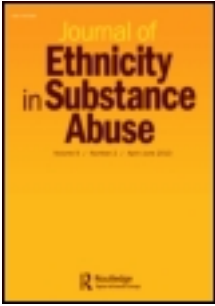


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It's All About "Connecting"

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It's All About "Connecting": Reasons for Drug Use Among Latino Gay Men Living in the San Francisco Bay Area

José A. Bauermeister, MPH

ABSTRACT. Research on Latino gay men drug use is limited. This study explores the narratives of 16 Latino drug-using gay men living in the San Francisco Bay Area by exploring the role social settings play in their drug use, as well as by identifying the reasons and motivations for drug-use. Using a thematic content analysis, 16 interviews with LGM living in the San Francisco Bay Area were analyzed. Results suggest LGM have different reasons for drug use across multiple settings. Participants use drugs to cope with their sexual identity, to feel like part of the mainstream gay community, and to reduce sexual inhibitions. Understanding how Latino gay men (LGM) perceive their drug use within

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their social, political, and economic environment would aid in the development of culturally adequate interventions. doi:10.1300/J233v06n01_07 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

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INTRODUCTION

Several studies have evidenced a high prevalence of drug use among samples of gay men (Greenwood, White, Page-Shafer, Bein, Osmond, Paul, & Stall, 2001; Dolezal, Carballo-Diéguez, Nieves-Rosa, & Díaz, 2000). Although methodological concerns handicap gathering prevalence and incidence data related to drug use among gay men (Clatts & Sotheran, 2000; Gorman, Morgan, & Lambert, 1995; Ostrow, 2000), high rates of drug use as well as increased other health concerns such as HIV infection (Rhodes, Deren, Cottler, Siegal, Stark, & Reich, 2000) are common in gay community epicenters like San Francisco's Castro District (Stall & Purcell, 2000). Previous studies looking at drug use among gay men found substance use to be associated with the desire to "escape" the reality in which they live and, furthermore, become a conduit for expressing their desires—whether sexual, emotional, or social (McKirnan, Vanable, Ostrow, & Hope, 2001; Rhodes, Deren, Cottler, Siegal, Stark, & Reich, 2000). Efforts to understand the underlying mechanisms of drug use among gay men have been limited to the emphasis of individual deficiencies across MSM and isolating their personal motivations from larger social processes (Chesney, Barrett, & Stall, 1998; Clatts & Sotheran, 2000). Furthermore, most studies either have focused on mostly White gay men samples or have failed to acknowledge cultural variations in gay men's drug using behaviors. Consequently, this approach has limited researchers' ability to develop responsive behavior and social change interventions for populations with diverse sociocultural realities (Díaz & Ayala, 2001; Freese, Miotto, & Reback, 2002; Carballo-Diéguez, 1989).

While research studying the influence of drugs in the lives of Latino gay men is scarce (Hughes & Eliason, 2002), substance use and abuse are a reality among Latino gay men seeking to somehow cope with their

socio-cultural realities (Díaz, 1998; Díaz, 1999). LGM live in social context filled with poverty, racism, and homophobia (Bauermeister, Morales, González, & Seda, in press; Díaz & Ayala, 1999). The presence of prejudice in LGM's communities may impact LGM's self-concept and increase self-hate, identity dissonance, low self-esteem, depression, denial, suppression, and compartmentalization (Malyon, 1982; Kourany, 1987; Garnets, Herek, & Levy, 1990; D'Augelli, 1998). In a recent national survey, Mays and Cochran (2001) found higher mental health risks for gay adults in the United States than their heterosexual counterparts. Their results suggest that gay men may sometimes override the need for health-promoting behaviors and, instead, escape the discrimination-based daily hassles through survival coping strategies like drug-use and unprotected sexual contact (McKirnan, Ostrow, & Hope, 1996).

The use of substances puts Latino gay men at an increased disadvantage; not only must they cope with belonging to two minorities—Latino and gay (Meyer, 1995; Meyer, 2003; Díaz & Ayala, 2001)—but they must also find a way to discontinue or regulate their drug using behavior in efforts to minimize its related risks. Mainly due to the impact of HIV/AIDS among LGM communities, research on drug use has focused on curtailing the spread of the disease by exploring the association between substance use and the individual's sexual health (Stall & Purcell, 2000). Consequently, we know very little about how drug use and abuse resonate in other areas of Latino gay men's lives. Recently, Díaz, Heckert, and Sánchez (2005) found Latino gay men's drug use varied by the type of social connection desired. LGM reporting using methamphetamine as their preferred drug were more likely to use drugs for sexual enhancement, whereas LGM reporting cocaine as their preferred drug were more likely to use drugs to increase their sociability with other gay men. Their results suggest that to make informed statements about the relationship between drug use and HIV risk, we must first understand different patterns of drug use among Latino gay men, and the function of drugs in their social and sexual lives. The present study builds on Díaz and colleagues' (2005) study by exploring the reasons and motivations for drug use among Latino gay men in the San Francisco Bay Area through a qualitative approach.

Castro, Harmon, Coe, and Tafoya-Barraza (1994) argue that little research on Latino drug use has been done in the past, especially involving a framework by which cultural factors affecting Latinos are addressed. Understanding how LGM perceive their drug use within their social, political, and economic environment deserves careful attention (Clatts & Sotheran, 2000). Moreover, recognizing LGM may engage in

drug use and risky sexual behaviors in different kinds of physical and social settings, we must first understand the social environments frequented, the role of drugs in these settings, and the reasons LGM have for using (Díaz et al., 2005).

Building upon previous research, 70 Latino drug-using MSM living in the San Francisco Bay Area were interviewed. An inductive approach aided the development of hypotheses to understand the associations between substance use and risk behaviors among LGM. I explore two interrelated questions with the aim of clarifying why Latino gay men may use drugs across different social settings. First, what roles do social settings play in Latino gay men's drug use? Second, what reasons and motivations for drug-use do Latino gay men have when they interact in these venues? I discuss how drug-use motivations are influenced across different settings by social oppressive dynamics.

METHOD

Sampling and Recruitment

Seventy Latino gay and bisexual men in the San Francisco Bay Area participated in a qualitative study on sexual behavior and drug use. To be eligible, individuals needed to: (1) be 18 years or older; (2) live in the San Francisco Bay Area at least a month prior to the interview; (3) self-identify with a Hispanic/Latino ethnic identity, including labels associated with specific countries or regions in Latin America, Spain, and Portugal; (4) label themselves with any sexual orientation except identifiers referring to solely heterosexual orientation; (5) use one or more illegal and non-physician prescribed drugs in the last 6 months; (6) have had anal intercourse with at least one man or transgender in the last 6 months; and (7) not have used a condom for anal intercourse at least once in the previous 6 months.

Individuals were screened and recruited through promotion in gay venues (38%), referrals from friends (22%) and service organizations (17%), gay sex phone lines (15%), snowball sampling (5%), advertising materials about the study (3%), and Internet chat rooms (0%). Informal phone interviews to local service providers and individuals familiar with the social venues frequented by Latino gay men in the San Francisco Bay area aided in selecting the recruitment venues. Before conducting any recruitment in these locations, the study's staff acquired the owner or manager's consent.

Promotional material briefly described the study and provided a toll-free number to schedule a potential interview, if eligible. A \$50 incentive for participation in the interview was mentioned. Three hundred and sixty-four individuals were screened, of whom 94 (25.8%) individuals qualified, 53 (14.6%) did not provide all the information needed to complete the screening or were unreachable, and 217 (59.6%) did not qualify the study's criteria. Over a 10-month period (February to December 2000), the project staff successfully interviewed 70 Latino gay men (a 74.5% response rate among eligible men).

Demographic and Group Characteristics

Most interview participants reported being between 18 and 40 years old (86%), self-identified as "gay" or "homosexual" (90%), and had lived in the San Francisco Bay Area for over 3 years (81%). A little over half the sample (53%) reported being born in a Latin American country, the majority of them coming from Mexico (29%). Upon asking language of preference, 46% preferred English, 21% chose Spanish, and 33% felt at ease with either language. Sixty-one percent identified as Latino or Hispanic, followed by 24% who identified as Latin American. Forty-four percent had a weekly income of \$100 to \$500, followed by 29% with weekly incomes between \$501 and \$1000. Most participants were employed full time (41%) or part time (18%), with the remainder being unemployed (24%) or receiving public assistance (17%).

Interview Process

Two members of the research team, trained in qualitative interviewing techniques, conducted the interviews. Both interviewers were bilingual and adopted participants' language styles into the interview questions. The interviews included questions and narratives on their personal background, social networks and social support, and their sex and drug histories. Based on the responses, interviewers included follow-up questions to clarify and explore participants' narratives in detail.

All interviews were audio taped and held in a private closed room. Participants chose their language of preference (English, Spanish, or a combination of both). Before each interview, interviewers gave participants a copy of their Bill of Rights regarding the interview process, read the study's consent forms, and gave participants the opportunity to ask questions regarding the study's protocol. On average, each interview lasted 2 hours and 15 minutes.

After the interview, interviewers wrote notes on the interview process while participants filled out a written exit interview that asked for sociodemographic information, frequency of gay venue attendance, a mental health symptomatology checklist, information about HIV testing and status, and frequency of anal intercourse while using drugs. When appropriate, interviewers provided participants with a "Resource List" containing the names, descriptions, and phone numbers of social service and mental health organizations offering free or low-cost services in the San Francisco Bay Area.

Transcription and Translation

A professional transcriber transliterated both the Spanish and English interviews. As a quality control measure, the interviewer reviewed all transcripts while listening to the original recording. A professional translator converted all Spanish interview transcripts into English. Interviewers then reviewed the transcriptions and informed the transcriber or translator of any problems or errors.

Data Coding

Combining the interview transcript narratives and the theoretical underpinnings of drug use, the study's ethnographer created the study's coding scheme of 30 topics, concepts, and themes concerning drug use. The team's ethnographer then trained two team members in coding. In turn, the team members coded each interview's text in hard copy and then entered them into the QSR NUD.IST qualitative analysis software package (QSR International, 1998.). During the coding process, coders analyzed several of the same transcripts separately and discussed their coding results at team coding meetings. This allowed coders to clarify any confusion related to the coding process (i.e., meaning of a code, code overlap, etc.).

Data Analysis

I selected transcripts representing the majority of participants' voices by reading coded themes on (1) participants' availability of social networks and social support; (2) drug use with network members; (3) drug exposure in various settings; and (4) reasons for drug use. After reviewing the overall commonalities across all 70 interviews, I selected 16 narratives mirroring the variability in participants' HIV status, ethnicity, length of

residency in the United States, and experiences with drug use. I read the selected 16 interviews in their entirety and created a new thematic coding scheme using the NUD.IST software. Thematic codes included topics such as initial exposure to drugs, presence of drugs in social environments, motivations to use drugs, consequences of using drugs, drug accessibility, and, narratives about the drug culture, among others. I then analyzed these thematic categories and divided my findings into four overarching reasons for drug use across LGM's narratives. I present these findings in the following section, using some of LGM's narratives. To identify the diversity of voices in the narratives, I have assigned pseudonyms to the multiple participants and removed any characteristics that may identify them.

RESULTS

While previous researchers have stated the presence of drugs permeates across different gay socialization venue, participants reported using certain drugs if frequenting specific venues. Latino gay men voiced increased intention to use substances in four distinct situations: as they are coming out, when they attend social venues, to connect with others, and to enhance sexual behaviors. I discuss each theme later and discuss the overlap in drug use behaviors by observing how drug use becomes normalized in Latino gay men's surroundings.

Sexual Orientation and Substance Use

Participants voiced fears about losing the support from friends and family by disclosing their sexuality. Latino gay men coming from homophobic families confronted disapproval and mentioned feeling rejected and unloved. Many participants narrated moving into the Bay Area because it was perceived as a welcoming environment where LGM could explore their sexuality without threatening their kin networks. However, many LGM narrated feeling socially isolated when they first arrived in the Bay Area. Carlos, a 36-year-old HIV–Venezuelan immigrant who had been afraid of disclosing his homosexuality in Venezuela, talked about the loneliness he first experienced during the first few months after moving to the Bay Area. However, as he immersed himself into the Bay Area's social venues, Carlos recounts how

the ability to express his sexual identity, and have others also express their sexuality, was extremely appealing.

Carlos: So, while living here I was a very, very isolate my first five months. Because basically I come here with no friends, no—uh, nobody who I know one year before, uhm—desperate, yeah desperate for have a gay life. Desperate for have, for have like . . . Some boyfriend with—a stable relationship, and all these sweet ideas about relationship. So. But, in the meantime, I feel like I was a child in the one candy store.

To alleviate isolation and loneliness, LGM explore different social venues and create new social networks to substitute support systems lost during the coming out process. Raúl, an HIV–26-year-old Mexican immigrant, recounted how he met his best friend after coming out. Through this friendship, Raúl narrates how he was exposed to marijuana for the first time.

Raúl: I was just 20 . . . And I met him. He was around my age. And he was really cool. He was Mexican from Mexico City . . . he knew I was gay, and so he took me under his wing. I think he sold drugs or something . . . And he showed me the streets and stuff . . . He showed me a lot of stuff, because I was so inhibited . . . And then one time, he said he does marijuana and it was a good thing . . . We'd smoke out and he showed me the view and tell me stories. And it was kind of romantic, I guess . . . then we started doing marijuana and going out to parties . . .

Like Raúl, other Latino gay men reported being exposed to drug use as they developed and expanded their new social networks. Julio, a 34-year-old HIV+ Mexican immigrant currently on disability, mentioned how his exploration of drug use resulted from spending time with others. Interestingly, Julio highlights how this exploration is tied to interacting with non-Latino gay men.

Julio: The thing is . . . when I got here I hadn't even . . . I had never tried drugs before coming to this country. So the first year I started using poppers, which is what was going around here [at the time] . . . I also remember that there were people back then who would offer me drugs, but since it wasn't something I was looking for I never paid much attention to them. But lately I am . . . like I told you,

I am hanging out more with . . . these people, particularly people who don't speak Spanish and all that . . . A small group of friends has also started to consume and try drugs. So, there came a time when I also started doing it and now I am in that phase of experimenting . . .

Participation in Social Establishments

Gay social establishments throughout the Bay Area target different subgroups within the gay community. Latino gay men visited gay bars playing Latin music and offering drag-shows of Latino celebrities, while also frequenting popular mainstream dance clubs and venues around San Francisco and the Bay Area. Participants repeatedly mentioned the presence of drugs in all the frequented gay establishments. For example, Javier, a 21-year-old HIV–Salvadorian working as a freelance make-up artist, narrated his first exposure to marijuana as he was leaving a dance club.

Int: And when did you smoke the pot?

Javier: Um, let's see when we were probably outside the club there were . . . and they were smoking. And they offered me some and I said sure. So I took like two hits probably.

While most gay entertainment venues in the Bay Area (i.e., bars, dance clubs, sex clubs, etc.) are officially non-supportive of drug use and most request patrons to defer from using drugs on the premises, most LGM indicated being offered drugs by other men in these venues. Raúl, for example, narrated during his interview how a stranger at a bar offered him a line of cocaine.

Int: And, tell me something, were you surprised when this person offered you cocaine, or . . . ?

Raúl: Not really, no. It didn't surprise me because it was already in the, in the environment we were in, he must have been drinking already and I don't know, I don't know. No, it didn't surprise me. It wasn't like: "Oh no, I don't do that," or "I didn't expect you to . . ." I mean, no. It didn't surprise me.

During their interviews, most LGM frequently disclosed accepting drugs to alleviate feeling uncomfortable while interacting with others in

social venues. Fearing rejection, discrimination, and/or mockery, participants explained how drugs enhanced social behaviors in these establishments by making them feel more sociable and talkative. Raúl, for example, explained how drugs helped him feel relaxed and confident.

Raúl: “I think because sometimes you could relax. You just relax . . . be different than the way you are and actually to break the ice with some people.”

For Lucas, a 19-year-old HIV– U.S.-born Latino gay man working as a sex worker, drug use with others was a different experience from using drugs alone because it made him feel less paranoid or bored, highlighting the appeal of drugs as a social behavior.

Int: And what determines alone versus others?

Lucas: Well with others, I mean, I like just sitting there getting high with other people and talking because then it’s more interesting than when you do it by yourself, you do it by yourself and, you know, because there’s a lack of paranoia going on. And boredom.

“Shared Moods” and “Connections”

Desired outcomes and drug-using settings seemed to link across narratives. The availability of drugs tied closely to expected behaviors of each venue (i.e., the use of ecstasy in clubs and circuit parties or speed in sex clubs and fuck parties). As participants attend social venues, drugs allowed these men to socialize with other men and make them feel like they were sharing an experience. Mario, a 44-year-old HIV+ Cuban working as a waiter, narrates:

Int: And do you usually use drugs with others?

Mario: Yeah. I do. I–Of course. That’s the whole—you know. You love to—I mean . . . I don’t see myself like doing drugs with, you know, just for myself. You know.

Int: Why not?

Mario: I don’t know—Because it’s doesn’t—it’s not fun you know, you wanna laugh with somebody, you know, you wanna do something

with somebody, or you want to be silly with somebody, you wanna have sex with somebody. Or was different somebodies, or you, whatever. You know what I mean? But uh—you wanna have, you know—If I have it, I offer it. You know. ‘You want some?’ Like, you know. You don’t want it, but I don’t push it, pero [Spanish for “but”] you know, it’s the whole thing of being able to do, do it with somebody else. You know, to enjoy it. Otherwise it’s no point.

Within gay venues, participants frequently expressed their desire to belong to the gay mainstream because the gay lifestyle symbolized male beauty, glamour, fashion, youth, and liberation. Latino gay men who perceived they did not belong to the mainstream portrayal took drugs to temporarily feel a connection with these values. Among younger participants, drugs were perceived as creating a world where they felt beautiful and appealing. Jorge, a 22-year-old second-generation Mexican working full time at a beauty supply store, described how drugs helped him feel beautiful and appealing when he danced at clubs. His inner desire to feel beautiful fueled his desire to “connect”:

Jorge: I want to be with somebody and that in turn makes me kind of like look for somebody when I’m high. You know . . . like high, I always have that in the back of my head that I want to be with somebody in the future. So, when I get high I’m in my own bubble and I’m dancing, I’m feeling really good and I, I’m really just in tune with myself and I’m really able to explore my inner thoughts and I can really experience joy for a while, like personal just joy because I don’t have, there’s nothing in my head but me. And who I am and who I actually am, you know . . . I can actually see me for myself and really see that I’m a beautiful person. And so I’m dancing and like I’m feeling good and you know, like if it happens or not, that little thought that’s like I really wish I could meet somebody nice. I really wish like somebody could see me for this beauty that I am inside.

Latino gay men who perceived themselves as “older” (e.g., being over age 30) declared feeling alienated from the mainstream gay community values because the AIDS epidemic had destroyed a large portion of their social networks. Moreover, these Latino gay men narrated how they felt alienated and unattached when they attended social venues because they felt younger gay men perceived them as physically and so-

cially unappealing. Several participants reported using drugs to reclaim their youth. For example, Pedro, a 31-year-old HIV – Mexican working as a system coordinator for an IT agency, discussed how drugs kept him feeling young.

Int: And what conclusions have you come to [about why you use drugs]?

Pedro: Maybe it's a fear of getting older, and this is my last hurrah, my last attempt to keeping my youth, my days of partying.

Drug Use and Sexual Behavior

In some instances, drugs helped Latino gay men participate and/or enhance sexual behaviors. Mario commented on the pervasiveness of drug use and sex behavior across multiple socialization venues.

Int: I'm wondering if you can just tell me a little bit about the drug world, - maybe the sex world?

Mario: Well, what can you do? It's, it's—A drug world is ev- Is the city. We have—live in the city, and where people have a second life. A different life. And they do a lot of drugs. It's a lot of drugs in the city.

Int: Tell me a little bit about that.

Mario: Well, uhm—It's a whole bunch of people that are using chat rooms, the phone lines, they go to the clubs, they are cruising the streets. There's a lot of sex parties going on. Sex parties in the city. Bareback parties. All that kind. You know?

Int: And . . . do drugs figure into that?

Mario: Oh yeah . . . Everybody is high.

Drug choice for sexual behaviors depended on the physical and emotional desired effects. The motivation to use drugs to prolonging sexual encounters and reduce sexual inhibitions was most common among participants seeking the physical effects. In Roberto's case, drugs helped

him attune with his body and removed the “numbness” blocking him from connecting with his sexuality.

Int: And when you do the crystal what do you feel like doing?

Roberto: . . . Usually like at first I get like the rush . . . I get very physical . . . I just start feeling my body. It’s like I don’t feel this numbness that, there’s this connection.

Drugs of choice varied by the participants’ sexual role (e.g., insertive/“top”/active versus receptive/“bottom”/passive). Methamphetamines and Viagra were popular among insertive partners because they prolonged sexual encounters for hours by delaying men’s ability to maintain an erection and ejaculate. Receptive partners preferred cocaine, poppers, and downers because they increased the relaxation and pleasure of the sphincter. Among some participants, sensation seeking was a recurring motivation to engage in sexual behaviors while under the influence. The use of drugs like speed and Viagra provided some LGM with physical feelings similar to ejaculating. Participants also reported using methamphetamines, downers and freebase substances to reduce their sexual inhibitions and increase their comfort with role-playing, S&M, orgies and sex parties.

Drug use increased participants’ sexual desires and transported them into a world of fantasy. Especially in sex clubs where rooms are decorated with a particular theme to provide fantasy-like environments, participants narrated using drugs to enhance the environment’s fantasy appeal while reducing their sexual inhibitions. Jorge narrated how drugs made him feel uninhibited and more willing to try new sex behaviors when he visited a popular sex club in the Bay Area.

Jorge: I was too high to think about it . . . when you’re high, there is nothing on your mind but the contact. There’s nothing in your mind but reaching like, like another sensation, like bringing it closer to you, bringing it inside of you, you know, like engulfing it, pretty much you know, bringing it all in. And so it’s, everything thing else is totally just ignored. Who’s watching, you don’t even care who’s watching. You don’t care who sees. You don’t care what you sound like. You don’t care what the hell you knock over. You don’t care what you . . . I mean sometimes drugs take you to the point where you don’t . . . I’ve seen guys who shoot speed, and when you shoot . . . they shoot speed, they become different. They start shoving objects

up their ass . . . they would never do [this] normally. And it's very typical. I mean we all talk about it . . . it's very common.

Participants narrated exploring their sexual fantasies while using drugs in other settings such as sex parties and cruising areas. Unlike sex clubs, sex parties are private events hosted in a home. Participants were amazed to find drugs openly available as party favors. Carlos recounted how drugs enhanced his first experience at a sex party by making a fantasy come to life:

Carlos: Well- Fantasy is fantasy. Sometimes . . . people follow the fantasy [by attending sex parties] . . . When I saw the two more guys naked, I said, 'Wow. My dreams come true!'

Victor, a 34-year-old U.S.-born Colombian currently who was unemployed when the interview took place, described the situations where drugs and sex go together. Nonetheless, after a few moments, Victor comes to the conclusion that drugs affect every social situation in Latino gay men's lives.

Int: How do you, could you describe those circles where people use drugs and have sex?

Victor: Uh, the phone line kind of thing. Uhm, I think it's a lot of the circuit party kind of thing. Uhm, I think it's more rampant than is observed. I think it's, it's more, there's a lot more of it thahn, than uhm, is seen through the naked eye. Because I think it runs in a lot of different circles, the bar crowd, you know. Uhm, but then there's also the recreational people, you know. Uhm, I think it's just about in, I think drugs is like anything else, I think it affect every circle really.

Use of Drugs as a Normative Process

For the unknowing eye, the presence of drugs in social venues may be difficult to observe. Nonetheless, LGM often narrated how drug use is available if you are looking for it. In his interview, for example, Julio explained to the interviewer how the continuous exposure to drugs gave him with the ability to notice drugs in the cruising areas he frequented:

Julio: At least in San Francisco . . . if I go out—particularly to the park—to meet someone or to have sex with someone, the majority

of folks are . . . are already high, or are carrying drugs, or have some and are looking for someone to use it with. Yeah. So . . . The curious thing about it is that it has always been there but . . . since it wasn't something I was looking for . . . I never took advantage of it or used it. But now that I have used and experimented, I am more conscious of it . . . I notice . . . that it's there . . .

Later on in his interview, Julio recounts how other drug users know each other, suggesting an intricate social network of drug users across different venues.

Int: So, do you think there was something about the way you looked at that time that let people know? Do you think?

Julio: Mm, maybe. Maybe I gave off a vibe that I liked to do drugs or, I don't know. But it was a very bad thing, something that showed, and it just so happened, I'm telling you—In fact once my friend, one of my friends told me he met a guy in the same situation as me and he said, “And imagine my surprise when he went to write my number in his phone book, and there were your name and phone number.”

Int: Tell me something. Do the people you socialize with fit within a typical description?

Julio: Hmm. No. Not really. Because most of the people I socialize with do drugs, but not openly. And not . . . not with the same people. It's like what I do. I do drugs with this type of person, but not with the ones I socialize with. Although everyone does drugs but . . .

In explaining to the interviewer how drugs and different social venues go together, Mario explained how drug use is part of living in the Bay Area and, consequently, perceived that everyone uses drugs if they are to socialize in the social venues available to them.

Int: So clubs go together with drugs?

Mario: Yeah. Man—You—you know. You live in the city. You cannot go to the clubs, in the city, you know, we get—if, if you, you don't even have a joint at least, because if you see what's going on

in the clubs, you go, "It's, it's a bunch of freaks here!" You are a freak! You are here! You know what I mean? [laughs]

Int: Why is that? Why does it work out that way? Why, why is it that clubs in the city and drugs go together?

Mario: I guess because I like them. The drugs. You know what I mean? And uh—I don't know. I like them. I mean—one of the best place to go and, you know, as an excuse. You know what I mean? [. . .] Well, what can you do? It's, it's—A drug world is ev—Is the city. We have—live in the city, and where people have a second life. A different life. And they do a lot of drugs. It's a lot of drugs in the city.

Int: Tell me a little bit about that.

Mario: Well uhm—It's a whole bunch of people that uhm—You know. They using chat rooms, the phone lines, uh—they go to the clubs, they cruising the streets. There's a lot of sex parties going on. Sex parties in the city. Bareback parties. All that kind. You know.

Int: And does sex figure in, I mean, do drugs figure into that?

Mario: Oh yeah. There is—Everybody is high.

Taken together, these findings highlight the importance of understanding Latino gay men's drug use as socially-situated behaviors that permeate across their social networks. Given the multiple reasons for drug use, it is not surprising to find that Latino gay men perceive drug use is present in their day to day lives. These findings are not to be interpreted as 'causes' but, rather, as windows for understanding the meaning of drug use among LGM's experiences within the broader Bay Area gay community. I discuss the implications of these findings in the following section.

DISCUSSION

Drug-using LGM are a heterogeneous population with varying expressions of sexuality, sexual behaviors, and drug-using behaviors

(Díaz, 1998). When socially oppressive forces like poverty, racism, and sexual prejudice intersect, Latino gay men experienced heightened social alienation and personal shame (Díaz & Ayala, 2001). While mainstream society's values define heterosexuality as "normal" and "healthy" and, furthermore, reward this definition of sexuality through privileges in basic social institutions like the legal and family systems (Epstein & Johnson, 1998; Meyer, 2003), homosexuality and homoerotic desires are portrayed as deviant behaviors requiring punishment (Herek & Capitano, 1996; Herek, Gill, & Cogan, 1999; Herek, 2000). Within the Latino culture's context, these social norms box homosexuality inside clearly delineated gender role ideologies that fuel sexual discrimination (Díaz, 1998). Deviation from the expected gender and sexual behaviors among Latino men may result in violence, stigma, and inadequate coping mechanisms such as drug use (Díaz, 1998; Díaz et al., 2005). In a study linking sexual risks and drug use among MSM, Ostrow (2000) found drug use increased pleasurable sexual experiences by inhibiting anxiety and self-observation for White gay men. Díaz and colleagues (2005) report similar findings with Latino gay men.

My analysis suggests LGM have multiple motivations to use drugs across different venues to cope with manifestations of these socially oppressive forces. Similar to Díaz and colleagues' (2001) findings, LGM's narratives suggest that substance use is associated with increased age and decreased socioeconomic status, increased pressure to participate in mainstream social and sexual practices, and increased connection to gay culture. These findings, replicated across multiple studies (Greenwood et al., 2001; Klitzman, Greenberg, Pollack, & Dolezal, 2002), suggest that MSM negotiate their behavioral expressions in cultures and communities with varying degrees of adversity. Among LGM, these adversities translate into the minimization of social networks, homophobia, racism, economic inequality, and illness (Díaz & Ayala, 2001; Oswald, 2002).

Historically, gay community life has centered across gay-socializing settings. In these settings, gay men can break free from heterosexist social constructions and create their own space. However, the presence and use of drugs within frequented gay-socializing settings may help some gay men to connect with each other in these settings, highlighting the historically intricate connection between drug use and the gay life experience (Greenwood et al., 2001). The presence of drugs in gay-socializing venues contributes to LGM's access to drugs and to their perception that drug use is a normalized behavior (Hughes & Eliason, 2002).

LGM who previously lived in contexts filled with sanctions against non-heterosexual behaviors and identities find in the Bay Area's gay community an environment where homosexuality is less stigmatized. Nonetheless, as Carballo-Diéguez (1998) posits: "Many of these men, who experience moving to the United States as a personal Stonewall Revolution, are subsequently reluctant to accept restrictions on their sexual expression." (p. 61). LGM may use drugs to avoid restrictions on their sexuality, but may encounter resistance towards their expression of homosexuality from the mainstream gay community's held stereotypes about LGM. To overcome this dissonance, Latino gay men may use drugs to forget cultural taboos and inhibitions while connecting to the Bay Area's mainstream expression of the homosexual lifestyle.

The heterogeneity across LGM drug-users may cause certain subpopulations to have greater drug-using risks (Díaz, 1998). Drug escapism to cope with disease and socioeconomic hardships was a recurring theme throughout the interviews. Participants discussed the difficulties of overcoming stressful life events like financial strain, immigration, social isolation due to abandonment or rejection from their social network, and AIDS fatigue. Looking for solace within different venues, participants often voiced how they were motivated to use drugs to overcome experiences of oppression. The frequented venues were considered by participants to be safe, liberating, happy, and glamorous. LGM would recur to drugs to share these values. During sexual encounters, Latino gay men minimized the clashes between cultural gender roles expectancies and their sexual desires through drug use. Therefore, the normalization of drugs maximizes the venues' appeal of belonging and safety environments where LGM could interact without feeling socially inhibited or anxious. Klitzman et al. (2002) and McKirnan et al. (1996, 2001) support these findings by suggesting MSM use drugs to liberate themselves from their stigma-filled lives and reduce their cognitive awareness of social norms and standards, negative affect, and awareness of HIV risks.

While our findings support previous findings in non-Latino populations, our findings suggest drug use among Latino gay men differs in its expression when compared with non-Latino counterparts. Drug use is a survival strategy by which Latino gay men diminish the perceived isolation caused by the broader social structures impacting their lives. Interventions should acknowledge the presence of oppressive social forces like financial hardship, culturally rewarded heterosexism, and the pervasiveness of HIV in their community. Drug use prevention strategies for LGM require techniques to counter heterosexism, poverty, AIDS

stigma, and non-accepting cultural norms that may lead to social isolation. Prevention programs need to address LGM's social realities with adequate competency (Díaz & Ayala, 2001). Moreover, interventions should focus on reducing individuals' drug use risks and also change social contexts within and outside the gay community. Within the gay community, interventions to address how physical settings promote drug use should be explored in collaboration with owners and patrons of these venues. Outside of the gay community, policies and educational programs to reduce heterosexist biases and norms may help to decrease the likelihood LGM will feel rejected or stigmatized within the broader social context. LGM must participate in the development of these interventions. Furthermore, epidemiologic estimates of Latino gay men's drug use may aid to understand the prevalence of drug use in this subpopulation. Future research should explore the impact of drug use on Latino gay men's lives and test the proposed hypotheses in quantitative studies, while additional qualitative studies are needed to emphasize how social networks and socially oppressive factors interact to promote or defer Latino gay men's drug use (Oswald, 2002).

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