem by reducing the feelings of alienation that some men experience in the scene, and allow them to participate in and experience the sexualized atmosphere. The practice of using two or even three different drugs during a night of clubbing, as well as mixing drugs and alcohol, is widespread. All but two participants reported that at some time they had engaged in unprotected sex while high on drugs. Drugs enhance their clubbing experiences and sexual fulfillment but are not a cause of unprotected sex. However, many men were concerned that drugs do or may impair their judgement regarding safer sex or their choice of sexual partners.

Prevention education should also incorporate or be guided by a number of other considerations summarized in the previous section. First, dance club patrons who engage in unprotected sex either very strongly associate sex with clubbing, and/or already have a low commitment to safer sex or use condoms inconsistently. They do not merely succumb to unprotected sex because they are high on drugs, though drugs may exacerbate a weak commitment to safer sex, or augment their interest in or capacity for unprotected sex.

Second, participants experience a sense of safety and community in the dance club environment. This community spirit, though apparently limited to what happens in the dance clubs, is one of the main attractions of dance clubs.

Third, the accounts of Caribbean and Asian participants in particular suggest that they



experience a degree of alienation from the scene. They interpret gay dance clubs as a white scene. Evidently, White men outnumber men from other ethno-racial backgrounds. However, the substantive issue relates to how the scene is constructed in accordance with notions of desirability and beauty that privilege whiteness. Caribbean and Asian men interpret their presence as a form of provisional inclusion in the scene. Among some men, the quest for inclusion may predispose them to adopt behaviours that they consider to be integral to the clubbing experience, but which may increase their risk of HIV infection.

Fourth, the sexualized atmosphere of dance clubs, generated mainly by the peculiar mixture of drugs and music, is an attractive dimension of the dance club experience. Expressions of desire, intimacy and sexuality are not suppressed, but to some extent define the scene.

Fifth, as far as the possible harms associated with drugs are concerned, participants are not a blank slate. They acknowledged that drugs can be harmful, as well as the dangers associated with mixing different substances and with mixing drugs and alcohol. They have devised protocols to regulate their use of drugs. However, they continue to mix different substances and to regulate dosages in ways that they can rationalize, but which often contradict their acknowledgement of the possible harms. Participants choose to mix drugs or mix drugs and alcohol. However, it is still possible that they operate from the basis of insufficient knowledge about the drugs they use, or are unable to translate knowledge into practice.

Recommendations

The following recommendations for HIV prevention and harm reduction are based on the lessons outlined above. Outreach activities refer to planned venue-based or event-based interventions where staff or volunteers interact with patrons to distribute educational materials about safer sex or drugs, and respond to questions. 'Campaigns' refers to public education campaigns using mainly printed materials (posters, fliers, etc) designed to promote awareness about an issue or change behaviour. In the dance clubs, campaigns may also include brief recorded messages that are broadcast over the sound system a few times each night.

Clubs and club operators

1. In designing harm reduction and safer sex campaigns, organizations should consider the distinction between dance clubs, dance bars and after-hours dance clubs, and that many clubbers patronize all three types of establishments. Harm reduction and HIV prevention education should target men in the three types of club environments. The timing and duration of outreach activities should accommodate the peak times of these three types of establishments.
2. Managers and operators of gay dance clubs have a stake in harm reduction and HIV prevention. Therefore, HIV prevention and harm reduction



organizations should work with club owners, managers and operators to ensure that they understand the necessity for harm reduction and HIV prevention education, address their concerns about outreach and education, and seek their input or support for the development of campaigns and outreach activities to target men in the gay dance club scene.

Other venues

3. Many clubbers meet to socialize prior to going clubbing, or also use drugs and/or meet other men for sex at other venues, locations and events outside the club scene (such as bars and coffee shops around Church Street, bathhouses, etc). Harm reduction and HIV prevention education should not be restricted to dance clubs. There is a need for a range of harm reduction and HIV prevention outreach strategies, messages and materials suitable for the clubs, bars and bathhouses, and other establishments and locations where clubbers congregate.

Drugs and health

4. Some participants are concerned that their drug use may affect their health and sexual activities (e.g., impair their judgement or ability to practice safer sex). Outreach or other harm reduction or HIV prevention activities should encourage men to act on these concerns by referring them to appropriate educational resources or programs.
5. Dance club patrons already have a basic understanding of safer use related to party drugs. Many demonstrate various harm reduction practices, though most consistently violate the practices that they are aware of. Harm reduction programs should recognize patrons' basic understanding of safer use, and build on these practices and knowledge by presenting a fact-based picture of the harms and how men protect themselves against harm. This involves messages or programs that focus on skills and fact-based knowledge.

Safer sex

6. Men who did drugs and had unprotected sex were weakly committed to safer sex and prioritize sex as a major component of their clubbing agenda. Unprotected sex may occur under the influence of drugs but drugs do not cause men to abandon an on-going commitment to safer sex. Therefore, HIV prevention in the dance club scene should help men to develop their skills and confidence to negotiate and practice safer sex.

Community

7. Participants find a sense of community in the dance club scene. HIV prevention education should acknowledge and build on the sense of



community, both in terms of how messages are framed but also in designing these programs as community initiatives. One of the ways in which this may be done is to promote safer drug use and HIV prevention as vital to the well-being of individuals and the community, such that each individual is to some extent responsible for each other's well-being.

Ethno-racial issues

8. Given the sense of alienation that some men experience in the dance club scene, particularly Asian and Caribbean men, HIV prevention campaigns should present the notion of community as an inclusive enterprise, and should challenge racism, racial stereotyping and the marginalization of ethno-racial minorities.
9. Asian and Caribbean men in particular linked their drug use to their attempts to overcome feelings of alienation and boost their confidence to engage the scene. This suggests that low self-esteem and self-confidence are associated with drug use. Harm reduction and HIV prevention programs should provide counselling and support related to building positive self-esteem and self-confidence, and organizations should offer referral options when they undertake outreach activities in clubs.
10. Ethno-specific organizations should offer programs to gay men from the communities they serve that focus on strategies and perspectives for building positive self-image and healthy sexuality. These are programs about issues that affect gay men, rather than programs exclusively about drugs or sex. The programs may include components about dealing with family and their respective ethnocultural communities, homophobia, racism, safer sex and drug-related issues. Contrary to how some of these issues are normally understood, these programs would address homophobia and racism as issues that affect healthy sexuality, and also from the perspective of HIV prevention.

Music, dancing and the sexualized atmosphere

11. Music and dancing are central to gay men's attraction to gay dance clubs, as is the sexualized atmosphere of the clubs. To be credible and attract clubbers' attention, HIV prevention campaigns should draw on and reflect the centrality of music, dancing and the sexualized atmosphere where necessary or possible.

Limitations of the Study and Future Directions

This study fits within a general research effort that tries to understand whether and how party drugs may be linked to unprotected sex among gay and bisexual men. Through semi-structured interviews with gay and bisexual men who use party drugs in Toronto's gay dance club scene, the study examined the circumstances, reasoning processes and contextual influences associated with the use of party drugs in relation to sex. The study



results apply to men who use party drugs, and not to all gay and bisexual men who patronize gay dance clubs in Toronto.

In trying to understand how and why high-risk sex comes about, we focused on the situation and stories of men who had unprotected sex. However, many men who take drugs do practice safer sex. This observation is important in two ways. First, it illustrates that drugs do not automatically lead to high-risk sex. Second, lessons from these men's stories may help other men who want to reduce their drug use and/or maintain safer sex practices. We suggest that research should also address how safer sex happens in the presence of drugs.

Drug dealers are a potentially important source of information on the role of drugs in the club scene. However the research team did not recruit dealers, nor did we include questions about dealing in the interviews. Dealers may have valuable insights about why dance club patrons use specific drugs, and other information on patterns of drug use. Based on reports that occur in the media from time to time, we suspect that many gay dance club patrons may be unwittingly ingesting substances other than what they intend. Stories about Ecstasy being cut with other drugs are legion. Drug dealers may have some insights about this practice, which affects participants' safety.

The study team managed to recruit a rather large number of Caribbean, South Asian, East and Southeast Asian and Latino men (36 men, or 48.7%), but invested considerable effort to achieve these numbers. At some points we had to focus our recruitment effort entirely on specific ethno-racial groups. The difficulty of recruiting Caribbean, South Asian, East and Southeast Asian and Latino men was due in part to the fact that clubbers include smaller numbers of men from each of those ethno-racial communities than White men. However, the main issue is that men from these ethno-racial communities were less inclined (or more reluctant) to participate than White men, even though the study was a joint project of ASOs that serve all these communities and was promoted as such. The advertising and recruitment materials also specified that interviews could be conducted in several different languages, which we thought would be an incentive for Latino, South Asian and East and Southeast Asian men to participate. In the end, only two interviews were conducted in a language other than English.

We are aware that other HIV/AIDS researchers in Toronto have recruited much smaller percentages of 'visible minority' men in their studies. This suggests a need for research on how to recruit ethno-racially diverse samples. In the meantime, we propose that researchers should:

- (a) partner with ethno-specific HIV/AIDS organizations in the early stages of their projects to ensure that their methods and protocols are relevant to the interests and circumstances of men from different ethno-racial communities;
- (b) pay more attention to recruiting through the ethnic press;
- (c) increase participants' honoraria to make participation more attractive;
- (d) recruit participants through venues and events that have a high profile in the respective communities, or are recognized as community-building institutions; and



- (e) develop and execute recruitment strategies in partnership with organizations based in the respective ethno-racial communities, and which have no substantive connection to HIV/AIDS.

Recent reports indicate that increasing numbers of gay men in some parts of Canada and the USA are using crystal meth, and that a large number of users are having high-risk sex. In short, these reports suggest that crystal meth is linked to high-risk sex among gay men, and that crystal meth is an important health issue. This study does not contribute to the debate about crystal meth because it was not designed to focus specifically on crystal or any other single drug. In any case, there are a number of drugs that are much more widely used than crystal meth among study participants, and which figure in unprotected sex to a greater degree than crystal meth. We focus on the meanings and interpretations of drug use and unprotected sex in gay dance club scene. Similar research that focuses on individual drugs (such as crystal meth) would help to advance our understanding of why and how those drugs are used, and whether or how those individual drugs are implicated in high-risk sex.

In this report we also discussed participants' strategies for reducing or minimizing some of the harms associated with using drugs. We showed that participants have at least a basic appreciation of the possible harms associated with over-consumption, mixing drugs, and mixing drugs and alcohol. A small segment of the interviews also addressed how participants acquire information about the drugs they use, but these data are not reported here. However, we believe there is much informal peer education about drugs in the club scene (i.e., exchange of information between club patrons). Future research may investigate these informal understandings by assessing their origin, how they are communicated throughout the scene, and how participants evaluate the accuracy or usefulness of the information they receive. Harm reduction interventions may tap into or build on these information networks, and improve the distribution and validity of the information about drugs and how to reduce harm.



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Internet-Based Resources on Drugs and Drug Use

These sites provide information and resources to support people in reducing the likelihood of harm caused by their drug use. The sites were last accessed in July 2004.

Canadian Harm Reduction Network

<http://www.canadianharmreduction.com>

DanceSafe

<http://www.dancesafe.org>

Erowid

(online library of information about psychoactive plants and chemicals)

<http://www.erowid.org>

RaveSafe

<http://www.ravesafe.org>

HIV and Hepatitis.com

<http://www.hivandhepatitis.com/recent/misc/091901g.html>

Igbthealth channel

(joint service of Healthcommunities.com and Fenway Community Health)

<http://www.gayhealthchannel.com/partydruguse>

National Institute on Drug Abuse

<http://www.clubdrugs.org>

Rutgers University Health Services

<http://health.rutgers.edu/partydrugresourcecenter>

Seattle Counseling Service

<http://www.crystalneon.org>

The Lycaenum

(public education about all aspects of psychoactive drugs and drug use)

<http://www.lycaenum.org>

Torontovibe.com

<http://www.torontovibe.com>

Toronto Raver Info Project (TRIP)

<http://www.torontoraverinfoproject.ca>



Counselling in Toronto

Rainbow Services (www.camh.net/care_treatment/rainbow_services.html) at the Centre for Addiction and Mental Health (CAMH): for lesbian, gay, bisexual, transgender and transsexual people who are concerned about their drug and alcohol use.



Bibliography of Published Materials on Related Issues

The subject headings are organized alphabetically as follows:

Abstinence-based versus harm reduction models
Cocaine
Crystal methamphetamine
Drug policy, law and enforcement
Ecstasy
Ecstasy testing kits
GHB
Harm reduction with gay HIV-positive clubbers
Interactions between party drugs and HIV medications
Ketamine
Marijuana
Mental health, addictions and dependency
Overdosing
Poly-drug use and drug interaction
Poppers
Sex trade and drug use
Stigma and drug use
User activism and rights
Viagra

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Photograph of assorted party drugs*



Top left to right: vial of ketamine (K); vial of GHB (or G); "bumper" for snorting powdered drugs. Bottom left to right: 1/2 - 1 gram "baggie" of cocaine; various ecstasy pills

* Shown in approximate real life size



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 WEB www.acas.org



Alliance for South Asian AIDS Prevention
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Party Drugs in Toronto's Gay Dance Club Scene
 Issues for HIV Prevention for Gay Men

