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“It’s One of the Better Drugs to Use”: Perceptions of Cocaine Use Among Gay and Bisexual Asian American Men

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Abstract

Research on drug use among gay and bisexual men has primarily focused on examining the link between drug use – most notably, methamphetamine – sexual practices, and risk of HIV transmission. Drawing on in-depth qualitative data from 40 interviews with gay and bisexual Asian American men, we examine perceptions and meanings associated with cocaine use in the San Francisco Bay Area gay community. We found that our participants, in contrast to their negative perceptions of methamphetamine use, believed that cocaine enhanced sociability and was acceptable for use in most social situations. Furthermore, participants perceived little connection between cocaine use and risky sexual practices, emphasizing the drug’s safety relative to other illicit substances. Overall, these findings suggest that an increase in the favorability of cocaine use might be an unintended consequence of methamphetamine prevention campaigns, targeting the gay community, with their emphasis on the harmful effects of drug use, unsafe sex and HIV risk.

Keywords

addiction / substance use; bisexuals; ethnicity; gays and lesbians; health behavior; HIV/AIDS prevention; men’s health; minorities; risk, behaviors; risk, perceptions

Researchers have documented particularly high levels of drug use among men who have sex with men (MSM) compared to the rest of the population (Cochran, Ackerman, Mays, & Ross, 2004; Greenwood et al., 2001). There have been relatively few large-scale studies comparing drug-use rates and patterns among heterosexuals and MSM, and differing sampling methods used in heterosexual and MSM studies are rarely equivalent (Groß, Bimbi, Nanín, & Parsons, 2006). However, those studies that do make these comparisons between MSM and non-MSM drug users typically indicate higher rates of lifetime drug use (Cochran et al., 2004), polydrug use (Halkitis, Palamar, & Mukherjee, 2007; Stall & Wiley, 1988), and overall levels of drug consumption (Groß et al., 2006; McDowell, 1999) among MSM. Notably, high levels of drug use have been documented among MSM in gay urban epicenters such as New York, Los Angeles, and San Francisco (Clatts, Goldsamt, & Yi, 2005a&b; Groß et al., 2006; Stall & Purcell, 2000). Club drugs, in particular, have been associated with MSM.¹ For example, in studies comparing rates of drug use among MSM and heterosexuals in the dance and club scenes, researchers have highlighted higher rates of marijuana, cocaine, and popper use (McKirnan & Peterson, 1989); of crystal methamphetamine, ecstasy, and ketamine use (Lampinen, McGhee, & Martin, 2006); and of ketamine and methamphetamine use (Degenhardt, 2005) among MSM. Even though a few

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studies have noted a decrease in MSM drug use in recent years (Stall & Purcell, 2000), drug use among young MSM, especially young MSM in gay club/party scenes, appears to remain high (Greenwood et al., 2001; Hughes & Eliason, 2002; Kipke et al., 2007; Wood, Nicolau, & Dargan, 2009).

Researchers have observed the important role that bars and clubs play in gay and bisexual men's lives and the ways these arenas serve as principal social and community centers for MSM populations (Lewis & Ross, 1995). Such arenas serve not only as social centers "to build community and cultural identity" (Ghaziani & Cook, 2005, p. 32), but are also key settings for drug use. In fact, the extent of drug use within these arenas has led some researchers to argue that drug use is normative within them (Reback, 1997; Schilder, Lampinen, Miller, & Hogg, 2005). Dance clubs provide a physical and social space where drug use and sexual practices can act as signifiers of membership within a community (Slavin, 2004). Therefore, dance clubs, bars, and parties might not be incidental sites of drug consumption; rather, they play an active, contributory role in shaping drug-related practices and prevalence among MSM, particularly young MSM (Colfax et al., 2001; Mattison, Ross, Wolfson, Franklin, & HNRC Group, 2001; Ross, Mattison, & Franklin Jr., 2003).

Explanations for this extensive drug use have varied. Some researchers have focused on the role that drug consumption plays in community building among MSM (Hartman, 2000) because of increased sociability and positive affect from drug use (Green, 2003), or the uniquely central role of bars and dance clubs in gay communities (Lewis & Ross, 1995; Slavin, 2004). Others have argued that drug use within these settings operates as a mechanism for coping with the stigma of homosexual practices within the broader society (McKirnan, Vanable, Ostrow, & Hope, 2001) or that feelings of shame and isolation and internalized homophobia draw gay men to drug use (Cabaj, 2000). For non-White MSM, this feeling of shame and isolation might be particularly acute given what some researchers have described as racism within the gay community (Phua, 2007), and the view within popular culture that gayness is synonymous with whiteness (Han, 2008; Kumashiro, 1999; Nemoto, Operario, Soma, Bao, Vajrabukka, & Crisostomo, 2003; Teunis, 2007). Drugs might act to raise self-esteem, confidence, or feelings of attractiveness, thereby helping MSM deal with negative internal messages related to sexuality, HIV status, and in some cases ethnicity (Chng, Wong, Park, Edberg, & Lai, 2003; Halkitis, Mukherjee, & Palamar, 2007; Nemoto et al., 2003; Reback, 1997). Most studies have focused on the relationship between individual-level or psychological factors in shaping substance use, although a few recent studies have examined the social factors that influence these patterns or the social contexts within which drug use occurs. For example, Green (2003) argued that using club drugs might be a strategy for negotiating tensions that arise from sexualized interactional patterns (a kind of "sexual sociality") within gay communities and club scenes. The physiological effects of club drugs might facilitate the demands in many gay club scenes for "sexual arousal on demand, sexual endurance, and the ability to have sex with newly acquainted partners" (Green & Halkitis, 2006, p. 319). Moreover, few studies have examined motivations for using one drug rather than another or the perceptions of each drug's acceptability within particular social groups and the gay community in general.

¹The category "club drugs" is defined by the National Institute on Drug Abuse (NIDA) as comprising MDMA (Ecstasy), LSD, methamphetamine and other amphetamine-type stimulants (ATS), GHB, ketamine, and Rohypnol. However, based on our examination of drug use within the club context in this and previous studies (see XXXX 2010) we have also included mushrooms in our screening criteria, as we have found these to be as popular or more within many dance club contexts. Given the high rates of cocaine use in our sample population, and its perceived ubiquity and popularity within the gay dance club scene, we will include it in the eligibility criteria for future projects. Other researchers of MSM club scenes have similarly expanded the general category (see Fernández et al., 2005ab; Mattison et al., 2001; Ross, Mattison, & Franklin, 2003), although as Drumright and colleagues (2006) demonstrate in their review article, there is not yet consensus among researchers of MSM and club drugs as to the appropriate specific grouping of drugs to include.

In the past decade, researchers studying drug use among MSM have been particularly concerned with issues of drug and alcohol use as it relates to behaviors that put individuals at risk for HIV infection. For example, Operario et al. (2006) found that significant increases in risky sexual practices are associated with frequent substance use, club drug use, and polydrug use among young MSM.² In general, methamphetamine use has been of particular concern, at least in part because of its prevalence among HIV-positive MSM (Drumright et al., 2006; Schilder et al., 2005). A number of studies have found that the sexual enhancement properties of club drugs, particularly methamphetamine, are a major motivating factor for drug use for many MSM (Díaz, Heckert, & Sanchez, 2005; Kurtz, 2005; Myers et al., 2004), although the precise nature of the relationship between substance use and HIV-risk, including whether it is causal or merely correlational, is still under debate (e.g., Aguinaldo et al., 2009). Reasons attributed to this link include drug- or alcohol-induced disinhibition (Colfax et al., 2004; Drumright et al., 2006; Semple, Patterson, & Grant, 2002), erotic arousal (Schilder et al., 2005), and increased longevity of sexual sessions leading to greater opportunities for sexual risk behaviors (Guss, 2000). Other researchers, drawing on the notion of sexual sensation seeking (e.g., Kalichman, Johnson, Adair, Rompa, Multhauf, & Kelly, 1994; Leigh & Stall, 1993), have identified the mediating role of a desire for exciting, risky, or novel experiences in the relationship between sexual risk behaviors and drug and alcohol use (Halkitis et al., 2007a; McKirnan, Ostrow & Hope, 1996; Ostrow et al., 2008; Ross, Mattison & Franklin Jr., 2003).

Given this emphasis in the literature on the relationship between drug use among MSM and high-risk sexual practices, much of the literature on the subjective meanings and understandings of drug use among MSM has tended to focus on issues of HIV prevention. Bonell and colleagues (2008) argued that this focus on methamphetamine and its role in increasing sexual risk taking not only discounts the role of other drugs, but reduces gay men's health to HIV and prevention. Clearly, gay men are engaged in risk behaviors and drug consumption practices unrelated to sexual activity; however, these issues are frequently viewed as secondary to research on risk behaviors that put individuals at risk for HIV infection. In our research, we have attempted to focus on issues of drug use in a variety of contexts; some of these contexts include sexual behaviors and therefore risk of HIV transmission, and others exist in the absence of sexual behaviors. The research questions guiding our analysis include the following: What are the social processes of drug use, including initiation, motivation, and perceptions? What are the settings of drug use for Asian American MSM? To what extent are drug-using practices shaped by the social contexts in which drug use takes place? How do our participants understand the risks, both sexual and otherwise, of their drug use, particularly as it relates to other drugs, and drug-using environments?

In the article that follows, we will examine the meanings associated with cocaine use in a sample of drug-using Asian American MSM, and will argue for the importance of understanding this within a cultural context of consumption. Cultural theorists have argued for the importance of understanding the consumption of commodities and leisure practices as increasingly important building blocks that individuals today draw on to construct and perform their lifestyles and identities (Giddens, 1991; Hebdige, 1979; Miles, 2000). For example, during adolescence "the omnipresent physical displays of identity through clothing, hairstyles, and accessories are assurances of recognition of not only one's individual identity but also of one's place in the larger peer group" (Deutsch & Theodoros, In Press, p. 3). In recent years, some drugs scholars have argued for extending this line of analysis to include the consumption of illicit substances (Ettorre, 2007; Griffin, Measham,

²See also Celentano et al. (2005) and Colfax et al. (2005).

Moore, Morey, & Riley, 2008; Hunt & Barker, 2001). The consumption of drugs operates alongside and in conjunction with the consumption of clothes, music, or media to display and reflect subcultural engagement or general lifestyle. Just as the wearing of particular clothes has a communicative aspect, which tells the world about the wearer's affinities and affiliations through their expression of taste (Mackay, 1997), so too might the consumption of particular illicit substances. Moreover, just as different clothing fashions go in and out of style, so do particular drugs (Measham & Moore, 2009). As Ettorre (2007) has argued, "For drug users, this type of consumer stylization becomes embedded in practices of drug consumption that go beyond an instrumental, rational calculus to an emotional experience and affective investment in a drug-using lifestyle" (p. 81). Drug consumption itself might now be aestheticized with consumption of the "right" drugs in the "right" contexts seen as embodying fashion or chic (Ettorre, 2007) or as displaying one's subcultural capital (Thornton, 1997). Cocaine, we will demonstrate, is one substance that currently holds much cache within the scene we are studying because it is perceived as enhancing one's experience in a variety of social contexts, while simultaneously producing few deleterious effects, at least relative to other drugs.

Cocaine use in the United States has been increasing steadily since 2000, after a peak period in the mid-1980s followed by more than a decade of decline (Johnston, O'Malley, Bachman, & Schulenberg, 2008). Additionally, between 1995 and 2002, cocaine-related emergency room visits have increased by 47% (Substance Abuse and Mental Health Services Administration & Office of Applied Studies, 2002). After nearly a decade of work on drug use in the San Francisco Bay Area club scene, we have noticed a significant change over time in our participants' perceptions of the acceptability of cocaine, particularly among our gay and bisexual male participants. We found that many of our participants viewed cocaine and its use within the club and party scene quite favorably, and believed that cocaine is the new, fashionable "it" drug of the gay scene. This favorable attitude toward cocaine use was particularly interesting relative to our participants' very negative views of methamphetamine. As we noted above, methamphetamine has long been discussed as an example of normative drug use within the gay club and dance scene (Bauermeister, 2007; Reback, 1997), and has more recently been the focus of much of the literature on drug use within the gay community. It has also been the target of aggressive drug-use prevention campaigns, both in the San Francisco Bay Area gay community and the rest of the country (Center for AIDS Prevention Studies [CAPS], 2006; Erceg-Hurn, 2008; Grov, Parsons, & Bimbi, 2008). In fact, many of our participants made direct comparisons between methamphetamine and cocaine and, in many ways, appeared to view cocaine as an "alternative" to methamphetamine, which, perhaps due in part to campaigns emphasizing the dangers of methamphetamine use, appears to have declined in favorability in the gay scene in the past several years. Methamphetamine and cocaine were seen as communicating very different messages about their users. That is not to say that cocaine was entirely without stigma or negative associations in the narratives of our participants. Rather, as we describe in the article that follows, cocaine's role within the gay club and bar scene, the physiological effects of the drug, and the construction of the drug's risks relative to other drugs, has created an environment in which cocaine use is safe, fashionable and acceptable.

Our discussion of cocaine use within our sample will be divided into four parts, which correspond to the four research questions outlined above. The first section, "Social Processes: Initiation and Sources of Information," focuses on our participants' first experiences using cocaine and attitudes about the drug prior to using it for the first time. In the second section, "Social Networks and Cocaine Use," we begin to explore the settings in which our participants use cocaine, focusing on their social networks and perceptions of the drug within those networks. Then, in the third section, "Popularity, Fashion and Ubiquity," we examine our participants' descriptions of cocaine as the new fashionable drug within the

gay scene and, consequently, its ubiquity and acceptability within the context of gay club and dance events and in society in general. Finally, in the fourth section, “Perceptions of Risk,” we explore the risks our participants perceived in their use of cocaine relative to those risks associated with methamphetamine, and the perceived impact of the use of each drug on the health of the gay community in general.

Methods

The data used for this article came from an exploratory study on the San Francisco Bay Area electronic dance music scene and drug users. Although the ethnic identities of our participants were not a central feature of our analysis, we chose to focus on Asian American MSM within the scene because of a number of factors. First, Asian American MSM comprise a significant presence within the San Francisco gay community, as well as the population of the San Francisco Bay Area in general (United States Census Bureau, 2000). Second, they have been under-represented or absent in many major studies on drug use among MSM (e.g., Cochran et al., 2004; Colfax et al., 2004; Halkitis & Green, 2007; Halkitis, Sherm, & Martin, 2005; Kubicek, McDavitt, Carpineto, Weiss, Iverson, & Kipke, 2007; Plankey et al., 2007; Purcell, Moss, Remien, Woods, & Parsons, 2005; Rosario, Schrimshaw, & Hunter, 2004). This is despite a few significant studies pointing to rates of drug use within groups of Asian American MSM that are comparable to those among MSM of other ethnicities (Groves et al., 2006; Reback, 1997; Thiede et al., 2003). Finally, the position of Asian American MSM as minorities within both the Asian American community and the broader gay community (Chung & Katayama, 1998; Han, 2006; Kumashiro, 1999; Nemoto et al., 2003), is significant and might be related to feelings of social isolation (Poon & Ho, 2002), and consequently might be a risk factor for substance use and participation in high-risk sexual behaviors (Choi, Yep, & Kumekawa, 1998; Nemoto et al., 2003; Wilson & Yoshikawa, 2004).

We collected qualitative and quantitative data through in-depth, face-to-face interviews. Data for this article came from interviews, conducted between 2005 and 2008, with a sample of 40 gay and bisexual Asian American men involved in the San Francisco Bay Area dance scene. A quantitative survey instrument was used to collect drug-use data and sociodemographic characteristics of the participants. For the remainder of the interview, a semi-structured guide was used to collect open-ended qualitative data on the participants’ family lives, their experiences with Asian culture and traditions, their sense of identity and culture, their sexual histories and sexual partners, their histories of substance use, and their involvement in the dance scenes. Although interviewers had a lengthy interview guide to organize the interview topics and allow for consistent coverage of questions on these topic areas, the format was left open enough so that participants’ ideas and concerns that did not fit into the interview schedule had room to emerge and be explored. Participants were given a \$65 honorarium for their participation. All instruments and recruitment/screening procedures for this project were approved by our Institutional Review Board.

Results from the quantitative survey were entered into SPSS for analysis. The interviews were digitally recorded and the semi-structured and open-ended portions of the interviews were transcribed verbatim. Qualitative interviews of this sort produce great volumes of data, which must then be carefully managed. The transcripts of the interviews were coded by project staff using the qualitative data analysis software NUDIST.³ This sort of analysis is an iterative process that involves reading and re-reading text to produce successively more

³As Kelle (2004) has argued, computer-assisted qualitative data analysis is somewhat of a misnomer; “unlike statistical packages these are not tools for *analysis*, but rather for *structuring* and *organizing* of text data” (p. 277). Despite the usefulness of the software, the coding categories are still developed and applied by humans, who of course then have the task of analysis as well.

abstract and refined ideas about domains of interest (Goetz & Le Compte, 1984; Miles & Huberman, 1994). The interviews were read line-by-line by the interviewers and senior staff to get a sense of the interviews as a whole and to develop categories for analysis—ranging from categories or “nodes” corresponding to each specific drug, to comments about sexuality, discussions of particular types of events, and thematic issues of gender or identity. This preliminary analysis was conducted concurrently with data collection to monitor the degree of saturation of the data, which occurred after 40 interviews were conducted. After repeated reading of the text, more fine-grained codes were developed and linked to the larger domains (Kelle, 2004; Schmidt, 2004). All of the interview transcripts were then re-read and coded using the established categories. Once the codebook was standardized, staff members coded the same interviews together to establish a clear and common grasp of the coding system. Periodic checks on inter-coder reliability were made to ensure that inter-coder reliability never dropped below 0.85. After the data were coded, the authors returned to the organized data, reading again through the results to analyze the themes discussed in this article.

We used a modified targeted-sampling approach (Peterson et al., 2008; Watters & Biernacki, 1989) that included elements of respondent-driven sampling (RDS) strategy (Heckathorn, 1997). Participants were recruited using several different methods, including advertisements, referrals from other participants, and contacts by the project staff. Each potential participant was screened and included if he satisfied the following criteria: he self-identified as Asian/Asian American and gay/bisexual; had used at least one of the six National Institute of Drug Abuse (NIDA) defined drugs associated with the club scene (ecstasy [MDMA], LSD, methamphetamine, GHB, ketamine, Rohypnol), or mushrooms, and was involved in the dance music scene in the San Francisco Bay Area. Involvement in the scene was defined as attending dance events such as clubs, raves, and warehouse parties. Sampling continued until saturation was achieved, and data were considered adequate to accurately represent the full range of attitudes and phenomena within our sample (Charmaz, 2004; Morse, 1995).

Sample

The median age was 26.5, with ages ranging between 14 and 37.⁴ The participants were of seven different ethnic groups/national origins, with the greatest number being Filipino (15), followed by Chinese (7) and Vietnamese (3), in addition to Japanese (3), Indian (3), Taiwanese (1), and Thai (1). Another 7 participants described themselves as having mixed ethnic or racial backgrounds, with the majority indicating their Asian ethnic group as their primary ethnic identity.⁵ More than half (21) of the participants were born in the United States; all of the foreign-born participants were born in Asia or the Philippines.

The gay and bisexual men in the sample were predominantly middle class, and well-educated. All of the participants had received their high school diplomas at the time of the interview, with the exception of two participants who were currently enrolled in high school with the intention to finish. Nearly half (18) of all gay and bisexual male participants had completed a bachelors'-level (4-year) degree, and an additional 4 had completed a masters'-or doctorate-level degree. Thirty-one of the 40 participants in the sample were employed,

⁴Although the age range for the entire sample is broad, and would suggest the need for an examination of the effect of age on our findings, the majority of the sample (25 out of 40 participants) were between the ages of 22 and 28, and only two participants were below this age (14 and 18). Although we did not specifically exclude participants under the age of 21, one of our inclusion criteria was involvement in the club scene. Most clubs in the Bay Area do not admit individuals under the age of 21; therefore, most individuals under this age were not eligible for the study based on attendance rather than age. Those participants who were included who had experiences at clubs before the age of 21 attended clubs catering specifically to youths, or found ways to attend 21+ clubs illegally.

⁵Although we recognize the heterogeneity of the Asian American community, and the importance of ethno-national differences among the various groups that comprise this category, our sample of Asian American gay and bisexual men was of insufficient size to identify significant variations across ethno-national groups.

and four of the nine unemployed participants were not currently looking for work because they were full-time students and did not wish to be employed. The mean income for the sample was just under \$3,000 per month, and most participants (23) listed their job as their only source of income, with others finding income from a combination of family, friends, school financial aid, governmental assistance, and other legal sources. Only one participant received any income from an illegal source – drug dealing – but listed his legal employment as his primary source of income.

The overall prominence of drug experimentation in our sample can be seen in Table 1. Given the way that our participants were chosen for the study—a history of drug use was required for inclusion—we cannot offer evidence of the overall rates of substance use among Asian American MSM. Instead, we can look at patterns of drug consumption within this population of Asian American drug consumers. All of our participants had tried some form of alcohol in their lifetimes, and 90% had consumed hard liquor in the last month. Lifetime prevalence of marijuana (98%) neared that of alcohol, with nearly half having used in the past month. As in the general population, alcohol and marijuana were the most widely used substances, but lifetime ecstasy-use rates were almost as high (88%); in the past month, though, only 28% had used ecstasy. The other drugs that were used by more than half the sample included cocaine (68%), poppers (63%), methamphetamine (58%) and GHB (55%). The data indicate a wide degree of experience and experimentation among our participants, but only moderate, leisure-time use in the present. Our participants had tried, on average, 8 different substances (not including alcohol or tobacco), and nearly half (43%) had tried ten or more different drugs in their lifetimes.

Results

Social Processes: Initiation and Sources of Information

We begin our discussion of our participants' perceptions of cocaine, its role within their lives and in the gay community in general, with a discussion of their initiation to cocaine use and their ideas about the drug and its users prior to experiencing it for themselves. When discussing their predictions of what the experience of using cocaine would be like or who they believed to be stereotypical cocaine users, our participants revealed two vastly different sets of attitudes and opinions: some saw the drug as stigmatized and dangerous (which a small minority continued to believe), whereas others believed (and continued to believe) that the drug posed relatively few risks.

Some of the Asian American MSM we interviewed recalled being particularly cognizant of these risks prior to their initial use of cocaine, considering it to be extremely dangerous or being worried about its use. Damien⁶ was a light, regular user of cocaine, methamphetamine, poppers and valium. Prior to his cocaine use, though, he only knew what his father had always told him: "Cocaine is gonna kill you." Michael, who had never tried cocaine but was a former user of ecstasy, acid, ketamine, Vicodin, and Valium, said that he was "deathly afraid" of cocaine, and both he and Angelo, a former ecstasy user who also had not used cocaine, compared it to heroin in terms of the stigma that is attached to its use.

Yet, cocaine was not universally discussed by our participants as a particularly risky substance. In fact, many participants who used cocaine, even on an occasional basis, stated that they had few, if any, reservations about using cocaine for the first time. Several participants cited the fact that cocaine was used by "professionals" and was associated with wealth and luxury as being evidence of its relative safety. Take, for example, Christopher,

⁶All names used to identify participants in this article are pseudonyms, to protect their anonymity. However, when assigning pseudonyms, we made an effort to choose ones that reflected the culture and ethnonational background of our participants' names.

who had tried cocaine and was at one point a daily user of methamphetamine. When discussing what he knew about cocaine before trying it for the first time, he said: “It was a white powder. It kept people awake. It kept them skinny. You know, thin. That rich people used it. Or wealthy people used it.” Christian, a twice-monthly cocaine user who had also experimented with each of the NIDA-defined club drugs, echoed these sentiments when he said that cocaine is primarily used by “doctors and lawyer types. You know, well-to-do people [who] have money. So I associated it then with ... just everybody responsible, before I knew it was luxury kind of recreational thing more.” For Christian, although at the time of the interview he understood cocaine to be a form of “luxury recreation” for individuals who have money, he had previously believed it was the type of drug used by “everybody responsible” because he had seen “doctor and lawyer types” use the drug and believed them to be responsible people. Here cocaine was a luxury good that indicated one’s prestige or responsibility.

Other participants recalled learning about cocaine from sources much closer to them, like friends and family members. In our participants’ narratives, trusting the other cocaine-using individuals, and learning about the drug’s effects from a trusted source appeared to diminish our participants’ perceptions of the danger associated with cocaine use. For example, Allen, who was a weekly user of cocaine, was first offered the drug at a birthday party in a bar with his coworkers. He remembered being nervous about trying the drug; however, his friends reassured him that it was no stronger than “two cups of coffee.” Paul, who explained that he was a “chatterbox” the first time he used cocaine, had heard from his mother that “it gets you zoomed, makes you want to talk and you’ll get high a little bit.” Rajeev, who had only one experience using cocaine, said of the drug:

It’s one of those drugs you hear about all the time and so--wanted to try it. Um, wasn’t opposed to trying it at all. Some drugs, I think, are--I’d be a little bit more skeptical about trying from what I hear, I think.

In all three of these instances, prior to using cocaine for the first time, these participants believed, or were led to believe that the effects of cocaine would be mild, and would make them feel more alert or would enhance their experience in a particular environment. This was particularly true of participants like Rajeev and Paul, who had heard a great deal about the drug before using it for the first time, often from trusted sources like close friends or even family.

Social Networks and Cocaine Use

Given the emphasis that many of our participants placed on the role of friends in their initiation to cocaine use, it is unsurprising that many of their most significant discussions of the drug centered around the effects that the drug had on their interactions and their experiences at social events. In our participants’ narratives, we found that enhanced sociability was one of the most frequently cited effects of cocaine use, and a motivating factor for use. One participant, Paul, said of his early cocaine-using experiences:

Yeah, it was just a social thing, ‘cause my friends were doing it, and it was something new to all of us--well, most of us--and then just doin’ it together, and experiencing something like that with your close friends and trippin’ off of each other and how we’re acting, you know, that’s all it was for, is just a social/recreational type thing.

This nonchalant attitude toward cocaine use and emphasis on social aspects of the drug were typical of many of our participants. Johnny, who used cocaine about twice per month, even joked that he used it for the pleasure of his friends: “I’m really not talkative especially in large groups and that was the first time I knew that it’s something that helps open me up and

ever since I'm like 'Oh, yes, I'm doing coke for you guys, not for me.'" Jay summed up his attitude toward cocaine and its effects: "[it's] the thing you party with, you feel good." Few participants talked about experiencing pressure to use cocaine; rather they used cocaine because they enjoyed using it at parties and because it was available to them. Cocaine use, in these accounts, was acceptable, and was seen as enhancing sociability within these social circles and this party scene. In these narratives the consumption of cocaine served to facilitate social interactions and build group cohesion.

Our participants' cocaine use was very closely related to their social networks and their party, club, and bar attendance. As a result, very few of the young Asian American MSM that we interviewed had ever used cocaine alone: only six of the 25 cocaine-using participants we interviewed had used the drug alone and only one said that he was most often alone when he used the drug. Those who had used the drug by themselves did not speak highly of the experience and said that it lacks the appeal that it has when used in the company of friends. Take, for example, Johnny, who said of his experiences using cocaine alone:

It's not that great...it's kind of just like "Oh, what are we gonna do?"... Whether we go down the street and get some cigarettes and just like take a little walk or maybe I'll just do just a little bit and you know, go into a bar and have a drink by myself and see if I can meet anybody; see if I can like--if it's going to make me be more extroverted ... And occasionally I'll do a little bit and just fuck around on the computer ... and if my hands all cramp I'll think "Oh, that was stupid."

This account stands in marked contrast to his description of cocaine use discussed above where he joked that his ability to socialize was so enhanced by his cocaine use that it is actually a favor to his friends. Instead of a positive experience with friends, Johnny described a pedestrian experience to which he was largely indifferent. These contrasting attitudes about the use of cocaine in groups and in private were shared by many of our other participants, who explained that using cocaine was a positive experience when it was shared with others, but not when it was used alone.

In our participants' narratives, cocaine use was unquestionably about sociability and fun. Its ubiquity and perceived acceptability within the club scene only added to its perception as relatively low risk. However, when examining our participants' drug use, it is important to examine not only the settings in which their drug use has taken place and the individuals with whom they used drugs, but also the process through which they determined which drugs they would use and when. As we will demonstrate, we have found that our participants engaged in a complex process of weighing the risks of cocaine use against the risks associated with other drugs, which drew not only on the drugs' immediate effects, but also the connotations of the use of each substance within the broader gay community.

Popularity, Fashion and Ubiquity

The constructions of the risks of cocaine were themselves tied up with understandings of the comparative risks of other drugs. Cocaine was not interpreted by these men in a vacuum, but rather was understood relative to other substances, both licit and illicit. Cocaine's status as popular or out-of-favor, as glamorous or stigmatized, as safe or dangerous was shaped by and reflected in the comparisons that they made between cocaine and other substances for consumption, namely alcohol, GHB, and especially methamphetamine. The accessibility and appeal of particular substances, like other commodities, is not static but changes over time, with different drugs coming in and out of style. Whereas many of our participants noted that ecstasy and GHB were the drugs of the rave scene of the late 1990s and early 2000s, they argued in our interviews that using those drugs is now considered passé. In contrast, cocaine was viewed as currently popular or ascendant. PJ, who explained that "everyone" does

cocaine now, dismissed GHB as “old-school.” Whereas GHB consumption might connote that one is behind the times, cocaine consumption can mark one as belonging or in the know. William, when explaining how ecstasy use within the San Francisco gay scene has decreased while cocaine use has increased, said:

“It just used to be ecstasy ... Like a while ago. But, um--I think that changed probably--when most of my friends turned 21--or so. So I think--maybe a couple of years ago. And then it turned into like--recently I’ve only been hearing about people doing coke again.

Other participants spoke to cocaine’s ubiquity within the scene. PJ, a twice-weekly user of cocaine, said of the drug: “All my friend [sic] does coke right now. Straight or gay, everybody.” This attitude that “everyone” was doing cocaine was shared by many of our participants. Allen, who at the time of the interview used cocaine 2–3 times per month and was at one point a daily cocaine-user, echoed this sentiment about the ubiquity of cocaine at clubs in San Francisco’s historically gay neighborhood: “I feel like with coke, it’s almost sort of a--it’s a given.” He added that, even though most people chose to use the drug in the bathroom, out of view of the club staff, it was understood that cocaine use was taking place:

They like to see what they can get away with and they go out and do it in the bathrooms and--and it’s like a different--it’s like a different--it’s like a clique, you know--every time these kids walk out of the bathroom--myself included--walk out of the stall, like six people--everyone knows what they were doing.

Another participant described a situation at a private party in which cocaine use was not only “a given,” as Allen described, but encouraged. Ernie recalled an experience during his college years:

We were at a birthday party in Twin Peaks and like, I walked in the party, you know, wished him a happy birthday and he gave me like a little bag of coke, like he was like ‘Here you go,’ like party favors, right? And everyone got one.

Although the specific circumstances of use were different for each of our participants and the extent to which cocaine use can be acknowledged publicly did vary, in general our participants were quite accustomed to operating in settings in which cocaine use was common and accepted.

Part of the perception of the ubiquity of cocaine was tied to a comparison between the drug and alcohol. As Surat explained:

Coke is the--is the biggest drug. I mean coke--it was like--I mean--when I was in Los Angeles, it was like coke was all over ... People would go back to the [club], and then there would be like tons of coke in the--on the table, I mean--people you would never thought that did it ... I mean that was like, the thing ... to do. Everybody did coke. It was like--it was like drinking alcohol.

This comparison with alcohol occurred frequently in the narratives of our participants, particularly when participants discussed the settings in which they chose to use the drugs. Arjun said of the drug: “I think it’s like the most portable drug. I mean not like--pocket and walk around, but I actually think for like ... I feel like cocaine, for like most social settings, is like the drug you can do.” Arjun echoed what many of our participants believed about cocaine; it is a drug they could “take everywhere” much in the way they believed that alcohol could be taken anywhere. Both drugs were understood as enhancing sociability and made it easier to enjoy oneself out at a bar or at a party, yet had what our participants perceived to be relatively few deleterious effects. Because alcohol was popularly perceived as safer than illicit drugs and did not have the stigma or dangers of an illegal substance, this

comparison between cocaine and alcohol is key in the construction of cocaine as relatively safe.

Perceptions of Risk

Another comparison was also key to the construction of cocaine as safe: the contrast between cocaine and methamphetamine. Where methamphetamine was dismissed as dangerous and shameful, cocaine was presented as comparatively benign and acceptable. In other words, our participants did not wholeheartedly embrace illicit drug use, but chose one drug over another. Whereas cocaine use was widely perceived as being acceptable within the dance club scene, the same was not true for methamphetamine, which, as a number of our participants asserted, is most frequently done in private because it is not socially acceptable to be a methamphetamine-user within the gay community or society in general. This stigmatization of methamphetamine and general acceptance of cocaine use can be interpreted as the result of a number of different factors including the drugs' immediate effects, cocaine's more glamorous associations, and the relationship of each drug (or lack of) to high-risk sexual behaviors.

Arjun, the participant who referenced cocaine's portability and was a regular user of the drug, said of the difference between cocaine and methamphetamine: "You can do two bumps of cocaine and you can be like--on that for 30 minutes. If you do meth--you're just on meth. For like--20 hours." This preference for cocaine over methamphetamine because of its short duration was shared by a number of our participants. Although some participants complained about the short duration and high cost of cocaine, many saw this as one of the drug's assets and believed that it was part of what made it possible to function and perform one's job or school responsibilities while still using cocaine. Participants could sleep after using cocaine in a way that they could not after using methamphetamine because of the fact that the high from cocaine generally last less than an hour, versus the more than 12 hours that is typical of methamphetamine use. The short duration and subsequent ability to use cocaine while attending to one's responsibilities and obligations led some of our participants to conclude that the drug is glamorous. They contrasted it to methamphetamine, which is considered "trashy" in part because of its long duration. When talking about the effects of cocaine relative to methamphetamine, Hien cited cocaine's popularity within the fashion and entertainment industry:

I think as far as drugs are concerned, uh--in the glamorous world of fashion and so forth, it's one of the better drugs to use because the other ones will just fuck you up way too much that you know, you can't function, I mean ... I don't really see Naomi Campbell or you know, one of the other super models, strung out on meth, walking the runway.... Whereas with coke, you know, you can still function ... Be in control, um, have somewhat of a healthy lifestyle. So it's not--you know--and it's--so it's not, um--for me, it's not about the glamour of the drug, it's the effects of it, and how I'm able to function on it.

Participants frequently said that the effects of cocaine were so mild, at least relative to methamphetamine, that the effects of the drug were really not all that different from the stimulating effects of a cup of coffee (Hien) or the relaxing effects of an alcoholic beverage (PJ). Some participants even described cocaine as having the potential to reverse the effects of other drugs, particularly alcohol and marijuana. William, who described himself as having been "very, very drunk" the only time he ever used cocaine, said that although he did not recall feeling "extremely high or extremely like happy," he remembered that the drug "sobered [him] up." Another participant, Miki, said that cocaine, when combined with alcohol, is "a great pick-me-upper." One participant believed that cocaine was so effective at improving his ability to focus that he reserved his use for the end of an evening, when he

used the drug to help him stay awake and drive home more safely. Surat explained in response to the interviewer's question about what he liked about cocaine use:

Surat: You get that--well coke gives you like, that sort of like, you're awake feeling.

Interviewer: Yeah.

Surat: But it also makes you like, um--you feel good; you know--you get a--you get a good--you get a good mind high. You know?

Interviewer: Uh huh. What do you mean by a mind high?

Surat: Your--your mind is like--it's like you're--like--you're high, but you're--you know, you could kind of be like--focused like it can focus you.

Interviewer: Okay. So do you feel--

Surat: And plus it always, always--I mean a rule of thumb is always have a lot of coke on you before you start driving home somewhere cause it'll wake you up.

As we stated in the previous section, most of our participants' discussions of cocaine use centered around their social activities and the drugs' ability to enhance sociability. As we will demonstrate in the section that follows, methamphetamine had quite the opposite effect; it was seen as impairing judgment, and limiting one's ability to function safely, particularly within the context of sexual encounters. This discrepancy in attitudes about these types of drugs went far beyond a discussion of their immediate effects. Even though there are clearly pharmacological differences in the effects of cocaine and methamphetamine, the meaning behind the use of each of the drugs transcended these differences, and often transcended the effects of the drugs on the users themselves. What was perhaps most interesting about our participants' discussion of methamphetamine and its users was not their personal experiences with the drug, but rather their perceptions of the effect of the drug on the health of the gay community in general.

In many of our participants' narratives, even among those who were or who had been regular users of methamphetamine, using methamphetamine was understood to be a source of shame, particularly relative to cocaine, which was generally acceptable, and sometimes even described by our participants as glamorous, trendy, and fashionable. For example, whereas one participant (Allen) said that he would equate regular methamphetamine users with "some kind of religious fanatic," another participant (Surat) said of cocaine "I feel like it's a socially accepted...recreational drug." Another participant, Arjun, who was a regular user of cocaine but called methamphetamine a "disgusting" drug, made a similar comparison:

I don't think that there are spaces like--I don't think there are spaces like [a circuit party]--or like--you know, like after a--a gallery show, like with artists, like where you do coke, you know, I don't think there's spaces like those where people are like, 'Oh, my God, you guys, let's just do some meth because this is like the space where we do meth.' I think meth is like totally like a shame drug.

In other words, despite the fact that these participants believed cocaine is a drug that is appropriate for most social situations, they also believed that methamphetamine is never appropriate, is socially unacceptable and something that is hidden from public view because individuals who use it are ashamed of their own use. The different beliefs about cocaine and methamphetamine in our participants' narratives, thus, were not solely connected to the different pharmacological effects of the two drugs or the different health risks associated

with them. They were also deeply connected to the different meanings that the two substances have within their communities and the different messages that consuming one drug or the other connote. Although cocaine consumption affirmed one's image as glamorous or a member of the group, methamphetamine consumption was seen as communicating primarily negative connotations or as revealing one's lack of status.

Moreover, because of the association between methamphetamine use and high-risk sexual behavior within the gay community, the shame that users derived from it was sometimes related to feelings of guilt for putting oneself or others at risk for HIV infection. Robert recalled the experience of a friend who sero-converted while using methamphetamine:

I think gay men in particular--HIV is so big, one of my--one of the big group became positive because of it as well ... Just having crazy sex ... I mean uninhibited. Not thinking. He knew the guy was HIV-positive, and yet-- he still-- had unprotected sex and stuff.

Ryan echoed Robert's sentiments when he called the drug "evil" and said that despite having had some positive experiences on the drug, he no longer wished to use it again. Danny, who had never tried methamphetamine said: "I know it's very dangerous, and it's addicting, and--it really ruins people's lives. Uh--as well as promotes unprotected sex."

This isn't to say that many of the young Asian American MSM we interviewed did not use methamphetamine. Indeed nearly as many of our participants had tried methamphetamine as had tried cocaine (58% versus 68%), with 30% of all participants having used methamphetamine in the previous year. However, whereas they typically discussed their cocaine use as relatively unproblematic, methamphetamine use was discussed as a potential problem or even source of shame. The idea that methamphetamine use was a source of shame was expressed by many participants. Ernie explained that although some people believe methamphetamine might be acceptable on an individual level, it is bad for the community in general:

Ernie: I think during the daytime, when everything's spoken out in the open, like "No, no, meth is terrible, meth is terrible." Um, at night, when you're going out "Okay, I just have a little, just a little."

Interviewer: So there's kind of this hypocrisy or this duality where everyone agrees on it's horrible but people are still using it.

Ernie: Um, it's horrible for the community because of the people using it. But on an individual level, people are okay with doing it; so it's like a little cycle.

Interviewer: Huh. So why is it horrible for the community?

Ernie: Um, because so many people are doing it and um, they're doing it um--when they're having unsafe sex and so forth and um--I think there was a connection made awhile back between a rise in STD and meth use because people weren't using condoms with it.

In this passage, this participant highlighted what many of our participants believed to be the central problem with methamphetamine use: the connection between methamphetamine use and unsafe sex. Many of our participants said that methamphetamine use makes you "obsess" about sex (Ken), and decreases your inhibitions to such an extent that you want to have sex without a condom (Kevin). However, most of our participants did not discuss personal problems with methamphetamine use; rather, they discussed the negative effects of methamphetamine use on the health of the gay community in general, particularly as it

concerns one's inclination to participate in high-risk sexual activities. Cocaine use had no such association in the narratives of the young Asian American MSM that we interviewed.

Discussion

As we have demonstrated, our participants' understanding of their own cocaine use and use of the drug within the gay community was multi-faceted, and drew on a variety of sources. Beginning with their discussions of their first cocaine-using experiences, we demonstrated that, with few exceptions, our participants had positive attitudes about cocaine use, and believed that they were well aware of the effects of the drug and the risks associated with its use. We found that many of our participants used the drug for the first time with friends, and deemed cocaine acceptable for use within their social networks. They also praised the drug for its ability to enhance sociability. We then examined perceptions of cocaine within the gay community, and our participants' perceptions of the increasing prominence of cocaine in the scene in recent years. As a result of this rise in popularity, many of our participants described the drug as ubiquitous and expected within the gay club scene, and went so far as to compare it to alcohol in terms of its prevalence and acceptability. Finally, we examined the contrasts our participants made between their views of cocaine and methamphetamine. Whereas cocaine was understood as an innocuous, and sometimes even glamorous drug, methamphetamine was described as dangerous and shameful.

The results of this study suggest that although there are unarguably differences in the pharmacological effects of cocaine and methamphetamine, these differences are insufficient to explain the dramatic differences in the way our participants perceived the use of cocaine and methamphetamine. However, an examination of the contexts of use of these drugs reveals one critical difference: cocaine is not a sexual drug; rather, it is a social drug. Methamphetamine, for a number of other reasons, was rarely described as a social drug. It enhances sexual encounters and increases sexual desire, and was widely perceived as being both dangerous (for physiological and social reasons), and taboo, particularly within the gay community where it was frequently cited as being linked to high risks of HIV transmission. Other researchers studying the meaning of methamphetamine and cocaine use in the gay community have identified similar trends. Despite a relatively small number of comparative studies on the perceived effects and meanings of drug use in the gay community, researchers have demonstrated patterns of differentiation between the "social" effects of cocaine use and the "sexual" effects of methamphetamine use (e.g., Díaz, 2007; Díaz et al., 2005; Kubicek et al., 2007). The participants in Kubicek and colleagues' article on the relative meanings of cocaine and methamphetamine use described very ambivalent beliefs about methamphetamine use:

Data revealed a discrepancy with regard to crystal use. Although crystal use was viewed as being acceptable within the gay community, participants also perceived that many users, commonly referred to as "tweakers," tried to hide their use to avoid social rejection. Both users and nonusers of the drug shared a strongly negative view of crystal, describing it as "a horrible drug" and "gross."

In our own sample, whereas cocaine was understood as enhancing sociability and was not perceived to be a drug for use during sexual encounters, many of our participants believed that methamphetamine cannot possibly be used in moderation, and found it to be especially problematic in the gay community because of its connection with HIV transmission. To comprehend the differing beliefs about cocaine and methamphetamine one cannot simply examine the different physiological effects of the two drugs. In addition, it is crucial to take into account the cultural meanings that the drugs carry within this particular scene at this particular moment. Drugs, like other commodities, are used by people to perform their identities and represent their lifestyles, and the varying messages that different drugs carry—

as glamorous, as dangerous, as social, as sexual—can be important for shaping both patterns of use and beliefs about use (Hunt, Moloney, & Evans, 2010).

This extreme stigmatization of methamphetamine is a stark contrast to descriptions of methamphetamine during the 1990s and early 2000s, during which time the drug was granted a similar status to that currently held by cocaine—it was a ubiquitous, nearly essential part of the gay club scene that contributed to feelings of community and belonging (Green, 2003; Green & Halkitis, 2006). Researchers have documented a decline in the popularity of methamphetamine as a result of aggressive meth-use prevention campaigns targeting gay men, which emphasize the link between methamphetamine use and unsafe sex, and consequently, HIV transmission (Grov et al., 2008). Researchers have also found that certain groups are more likely to respond to methamphetamine prevention campaigns than others and, therefore, campaigns need to be tailored to address specific groups (Nanín, Parsons, Bimbi, Grov, & Brown, 2006). However, what has been less well-documented is the extent to which this decline in the favorability of methamphetamine might actually be tied to increases in the perceived acceptability or safety of other drugs, namely cocaine. In other words, people might have chosen to use cocaine because they viewed it as the lesser of two evils. Given methamphetamine has been the target of aggressive drug-use prevention campaigns, both in the San Francisco Bay Area gay community, and the rest of the country (CAPS, 2006; Erceg-Hurn, 2008; Grov et al., 2008), can an increase in the acceptability of cocaine use be described as an unintended consequence of methamphetamine prevention efforts?

The results of this study suggest that this might indeed be the case. Our participants' direct comparisons of the two drugs and their descriptions of the gay scene's "transition" from methamphetamine and GHB use to cocaine use would seem to suggest that they might have viewed their cocaine use as a substitute, or a replacement for their methamphetamine use. That is not to say that our participants had unequivocally positive views of cocaine. Certainly, some of our participants discussed the dangers of cocaine use, the possibility of overdose or addiction, and the perception of cocaine as a dirty, "shady" drug, which for some participants might have been part of the appeal. More frequently, however, we found that our participants tended to downplay the risks of cocaine use, and cited the drug's ubiquity within the gay scene and within their social networks as evidence of its relative safety. It would appear that methamphetamine use prevention campaigns have been successful in shifting community opinion away from the acceptability of methamphetamine use because of its connection to high-risk sexual behavior. However, future research needs to be conducted on what shapes individuals' attitudes about drug use that takes place largely in the absence of sexual behaviors. As we have demonstrated, for our participants cocaine was connected to sociability rather than sexual behaviors, and was viewed as acceptable within the community. This supports the assertion made by Bonnell and colleagues (2008) that issues of gay men's health are only viewed as problematic if they're connected with sexual behaviors and, consequently, risk of HIV transmission. It is possible that social acceptance of drug use can only truly occur in this community when drug use is taking place in the absence of sexual practices, which carry with them the risk of HIV transmission.

This research has a number of limitations to its applicability to the study of cocaine use among gay and bisexual men. First, although ethnicity was not a focus of this article, the broader study from which it came is focused specifically on Asian American gay and bisexual men. Therefore, these findings are not necessarily applicable to the broader MSM population, although there are some similarities between our findings and those looking at the meanings of cocaine and methamphetamine use among samples of Latino, African American and White gay and bisexual male drug users (Bauermeister, 2007; Díaz, 2007; Díaz et al., 2005; Kubicek et al., 2007).

Second, given its primary focus on club drugs, this project did not begin with the explicit intention of probing the meanings of cocaine use among our participants. Rather, these discussions of the meaning of cocaine use emerged through their discussions of their club and bar attendance, their social groups, and through comparisons with other drugs. Future research should focus specifically on the use of cocaine, and its meanings, particularly relative to other drugs.

Third, the interview schedule for this project did not include specific information about participants' knowledge of drug-use prevention campaigns nor did it contain any measures to directly measure the effects of prevention campaigns on the attitudes of our participants. Future research should examine individual- and community-level response to drug-use prevention and awareness campaigns to understand more precisely the extent to which these prevention campaigns shape individuals' choices and attitudes.

Implications

The findings from this research provide valuable insight into the decision-making processes of gay and bisexual Asian American drug users, and have important implications for the design and implementation of research and prevention efforts aimed at reducing use of cocaine, methamphetamine and other club drugs. In our sample of gay and bisexual men, cocaine use was not viewed in a vacuum, but was rather understood within the context of both the participants' broader drug-use experiences, and changing societal perceptions of substances and their users. Although our participants took the pharmacological effects of cocaine and methamphetamine into account when making their drug-use decisions, they were most concerned with norms of drug-use within their social networks, and within the gay community. This concern was particularly salient in participants' discussions of the link between methamphetamine use and sexual activities that carry a high risk of HIV or other STD transmission. Given the large number of researchers who have identified the link between high-risk sexual practices and methamphetamine use, and the number of methamphetamine-use prevention campaigns targeting the gay community, the current findings that suggest these men might be shifting their drug-use activities and attitudes away from methamphetamine and toward cocaine are noteworthy within the field of HIV and drug-use prevention, and drug-consumption theory. Future methamphetamine-use prevention efforts should address the fact that methamphetamine users, after learning the effects of methamphetamine use and perceiving a shift away from a norm of methamphetamine use within the gay community, might transition to using or favoring other substances. Attempts should be made to address the risks associated with other substances such that individuals do not begin to view other drugs, such as cocaine, as a "safe alternative" to methamphetamine. Additionally, given the extent to which our participants' attitudes about the relationship between methamphetamine use and sexual-risk behaviors appeared to be shaped by drug use-prevention campaigns, future work on the aestheticization of drug use and drug use as a commodity for consumption should take into account the influence of public-health campaigns and prevention efforts on community norms.

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Table 1

Past Month, Past Year, and Lifetime Drug Use Prevalence Rates (N=40)

Drug	Past Month		Past Year		Lifetime	
	%	(n)	%	(n)	%	(n)
Cigarettes	60	(24)	77.5	(31)	92.5	(37)
Beer	77.5	(31)	95	(38)	97.5	(39)
Wine	90	(36)	92.5	(37)	100	(40)
Liquor	90	(36)	95	(38)	100	(40)
Marijuana	47.5	(19)	82.5	(33)	97.5	(39)
Cocaine	27.5	(11)	47.5	(19)	67.5	(27)
Methamphetamine	15	(6)	30	(12)	57.5	(23)
Ecstasy	27.5	(11)	72.5	(29)	87.5	(35)
Acid	7.5	(3)	10	(4)	30	(12)
Mushrooms	2.5	(1)	20	(8)	32.5	(13)
GHB	15	(6)	30	(12)	55	(22)
Ketamine	5	(2)	15	(6)	40	(16)
Rohypnol	0	(0)	0	(0)	2.5	(1)
Nitrous Oxide	2.5	(1)	17.5	(7)	35	(14)
Poppers	15	(6)	30	(12)	62.5	(25)
ED Drugs	12.5	(5)	25	(10)	30	(12)
Pill Opiates	5	(2)	20	(8)	47.5	(19)
Amphetamines	2.5	(1)	7.5	(3)	20	(8)
Tranquilizers	5	(2)	17.5	(7)	40	(16)