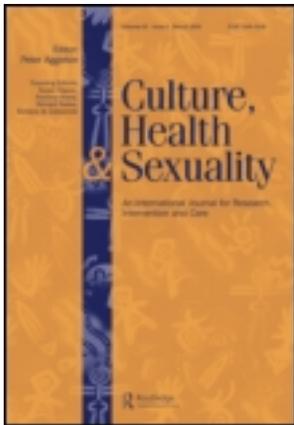


This article was downloaded by: [University of California, Los Angeles (UCLA)]

On: 09 September 2013, At: 15:32

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Culture, Health & Sexuality: An International Journal for Research, Intervention and Care

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/tchs20>

'Their type of drugs': perceptions of substance use, sex and social boundaries among young African American and Latino gay and bisexual men

Tara A. McKay^{a b}, Bryce McDavitt^{b c}, Sheba George^d & Matt G. Mutchler^{b c e}

^a Department of Sociology, University of California, Los Angeles, USA

^b Community Based Research Program, AIDS Project Los Angeles, USA

^c Urban Community Research Center, California State University, Dominguez-Hills, USA

^d Charles Drew University of Medicine and Science, USA

^e Department of Sociology, California State University, Dominguez-Hills, USA

Published online: 26 Sep 2012.

To cite this article: Tara A. McKay, Bryce McDavitt, Sheba George & Matt G. Mutchler (2012) 'Their type of drugs': perceptions of substance use, sex and social boundaries among young African American and Latino gay and bisexual men, *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 14:10, 1183-1196, DOI: [10.1080/13691058.2012.720033](http://dx.doi.org/10.1080/13691058.2012.720033)

To link to this article: <http://dx.doi.org/10.1080/13691058.2012.720033>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors,

and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

'Their type of drugs': perceptions of substance use, sex and social boundaries among young African American and Latino gay and bisexual men

Tara A. McKay^{a,b*}, Bryce McDavitt^{b,c}, Sheba George^d and Matt G. Mutchler^{b,c,e}

^a*Department of Sociology, University of California, Los Angeles, USA;* ^b*Community Based Research Program, AIDS Project Los Angeles, USA;* ^c*Urban Community Research Center, California State University, Dominguez-Hills, USA;* ^d*Charles Drew University of Medicine and Science, USA;* ^e*Department of Sociology, California State University, Dominguez-Hills, USA*

(Received 6 April 2012; final version received 7 August 2012)

Studies of sexuality have increasingly shifted their attention towards understanding the social contexts that inform and organise sexual behaviour. Building on this work, we examine how substance use and sex are socially organised and meaningful activities for young African American and Latino gay and bisexual men who use substances with sex. Drawing on 30 qualitative interviews in Los Angeles and New York, we identify the ways in which social boundaries inform substance use among these young men. We find that many of them view the gay and racial/ethnic communities they belong to as differentiated by patterns of substance use. Further, they see these communities as actively constructing group boundaries through substance use, sanctioning the use of particular substances while simultaneously discouraging the use or discussion of others. For these young men, racial/ethnic and gay communities provide salient contexts in which the use of certain substances and not others is socially meaningful. Findings demonstrate the important and heretofore unrecognised ways that perceived social boundaries inform these young men's use of substances. As both protective and marginalising influences, perceptions of communities and social identities have real consequences for the sexual health of young African American and Latino gay and bisexual men.

Keywords: substance use; race; sexuality; identity; community

Introduction

Studies of sexuality have increasingly shifted their attention from individual sexual behaviour to understanding the social contexts that inform and organise sexual behaviour (Parker 2009). In line with this research trend, recent studies of gay men's health focus on the complex ways in which communities structure individual sexual and substance use behaviours (Carpiano et al. 2011; Frye et al. 2010; Green and Halkitis 2006) as well as how individuals' identities and perceptions of their communities inform their sexual and substance use behaviours (Brown and Maycock 2005). This work often makes an explicit attempt to understand sexual and substance use behaviours in ways that do not hinge on pathologising gay men or substance use but rather highlight the ways in which drug use in some gay subcultures is organised around feelings of intimacy, community and pleasure (Green 2003, 2008; O'Byrne and Holmes 2011; Race 2009).

*Corresponding author. Email: tmckay@ucla.edu

In the present study, we build on the above accounts, which see substance use and sex as socially organised and meaningful activities. Broadly, our study is informed by sociological theories of the ways in which social structure becomes embodied in practice (Bourdieu 1977, 1990), producing and maintaining symbolic boundaries among groups that often have social consequences (Lamont and Molnár 2002). Several authors have demonstrated how social factors such as gender, race, sexuality, peers, context and policy shape not only patterns of substance use but also the subjective experiences of drug users. Bourgois (2003; Bourgois and Schonberg 2009) has repeatedly demonstrated the role that socioeconomic background, race and local drug markets play in structuring substance use behaviours. Additionally, Measham (2002) argues that patterns of drug use as well as methods of consumption are shaped by gendered attitudes that ultimately categorise certain drugs and behaviours as masculine and others as feminine. More broadly, a growing body of work considers the contributions of social and structural factors in the production of substance use and sexual-risk behaviours (Rhodes et al. 2005), including factors such as communities and social identities (Carpiano et al. 2011; Frye et al. 2010; Green 2003; Green and Halkitis 2006; Race 2009). To this body of work, we add an examination of how a group of young African American and Latino gay and bisexual men who use substances with sex, a population at substantial risk of HIV infection (Valleroy et al. 2000), make sense of and navigate substance use within the social contexts of their lives.

Drawing on 30 qualitative interviews, we show how participants view the communities they belong to as differentiated by patterns of substance use. Further, participants see these communities as constructing group boundaries through substance use by sanctioning use of particular substances, while simultaneously discouraging the use and open discussion of others. The use of particular substances – and not others – serves as one way that participants demarcate sexual and racial community membership and, thereby, locate themselves in relation to others (e.g., white gay men and/or other non-gay identified men). Here we conceptualise the term ‘community’ as both a physically demarcated space as well as networks of social relations and interaction (Brown and Maycock 2005; Carpiano et al. 2011). We conceptualise community in this way in order to capture experiences of community for racial and ethnic minorities who are often tethered to place by economic and residential segregation or who may seek out settings where they can relate to others like themselves.

Identification as gay or with a gay community has been associated with patterns of substance use in prior work with gay men. For example, Thiede and colleagues (2003) find that young men who have sex with men who are ‘out’ as gay are more likely than those who are not to engage in substance use more frequently and to use multiple substances. Similarly, Rosario, Schrimshaw and Hunter (2004) find that substance use increases following young men’s initial involvement with gay communities. On an individual level, substance use among sexual minorities has been understood and studied as a consequence of minority stress (Meyer 2003) and struggles of self-definition in the context of homophobia (Pascoe 2005; Plummer 2001). For example, victimisation and familial rejection based on sexual orientation are associated with higher rates of substance use among lesbian, gay and bisexual young adults (Bontempo and D’Augelli 2002; Ryan et al. 2009). For young Latino and African American gay and bisexual men, experiences of homonegativity, homophobic rejection and discrimination due to race/ethnicity may compound these experiences and are associated with increased sexual-risk behaviour (Nakamura and Zea 2010; Warren et al. 2008).

More broadly, gay communities can be understood as sites of socialisation and institutionalisation of particular patterns of drug use and sex. Carpiano and colleagues (2011) demonstrate that gay men who live in gay neighbourhoods and who have gay-centric social networks, as compared with those who do not, have higher odds of illicit drug use. The use of methamphetamine and ecstasy in particular was associated with living in a gay enclave. Ethnographic work by Green (2003, Green and Halkitis 2006) contextualises these links among substance use, self-identification and gay neighbourhoods. Green demonstrates how the use of particular substances, such as crystal methamphetamine, has emerged as a particular response to the institutional organisation of urban gay sexual sociality. Within club settings and other often-anonymous sexual contexts, some gay men strategically use substances like crystal methamphetamine in order to quickly generate feelings of intimacy and community and to facilitate sex.

Substance use and sexual behaviours are also organised by and meaningful within racial and ethnic communities. For example, attachment to racial and ethnic communities has been shown to limit the use of certain substances among young racial minority gay men (Mutchler et al. 2011; O'Donnell et al. 2002; Ramirez-Valles et al. 2010) but, conversely, may also encourage the use of other substances. As Díaz, Heckert and Sanchez (2005) demonstrate, methamphetamine using Latino men who have sex with men (primarily in the USA) discuss their use as a means to specifically to improve sexual performance (i.e., to have more sex and to remain sexually aroused longer), a motivation they identify as deeply rooted in social expectations of sexual prowess for Latino men.

In the results that follow, we identify additional ways that perceptions of gay and racial/ethnic communities organise and make substance use meaningful for a group of young African American and Latino gay and bisexual men who use substances with sex. We conclude with a discussion of how the perceived social meanings of substance use have real consequences for the sexual health of these young men.

Methods

Participant recruitment

Semi-structured qualitative interviews were conducted with 30 African American, Latino and multiracial gay and bisexual young men. In order to maintain a focus on young gay and bisexual men who might be at high risk of HIV infection, interview participants were purposively selected for recent substance use during sex from a larger venue-based cross-sectional survey of 18–24-year-old African American and Latino gay and bisexual men conducted at 18 lesbian, gay, bisexual and transgender identified pride events in New York and Los Angeles throughout 2006 and 2007 ($n = 416$). We selected these events for recruitment because attendees tend to represent a diverse cross-section of gay and bisexual men that is different from those recruited from other public gay venues (Battle et al. 2002), especially gay-themed bars and dance clubs, which often cater to specific sub-cultures within gay communities and in which alcohol consumption is expected.

Participants for the survey component were sampled using a modified venue-based sampling method (Muhib et al. 2001), with the following eligibility criteria: self-identification as 18–24 years old, gay or bisexual, and African American/Black, Latino/Hispanic or biracial/multiracial. Additional information about the quantitative survey methods and results is presented in Mutchler and colleagues (2011). Upon completion of the survey, young men who reported any substance use during sex in the last three months were invited to participate in an in-depth interview. To maintain an approximate balance in the sample composition across the two sites, 30 interview participants were purposefully

selected by city and race/ethnicity, yielding 17 interviews in Los Angeles (8 African American, 9 Latino) and 13 interviews in New York (8 African American, 5 Latino).

Interview protocol

The majority of interviews were conducted in private offices at two large AIDS service organisations, though a small number of were conducted in semi-private locations such as a coffee shop or park at the participant's request. Interviews elicited information about participants' experiences and perceptions of various substances, relationships with partners and peers, feelings of connectedness to communities and HIV-risk behaviours. Interviews lasted 60 to 90 minutes and participants received \$40 compensation. The study protocol was approved by the AIDS Project Los Angeles Institutional Review Board.

Data analysis

All interviews were transcribed and managed in NVivo. The authors followed an iterative process of open- and axial-coding to identify, confirm and focus emerging inferences from the data (Corbin and Strauss 2008). Coding was conducted using a modified grounded theory and analytical-induction approach (Timmermans and Tavory 2007), wherein emergent themes were reviewed alongside a close reading of salient themes in the substance use and sexualities literatures. Using this method, the authors first reviewed a subsample of transcripts and developed a working codebook that included both emerging themes and themes relevant to existing theoretical frameworks and our own preliminary work. Transcripts were then coded by study staff and recoded as new themes emerged. Coding was reviewed for reliability by all authors. Throughout the coding process, the authors developed a conceptual model relating substance use during sex to community membership and engaged in selective-coding of themes to further elaborate and refine this model. In the results that follow, pseudonyms are used to identify participants.

Study findings

In the following, we focus on the young men's experiences and perceptions of alcohol, marijuana and crystal methamphetamine, the primary substances used by participants. Given selection criteria, which focus on young men who use substances with sex, all participants had engaged in sex while using alcohol in the last three months, most had engaged in sex while using marijuana at least once in the last three months and a few had engaged in sex while using crystal methamphetamine in the last three months. Nearly all of the young men had used alcohol and marijuana at some point in their lives and four had used crystal methamphetamine. With a few exceptions, participants discussed using substances infrequently (once or twice a month) but often reported binge drinking (five or more drinks at one time).

While the excerpts below highlight the perceptions of young men who had used a given substance, we also draw attention to the perceptions of young men who had limited experience with that substance in order to explore broader perceptions of a substance. In these excerpts, we identify the ways in which substance use is made meaningful and is socially organised by: (1) respondent's perceptions of substance use in racial and ethnic communities and the relationship of this use to racial identification and (2) respondent's perceptions of substance use in gay communities and the relationship of this perception to sexual identification.

'Their type of drugs': racial/ethnic identity, boundaries and substance use

For the young gay and bisexual men we interviewed, racial and ethnic communities provided a salient context in which the use of certain substances was socially meaningful. Participants understood and navigated substance use vis-à-vis the racialised, sexualised and gendered meanings ascribed to certain substances within their racial/ethnic communities. For example, for the young Latino men, heavy alcohol use was tied to their identities as Latino gay men, while for African American participants, extensive use and knowledge of marijuana was closely tied to their identities as African American gay men. For both Latino and African American participants, the open use of 'hard drugs' like crystal methamphetamine was seen as in conflict with Latino and African American gay identities since drugs like crystal methamphetamine were widely associated with white (gay) men.

Latino participants frequently associated their own alcohol use with being a part of Latino communities. Sandro, an 18-year-old who felt very connected to the Latino community, provided a typical account of the links he perceived between alcohol use and Latino communities:

Always drinking is such a part of the [Latino] culture. . . . You see kids drinking from, like, a really young age. Like, they're not getting drunk or anything, but their parents are okay with them having a beer or a couple shots at a certain age. And I guess the parents make it seem like it's okay.

Within this context, many young Latino men constructed a view of normative behaviour in Latino communities that involved drinking alcohol. When asked how often he expected men he met for sex to be drinking or high, Christian, a 24-year-old Latino man from Washington Heights, commented:

Pretty much all the time. . . . Again people are more relaxed. Some people just get hornier when they're drinking. I feel like it's the norm. . . . Especially in the Latino community because people are very tense about gay sex so alcohol I think kind of helps.

While both straight and gay Latino men were seen as using alcohol heavily, a few gay Latino men used specific types of alcohol to further differentiate themselves from straight Latino men, consuming vodka and mixed drinks rather than beer. Joaquin, age 18, a student who typically only drank alcohol on weekends at parties in dorm rooms on campus, reflected on how his own drinking behaviour was different at 'straight parties' versus gay parties. Joaquin explained at straight parties, where 'it's just a whole Machismo thing going on . . . you really have to put up more fronts when you go to that as a gay guy versus [to] a gay party' where he feels more comfortable drinking and being himself. Additionally, Joaquin explained 'the liquor at the gay parties is harder. It's usually that, like, Vodka is kind of the drink of choice and stuff like that versus, like, a gallon of beer.'

African American participants also frequently understood alcohol use as normative behaviour in African American communities. However, perceived expectations of alcohol use were frequently minimised relative to expectations of marijuana use. For example, Lawrence, age 24, an African American gay man from Harlem, drinks alcohol frequently but rarely smokes marijuana. Yet when Lawrence's African American gay male friends from other boroughs:

come to my house to kind of chill, they automatically expect that I have, like, this great relationship with the weed guy. Why would I have? It's so normal . . . [marijuana] is a part of how we interact with each other, and that includes sex.

Despite his preference for alcohol, Lawrence often discusses how he perceives expectations of marijuana use during sex among African American gay men in his interview:

In the beginning when I was first coming out and first having sex, the language was always, and it's still the language now, 'Let's get high and then let's have sex.' So [marijuana] has always been this gateway to having gay sex.

Lawrence's comments suggest that his experience of African American gay male identity is defined in part by sex drug use and by marijuana use in particular.

Apparent in both Latino and African American communities were explicit symbolic and geographic boundaries limiting the (public) use of substances other than alcohol and marijuana. While gay Latinos saw themselves as using alcohol in ways that reflected what they perceived as overarching attitudes in the Latino community regarding alcohol use, the use of other drugs in public was not accepted. In the excerpt that follows, Joaquin reflects on his experience of these boundaries while attending a gay Mexican party where 'everyone is getting drunk' but people interested in using drugs left the party:

In the Latino community, like, you don't see [drug use] at the party. It's usually done behind closed doors. ... Alcohol is fine. Getting drunk off your ass is fine. If you're doing drugs, take it somewhere.

Similarly, 'hard drugs' such as crystal were explicitly seen by some African American young men as foreign to their communities. These African American young men felt that their communities maintained formidable boundaries against the use of substances besides alcohol and marijuana. Taz, age 21, grew up in a historically African American neighbourhood in Los Angeles where he felt substance use norms and access were heavily influenced by the community:

Anything besides marijuana, you hear about it a lot but you don't really see it available in the community. All you saw was weed, and the attitude towards all other drugs [was], 'I'm not fucking with it.' Not even really drinking heavily, like, unless you're a gangster. You find there's a minority of African American people in my community who will look down on casual marijuana.

Here, Taz explains how he perceives marijuana as one of the only substances available and socially acceptable to use within his community. Nonetheless, Taz reported experience with several substances, including alcohol, marijuana and ecstasy, as well as polysubstance use. Taz attributes his personal use of 'hard drugs' to time he has spent in areas outside of his neighbourhood while in school and the military, however crystal methamphetamine is notably absent from the list. In the next passage, Taz explicitly accounts for this view that he and other African Americans choose marijuana over crystal and other 'hard drugs' by emphasising of the negative impact of crack cocaine use on the African American community:

I don't think many Black people do tweak [crystal]. I don't see it in my community ... I think the reason why is because a lot of people in the Black community have seen what crack did. ... There's a stigma attached to the Black community with all hard drugs.

Taz and some of the other African American participants saw such boundaries against 'hard drugs' as clearly delineated and informed by political and historical struggles in African American communities.

One way that these young men saw their African American peers and communities imposing these boundaries was by emphasising the foreignness and whiteness of drugs like crystal methamphetamine. Several young men broadly associated crystal methamphetamine use with gay-identified men and gay communities. For example, Shawn, an 18-year-old African American gay man from Los Angeles, commented that

'you hear it all the time, hear a lot of gay guys do it . . . you hear a lot of gay guys use it for sex.' Often, however, the young men were more specific, citing crystal methamphetamine use as a behaviour specific to 'white boys' or, even more narrowly circumscribed to men living or socialising in predominantly white, gay neighbourhoods. Given this commonly held perception, James, a 22-year-old African American bisexual man in New York explained that men of colour who use crystal were perceived as using it because of their affiliation with white men:

Crystal meth is, so to say, a white people's drug and they say there are Black people using it. There's always this stigma that if a Black person is using these white drugs, that's because they only [have sex with] these white boys, and they start doing their type of drugs . . . I was speaking to one guy about crystal meth . . . I said 'Well who introduced you to this?' He said it was a white boy that told him, and that's when my friends just turned their nose up, like, 'cause they know that-, they know that he dates white boys, and it made him that stereotype that, you know, that crystal meth is a white people's drug, and Black people, the only reason why you're doing it is they associate with white people, and they get these foreign drugs, just like . . . It's still considered a foreign drug in this community.

In this passage, James demonstrates that he and his friends are aware of and sensitive to what using crystal during sex communicates to others about their sexual desires and social allegiances.

Like James, most participants perceived community sanctions and boundaries as informing their substance use behaviour in some way. However, a minority also viewed these seemingly rigid community boundaries as traversable. When asked about substance use during sex among other gay and bisexual young Latino men, Carlos, age 18, a former crystal user, grappled with a variety of factors that had shaped his substance use, including community norms, peer and partner preferences, as well as his own preferences:

I think it depends on the guys. I don't know. Really it kind of depends on the community. Kind of if you live in West Hollywood it's most like you're gonna do crystal. If you live in South Central you're gonna do weed, and it depends the people you hang out with or who you date, or I think it really depends on the person 'cause I could pick to be with a tweaker [crystal user] or I could pick to hang out with somebody who smokes weed or somebody who doesn't do anything. It's really up to me and doesn't really matter the environment or where I grew up 'cause I mean I didn't grow up in West Hollywood but I was like there all the freaking time . . . but I wasn't part of that neighbourhood. But, it was just-, there's more tweakers there compared to like South Central. It's mostly weed and crack heads and drunks.

Reflecting on his own desires, partners, peers, neighbourhoods and varied access to substances, Carlos identified the different norms for substance use that bound several geographically, racially and socioeconomically distinct communities in Los Angeles, yet he also recognised his ability to cross these social and geographic boundaries as he moved between racial/ethnic communities and also sexual communities. In the next section, we show in greater depth how the racialised and sexualised meanings of substance use above intersect with sexual identity and gay community membership.

'A common bond of gayness': gay identity, boundaries and substance use

In addition to viewing the use of alcohol and marijuana – especially during sex – as normative behaviours in Latino and African American communities, many of the young men felt that substance use was a necessary part of gay community participation. In particular, alcohol use among friends, as well as prior to and during sex was considered a frequent activity in gay-identified social settings. Other substances were also viewed as frequently used during sex by gay men, including marijuana and crystal. Many

participants held a view of normative behaviour among gay men that involved drinking alcohol and using other drugs, especially during sex. Based on these perceptions of gay communities, many said they also felt pressure to engage in these activities.

Alcohol use in particular was seen as an unavoidable aspect of participation in gay communities and symbolised community membership. Joaquin, 18, commented that, although he had used alcohol in high school, alcohol use in college was a means of connecting to other gay men: 'With my gay friends it's usually a lot of alcohol involved. . . . It's kind of a social thing with the gays. A lot of alcohol – it's a common bond of gayness.' In more extreme cases, like that of Carlos, an 18-year-old from East Los Angeles, heavy use of alcohol and other substances were perceived to be virtually required for involvement in the gay community. Among his gay friends, Carlos felt there was an unavoidable expectation of substance use during sex: 'Mostly, gay guys love sex so you're obviously gonna have sex, and there's gonna be drugs involved, and you're gonna have to do it no matter what.' For Carlos, being actively social with other gay men was strongly connected to expectations of substance use during sex.

In addition to expectations of substance use during sex, attending gay clubs and bars was frequently discussed as central to participation in gay communities and participants' self-identification as young gay men. As one of relatively few locations for socialising with gay men, gay clubs and bars served as a primary space for these young men to meet other young men. As Nico, a 19-year-old Latino from Los Angeles, stated, 'Outside of bars and clubs, there's not that much that's really readily available and accessible for gay men to come together and be with other gay men.' Within a context of limited alternatives, many of the young men saw attendance at gay clubs and bars as an integral part of gay community participation and expected to drink alcohol when socialising with their gay friends. In the context of gay venues, many participants understood the use of alcohol, and in some cases crystal methamphetamine, as a way to help them feel more comfortable and confident engaging in sexual activities as gay men. Paul, a 20-year-old bisexual man from New York who saw substance use as something that he and his partners typically had in common, gave a typical account of how alcohol gave young men like him the ability to assert their sexual desires:

I know a lot of boys that cannot have sex without drinking because if they're sober, they might feel bad about what they're about to do. So alcohol eases their pain and suffering. . . . It brings you out of yourself. It brings you out of your character.

In diminishing feelings of shame associated with having or acting on same-sex desires, alcohol use helped Paul to become more comfortable expressing his sexual desires for other men in public venues.

Interestingly, however, some of the young men differentiated themselves from straight-identified young men whom they perceived as dependent on substances to express sexual desires for men. As we have shown above, the perception that substance use is required for gay community participation was common among the young men we interviewed. At the same time, however, young men who some participants perceived as needing to use substances in order to have sex were perceived as being largely outside the boundaries of the gay community. This was best conveyed by Taz, 21, a gay-identified African American man in Los Angeles, in his description of a friend who he perceived as only feeling comfortable having sex with other men while drunk:

The ones who say they're straight when they're sober usually have some reason why being gay is bad. They're fighting it a lot of times. Like this one guy, Shelly, he's like, 'No but it's nasty. It's wrong.' I'm like, 'Okay, but when you're fucked up [on alcohol] you don't care.'

Here, Taz constructs gay-identified men as distinct from straight-identified men through their relationship to substance use and sex: openly gay men don't *need* to use substances to have sex with other men.

Importantly, there were some men who perceived sex drug use as being associated with substantial risks to sexual health. Concerns about the possible consequences of substance use during sex prompted a small group of young men, largely African American, to disengage from gay-identified social venues, preferring instead to socialise at home with a few close friends or a boyfriend. Others constructed gay identities around the non-use of substances by forging gay-affirming peer groups that either discouraged heavy substance use and multiple sex partners or supported each other in their efforts to acknowledge and reduce the risks of substance use during sex. Within these peer groups, individuals like Dee, an 18-year-old African American gay man in Los Angeles, constructed a gay identity very different from what he perceived to be the norm. Dee explained that, unlike kissing and oral sex, anal sex was a very intimate act for him. A year prior to the interview, Dee had sex for the first time while drunk with a short-term boyfriend he met at a club. Since this experience, he continued to attend gay clubs but rarely allowed encounters with other men there to progress to sex. Dee added that his friends felt similarly and identified themselves as 'big teasers' who were mindful of their reputations as 'clean' [not substance users] and 'not whores' [not having multiple partners]. In constructing these identities, Dee rejected what he saw as a more prominent gay identity organised around alcohol use and sex. In lieu of this, he favoured an alternative identity that he and his friends built around sobriety, sexual safety and intimacy.

Discussion

In this paper, we provide a foundation on which to develop a neglected area of research in the literatures on gay communities, substance use and sexual behaviour: the social meanings and organisation of substance use and sex. Further, we contribute an understanding of how a sample of young African American and Latino gay and bisexual men make sense of and navigate substance use at the intersection of racial/ethnic and sexual identity.

Findings presented in this paper are limited by the selectiveness of participants: young, African American and Latino gay and bisexual men living in New York or Los Angeles who were recruited while attending lesbian, gay, bisexual and transgender- and ethnically-identified pride events and who reported using a substance during sex in the previous three months. Thus, findings are not representative of other young African American and Latino gay and bisexual men, but rather reflect the perceptions of a subset who engaged in substance use during sex recently and who, therefore, may be more likely to perceive substance use as linked to their social identities. Additionally, our focus on young men living in metropolitan areas with established gay neighbourhoods and ethnic enclaves promotes a certain understanding of substance use within sexual minority and racial/ethnic communities which may not hold for young men living in smaller cities or rural areas, or for young men who do not identify with a particular gay or ethnic community.

Importantly, this paper does not attempt to directly tackle issues of drug supply that are likely to influence the meanings attached to individual substances and that are likely to vary over time and across communities. In light of differences in drug supply (e.g., price, purity, availability) across time and space, the particular meanings and social organisation of the use of individual substances are likely to be fluid. Thus, the meanings and social organisation of the substances that we have identified as most significant for boundary and

identity work among young African American and Latino gay and bisexual men in New York and Los Angeles (alcohol, marijuana and crystal methamphetamine) will very likely change over time. Additionally, other young men may characterise the same substances differently across time and space.

Despite these limitations, through our focus on the social meanings of substance use, we are able to elaborate on the mechanisms behind multiple findings that feelings of attachment to a racial/ethnic community are protective for minority gay and bisexual men (Mutchler et al. 2011; O'Donnell et al. 2002; Ramirez-Valles et al. 2010). We find that feelings of attachment to African American and Latino peers and communities can be protective for young gay and bisexual men by offering alternative ways to locate themselves as gay men. For example, many of the young men interviewed perceived that their ethnic communities strongly discouraged the use of 'hard drugs' like crystal methamphetamine. Like other 'hard drugs,' crystal was seen as foreign. This foreignness was epitomised by its association with white gay men. Thus, while self-identifying as gay may be perceived as linked with substance use, social and geographic boundaries among racial groups and drug markets may have largely precluded the use of crystal methamphetamine among these young men, promoting instead the use of other drugs like marijuana that may not be associated with sexual risk (Mutchler et al. 2011). This was especially true among African American participants, who contextualised these boundaries with socio-historical accounts of crack use in African American communities. This finding is consistent with Jerome and colleagues' (2009) investigation of factors related to the social organisation of methamphetamine use among men of African descent. In this study, the authors discuss a tendency among the men in their sample to use methamphetamine in private venues (e.g., own home or friend's home) rather than public venues (e.g., clubs or circuit parties) and, additionally, suggest that some men may be using methamphetamine as a replacement for crack/cocaine.

Importantly, however, these boundaries have the potential to marginalise a subset of young gay and bisexual men. For example, young Latino gay men using substances other than alcohol reported having to use them 'behind closed doors' or outside the community where higher risks may prevail. Similarly, young African American men using crystal in both New York and Los Angeles were viewed negatively by other African American men for their perceived affiliation with white gay men. Moreover, marginalisation by peers and community members is exacerbated by the neglect of (young) gay men of colour more broadly in substance use and HIV prevention (Mays, Cochran, and Zamudio 2004). In addition, young gay men who do not drink alcohol, or who prefer to socialise without alcohol, may feel marginalised if they view alcohol use as a necessary component of gay community participation. In this way the symbolic boundaries the young men perceive as categorising and prescribing substance use behaviours manifest as tangible social boundaries with health consequences for some young men.

Additionally, through our focus on sex drugs and sexual communities, we are able to see how the use of certain substances during sex is understood by some young gay and bisexual men not only as a tool to make sex with men physically and emotionally easier (McKirnan, Ostrow, and Hope 1996), but also how substance use among these young men, especially during sex, is part and parcel of ongoing processes of social identification and distinction. In particular, alcohol use, both socially and during sex, was seen by many participants as an unavoidable part of participation in gay communities. Expectations of substance use during sex were often viewed as being present throughout the gay community. Although gay communities are far more diverse than this characterisation, as illustrated by the participants who did not view sex-drug use as an inevitable part of being

gay, in the eyes of many participants, the centrality of gay bars and clubs promoted the perception that participation in the gay community was intimately linked with substance use and sex. The present data do not examine the processes through which these assumptions about gay community develop, however future research should consider how these perceptions of gay men may result from the internalisation of homophobic stereotypes that all gay men use substances.

In addition, future research could examine how the influence of such assumptions may be intensified by the developmental period through which these young men are passing. 'Emerging adulthood,' the phase of life between the late-teens and twenties, may be characterised by a degree of identity exploration (Arnett 2000), a theorised contributor to substance use (Arnett 2005). Such exploration during emerging adulthood may render assumptions about gay communities particularly influential, as individuals feel drawn to fulfil perceived expectations of substance use during the process of identity exploration. Additionally, experiences of social marginalisation as a sexual minority may compound the desire to 'fit in' with a community of one's own.

Although many participants characterised racial/ethnic and gay communities in ways that were narrowly circumscribed, it is also notable that some of the young men worked to revise and transcend social boundaries. Perceived expectations to use substances, especially during sex, left a few young men feeling unable to participate in 'gay life'. However, others began down a path of redefining it, placing a greater importance on non-use of substances within their own peer groups. In these poignant accounts, we see strong links among communities, substance use and sexual behaviour, as well as young men's attempts to destabilise perceived social boundaries and expectations of substance use, especially during sex, within gay and racial/ethnic communities. Programs seeking to support sexual health among young African American and Latino gay and bisexual men should work with them to examine how their perceptions of communities and social identities may promote both protective and risky behaviours.

Acknowledgements

This research was completed with the support of the Sally Casanova Memorial Awards Program/Mini Grant, CSU-Dominguez Hills Research, Scholarship and Creative Activities Program; The Network for AIDS Researchers in Los Angeles Seed Grant Award (1568 G HB020), and the Institute for Community Health Research (a collaboration between Charles R. Drew University, the RAND Corporation and the Los Angeles Department of Public Health) Seed Grant Award #2007 EGB D2235B-APLA and #CH05-LAC-617. The preparation of this manuscript was also supported by Award Number 1R03DA026731-01 from the National Institute on Drug Abuse. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Drug Abuse or the National Institutes of Health. We would like to acknowledge the volunteers and interns at AIDS Project Los Angeles and Gay Men's Health Crisis who helped make this community research possible. An earlier version of this work was presented at the annual meeting of the American Sociological Association on August 16, 2010.

References

- Arnett, J.J. 2000. Emerging adulthood: A theory of development from the late-teens through the twenties. *American Psychologist* 55, no. 5: 469–80.
- Arnett, J.J. 2005. The developmental context of substance use in emerging adulthood. *Journal of Drug Issues* 35, no. 2: 235–54.
- Battle, J., G.J. Cohen, D. Warren, G. Ferguson, and S. Audam. 2002. *Say it loud: I'm black and I'm proud: Black Pride survey 2000*. New York: The Policy Institute of the National Gay and Lesbian Task Force.

- Bontempo, D.E., and A.R. D'Augelli. 2002. Effects of at-school victimization and sexual orientation on lesbian, gay or bisexual youths' health-risk behaviour. *Journal of Adolescent Health* 30: 364–74.
- Bourdieu, P. 1977. *Outline of a theory of practice*. Cambridge: Cambridge University Press.
- Bourdieu, P. 1990. *The logic of practice*. Palo Alto, CA: Stanford University Press.
- Bourgois, P. 2003. Crack and the political economy of social suffering. *Addiction Research and Theory* 11, no. 1: 31–7.
- Bourgois, P., and J. Schonberg. 2009. *Righteous dopefiend*. Berkeley, CA: University of California Press.
- Brown, G., and B. Maycock. 2005. Different spaces, same faces: Perth gay men's experiences of sexuality, risk and HIV. *Culture, Health & Sexuality* 7, no. 1: 59–72.
- Carpiano, R.M., B.C. Kelly, A. Easterbrook, and J.T. Parsons. 2011. Community and drug use among gay men: The role of neighbourhoods and networks. *Journal of Health and Social Behaviour* 52, no. 1: 74–90.
- Corbin, J.M., and A.L. Strauss. 2008. *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Newbury Park, CA: Sage.
- Diaz, R.M., A.L. Heckert, and J. Sanchez. 2005. Reasons for stimulant use among Latino gay men in San Francisco: A comparison between methamphetamine and cocaine users. *Journal of Urban Health* 82: i71–8.
- Frye, V., B. Koblin, J. Chin, J. Beard, S. Blaney, P. Halkitis, D. Vlahov, and S. Galea. 2010. Neighbourhood-level correlates of consistent condom use among men who have sex with men: A multi-level analysis. *AIDS and Behaviour* 14, no. 4: 974–85.
- Green, A.I. 2003. 'Chem friendly': The institutional basis of 'club drug' use in a sample of urban gay men. *Deviant Behaviour* 24: 427–47.
- Green, A.I. 2008. Erotic habitus: Toward a sociology of desire. *Theoretical Sociology* 37: 597–626.
- Green, A.I., and P. Halkitis. 2006. Crystal methamphetamine and sexual sociality in an urban gay subculture: An elective affinity. *Culture, Health & Sexuality* 8, no. 4: 317–33.
- Jerome, R., P.N. Halkitis, M.A. Cooley, and The Hope Team. 2009. Methamphetamine use patterns among urban Black men who have sex with men. *Culture, Health & Sexuality* 11, no. 4: 399–413.
- Lamont, M., and V. Molnár. 2002. The study of boundaries in the social sciences. *Annual Review of Sociology* 28: 167–95.
- Mays, V.M., S.D. Cochran, and A. Zamudio. 2004. HIV prevention research: Are we meeting the needs of African American men who have sex with men? *Journal of Black Psychology* 30: 78–105.
- McKirnan, D.J., D.G. Ostrow, and B. Hope. 1996. Sex, drugs, escape: A psychological model of HIV-risk sexual behaviours. *AIDS Care* 8, no. 6: 655–70.
- Measham, F. 2002. 'Doing gender' – 'doing drugs': Conceptualizing the gendering of drugs cultures. *Contemporary Drug Problems* 29: 335–73.
- Meyer, I.H. 2003. Prejudice, social stress and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin* 129, no. 5: 674–97.
- Muhib, F.B., L.S. Lin, A. Stueve, R.L. Miller, W.L. Ford, W.D. Johnson, and P.J. Smith. 2001. A venue-based method for sampling hard-to-reach populations. *Public Health Reports* 116, no. 1: 216–22.
- Mutchler, M.G., T. McKay, H. Liu, N. Candelario, B. Stackhouse, T. Bingham, and G. Ayala. 2011. Sex drugs, peer connections and HIV: Use and risk among African American, Latino and multiracial young men who have sex with men in Los Angeles and New York. *Journal of Gay and Lesbian Social Services* 23: 271–95.
- Nakamura, N., and M.C. Zea. 2010. Experiences of homonegativity and sexual risk behaviour in a sample of Latino gay and bisexual men. *Culture, Health, & Sexuality* 12, no. 1: 73–85.
- O'Byrne, P.M., and D. Holmes. 2011. Desire, drug use and unsafe sex: A qualitative examination of gay men who attend gay circuit parties. *Culture, Health & Sexuality* 13, no. 1: 1–13.
- O'Donnell, L., G. Agronick, A.S. Doval, R. Duran, A. Myinth-U, and A. Stueve. 2002. Ethnic and gay community attachments and sexual risk behaviours among urban Latino men who have sex with men. *AIDS Education and Prevention* 14: 457–71.
- Parker, R. 2009. Sexuality, culture and society: Shifting paradigms in sexuality research. *Culture, Health & Sexuality* 11, no. 3: 251–66.

- Pascoe, C.J. 2005. 'Dude, you're a fag': Adolescent masculinity and the fag discourse. *Sexualities* 8, no. 3: 329–46.
- Plummer, D.C. 2001. The quest for modern manhood: Masculine stereotypes, peer culture and the social significance of homophobia. *Journal of Adolescence* 24: 15–23.
- Race, K. 2009. *Pleasure consuming medicine: The queer politics of drugs*. Durham, NC: Duke University Press.
- Ramirez-Valles, J., L.M. Kuhns, R.T. Campbell, and R.M. Diaz. 2010. Social integration and health: Community involvement, stigmatized identities and sexual risk in Latino sexual minorities. *Journal of Health and Social Behavior* 51, no. 1: 30–47.
- Rhodes, T., M. Singer, P. Bourgois, S.R. Friedman, and S.A. Strathdee. 2005. The social structural production of HIV risk among injecting drug users. *Social Science & Medicine* 61, no. 5: 1026–44.
- Rosario, M., E.W. Schrimshaw, and J. Hunter. 2004. Predictors of substance use over time among gay, lesbian and bisexual youths: An examination of three hypotheses. *Addictive Behaviors* 29: 1623–31.
- Ryan, C., D. Huebner, R.M. Diaz, and B.A. Sanchez. 2009. Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay and bisexual young adults. *Pediatrics* 123: 346–52.
- Thiede, H., L.A. Valleroy, D.A. MacKellar, D.D. Celentano, W.L. Ford, H. Hagan, B.A. Koblin, M. LaLota, W. McFarland, D.A. Shehan, and L.V. Torian. 2003. Regional patterns and correlates of substance use among young men who have sex with men in seven US urban areas. *American Journal of Public Health* 93, no. 11: 1915–21.
- Timmermans, S., and I. Tavory. 2007. Advancing ethnographic research through grounded theory practice. In *The Sage handbook of grounded theory*, ed. A. Bryman and K. Charmaz, 493–512. London: Sage.
- Valleroy, L.A., D.A. MacKellar, J.M. Karon, D.H. Rosen, W. McFarland, D.A. Shehan, S.R. Stoyanoff, et al., 2000. HIV prevalence and associated risks in young men who have sex with men. *Journal of the American Medical Association* 284: 198–204.
- Warren, J.C., M.I. Fernandez, G.W. Harper, M.A. Hidalgo, O.B. Jamil, and R.S. Torres. 2008. Predictors of unprotected sex among young sexually active African American, Hispanic and White MSM: The importance of ethnicity and culture. *AIDS and Behavior* 12: 459–68.

Résumé

Les recherches sur la sexualité sont de plus en plus attentives à la compréhension des contextes sociaux qui déterminent les comportements sexuels. En nous basant sur ces recherches, nous examinons en quoi l'abus de substances et les rapports sexuels sont des activités socialement organisées et significatives pour les jeunes gays et bisexuels africains-américains et latinos qui consomment des substances lorsqu'ils ont des rapports sexuels. En nous basant sur trente entretiens qualitatifs conduits à Los Angeles et à New-York, nous avons identifié comment les frontières sociales déterminent l'abus de substances parmi ces jeunes hommes. Nous avons découvert que nombre d'entre eux perçoivent les communautés gay et ethniques auxquelles ils appartiennent comme différenciables en fonction des modèles d'abus de substances. De plus, ces jeunes hommes considèrent que ces communautés bâtissent activement des frontières entre les groupes en s'appuyant sur l'abus de substances, en autorisant celui-ci pour des substances particulières, tout en le décourageant, ainsi que toute discussion sur le sujet pour d'autres. Pour ces jeunes hommes, les communautés ethniques et gays fournissent des contextes dominants au sein desquels l'abus de certaines substances et le rejet de certaines autres sont significatifs au plan social. Les résultats démontrent à quel point, et sans que cela soit reconnu, les perceptions sur les frontières sociales déterminent l'abus de substances chez ces jeunes hommes. Et parce qu'elles peuvent à la fois protéger et marginaliser, les perceptions des communautés et des identités sociales ont de vraies conséquences sur la santé sexuelle des jeunes hommes gays et bisexuels africains-américains et latinos.

Resumen

El centro de atención de los estudios sobre sexualidad se está desplazando hacia la comprensión de los contextos sociales que orientan y organizan el comportamiento sexual. Con base en investigaciones anteriores, los autores analizan cómo el uso de drogas y el sexo se organizan socialmente y por qué son

actividades importantes para los jóvenes afroamericanos y los hombres latinos gays o bisexuales que combinan el uso de sustancias con el sexo. Tras realizar 30 entrevistas cualitativas en Los Ángeles y Nueva York, los autores identificaron las formas en las que las demarcaciones sociales influyen en el uso de drogas entre estos hombres jóvenes. Los autores encontraron que muchos de ellos opinan que las comunidades gay y raciales/étnicas a las que pertenecen muestran diferencias en los patrones de uso de sustancias. Asimismo, observaron que cada comunidad construye activamente límites entre los diferentes grupos por medio del uso de sustancias, aceptando el uso de algunas y no permitiendo el uso de otras ni hablar sobre ellas. Para estos hombres jóvenes, las comunidades raciales/étnicas y gays constituyen importantes contextos en los cuales el uso de ciertas sustancias, y no de otras, tiene un significado social. Las conclusiones demuestran la importancia de las formas, antes no reconocidas, en las que las demarcaciones sociales que perciben estos hombres jóvenes determinan su uso de sustancias. En un sentido tanto de protección como de marginación, las percepciones de las comunidades y de las identidades sociales tienen consecuencias reales para la salud sexual de los hombres jóvenes afroamericanos y latinos gays o bisexuales.