Reasons for Stimulant Use Among Latino Gay Men in San Francisco: A Comparison Between Methamphetamine and Cocaine Users

Rafael M. Díaz, Andrea L. Heckert, and Jorge Sánchez

ABSTRACT *The literature on drug-using gay men has documented a strong relationship between methamphetamine (MA) use and high-risk sexual practices. Of particular concern is that MA use is associated with powerful sexual effects that may facilitate the transmission of HIV. As a group, Latino gay men show high risk for HIV infection, and such risk has been related to episodes of sex under the influence of drugs. However, little information exists about stimulant use among Latino gay men, and it is not known whether MA use in this population is similarly motivated by sexual effects. This study reports reasons for stimulant use in a sample of 300 Latino gay men randomly selected from social and sexual venues; only men who reported stimulant use in the last 6 months were included in the study. Of stimulant users, 51% (n=153) reported MA, 44% (n=133) reported cocaine, and 5% (n=14) reported crack as their “most frequently used stimulant” (MFS); reasons for use were assessed for the participant’s specific MFS. Reasons for stimulant use clustered by five main factors, including energy, sexual enhancement, social connection, coping with stressors, and focused work productivity. MA users gave reasons more frequently related to sexual enhancement (to have better sex, more sex, and more anal sex) whereas cocaine users gave reasons more often related to social connections (to be more sociable and to fit in with other gay men). These findings suggest that Latino gay men use stimulants for reasons that are important in their social, emotional, work, and sexual lives. Like non-Latino Whites, Latino gay men were found to rely on MA for reasons related to sexual enhancement, possibly to meet cultural expectations and norms of sexual prowess and sexual success in the gay community.*

KEYWORDS *HIV risk, Latino gay men, Reasons for MA use, Stimulant use.*

INTRODUCTION

Latino gay men constitute one of the most vulnerable groups in the nation for the transmission of HIV, showing some of the highest rates of seroprevalence, seroconversion, and unprotected anal intercourse with partners of unknown status.^{1,2} High-risk sexual practices continue among Latino gay men despite substantial knowledge about HIV/AIDS and indications of personal intentions to practice safer sex. Prior research with this population has shown that sexual risk behavior occurs most often in situations that are described as “difficult” to practice safer sex, particularly situations that involve sex under the influence of drugs and/or alcohol.³ However, only two published

Dr. Díaz, Ms. Heckert, and Mr. Sánchez are with the César E. Chávez Institute, San Francisco State University, San Francisco, California.

Correspondence: Rafael M. Díaz, PhD, Director, César E. Chávez Institute, San Francisco State University, 3004 16th Street Suite 301, San Francisco, CA 94103. (E-mail: rmdiaz@sfsu.edu)

studies to date—one qualitative and one quantitative—have focused on substance use or sex under the influence of drugs among Latino gay men in the United States. The qualitative study compared protected and unprotected sexual episodes among Latino, African American, and non-Latino White gay/bisexual men and reported that unprotected anal intercourse was more likely to occur while under the influence of drugs, particularly methamphetamine (MA); this finding was true for all three ethnic groups.⁴ The second, quantitative study was conducted in New York City with a sample of Colombian, Dominican, Mexican, and Puerto Rican men who have sex with men and found a strong relationship between drug use and unprotected anal sex among each of the four ethnic subgroups.⁵

A recent literature review on drug use among mostly non-Latino White gay/bisexual men identified 21 studies that found significant relationships between drug use and sexual risk behavior; 11 of the studies reported specific, significant relationships between MA use and both sexual risk behavior and HIV seroconversion.⁶ Given that MA use is increasing in many areas of the country and is associated with unprotected sexual practices and HIV seroconversion,⁷ a number of experts in the field have been referring to MA use as a “second” epidemic,⁸ or as “intertwined” with the epidemic of HIV.⁹ The concern is that MA use among gay/bisexual men is reaching epidemic proportions, particularly in the West, and that it is closely linked to unsafe sexual activity and risks for transmission of HIV. Morgan’s three-city study, for example, found that gay/bisexual men reported MA as the first drug of choice for sex because it helped to heighten and prolong sexual activity, and increased their desire for anal sex, as well as “fisting” and other intense, high-risk sexual practices.¹⁰ MA has been described as the “quintessential gay drug” because it is perceived to enhance and prolong states of sexual arousal, increasing the capacity for multiple encounters with multiple partners in a relatively short period.¹¹ At the same time, MA’s paradoxical effects (decreasing penile erection while also reducing sexual inhibition) may also lead to more episodes of receptive anal intercourse with multiple partners, the riskiest sexual practice for HIV transmission in this population.⁶ What remains unclear from these findings, however, is whether and to what extent they are true for drug-using Latino gay men.

A recently completed study, supported by the National Institute of Drug Abuse (NIDA), may help to answer these questions. The study was designed to provide a rich description (qualitative and quantitative) of drug use among Latino gay men in the San Francisco Bay Area, with a focus on stimulant (MA, cocaine, and crack) use and its relation to HIV risk behavior. The inclusion of multiple stimulants made it possible to examine unique features of MA use in comparison to other powerful and frequently used stimulants. Other descriptive information collected included types of drugs used, frequency and amount of use, modes of administration, contexts where used, reasons for use, perceived effects while intoxicated, the relation to sexual activity, and the impact of drug use on social relations, work, finances, and both physical and mental health. This article focuses on reasons for stimulant (MA vs. cocaine) use, comparing Latino gay men who identified either MA or cocaine as their most frequently used stimulant (MFS).

METHODS

A Three-Phase Study

The study was conducted in three phases: First, 70 drug-using Latino gay men (50 of them MA users) who reported at least one instance of unprotected anal intercourse

in the last 6 months were interviewed in a 2-hour qualitative semistructured interview. Beyond a detailed qualitative description of both drug use and sexual activity (including behavior, social contexts, reasons for use, and perceived effects), the interview elicited narratives on specific episodes of drug use with and without sexual activity, and on episodes of sex under the influence of drugs, with and without condom use. The second phase used the qualitative findings to develop and test a survey instrument on different dimensions of stimulant use and the relationship between stimulant use and HIV risk. In the third and final phase, the revised survey instrument was administered to a random sample of Latino gay men who reported any stimulant use in the past 6 months. The three-phase study was granted Internal Review Board (IRB) approval from both the University of California, San Francisco (H8600-15691-01) and San Francisco State University (00-123R1).

Survey Sampling, Recruitment, and Interviewing

Using time/location-sampling procedures, a random sample of stimulant users was drawn from men entering or participating in gay-identified venues including bars, sex clubs, public sex environments, Internet chatrooms, and sex phone lines. Selected venues included those mentioned by at least three participants in the qualitative interviews as places where drug-using Latino gay men could be found. Recruitment sessions were randomized by 2- to 3-hour time/location segments at different days of the week when the venues were in operation. The segments were classified as high, medium, or low attendance, and arranged so that all three types of segments had the same probability of being selected as a recruitment session. Recruitment took place during 11 consecutive 2- to 3-week waves, with approximately 12 recruitment sessions per wave, within a 36 weeks. Each participant who was randomly recruited with the time/location procedures and interviewed was allowed to snowball up to four participants selected from their drug-using networks and who met inclusion criteria. Data were weighted, reflecting the probability of individual participants to be included in the study (a more detailed description of sampling procedures, snowballing, and data weights can be obtained on request from the lead author).

Inclusion criteria for the study were male, Latino, nonheterosexual self-identification, and any stimulant (MA, cocaine, and/or crack) use during the past 6 months. Of the 15,797 men approached, 12,285 were willing to talk to the study recruiters; of those, 4,290 (35%) identified as Latino, 7,244 (59%) as non-Latino, and 751 (6%) as Latinos who had been previously approached and screened. A total of 2,442 Latino nonheterosexual men were successfully screened, of which 517 (21%) met criteria for stimulant use in the last 6 months. A total of 300 men completed the survey, with about one third ($n=98$) of them snowballed into the sample from the drug-using networks of participants who were randomly selected in the venues. Participants were administered the close-ended survey in an individual face-to-face interview at a community-based research location; individual interviews lasted approximately 2 hours.

Demographic Description of Sample

Table 1 reports demographic information for two groups of stimulant—MA and cocaine—users. Participants were relatively young; the mean age for both groups was close to 30, with 90% of the whole sample ranging in age from 18 to 39. Level of education was high, with about 70% of both groups indicating some college study or more. The levels of unemployment were surprisingly high, particularly for MA users, of whom only 56% were employed (full- or part-time) at the time of the

TABLE 1. Demographic description of participants

Variables	Crystal methamphetamine users (n = 157)	Cocaine users (n = 129)	P
Age (years)	30.3	29.3	Not significant
Education (%)			
High-school graduate	28.7	30.5	Not significant
Some college or vocational school	40.1	34.4	
College degree or more	31.2	35.2	
Employment (%)			
Employed	56.1	69.8	<.05
Income (\$/month)			
≤1,500	43.4	46.1	Not significant
Immigration (%)			
Born outside United States	42.0	58.6	<.01
Acculturation (language use with friends) (%)			
Mostly English	61.4	41.1	<.001
Both English and Spanish	26.6	28.7	
Mostly Spanish	12.0	30.2	
HIV status (%)			
HIV positive	27.4	11.6	<.001

study. Levels of income were very low with about half of both groups reporting monthly incomes of \$1,500 or less. The sample included a substantial percentage of immigrants, with close to two thirds of cocaine users born outside the United States, including Puerto Rico. HIV seroprevalence was high (27%) among MA users, a finding consistent with the literature on the relationship between MA use and HIV risk. Significant differences were found between the demographic profiles of MA and cocaine users. Namely, MA users were more likely to be unemployed, highly acculturated, US born, and HIV positive. These differences were statistically controlled for when testing for group differences in stated reasons for stimulant use.

Measures

Drug Use Men were asked to indicate whether they had used any of the following substances during the past 6 months: crystal methamphetamine (MA)/speed, cocaine, crack, pot, poppers, Ecstasy, Gamma Hydroxybutyrate (GHB), Special K, Viagra, heroin, tranquilizers/downers, and up to two “other drug.” If they had, they were then asked to estimate the frequency of use of each drug during the last 6 months, using the categories: daily, a few times a week, about once a week, a few times a month, about once a month, or less than once a month.

Most Frequently Used Stimulant Based on responses to the drug-frequency questions on MA, cocaine, and crack, men were asked to determine and corroborate their MFS. Throughout the survey, questions were then asked on frequency, reasons, contexts of use, effects, and consequences of the participant’s MFS.

Reasons for MFS Nineteen reasons for stimulant use that were identified from the qualitative interviews were included in the survey. Participants were asked to respond to each of the 19-stated reasons as they considered how often they used the MFS for that particular reason, as follows: “In the last six months, when you used (MFS), how often did you use it. . . . To have better sex? To be more sociable? To feel more connected to others? To do your work better? To take a break from a difficult situation?,” and so forth. Responses ranged from “never,” “sometimes,” “most of the time,” to “always.” For this analysis, only reasons marked with the two responses indicating higher frequency, “most of the time” or “always,” were considered as a stated reason for MFS use for that participant.

RESULTS

Drug Use in the Sample

Most of the sample reported use of multiple drugs during the last 6 months, with 62% reporting use of marihuana, 50% MA, 42% cocaine, 26% poppers (Amyl Nitrate), 24% Ecstasy, 21% tranquilizers, and 12% Viagra, at least once a month. Of stimulant use, 51% ($n=153$) of the sample reported MA, 44% ($n=133$) reported cocaine, and 5% ($n=14$) reported crack as their MFS. When asked about frequency, 34% reported weekly, 40% monthly, and 26% less than monthly use of their MFS. Because of the low number of participants who reported crack as their MFS ($n=14$), they were not included in this analysis.

Most Typical Reasons for Stimulant Use

Factor analysis resulted in five meaningful factors (with eigenvalues >1 , explaining 61% of the variance) of reasons for stimulant use, including energy, sexual enhancement, social connection, coping with stressors, and focused productivity; three variables/reasons were dropped from the analysis because none of the three had factor loadings above .35 on any of the five factors. Group differences in stated reasons for stimulant use were tested through logistic regression, including MFS (MA vs. cocaine), employment, immigration, acculturation, and HIV status as predictors. Conducting such regressions to predict each of the 16 reasons allowed us to control for group differences in demographics and HIV status when examining differences between MA and cocaine users.

Table 2 reports the percentage of men who stated the different reasons for use, listed under the five factors and the clustered variables (with corresponding factor loadings), for the whole sample (excluding those who identified crack as their MFS), as well as for MA and cocaine users separately. The table summarizes also the odds ratio for each comparison between MA versus cocaine users and the statistical significance for the comparison after controlling for the selected demographics and HIV status. As Table 2 summarizes, MA users reported more frequently reasons related to sexual enhancement (to have better sex, to have more sex, and to have more anal sex) whereas cocaine users reported more frequently social-connection reasons (particularly to fit in with other gay men and to be more sociable). Interestingly, for both groups, the most frequently reported reason for stimulant use was energy increase, with more than half of MA users and 40% of cocaine users reporting that reason; this difference, however, did not reach the prespecified level of statistical significance.

TABLE 2. Reasons for most frequently used stimulant (MFS)

Variables (factor loadings)	Percentage of users (N = 286)	Percentage of crystal methamphetamine users (n = 157)	Percentage of cocaine users (n = 129)	Odds ratio (95% CI)	P*
Energy					
Increase energy (.78)	47	52	40	1.52 (0.93–2.51)	Not significant
Feel better physically (.53)	19	20	17	1.2 (0.60–2.42)	Not significant
Sexual enhancement					
Have better sex (.88)	26	38	12	4.30 (2.15–8.60)	<.0001
Have more sex (.86)	24	33	13	3.38 (1.65–6.93)	<.001
Have more anal sex (.70)	12	15	7	2.42 (1.12–5.22)	<.05
Social connection					
Not feel left out (.84)	13	10	18	0.49 (0.23–1.03)	Not significant
Feel more connected (.73)	18	16	22	0.56 (0.29–1.10)	Not significant
Fit in with other gay men (.59)	12	10	15	0.40 (0.17–0.93)	<.05
Be more sociable (.47)	28	17	41	0.28 (0.15–0.52)	<.0001
Coping with stress					
Forget problems (.76)	19	20	17	1.31 (0.67–2.58)	Not significant
Break from difficult situation (.78)	12	13	12	0.96 (0.40–2.32)	Not significant
Feel better emotionally (.72)	20	21	19	1.33 (0.66–2.70)	Not significant
Do things too difficult without drugs (.41)	12	15	8	2.16 (0.90–5.16)	Not significant
Alleviate medical problems (.39)	4	3	4	0.98 (0.28–3.44)	Not significant
Focus/productivity					
Focus and get things done (.84)	13	17	8	2.4 (0.95–6.01)	Not significant
Work better (.58)	9	12	6	2.53 (0.90–7.09)	Not significant

*Significance tests controlling for effects of employment, immigration, acculturation, and HIV status.

CONCLUSIONS

Findings from this study suggest that Latino gay men use stimulants because they perceive these drugs will help them achieve valued effects in their social, emotional, work, and sexual lives. The most frequently given reason for stimulant use was to “increase energy,” suggesting that stimulant-using Latino gay men may feel they need stimulants to stay alert and able to meet the demands of work as well as demands and/or expectations of their social and sexual lives. Sexual enhancement and social connection also emerged as two important sets of reasons to use stimulants and to a lesser extent reasons related to coping with stress and work productivity.

Important differences emerged between the two groups regarding reasons for using the two different stimulants, namely, MA is more strongly associated with sexual enhancement whereas cocaine is more strongly associated with sociability and social connection. These differences are congruent with the current literature that reports a strong connection between MA use and sexual effects among men who have sex with men. In other analyses of these data (not reported here, however), sexual effects under stimulant use—prolonged states of sexual arousal, capacity to interact with multiple sexual partners in a single day or encounter, and intensity of sexual pleasure—although under the influence of stimulants were particularly strong for MA users. Like non-Latino White gay men, MA appears to be perceived by Latino gay men as a way for them to meet standards or ideals of sexual performance. Given that MA use is so closely associated with “sexual enhancement,” further research is needed to specify whether and how such enhancement may account for the observed increases in HIV risk for MA users. The fact that MA users are more likely to be HIV positive suggests the need for public health officials to include MA use and abuse as central to prevention strategies for HIV-positive men. Enhancing energy and sexual performance might be particularly important for men who are affected by HIV-related conditions.

Demographic differences emerged between men who state MA versus cocaine as their MFS. In comparison to cocaine users, MA users are more likely to be US born and more acculturated to US society, as indicated by their low use of the Spanish language with friends, a reliable marker of acculturation. This relationship between MA use and acculturation is not surprising, given that MA use is prevalent in the mainstream (mostly White) gay community, and participation in this community increases with greater acculturation. This finding suggests that immigrant gay men may face important challenges on issues of substance use and abuse as they increasingly participate in gay community, particularly social and sexual contexts that have a higher prevalence of MA use. Public health and prevention programs targeting Latino immigrant men who have sex with men should take into account the challenges and new levels of risk faced by these men, as they attempt participation and integration into the mainstream gay sexual culture.

Finally, the generalization of the study findings is limited as men were recruited in venues (social and sexual) that emerged as salient in the qualitative interviews with stimulant users. Because Latino gay men are considered a “hidden” population, that is, a population that has no known sampling frame, the population was defined as Latino nonheterosexual men that attend the set of venues selected. Opening the inclusion to “nonheterosexual” men allowed us to study directly the variety of self-definitions that exists to express homosexual orientation among men who have sex with men in the Latino community. We did

conduct the study by using the best methodology that is presently available to select the men randomly; however, the sample provides reliable estimates only for the population of men who attend the social and sexual venues included in the recruitment plan.

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