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Methamphetamine Use in Club Subcultures

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Abstract

In recent decades, methamphetamine developed a peculiar geographic distribution in the United States, with limited diffusion in the Northeast. While use within gay clubs received attention, methamphetamine in club subcultures more broadly remains less clear. Using quantitative and qualitative data, we provide a descriptive assessment of methamphetamine use in club subcultures. Methamphetamine use in club subcultures often has instrumental purposes. The context of initiation into methamphetamine use and its close connection to cocaine shape later patterns of use. Viewing meth solely as a gay party drug misses a significant part of the population and may misguide public health strategies to reduce methamphetamine use in the Northeast.

Keywords

methamphetamine; youth; club subculture

INTRODUCTION

Part of methamphetamine's interesting history is the uneven geographic distribution of the substance throughout the United States. Methamphetamine originated as a pharmaceutical drug, but for decades it has been manufactured illicitly and distributed through the black market (Anglin, Burke, Perrochet, Stampfer, & Dawud-Noursi, 2000). In recent decades, methamphetamine has developed a peculiar geographic distribution. While widely diffused on the West Coast, Midwest, and parts of the Southern United States during the past two decades, methamphetamine made little inroads into the Northeast United States (Gonzales, Mooney, & Rawson, 2010; Maxwell & Rutkowski, 2008). This geographic peculiarity once led Rawson and colleagues to wonder, "If a US drug abuse epidemic fails to include a major east coast city, can it be called an epidemic?" (Rawson, Simon, & Ling, 2002). A decade later, this poignant question remains. While not widespread throughout the Northeast, methamphetamine has certainly infiltrated certain subcultural segments of its population.

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Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

This paper highlights the use of methamphetamine as a “club drug” within club subcultures in the Northeast United States. It articulates basic demographic data about this trend and also provides a descriptive qualitative profile of the patterns and contexts of methamphetamine use within club subcultures.

Background

“Meth” as it is known colloquially—also known as “crystal,” “Tina,” or “crank”—is a versatile drug that may be swallowed, snorted, smoked, injected, or “booty bumped”—the rectal insertion of the drug—and these wide-ranging modes of administration shape a varied onset and course of methamphetamine effects (Rawson et al., 2002; Semple, Patterson, & Grant, 2004). Such versatility enables its use by a wide range of individuals and may in part be an element of its widespread diffusion in recent decades. This versatility may also facilitate its uptake in a range of subcultures. Broadly, the use of methamphetamine generates an overall stimulation of the body and the senses and euphoria when taken in higher doses (Maxwell, 2005). That it elicits alertness, enhances motivation, and induces weight loss, has been among the primary motivations behind the entire history of methamphetamine abuse in the United States (Anglin et al., 2000). These effects provide a utility across a wide variety of social contexts, including within club subcultures. While nested well within the United States, methamphetamine has spread globally during the past decade, particularly in Southeast and East Asia (McKetin et al., 2008).

The risks of methamphetamine use have been well documented. Long-term use of methamphetamine has been associated with heart problems, liver damage, erectile dysfunction, and immune system impairment (Maxwell, 2005). Methamphetamine use has also been associated with HIV risk, both through injection risks and sexual risks (Clatts, Welle, & Goldsamt, 2001; Frosch, Shoptaw, Huber, Rawson, & Ling, 1996; Reback & Grella, 1999; Zule & Desmond, 1999). Prolonged use of methamphetamine has also been shown to produce a range of psychological dysfunctions including irritability, hypervigilance, aggression, paranoia, and even psychosis (Domier, Simon, Rawson, Huber, & Ling, 2000; Kolodny, 2006; Semple, Patterson, & Grant, 2005). The drug can be highly psychologically addictive and treatment can prove difficult (Cretzmeyer, Sarrazin, Huber, Block, & Hall, 2003; Hser, Evans, & Huang, 2005; Rawson et al., 2002). Treatment admissions for methamphetamine abuse have increased dramatically across the United States from the 1990s to the 2000s (Gonzales et al., 2010). For these reasons, it has remained an imperative for public health and law enforcement professionals to inhibit the diffusion of this drug.

Methamphetamine and Its Peculiar Existence in the Northeast United States

While methamphetamine remains a street drug in many parts of the country, it functions as a “club drug” in the Northeast United States. While diffused to the Northeast, certain elements of the drug economy and networks of use have allowed it to retain its status as a club drug. It was costly in New York at the time of this study in comparison with the West Coast. According to DEA STRIDE data, methamphetamine averaged approximately \$143 per gram for purchases under 10 grams in New York, in comparison with \$51 per gram in California for similar purchases during that same period (Drug Enforcement Administration [DEA],

2011). Methamphetamine has also maintained a reputation distinct from street drugs such as heroin or crack, perhaps because it is not sold and used within the same street networks. Yet, as will be discussed later, this dissociation from street drugs does not mean its reputation is unproblematic. Methamphetamine is also not well distributed in the street economy, which allows it to retain certain qualities of distinction from street drugs. Nonetheless, it is still viewed as problematic by many.

Club subcultures differ from the street economy in their social organization, their placement within the societal class structure, the social networks involved, and a host of other social determinants. Although seemingly a singular mode of recreation, club subcultures also vary in their composition depending on various demographic characteristics, musical genre, and style of the participants. As such, a variety of contexts exist in the larger club subcultural landscape. These various contexts have different epidemiological implications for the use of methamphetamine and have shaped how the drug is perceived among young adults.

Methamphetamine in Clubs

Although not as widespread as on the West Coast, methamphetamine has maintained a presence on the East Coast, in particular within club subcultures (Yacoubian et al., 2004). As documented by Kelly, Parsons, & Wells (2006), 15.3% of young adults in the New York City club scene reported lifetime methamphetamine use. Yet, within club subcultures, the use of methamphetamine varied widely among the population by social characteristics. Gay and bisexual men were more likely to have used methamphetamine than any other subgroup, whereas heterosexual men and lesbian/bisexual women were more likely to use the drug than heterosexual females (Kelly et al., 2006; Parsons, Halkitis, & Bimbi, 2006). Nonetheless, this evidence indicates its use was readily present among all groups and at rates higher than the national population samples of young adults. Furthermore, methamphetamine users were significantly more likely to have used multiple other club drugs than those who had not used methamphetamine (Grov, Kelly, & Parsons, 2009).

Methamphetamine use has been found in a range of club subcultures, including electronic dance music clubs, raves, and circuit parties (Mansergh et al., 2001; McCaughan, Carlson, Falck, & Siegal, 2005; Yacoubian et al., 2004). However, within the Northeast, methamphetamine use among urban gay men has primarily been the focus of public health concern (Parsons, Kelly, & Weiser, 2007); this demographic represents the majority of circuit party attendees, which is the club subculture upon which much methamphetamine research has been conducted. Circuit parties are massive regional events that draw together gay men for, among other things, dancing, community celebration, sexual interaction, and poly drug use; these parties typically occur over the course of an entire weekend (Kurtz, 2005). Approximately, one third (31%) of circuit party attendees surveyed by Lee, Galanter, Dermatis, and McDowell (2003) reported using methamphetamine on that day, and such respondents were found to be 10.9 times more likely to use methamphetamine if they were also using ecstasy (the most commonly used drug at the circuit party in question). Others have shown 36% of gay male survey respondents reported using methamphetamine on a circuit party weekend (Mansergh et al., 2001). In Miami, Kurtz (2005) observed that increased meth use accompanied the waning of the city's reputation as a "mecca of gay

nightlife,” indicating that epidemic levels of meth use do not necessarily accompany the presence of gay clubs and circuit parties, but that a connection may exist. Lee et al. (2003) suggested a connection between circuit party drug use and greater community trends, describing the men who attend circuit parties as “a visible minority who are role models” and may influence the behavior of others.

While use within gay clubs has received considerable attention due to the associated sexual risk taking, the role of methamphetamine in club subcultures more broadly remains less clear than that in the circuit party subculture and other gay contexts. The purpose of this paper is to provide a descriptive epidemiological profile of methamphetamine as a “club drug” in the Northeast and to describe the patterns and contexts of its use within club subcultures. Using both quantitative and qualitative data, we provide a broad descriptive assessment of methamphetamine use in club subcultures. In this regard, the paper provides a description of how methamphetamine has a niche within club subcultures in the Northeast while otherwise absent from drug trends in the region.

METHODS

The Club Drugs and Health Project was a study of health issues among young adults (aged 18–29 years) involved in New York City (NYC) dance club scenes. More specifically, the project was designed to examine the patterns and contexts of club drug use and its associated risks among club-going young adults with the intent of assessing the potential for prevention and education efforts. The specific club drugs of interest were ecstasy (3,4-methylenedioxymethamphetamine (MDMA)), ketamine, gamma-hydroxybutyrate (GHB), methamphetamine, cocaine, and Acid (d-lysergic acid diethylamide (LSD)). The assessments utilized in the study were designed to capture a broader understanding of the patterns and contexts of club drug use as well as basic information on other health issues relevant to the population (Parsons, Grov, & Kelly, 2009). The data drawn upon for this paper come from the baseline assessments conducted for this project, described below. Institutional review board approval was received prior to commencement of research.

Procedures

Time–space sampling was used to systematically generate a sample of 400 club-going young adults (MacKellar, Valleroy, Karon, Lemp, & Janssen, 1996; Muhib et al., 2001; Steuve, O'Donnell, Duran, SanDoval, & Blome, 2001). The research team generated an exhaustive list of night clubs and lounges in Manhattan and Brooklyn. Venues were sampled at random from this list, as well as special events throughout the city, using a random digit generator. Each week, recruitment teams were sent to these randomly sampled nightclub venues. Recruitment teams solicited individuals for brief intercept surveys on the basis of individual-level protocols.

Individuals selected at the venues were asked to complete a brief survey for which they received no compensation. If the patron consented, trained staff conducted the surveys with the use of personal digital assistant (PDA) equipped with survey software. If the patron refused, staff noted the refusal and estimated the subject's age, gender, and race/ethnicity. These data indicate that fewer Black young adults consented to the brief survey, but not

other differences in response were found. Eligibility criteria for participation in the longitudinal study were embedded in this brief survey. To be eligible for the longitudinal study, the individual had to report using any of six club drugs (listed above) at least three times in the previous year and at least once in the preceding 3 months. In addition, only individuals aged 18–29 years were eligible. If a patron was found eligible for the longitudinal study, field staff explained the project, distributed materials with project contact info, and collected contact information from the individual (phone number and/or e-mail address). At the beginning of the following week, staff contacted eligible individuals to fully explain the project, rescreen them for eligibility, and schedule a baseline assessment.

We assessed participants every 4 months over the course of a year; all assessments were composed of qualitative and quantitative components, and participants were compensated for each assessment. During the baseline assessment, upon completing informed consent procedures, a trained research staff member conducted a semistructured qualitative interview. Participants also completed a computer-assisted survey that measured demographics, a variety of psychosocial factors, drug use, and sexual behavior. Assessments ranged from 2–3 hours, after which participants were compensated and, when they requested, given referrals for services (STD/HIV screening, psychological counseling, substance abuse counseling, etc.).

The project enrolled 400 participants (100 from each of four groups: heterosexual men, heterosexual women, gay/bisexual men, and lesbian/bisexual women). For this paper, in addition to analyzing the survey data from these individuals, we analyzed qualitative data from 50 randomly sampled semistructured interviews with young adults who reported the use of methamphetamine (50 interviews randomly selected from 169 methamphetamine using subjects using a random digit generator).

Measures

Although several measures were used in the complete study, the present analyses utilized demographic factors, quantitative assessments of methamphetamine use, and qualitative data from the interviews. Participants self-reported their gender, sexual orientation, race, ethnicity, education, and income from possible choices. They also provided data on lifetime and recent use of methamphetamine. Lifetime use was measured via a dichotomous measure on whether the subject has ever used methamphetamine. Recent methamphetamine use was measured by asking, “Based upon your best guess, how many days in the last four months have you used Crystal Meth (Tina, Speed)?” These data allow us to describe a basic epidemiology of methamphetamine use among club drug users.

The qualitative interview covered initiation into the use of various club drugs, recent experiences of drug use, general sexual information, and recent sexual experiences, both sober and under the influence of drugs and alcohol. Utilizing critical incident measures (CIM) designed to elicit narratives of specific events (Ross, Wodak, Miller, & Gold, 1993), interviewers probed for information surrounding the contexts and patterns of club drug use. The qualitative data in the present paper focused on narratives of the participants’ experiences of methamphetamine use derived from in-depth interviews.

Data Analysis

Common statistical techniques were used with the survey data. We generated descriptive statistics on methamphetamine use from the survey data from the 400 young adult club drug users enrolled in this study. These enabled the description of the sample as well as the prevalence of various patterns of methamphetamine use among young club drug users. In addition, logistic regression was utilized to examine demographic factors as predictors of methamphetamine use among drug using young adults in club subcultures. All statistical analyses were conducted using SPSS (IBM Corporation, Armonk, NY, USA).

For the analysis of qualitative data, a thematic analysis was employed to generate descriptive understandings of the experiences of young adults who participate in club subcultures and use methamphetamine. Thematic analyses have proven to be an effective method for evaluating qualitative data of many varieties (Miles & Huberman, 1984; Patton, 1990). We employed a team analytic strategy for the analysis of qualitative data. On the basis of the preliminary transcript reviews, the senior staff developed an overall coding scheme focused on themes and factors related to methamphetamine use in club subcultures. The coding scheme was systematized in a project code-book. After team training on coding protocols, five transcripts were coded by each member of the coding team and were subsequently reviewed for reliability by the senior staff. This coding scheme, consisting of both free and tree codes, was deployed in a primary wave of coding conducted by members of the research team with regular oversight from senior staff. Efforts were made to maintain this scheme during the data analysis through regular meetings and discussions, during which the research team further discussed coding protocols and the development of analytic frameworks. The authors conducted subsequent waves of coding and analysis for greater precision and distillation of key themes. Thematic analyses were performed with the assistance of a qualitative software package, NVIVO7 (QSR International, Doncaster, Victoria, Australia). Such programs have been used extensively in the analysis of observational and interview data given their utility for both indexing and coding qualitative data. Codified identifiers are provided with each quote used.

Participant Characteristics

The average age of the participants in the sample was 24.79 ($SD = 2.89$). Thus, they spanned the gamut of the emerging adulthood period. The majority of these participants were White (61.8%), relatively well educated (47.8% having a BA or above and 41.0% currently enrolled in college or having some college). A majority reported an annual income of \$30,000 or less, although this was shaped by both their relative youth and the fact that many were not employed full-time whether due to student status or other factors (See Table 1 for a complete demographic breakdown of the total sample). These young people had wide ranging experiences in the club scene. Some were involved primarily in underground scenes, whereas others spent most of their time in highly commercial large-scale venues. The extent to which they participated in these scenes also spanned the gamut, with some young people going out several times per week while others went to clubs only once per month. Some spoke exuberantly about their experiences, whereas others expressed waning enthusiasm for participation in club scenes, particularly as they aged and took on more responsibilities in their personal and professional lives.

RESULTS

Methamphetamine Use Among Club Drug Users

Over two fifths (42.3%) of young adult club drug users in New York had experience with methamphetamine use. More than one quarter (28.0%) reported combining methamphetamine with other drugs. About one sixth (16.8%) had used methamphetamine within the previous 4 months, indicating the drug's regular presence in these scenes. With regard to sites of use, private residences were most commonly reported as such locations by methamphetamine users (75.1%), but use in clubs (59.2%) and bars (32.0%) was quite common as well. By contrast, use in sex clubs was rather uncommon (3.6%) among this population of methamphetamine users. In this respect, seeing methamphetamine solely as a gay party drug in the Northeast misses the more diverse patterns of its use. In addition, injection meth use remains uncommon among the population of club-going young adults in NYC; only 2 of 169 methamphetamine users reported ever injecting the drug during their lifetimes.

Among club drug users, neither gender nor race/ethnicity was associated with methamphetamine use (Table 2). However, a gay, lesbian, or bisexual identity was associated with 2.31 higher odds of methamphetamine use. Those with a 4-year college degree had lower odds of meth use in comparison with those with a high school diploma or less. Notably, those earning \$30,000 to \$50,000 (OR = 1.96) and those earning more than \$50,000 (OR = 2.30) had higher odds of meth use in comparison with those earning less than \$30,000.

The in-depth interviews also revealed data on the patterns of methamphetamine use in club subcultures. As noted above, almost half of the club drug users had experience with methamphetamine. Most of the meth users in the cohort had, however, used other club drugs prior to their initiation into methamphetamine use. On average, meth was the third drug used by those with methamphetamine experience in the cohort, most commonly after ecstasy and cocaine, although less often after LSD use for some. Thus, many of the young adults in these club subcultures tend to become involved in methamphetamine use after developing experience with other club drugs.

Contexts of Initiation Into Methamphetamine Use

Although a club drug in New York City, many users were initiated into methamphetamine use outside of club contexts, which is not surprising given that private residences are the most commonly reported site of use. These young adults reported being initiated in bars, apartments, cars, and house parties among other locations. Yet, for others, participation in club subcultures was key to their initial involvement.

First time I've ever used it was on New Year's '99. I will never forget that because we came to a club between 3 and 4 o'clock in the morning and we left the club around 7 o'clock next night. That's when it (meth) first started coming out (on the East Coast) and the only people who had it were our gay friends. So, we met them and they hooked us up with a jar. They told us that we should do really tiny, tiny bumps. It shouldn't be used as K, never should be used in lines as coke. Just doing

a little bit will get you a long way. And they also said it's better if used it with E, intensifies everything, you know. Makes it last longer and feel better. And um, so that was it. We got to a club and we did the pill and when we waited till we're coming a little down, then we just were doing Tina.

Although some entered into the practice of methamphetamine by seeking out the drug or through friends who provided it for them (often indicating they were introduced to the drug by gay friends), many individuals indicated that they unintentionally initiated into methamphetamine use. Although often in secure, private locations, a number of young adults described their experiences of initiation into methamphetamine use as unintended. A number of users first used methamphetamine because of a presumption it was cocaine. These respondents largely discussed the expectation of cocaine, prior to unknowingly using methamphetamine. One noted that he "thought it was cocaine and it was crystal. It like burned my nose and I said 'What is that?' and he's like 'crystal'." (5182) Another echoed, "My friend thought she was buying coke off somebody and she ended up buying that instead and she was like 'Why is this hurting my nose so bad? And I was like 'Let me have some' and I was like 'Yo! this is not cocaine.' And she was like 'Oh really. Oh here you go.'" (5407)

Irrespective of initiation context, users cited the experiences of a "rush" and the energy associated with methamphetamine as key formative experiences that shaped their subsequent patterns of use.

So I tried it by accident. You know I was just like, "yeah," assuming that he knows that I only do coke and I don't do Tina. So I'm just like "Wow, this shit is burning the hell out of my nose." I felt like "Hey, what's going on?" I felt like my 5'5" ass felt like 6'5". I was like hey! I was like, "Is this Tina?" And he's like, "Yeah with a little bit of coke. A little bit of coke's mixed in." Why are you guys giving me freakin' Tina? So I didn't like that. One bump kept me up for 24 hours.

As described above, a number of young adults who unintentionally initiated methamphetamine use described the experience as a poor one, largely due to the unanticipated length of the high, which often led to insomnia and other problems. Yet, this did not always stop them from using in the future. In addition, not all of those who unintentionally initiated considered this experience bad. As one subject described, "I was really high, I remember thinking that I had a ton of confidence and a ton of energy. It gets you really physically turned on and you just feel like you're on top of the world. It makes you feel like you're like invincible. It's a very powerful drug. It's very intense." (5075) Thus, for some, even unintended use laid the groundwork for future use.

Instrumental Value Within Club Subcultures

Although some initiated use in clubs, many others only later transitioned their use of methamphetamine to the context of club subcultures. These respondents described a number of properties associated with methamphetamine that had instrumental value within the context of club subcultures. Generally speaking, methamphetamine use allowed for increased energy that facilitates dancing, drinking, and long hours of partying. In this sense, while energy is a key reason for using methamphetamine in many contexts, meth use

provided stimulation for activities specifically associated with the subculture. For example, one woman noted, “I was on the speakers dancing up a storm. That was awesome and then I made out with my friend. That’s basically all I remember about that night too. Oh! And the bartender kept giving me free drinks cause I was the only chick in there who was straight. I was like “that’s right.” So, I was really excited about that. I don’t even think I paid to get in that night.” (5155) It enables people to feel more a part of the culture and more fully invest themselves in the party. As noted by another subject, “You actually get high off of a little bump and you feel confident. You’re ready and raring to go. You’re dancing your ass off and you’re like moving a mile a minute. It’s just like, you’re on the ball. You’re just totally on top of everything. You feel like you look great, like you have zero percent body fat because you’re not eating. Your heart rate is through the roof, and so we’d be out at the club and dancing.” (5378)

Other users asserted it allowed them to push themselves beyond a natural state of fatigue to remain part of the party. In this regard, it played a key role in subcultural participation and social engagement. For example, one subject described this aspect by saying, “I didn’t have to, at the stroke midnight or something, turn into a pumpkin and fall asleep. Just being able to have endurance to go all night and enjoy myself and kind of beat my body (laughs). In some way to be able to not be constrained by these physical things that, you know, make us hungry or thirsty or have to go to bed.” (5433) Another echoed, “I started using it to go out dancing and I just basically did a little bit like at a clubs. Just do a little bit and you just keep dancing or hanging out for a long time. Even when I’m out of the club and I go home and it’s like if I go out Friday night I came out of the club ten or twelve (Noon) in the morning.” (5455)

Some simply see methamphetamine use as part of the club subculture. Drugs are seen by some to be a component of a broader lifestyle established by subcultural parameters. As another subject stated, “It goes with the clubbing lifestyle, in as much as the clubbing lifestyle in New York in particular, I mean everywhere, but definitely in New York where you can go to parties, you know, you can go out of your house on Friday and not go home until Sunday night without any problem at all.” (5219). Although this perspective is not shared by all involved in these subcultures, drugs are seen to be a typical subcultural component by many and methamphetamine may be incorporated into such perspectives, thus shaping perceptions of this drug.

Another key instrumental value of methamphetamine use in club subcultures is that it also allowed for increased sociality. Users described feeling much more outgoing and talkative while on the drug and feeling like a “social butterfly.” In this respect, the drug facilitated their cultivation of relationships within the subculture. One subject noted, “It’s a real social drug. Like, you talk a lot. Dadadadada and you won’t shut up and that’s how I am always, so it just makes it more. People will talk back to you.” (5045). Others asserted it helped facilitate social connections. For example, someone stated, “Definitely, it drops barriers. It’s definitely a barrier dropper. Coke, it puts up barriers. You feel superior; you have an attitude. Sometimes it seems you have an attitude because you don’t want to talk. With speed, it’s just the opposite. You’re just sitting there and you’re talking and you’re active. People associate and, you know, you can go crazy with it.” (5214) Another subject noted the

urge to do something to keep herself occupied when using methamphetamine and being social was part of that. She said she felt “really chatty. I can hear myself. I was saying all this stuff and I was telling her all this stuff that I had never told her before about my family and my childhood. We were just like, we were really, really talking a lot. Just like sharing and opening up and, you know, it definitely felt like a little bit racy. I definitely felt like I need to occupy myself with something. It seemed like things really just sped up or had gotten faster, you know, in terms of our talking and our actions and what we were doing.” (5330)

Some respondents also described using methamphetamine for increased productivity to enable club experiences. The use of meth in other areas of their lives facilitates the accomplishment of tasks so that they have time for partying. This either occurs in the time leading up to the weekend or the use of meth at the end of partying so that the user can go straight to work or to school or to accomplish another task. One subject described how it helped with both his schooling and social life. He was “studying at NYU at the time and just with music and studying and going out and everything, it was too much. I needed, it was just like a basically, just, this drug makes you extremely focused.” (5177) Another student self-medicated with methamphetamine to improve performance. He noted, “My mind’s kind of like scatter-brained without drugs but with the crystal I can really focus and really get things done. I don’t really like to do it and I hate that I kind of rely on it sometimes when I need to get a lot done” (5327) This was particularly important to maintain his social life during stressful school times such as during exam weeks. Yet another student, who worked nights, described how it was critical to manage both work and school. “I was doing security work and I was doing it (meth). It was helping me to stay up and shit.” (5235) His part-time security job was not only important to cover part of the costs for school but also his participation in the club scene. In this regard, his methamphetamine use indirectly facilitated his participation in club subcultures.

As noted above, methamphetamine users tended to be regular polydrug users. Among the sample, 68.5% of all methamphetamine users had used the drug in combination with other drugs. At times methamphetamine is combined with other drugs to produce specific highs. Many report that the inclusion of meth into a combination serves the purpose of “bringing up” the high or to provide a boost to the experience of the other drug. One stated, “When I’m rolling (using ecstasy), I’m kinda lazy and I want to sit around. So that gave me like a boost, I want to dance and be up.” (5155) Another echoed, “They would just amplify the experience by doing some meth on top of the pills. Which I’ve definitely done, it can really prolong your good time” (5219) Drugs reported as used with methamphetamine were wide ranging and primarily included marijuana, ecstasy, cocaine, ketamine, GHB, acid, and mushrooms but included others as well.

As noted above, some of these combinations have certain instrumental uses within the varying contexts of club subcultures. For instance, the combination of methamphetamine with other drugs may facilitate a refinement of the desired high. One user described such experiences in the following fashion.

The last time was at this club. I tried smoking it then. I put some of it in a blunt with marijuana and I smoked it. At first I didn't know if it would work cause it burns a lot quicker than the weed so I thought maybe it would evaporate just go all in one shot but not last. It worked out. There were three people smoking on the blunt and all three of us started to tweak. Then we went in to the club and we took some acid and just the experience because of the crystal meth gave me a lot more energy than I normally would have with just taking acid alone. And while we were walking to the club, normally you smoke weed and get high and maybe feel it but we just felt like an incredible burst of energy I always end up having great conversations with new people and I have tons of energy to dance to all my favorite songs, my favorite DJ.

Couching Methamphetamine Use Within Other Subcultural Patterns of Drug Use

As noted above, drugs are perceived by some to be a natural component of a club lifestyle. The presence of cocaine in club culture dates back to the 1970s disco era and has seen a resurgence in the 21st century. In this regard, it is interesting that many young people compared their methamphetamine use with their cocaine use. This comparison with cocaine may emerge precisely because of the long-term presence of cocaine within club cultures. Essentially, having been well situated within this context, cocaine serves as a reference point for them.

As described earlier, the average meth user had experience with several other club drugs prior to initiating into its use. In this regard, some users “graduate up” to the more powerful properties of methamphetamine. These users all first used cocaine prior to transitioning to methamphetamine use. It is seen as a drug to transition to once cocaine is not enough.

You don't want the party to stop and if you start to get tired you can only do so much coke. And then you feel tired and you have to do it like every five minutes in order to stay up. I mean almost for three full days we stayed up and drank vodka and did coke. At the end of the second day we were like, Okay, this isn't cutting it It's very expensive so we might as well do a little bit of crystal so we don't have to do a lot of coke to stay up.

Such patterns of use may be the most troubling for health professionals as they may indicate escalating patterns of drug use. It is perhaps such users—who use methamphetamine to get through long weekends of partying in the club scene—that merit considerable attention as these may be the users most prone to developing habitual or problematic patterns of use.

For other young adults, the comparison with other drugs arises to distinguish a reduced ability to control themselves when using methamphetamine. As described by one subject, “With coke, I've never had the feeling ‘If I keep doing this, I'm not going to be able to stop.’ With crystal, I kind of felt like it was so intense and it lasted so long and there was so much to be experienced that if I kept doing it I might not be able to stop.” (5141) Maintaining control and composure is often important to scene insiders who contrast themselves with “newbies” deemed unable to handle themselves appropriately. As social status within club scenes may be generated by adherence to such norms of comportment,

while some manage meth use within club cultures, such use may not fit into the club routines of others.

For others, cocaine served as a key reference point to illustrate the potency of methamphetamine. As one subject said succinctly, “It’s like coke, but more potent.” (5343) For some this was considered an asset. For example, one noted, “Coke goes away pretty fast. Crystal, you could do a lot less quantity wise and it lasts for a long time.” (5455) For such individuals, meth use is perceived to be a “logical” outgrowth of cocaine use. For these users, it is often perceived to be efficient and requires less frequent dosage. In this respect, the duration of the high from methamphetamine may serve an instrumental purpose better than cocaine for the individuals who stay at NYC dance clubs well into the morning of the following day. It is important to note, however, that not all saw this as an asset. One user, who had curtailed meth use within club cultures, highlighted, “For me it’s almost overwhelming, again because it’s like coke times twenty It’s too much, like I said. I get too crazy; it’s too much for me. It’s kind of like stimulus overload for me. Coke is a little bit more I can handle it better.” (5075) These often overwhelming experiences may inhibit use among those committed to the club scenes as subcultural institutions and who focus on the music and dancing aspects of these scenes.

Meth Stigma

Although a number of users perceive instrumental value within club scenes, the use of methamphetamine is not unproblematic in Northeast club subcultures. The rise of “meth stigma” emerged within NYC club subcultures during the middle of the first decade of the 21st century. These negative aspects can be derived from both personal dislikes and collectively orchestrated disdain surrounding meth use. As one subject noted, “I don’t like coming down. And it has just such a ... like outside of people that do it, it has such a negative image and stigma and feeling and that makes me feel kind of trashy when I do it.” (5126) Indeed, the drug itself was perceived as dirty by many club drug users. Many simply described it as, “Crystal is dirtier” (5205) “It’s toxic, no pun intended.” (5075) “It’s just dirty. I mean all of it is dirty, but there’s just this certain connotation to it. It’s just like filthy. It makes me feel really skeezy about myself. Like, what am I sniffing in my nose?” (5138) These connotations led many who had once used methamphetamine to abandon its use. It was perceived as polluted or tainted.

Despite that those using methamphetamine in NYC club subcultures tended to have higher incomes, the stigma also had strong associations with social class. Many associated the drug with people they perceived as lower class. “I thought that it was like associated with like trailer-park people. It’s so backyard; like crack and I was just like so nasty.” (5058) These associations with “White Trash” were ubiquitous. Others said, “It’s like scary. It’s not just like white-trash trashy, it’s like trashy like, ‘OK, this is going to fuck-up your life for a really long time.’ And that’s not so cool.” (5126) or “I just watched this whole documentary about this county in like Missouri who were all meth heads. Like the prom queen was doing it, the mothers were doing it, the kids, like everybody, white trash, all these people were doing it. So I watched the documentary so I learned a lot and it’s just so terrible for you.” (5182)

Beyond the associations with rural poverty—White poverty specifically—some connected methamphetamine use to HIV. This was particularly the case for the young gay men in the sample. For example, one man stated “It’s just the connection to HIV. I didn’t realize how prominent crystal meth was ... in the gay community and even in the straight community. All of a sudden it’s like everyone tried it or everyone’s doing it or you see people doing it and it was like the new coke or something like that.” (5065) Others more generally described the well-documented link between methamphetamine use and sexual risk taking. “Obviously, all the unprotected sex people have, and people ‘bottom’ very easily when they’re on it, all that.” (5182) These associations with sexual risk or HIV tended to occur more frequently for the young gay men than for others.

Yet, although stigma surrounding meth use is fairly widespread, some of our club drug using sample used the stigma associated with methamphetamine as a means to legitimate their other drug use. This occurred through distancing oneself from behaviors seen as most problematic. For example, one subject described when discussing his cocaine use, “I know it’s not as bad as crystal meth. That stuff’s terrible. I met a lot of people that did crystal when I was in San Francisco and I, um, disassociated myself from them because they were all drug addicts.” (5041) Thus, the rise of meth stigma within club subcultures may be unwittingly facilitating cocaine use for some as individuals see their cocaine use as unproblematic relative to the methamphetamine users in their midst.

DISCUSSION

Almost a decade ago, Rawson and colleagues highlighted the peculiar geographic distribution of methamphetamine in the United States (2002). The examination of drug use within club subcultures provides insights to the role of this context in the use of methamphetamine in the Northeast, where it remains relatively isolated. That this pattern has held well over a decade is interesting as typically drug epidemics percolate within subcultures prior to diffusing more widely (Hamid, 1991). Although the use of methamphetamine continues to occupy only niches in the Northeast, it remains to be seen whether the drug will remain isolated in club contexts. Drug trends are typically dynamic and fluid, and thus changes in social patterns can lead to shifts in these trends (Singer, 2006). The challenges to public health prevention and education efforts remain significant, yet further examination of the limitation of methamphetamine to niches in the Northeast, such as club subcultures, may provide insights to contending with the challenges posed by the further diffusion of methamphetamine, as well as knowledge on how to limit the diffusion of harmful substances more broadly.

Methamphetamine, while not ubiquitous, has maintained a presence among drug users in club subcultures in the Northeast. Over two out of five club drug users in our sample had experienced meth use, many of them having also engaged in polydrug use by combining meth with drugs such as ecstasy, ketamine, GHB, and LSD. Many of these users reported use within clubs or bars further highlighting its presence within social scenes. Thus, while not widespread in the Northeast, methamphetamine use occupies a niche among drug users within the context of club subcultures.

Cohering with the literature on meth use by gay men (Halkitis, Parsons, & Wilton, 2003; Mansergh et al., 2001; Parsons et al., 2007), our findings suggest that gay, lesbian, and bisexual young adults in club subcultures have higher odds of meth use than their heterosexual peers. In some respects, this may, in part, be a product of higher rates of substance use among GLB individuals in general (Cochran, Ackerman, Mays, & Ross, 2004). Yet, it may also be in part due to diffusion of circuit party culture to gay clubs more generally and an embedding of this drug pattern within a broader gay club culture (Green & Halkitis, 2006; Kurtz, 2005). In addition to these findings for GLB young adults, those earning higher incomes were found to have higher odds of methamphetamine use. This may, in part, be due to the “premium” paid by the Northeast users given the drug’s rarity relative to the West Coast.

The user initiation experiences suggest that respondents were most typically initiated through their social networks. A number of individuals indicated gay members of their networks introduced them to the drug, perhaps as early adopters due to the presence of methamphetamine at circuit parties and gay clubs (Green & Halkitis, 2006; Kurtz, 2005). However, a significant number of subjects indicated that they did not intend to initiate methamphetamine use during their first use event. While some found their unintended experiences problematic, others were pleased with this unexpected new high. For some of these individuals, methamphetamine use subsequently became incorporated with the rest of their club drug use. In this regard, even unintentional use may lay the groundwork for more regular patterns of use within club subcultures, especially given that the benefits of meth use may seem greater in these contexts. Concern must be expressed, however, for those who escalate drug use by switching from cocaine to methamphetamine due to “graduating up.” This may be a sign of dependence emerging in such individuals. Even though promising new modalities have emerged in recent years (Lee & Rawson, 2008), methamphetamine remains a difficult substance to successfully treat.

Many users derived instrumental value from methamphetamine contextualized by their participation in club subcultures. The use of methamphetamine was seen to mesh with late night club experiences in “the city that never sleeps.” This is not surprising given methamphetamine’s stimulant properties, as it has long been used for the purposes of remaining awake and alert (Anglin et al., 2000). Users in the club scene described meth as facilitating long nights of partying, enabling greater quantities of alcohol consumption, and allowing for greater exertion while dancing. The users indicated it allowed them to push themselves beyond a natural state of fatigue while out partying. Some, particularly students, described using meth to get work done so as to allow time to include socializing in their schedules, though the proliferation of prescription drug abuse, particularly prescription stimulant use, among college students may be rendering this pattern obsolete (McCabe, Knight, Teter, & Wechsler, 2005). The social value of the meth high was also important for those who saw the drug as a social facilitator and an enabler of connections within the club scene. In sum, users described a range of instrumental value for meth within club subcultures. Many of these patterns of use mirror those describe as in practiced by “functional” methamphetamine users in other contexts (Lende, Leonard, Sterk, & Elifson, 2007).

While many users understood the drug to have instrumental value within the club scene, they also perceived a significant amount of stigma associated with the drug. Beyond bad experiences with the drug, such as insomnia, many perceived the drug to be “dirty” in some way, perhaps because of media descriptions of meth labs and the poor conditions and toxic products associated with them. Also potentially a product of media attention surrounding methamphetamine is the association of the drug with a specific social class depiction, specifically that of “White Trash” users. Despite those with higher incomes having higher odds of meth use in the NYC club scene, popular images of poor White meth users from other regions have been engrained in the minds of this population. The stigma of methamphetamine relative to cocaine also has parallels to the differential perception of powder cocaine versus crack cocaine in the popular consciousness (Furst, Johnson, Dunlap, & Curtis, 1999). Thus, stigma associated with meth problems has diffused to some degree from other parts of the country and governs how young adults involved in the club scene perceive the drug.

In addition, stigma related to HIV risk exists specifically for gay men in the Northeast. However, this was not explicitly mentioned by heterosexuals or lesbians. The links between methamphetamine use among gay men and HIV-related risk taking has long been a concern for public health professionals (Halkitis, Parsons, & Stirrat, 2001). The perception of this stigma may be driven by public health campaigns targeting gay men that strongly link methamphetamine use with HIV risk (Nanin, Parsons, Bimbi, Grov, & Brown, 2006). These norms circulating among young gay men may be particularly effective at minimizing the diffusion of methamphetamine with the gay community. In addition, there may be some “spillover” effects as negative reactions by gay men to the drug may also shape their heterosexual and lesbian peers.

Limitations and Conclusions

As is the case with any retrospective study, there are some limitations associated with this study. The data may have been limited by subject recall. With regard to the qualitative interviews, some participants initiated the use of methamphetamine several years prior to their baseline visit, which may have impacted their ability to recall these past experiences. However, critical incident measures were used in qualitative interview guides to minimize problems associated with recall by permitting the participant to recall the entire scenario and story associated with his or her methamphetamine experiences. In particular, such measures greatly facilitated the narratives derived from recent experiences with methamphetamine use. In addition, it remains important to note that thriving club scenes primarily remain urban phenomena. While some members of the sample reside in suburbs surrounding New York City, the experiences described by the young adults from this sample generated in a major metropolitan area may not generalize to those of young adults in suburban and rural areas of the Northeast. Furthermore, the club scenes—as active and vibrant youth cultures—are in constant flux as young people innovate and reconfigure their cultures. Although these data remain relatively recent at the time of this paper’s review, we may expect that further changes will resituate the role of methamphetamine within club cultures and may have done so already. Finally, as with the majority of studies of substance users utilizing nontreatment seeking samples, these data were limited to a sample of those willing to participate in a

research study, where subjects were asked to discuss the intimate details of their drug use. Although the use of time-space sampling enabled the use of a systematic sampling method for recruiting study participants, ultimately those who consented and participated may be more open and free with their drug use than others in the regional club-going population.

Although somewhat isolated within the confines of club subcultures, methamphetamine use in the Northeast has both parallels to and discontinuities with its use elsewhere. The use of methamphetamine within these scenes appears to be waning given the rise of stigma associated with methamphetamine. Nonetheless, the mechanisms constraining the use of methamphetamine in the Northeast merit further investigation as these may inform efforts to prevent or reduce the expansion of future drug epidemics. In addition, prevention efforts in the Northeast should remain attentive to club subcultures as these are potential subpopulations in which methamphetamine abuse may reemerge in the Northeast and expand beyond these niches.

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Jeffrey T. Parsons, PhD, is a Distinguished Professor of Psychology at Hunter College, City University of New York. He is also the founding Director of the Center for HIV/AIDS Educational Studies and Training (CHEST). His current formative research studies and intervention trials focus on a range of subjects, including gay male couples, sexual risk behaviors, drug/alcohol use, sexual compulsivity, and HIV medication adherence. Dr. Parsons is also the Editor of *Sexuality Research and Social Policy*, and an Associate Editor of *Archives of Sexual Behavior* and *AIDS and Behavior*.

GLOSSARY

Booty bump	The rectal administration of a drug.
Circuit parties	Large, weekend-long, upscale dance parties for gay men that attract patrons from around the world.
Newbie	Someone new to a particular social scene or activity. It indicates they are a novice.

REFERENCES

- Anglin MD, Burke C, Perrochet B, Stampter E, Dawud-Noursi S. History of the methamphetamine problem. *Journal of Psychoactive Drugs*. 2000; 32:137–141. [PubMed: 10908000]
- Clatts MC, Welle DL, Goldsamt LA. Reconceptualizing the interaction of drug and sexual risk among MSM speed users: Notes towards an ethno-epidemiology. *AIDS and Behavior*. 2001; 5:115–130.
- Cochran SD, Ackerman D, Mays VM, Ross MW. Prevalence of non-medical drug use and dependence among homosexually active men and women in the US population. *Addiction*. 2004; 99:989–998. [PubMed: 15265096]
- Cretzmeyer M, Sarrazin MV, Huber DL, Block RI, Hall JA. Treatment of methamphetamine abuse: Research findings and clinical directions. *Journal of Substance Abuse Treatment*. 2003; 24:267–277. [PubMed: 12810148]
- Domier CP, Simon SL, Rawson RA, Huber A, Ling W. A comparison of injecting and noninjecting methamphetamine users. *Journal of Psychoactive Drugs*. 2000; 32:229–232. [PubMed: 10908012]
- Drug Enforcement Administration. System to retrieve information from drug evidence (STRIDE) database. 2011. (online). Retrieved June 9, 2011, from http://www.justice.gov/dea/stride_data.html

- Frosch D, Shoptaw S, Huber A, Rawson RA, Ling W. Sexual HIV risk and gay and bisexual methamphetamine abusers. *Journal of Substance Abuse Treatment*. 1996; 13:483–386. [PubMed: 9219145]
- Furst RT, Johnson BD, Dunlap E, Curtis R. The stigmatized image of the “crack head”: A sociocultural exploration of a barrier to cocaine smoking among a cohort of youth in New York City. *Deviant Behavior*. 1999; 20:153–181.
- Gonzales R, Mooney L, Rawson RA. The methamphetamine problem in the United States. *Annual Review of Public Health*. 2010; 31:385–398.
- Green AI, Halkitis PN. Methamphetamine and sexual sociality in an urban gay subculture: An elective affinity. *Culture Health & Sexuality*. 2006; 8:317–333.
- Grov C, Kelly BC, Parsons JT. Polydrug use among club-going young adults recruited through time-space sampling. *Substance Use and Misuse*. 2009; 44:848–864. [PubMed: 19444726]
- Halkitis PN, Parsons JT, Stirratt M. A double epidemic: Crystal methamphetamine use and its relation to HIV transmission among gay men. *Journal of Homosexuality*. 2001; 41:17–35. [PubMed: 11482426]
- Halkitis PN, Parsons JT, Wilton L. An exploratory study of contextual and situational factors related to methamphetamine use among gay and bisexual men in New York City. *Journal of Drug Issues*. 2003; 33:413–432.
- Hamid A. The developmental cycle of a drug epidemic: The cocaine smoking epidemic of 1981–1991. *Journal of Psychoactive Drugs*. 1991; 24:337–348. [PubMed: 1491283]
- Hser Y, Evans E, Huang Y. Treatment outcomes among women and men methamphetamine abusers in California. *Journal of Substance Abuse Treatment*. 2005; 28:77–85. [PubMed: 15723735]
- Kelly BC, Parsons JT, Wells B. Prevalence and predictors of club drug use among club-going young adults. *Journal of Urban Health*. 2006; 83:884–895. [PubMed: 16937088]
- Kolodny AJ. Psychiatric consequences of methamphetamine use. *Journal of Gay and Lesbian Psychotherapy*. 2006; 10:67–72.
- Kurtz SP. Post-circuit blues: Motivations and consequences of crystal meth use among gay men in Miami. *AIDS and Behavior*. 2005; 9:63–72. [PubMed: 15812614]
- Lee NK, Rawson RA. A systematic review of cognitive and behavioural therapies for methamphetamine dependence. *Drug and Alcohol Review*. 2008; 27:309–317. [PubMed: 18368613]
- Lee SJ, Galanter M, Dermatis H, McDowell D. Circuit parties and patterns of drug use in a subset of gay men. *Journal of Addictive Diseases*. 2003; 22:47–60. [PubMed: 14723477]
- Lende DH, Leonard T, Sterk CE, Elifson K. Functional methamphetamine use: An insider’s perspective. *Addiction Research & Theory*. 2007; 15:465–477.
- MacKellar D, Valleroy L, Karon J, Lemp G, Janssen R. The Young Men’s Survey: Methods for estimating HIV seroprevalence and risk factors among young men who have sex with men. *Public Health Reports*. 1996; 116(Suppl. 1):138–144. [PubMed: 8862170]
- Mansergh G, Colfax GN, Marks G, Rader M, Guzman R, Buchbinder S. The Circuit Party Men’s Health Survey: Findings and implications for gay and bisexual men. *American Journal of Public Health*. 2001; 91:953–958. [PubMed: 11392940]
- Maxwell JC. Emerging research on methamphetamine. *Current Opinion in Psychiatry*. 2005; 18:235–242. [PubMed: 16639146]
- Maxwell JC, Rutkowski BA. The prevalence of methamphetamine and amphetamine abuse in North America: A review of the indicators, 1992–2007. *Drug and Alcohol Review*. 2008; 27:229–235. [PubMed: 18368603]
- McCabe SE, Knight JR, Teter CJ, Wechsler H. Non-medical use of prescription stimulants among US college students: Prevalence and correlates from a national survey. *Addiction*. 2005; 99:96–106. [PubMed: 15598197]
- McCaughan JA, Carlson RG, Falck RS, Siegal HA. From “candy kids” to “chemi kids”: A typology of young adults who attend raves in the Midwestern United States. *Substance Use & Misuse*. 2005; 40:1503–1523. [PubMed: 16048830]
- McKetin R, Kozel N, Douglas J, Ali R, Vicknasingam B, Lund J, et al. The rise of methamphetamine in Southeast and East Asia. *Drug and Alcohol Review*. 2008; 27:220–228. [PubMed: 18368602]

- Miles, MB.; Huberman, AM. *Qualitative data analysis: A sourcebook of new methods*. Sage; Newbury Park, CA: 1984.
- Muhib FB, Lin LS, Stueve A, Ford WL, Miller RL, Johnson WD, et al. A venue-based method for sampling hard to reach populations. *Public Health Reports*. 2001; 116(Suppl. 1):216–222. [PubMed: 11889287]
- Nanin J, Parsons JT, Bimbi D, Grov C, Brown J. Community reactions to campaigns addressing crystal methamphetamine use among gay and bisexual men in New York City. *Journal of Drug Education*. 2006; 36:285–303.
- Parsons JT, Grov C, Kelly BC. Club drug use and dependence among club-going young adults recruited through time-space sampling. *Public Health Reports*. 2009; 124:246–253. [PubMed: 19320366]
- Parsons JT, Halkitis PN, Bimbi DS. Club drug use among young adults frequenting dance clubs and other social venues in New York City. *Journal of Child & Adolescent Substance Abuse*. 2006; 15:1–14.
- Parsons JT, Kelly BC, Weiser J. Initiation into methamphetamine for young gay and bisexual men. *Drug and Alcohol Dependence*. 2007; 90:135–144. [PubMed: 17398040]
- Patton, MQ. *Qualitative evaluation and research*. 2nd ed.. Sage; Newbury Park, CA: 1990.
- Rawson RA, Simon SL, Ling W. If a U.S. drug abuse epidemic fails to include a major east coast city, can it be called an epidemic? *Journal of Addictive Diseases*. 2002; 21:1–4. [PubMed: 11831495]
- Reback CJ, Grella CE. HIV risk behaviors of gay and bisexual male methamphetamine users contacted through street outreach. *Journal of Drug Issues*. 1999; 29:155–166.
- Ross MW, Wodak A, Miller ME, Gold J. Sexual partner choice in injecting drug users from a “critical incident” measure: Its implications for assessing risk for HIV spread. *Sexological Review*. 1993; 1:77–92.
- Semple SJ, Patterson TL, Grant I. The context of sexual risk behavior among heterosexual methamphetamine users. *Addictive Behaviors*. 2004; 29:807–810. [PubMed: 15135564]
- Semple SJ, Patterson TL, Grant I. Methamphetamine use and depressive symptoms among heterosexual men and women. *Journal of Substance Use*. 2005; 10:31–47.
- Singer, M. *Something dangerous: Emergent and changing illicit drug use and community health*. Waveland Press; Long Grove, IL: 2006.
- Steuve A, O'Donnell LN, Duran R, San Doval A, Blome J. Time–space sampling in minority communities: Results with young Latino men who have sex with men. *American Journal of Public Health*. 2001; 91:922–926. [PubMed: 11392935]
- Yacoubian GS, Miller S, Pianim S, Kunz M, Oriick E, Link T, et al. Toward an ecstasy and other club drug (EOCD) prevention intervention for rave attendees. *Journal of Drug Education*. 2004; 34:41–59. [PubMed: 15468747]
- Zule WA, Desmond DP. An ethnographic comparison of HIV risk behaviors among heroin and methamphetamine injectors. *American Journal of Drug and Alcohol Abuse*. 1999; 25:1–23. [PubMed: 10078975]

TABLE 1

Sample characteristics & descriptive statistics of methamphetamine use

Total sample (n = 400)	
Gender	
Male	50.0%
Female	50.0%
Sexual identity	
Heterosexual	50.0%
Gay/lesbian	32.8%
Bisexual	17.2%
Race/ethnicity	
White	61.8%
Black	6.5%
Latino	19.3%
Asian	4.0%
Mixed/other	8.5%
Education	
High school or less	11.3%
Some college/currently enrolled	41.0%
4-Year college degree	41.5%
Graduate school	6.3%
Income	
< \$10,000	31.0%
\$10,000 to \$29,999	32.5%
\$30,000 to \$49,999	27.0%
\$50,000 or more	9.0%
Prevalence of meth use	
Lifetime use	42.3%
Recent use	16.8%
Polydrug meth use	28.0%
Sites of use among meth users (n = 169)	
Use in a residence	75.1%
Use at work	16.0%
Use at club	59.2%
Use at bar	32.0%
Use at sex club	3.6%
Use at public place	27.2%
Use at concert	13.0%
Use in other location	12.4%

TABLE 2Predictors of meth use among Northeast club drug users ($n = 400$)

	Odds ratio	CI
Gender		
Female	0.719	(0.471–1.098)
Sexual identity		
Gay/lesbian/bisexual	2.312***	(1.508–3.543)
Race/ethnicity		
White	1	
Black	0.777	(0.325–1.857)
Latino	0.946	(0.539–1.659)
Asian	1.322	(0.460–3.805)
Mixed/other	1.242	(0.580–2.659)
Education		
High school diploma or less	1	
Some college/currently enrolled	0.519	(0.257–1.046)
4-Year college degree	0.284**	(0.134–0.603)
Graduate school	0.616	(0.209–1.815)
Income		
<\$10,000	1	
\$10,000 to \$29,999	1.513	(0.878–2.607)
\$30,000 to \$49,999	1.963*	(1.057–3.645)
\$50,000 or more	2.301*	(1.007–5.257)

CI, confidence interval.

*
 $p < .05$,**
 $p < .01$,***
 $p < .001$.