

The Circuit Party Men's Health Survey: Findings and Implications for Gay and Bisexual Men

ABSTRACT

Objectives. This study examined characteristics of gay and bisexual men who attend circuit parties, frequency of and motivations for attending parties, drug use and sexual behavior during circuit party weekends, and use of risk reduction materials available at parties.

Methods. A cross-sectional survey was conducted among 295 gay and bisexual men from the San Francisco Bay Area who had attended a circuit party in the previous year.

Results. One fourth of the men reported a drug "overuse" incident in the previous year. Nearly all respondents reported use of drugs during circuit party weekends, including ecstasy (75%), ketamine (58%), crystal methamphetamine (36%), gamma hydroxybutyrate or gamma butyrolactone (25%), and Viagra (12%). Two thirds of the men reported having sex (oral or anal), 49% reported having anal sex, and 28% reported having unprotected anal sex during the 3-day period. An association was found between use of drugs and sexual risk behavior. Prevention materials were observed at party events by some men; however, relatively few men used the materials. Common motivations for attending the parties were "to listen to music and dance" and "to be with friends."

Conclusions. Intensive, targeted health promotion efforts are needed for gay and bisexual men who attend circuit parties. (*Am J Public Health.* 2001;91:953-958)

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Circuit parties—multiday gatherings of gay and bisexual men—have grown tremendously in popularity over the past 10 years.¹⁻⁴ A uniform definition of a circuit party does not exist, partly because such parties continue to evolve. However, a circuit party tends to be a multi-event weekend that occurs each year at around the same time and in the same town or city and centers on one or more large, late-night dance events that often have a theme (for example, a color such as red, black, or white).^{1,2,5} Music, dancing, and entertainment, such as light shows, popular singers, and male dancers, combine to create gay-celebratory and sometimes homoerotic events that have become important to many men. Other activities during these weekends include welcoming events, after-hours and morning-after events, afternoon tea dances, and other social gatherings.

Circuit parties are common throughout the world, particularly in North America.^{2,6} The parties typically take place in resort towns or major cities^{3,4} and attract largely local or more national followings. In the United States, circuit parties host hundreds of thousands of men each year⁶; indeed, national parties can attract more than 20 000 men to a local community.⁷⁻⁹ The parties usually are organized and promoted by for-profit production companies or non-profit organizations that function independently of party beneficiaries.^{3,10} Tickets are required for entrance; single-event ticket prices can range from \$20 to \$100 or more.^{8,9} Most party organizers donate a portion of the profits from ticket sales to AIDS service organizations or other health-related programs that benefit gay and bisexual communities.³

Little is known about the characteristics and behaviors of gay and bisexual men who attend circuit parties. There have been anecdotal reports of high rates of drug use and sexual activity during circuit party weekends,^{3,10-12} along with documented cases of drug overdoses and drug-related deaths.¹³ In the 1999 quantitative study reported here, we sampled gay and bi-

sexual men from the San Francisco Bay Area who had attended a circuit party in the previous year, and we assessed (1) their demographic characteristics and health beliefs, (2) the frequency with which they attended local or distant circuit parties, (3) their motivations for attending the parties, (4) self-reported drug use and sexual behaviors during a recent circuit party weekend, and (5) whether they observed and used available drug and HIV prevention materials (e.g., information on drug use or safe partying) or products (e.g., condoms).

Methods

Participant Recruitment and Eligibility

Study candidates were enrolled in one of 2 ways: either they were approached by health department staff on the street outside one of several dozen venues frequented by gay and bisexual men (e.g., dance clubs, bars, gyms, a gay pride event, sex clubs, other businesses; 75% of sample) or they initiated contact with the health department in response to flyers, advertisements, or referrals from friends or other people familiar with the study (25% of sample).

Eligible participants were men (18 years or older) who identified themselves as gay or bisexual, worked or lived in the San Francisco Bay Area, and had attended a circuit party in the previous 12 months. Men were screened at the

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point of contact (on the street or by telephone), and, if they were eligible, an interview was scheduled at the local health department.

Of the candidates who were eligible on the basis of sexual orientation, age, and locality, 57% had attended a circuit party in the past year. Forty-nine percent of the fully eligible candidates completed the interview ($n=305$); reasons that eligible candidates failed to complete the survey included actively declining (16%), passively declining (e.g., failure to return repeated telephone calls from study staff; 19%), and repeatedly failing to appear for scheduled interviews (13%). There were no significant differences in regard to age or ethnicity (White vs other) between eligible men who completed the survey and those who did not. Our participation rate was consistent with rates for other community surveys of men who have sex with men.¹⁴

Questionnaire Administration and Measures

After the study was described and informed consent was obtained, participants were given the following definition of a circuit party: "a gathering of mostly gay or bisexual men that is open to the public where the main event occurs only once a year and has an emphasis on dancing. Include welcoming or pre-party events, after- or recovery party events, and tea dances leading up to or following the main event." An interviewer then administered a questionnaire that required approximately 60 minutes to complete. Questionnaire items were based on information gathered from previous research, focus groups, and a local community advisory board. Participants were paid \$25.

The men were asked about their drug use and sexual behavior during their most recent circuit party weekend in the previous 12 months; a weekend was defined as 8 PM Friday to 8 PM Monday. Reports included parties held both in the San Francisco Bay area (67% of the men) and outside of the area (33%).

Unprotected anal sex was defined as insertive or receptive anal sex without a condom; protected anal sex was defined as anal sex with a condom. Seroconcordant unprotected anal sex was defined as unprotected anal sex with a partner whose HIV status was reported to be the same as that of the participant. Serodiscordant/serostatus-unknown (SD/SU) unprotected anal sex was defined as unprotected anal sex with a partner whose HIV status was the opposite of the participant's or unknown to the participant.

Sexual behaviors were analyzed as dichotomous (yes vs no) variables. Participants who reported at least 1 occurrence of unprotected anal sex during their most recent circuit party weekend were coded as engaging in un-

protected anal sex; the same procedure was used for calculating SD/SU unprotected anal sex, seroconcordant unprotected anal sex, and protected anal sex.

In all analyses, higher levels of risk behavior superseded lower levels. For example, a man who reported both SD/SU unprotected anal sex and seroconcordant unprotected anal sex during the weekend was coded in the SD/SU category. To be coded as engaging in seroconcordant unprotected anal sex, the participant had to not have engaged in SD/SU unprotected anal sex. Participants were asked about locations at which they had sex during the circuit party weekend (e.g., hotel, private home) and at circuit party events (e.g., dance floor, restroom, parking lot).

The men were asked whether or not they used specific drugs during the 3-day circuit party weekend, including methylenedioxy-methamphetamine (ecstasy), ketamine hydrochloride, gamma hydroxybutyrate or gamma butyrolactone, cocaine, marijuana, LSD, mushrooms, amyl nitrite (poppers), alcohol, and Viagra. A drug use index was calculated on the basis of a median split of the number of different drugs used (fewer than 3, 3 or more) during the 3-day period; this variable excluded Viagra because it generally is not considered a psychoactive drug and motivations for taking Viagra (sexual performance) are different from motivations for taking psychoactive substances (alteration of mood or consciousness).

Participants indicated whether they had experienced a drug "overuse" incident in the previous 12 months in which they passed out, needed medical assistance, or could not take care of themselves owing to substance use. They were also asked where the incident occurred.

Items measured participants' frequency of attending circuit parties in and out of the San Francisco Bay Area in the past year and in their lifetimes. The men responded to 10 statements that reflected motivations for attending circuit parties (e.g., "to listen to music and dance," "to get high on drugs," "to have sex"). Responses of 4 or 5 on a 5-point scale were considered strong motivations.

Participants indicated (on 1–5 scales) their level of agreement with the following health belief statements: "Knowing about improved treatments for HIV has caused me to have more unprotected sex"; "Most therapies to fight HIV will eventually fail"; and (for HIV-positive men) "I am concerned about becoming reinfected with HIV." A scale response of 4 or 5 was considered as reflecting agreement with the statement. HIV-negative men were asked how likely they thought it was that they would become infected with HIV in their lifetime (1–4 scale). These men were also asked about their awareness and use of postexposure prophylaxis and whether they had ever intentionally engaged in

unprotected anal sex because they knew post-exposure prophylaxis was available.

Demographic variables (age, race/ethnicity, designation of sexual orientation, income, education) were assessed via standard response formats. Participants self-reported their HIV status and sexually transmitted disease incidence in the past year.

Statistical Analyses

The analytic sample consisted of 295 gay or bisexual men (from an original sample of 305). Ten men of unknown HIV status were omitted so that SD/SU unprotected anal sex and seroconcordant unprotected anal sex could be defined clearly.

Descriptive analyses characterized the sample on demographic, belief, and behavioral dimensions. Comparisons of discrete variables were made with χ^2 analyses. Forward stepwise linear regression was used to examine circuit party attendance in the previous 12 months (continuous dependent variable) in relation to demographic characteristics (age, race/ethnicity [White vs other], education, income; HIV status was included as a characteristic) and motivations for attending circuit parties. Forward stepwise logistic regression was used to examine drug use and sexual risk behavior (separate discrete dependent variables) in association with demographic variables and motivations for attending parties.

The association between drug overuse in the previous 12 months and a high level of drug use at the most recent circuit party was examined in a stepwise logistic model controlling for demographic variables. A similar logistic regression model was used to assess the association between drug use and sexual risk behavior during the most recent circuit party weekend.

Results

Sample Characteristics

A high proportion of the sample self-identified as gay (Table 1). Median time since most recent HIV-antibody test was 7 months for men self-reporting as HIV negative. Of the HIV-positive participants, 53% reported an undetectable viral load, and 8% reported CD4+ T-cell counts below 200 mm^3 (median: 540 mm^3) at their most recent testing.

Overall, 30% of the men agreed with the statement that most HIV therapies will eventually fail (there were no significant differences by HIV status). A greater proportion of seropositive than seronegative men thought that HIV is a chronic and treatable condition (71% vs 29%; $P<.001$). Of HIV-positive men, 42% were concerned about HIV reinfection. Of

TABLE 1—Demographic Characteristics (n=295): Circuit Party Men's Health Survey Participants, 1999

	Sample, %
Age, y (median = 32)	
19–24	8
25–29	28
30–34	29
35–39	21
40–54	14
Race/ethnicity	
White	70
Asian/Pacific Islander	15
Latino	7
African American	3
Other	5
Education	
High school or less	9
Some college or 2-year degree	22
Bachelor's degree	43
Some graduate school or degree	26
Annual income, \$	
<20 000	10
20 000–39 999	30
40 000–59 999	26
60 000–100 000	23
>100 000	11
Sexual orientation	
Gay	97
Bisexual	3
Currently have primary partner ^a	46
Sexually transmitted disease in past year	11
HIV status at most recent testing	
Positive	17
Negative	83

^aSomeone they had lived with or seen a lot and to whom they felt a special emotional commitment.

HIV-negative men (n=244), 10% believed that they would become infected with HIV in their lifetime.

The vast majority of the men (78%) were aware of postexposure prophylaxis, perhaps reflecting the fact that San Francisco was one of the first cities to offer postexposure prophylaxis for sexual exposure through public health programs.^{15,16} Of the total sample of HIV-negative men, 4% had used postexposure prophylaxis at some point in their lifetime; fewer than 1% reported that they engaged in unprotected anal sex because they knew post-exposure prophylaxis was available.

Attendance at Circuit Parties

Sixty-three percent of participants attended their first circuit party when they were in their 20s or younger (median: 27 years; range: 16–51 years). Thirty percent attended their first party less than 2 years before the interview; 40%, within 2 to 5 years before the interview; and 30%, more than 5 years before the interview.

Most of the men had attended many circuit parties. Twenty-six percent had been to 6 to 10 parties, and 36% had attended more than

10 parties in their lifetimes. The median number of circuit parties attended in the previous year was 3 (range: 1–16). Twenty-eight percent of the men had not traveled out of the San Francisco area to attend a party in the previous 12 months, 32% had traveled to 1 party outside the area, and 40% had traveled to 2 or more parties outside the area. In the past year, 7% of the men had attended a circuit party held outside the United States.

Drug Use

A sizable subgroup of men reported at least 1 incident of drug “overuse” during the previous year (Table 2). Of the men reporting drug overuse, 50% reported that incidents occurred at dance clubs and 28% reported that they occurred at circuit parties; the remaining cases occurred at other locations. Drugs most commonly reported during overuse incidents were gamma hydroxybutyrate or gamma butyrolactone, ketamine, and alcohol. In a logistic regression model controlling for demographic variables, drug overuse in the previous year (dependent variable) was associated with use of 3 or more drugs during a recent circuit

party weekend (odds ratio [OR]=1.98, 95% confidence interval [CI]=1.08, 3.63) and being 30 years or younger (OR=1.84, 95% CI=1.02, 3.34). Among the relatively few men who had injected drugs during the previous year (n=22), 91% had injected steroids, primarily non-prescribed steroids (64% of injectors).

Nearly all of the respondents reported using a psychoactive drug during their most recent circuit party weekend; only 11% consumed alcohol exclusively. Among men using drugs, the number of different drugs used ranged from 1 to 7 (median: 3). Most men had taken ecstasy or ketamine (or both) as well as other substances during the weekend. In a logistic regression analysis controlling for demographic variables, use of 3 or more drugs (dependent variable) was significantly associated with increased number of circuit parties attended in the past year (continuous variable; OR=1.33, 95% CI=1.18, 1.50).

Seventy-four percent of the respondents (n=217) reported that they had consumed a psychoactive drug (excluding alcohol) specifically at a party event during their most recent circuit party weekend. Eighty-four percent of these men ingested drugs on the dance floor, and 63% did so in the restroom.

Sexual Behavior

Sexual activity, including unprotected anal sex, was prevalent during circuit party weekends (Table 2). At highest risk for HIV transmission were the 26 men who had engaged in SD/SU unprotected anal sex; these individuals reported a combined total of 42 receptive SD/SU partners and 70 insertive SD/SU partners (receptive and insertive partners were not mutually exclusive). Among the men who reported SD/SU unprotected anal sex during the circuit party weekend, 38% had receptive and 65% had insertive unprotected anal sex with a partner of unknown HIV status. Thirty-one percent of men who engaged in SD/SU unprotected anal sex, in comparison with only 9% of men who did not report doing so, agreed with the statement that knowledge of improved treatments for HIV has resulted in their having more unprotected sex in general ($P<.001$).

Twenty-nine percent of the respondents reported multiple sex partners (oral or anal) during the circuit party weekend. Of those who had multiple partners (n=86), 47% reported unprotected anal sex and 24% reported SD/SU unprotected anal sex. Among men who reported having a primary partner (n=137), 27% had multiple sex partners (oral or anal) during their most recent circuit party weekend; among these 37 men, 62% reported unprotected anal sex and 30% reported SD/SU unprotected anal sex.

Importantly, a logistic regression model controlling for demographic variables showed that as the number of drugs used during the circuit party weekend increased, the likelihood

TABLE 2—Drug Use and Sexual Behaviors: Circuit Party Men's Health Survey Participants, 1999

	Sample, %
Drug overuse incident ^a in past year (n=295)	25
Among participants who reported a drug overuse incident ^a in past year, substances most often involved (n=74)	
Gamma hydroxybutyrate/gamma butyrolactone	53
Ketamine	45
Alcohol	45
Ecstasy	34
Crystal methamphetamine	16
Injection drug use ^b in past year (n=295)	8
Drug use during most recent CP weekend (n=295)	
Any psychoactive drug (i.e., excluding Viagra)	95
3 or more psychoactive drugs	61
Ecstasy	75
Ketamine	58
Alcohol	56
Crystal methamphetamine	36
Gamma hydroxybutyrate/gamma butyrolactone	25
Marijuana	26
Cocaine	19
Amyl nitrite (poppers)	9
LSD/mushrooms	4
Viagra	12
Sexual behavior during most recent CP weekend (n=295)	
Any oral or anal sex	67
Anal sex (insertive or receptive)	49
Protected anal sex only	21
Unprotected anal sex	28
Seroconcordant only	19
Serodiscordant/serostatus unknown	9

Note. CP=circuit party.

^aPassed out, needed medical assistance, or could not take care of self.

^bRecreational drugs or steroids.

of unprotected anal sex during that weekend increased as well (OR = 1.25, 95% CI = 1.06, 1.47). A similar—although nonsignificant—result was found in regard to SD/SU unprotected anal sex (OR = 1.17, 95% CI = 0.89, 1.52).

Common locations for oral or anal sex during the weekend were private homes and hotel rooms (45% and 22% of the sample, respectively). Nine percent of the respondents reported having oral or anal sex specifically at a circuit party event, most commonly on the dance floor (50%) or in a restroom (39%).

Motivations for Attending Circuit Parties

Nearly all participants stated that strong motivations for having attended circuit parties in the previous year were “to listen to music and dance” and “to be with friends” (Table 3). “To get high on drugs” was a strong motivation for most participants, and “to have sex” was a motivation for a smaller subset of the men.

Motivations for attending circuit parties were associated with frequency of attendance in the previous year. In a stepwise linear regression model that initially included all 10 motivations and demographic factors as inde-

pendent variables, 3 motivations—“to get high on drugs,” “to have sex,” and “to meet people and make new friends”—were independently associated ($P < .05$) with attending more parties in the previous year. “To feel desirable” and “to get drunk on alcohol” were inversely associated ($P < .05$) with frequency of attendance.

Participants with a strong motivation “to have sex” were likely to engage in risky sex during the circuit party weekend, and participants with a strong motivation “to get high on drugs” were likely to have used 3 or more drugs during that weekend (Table 3). In general, a similar pattern of results was obtained when alcohol use was excluded from the drug use variable; one notable difference was that a smaller percentage of men who used 3 or more drugs (vs fewer than 3 drugs) reported that “to get drunk on alcohol” was a strong motivation for attending circuit parties (5% vs 15%; $P < .01$). These findings were confirmed in multivariate stepwise regressions.

Visibility and Use of Available Prevention Materials

Most men reported seeing condoms available at circuit party events (Table 4); however,

relatively few men reported that they took the condoms. Approximately equal proportions of men reported seeing safer sex information and seeing information on drug use and partying safely. While a majority of those who saw the information on drug use and partying safely reported reading the material, a much smaller percentage of those who saw the safer sex information reported that they read it.

Men who had used condoms during anal sex at their most recent circuit party weekend were more likely than other men to have taken the condoms that were available at a party event (Table 4). Also, men who used many drugs were more likely than other men to report that they saw condoms and information on drug use and partying safely at their most recent circuit party.

Discussion

Our findings confirm anecdotal reports of a high prevalence of drug use during circuit party weekends and at specific party events. For context, compare these 3-day drug use rates with 6-month (180-day) rates recently found in a population-based sample of gay men.¹⁷ At the San Francisco site of the Gay Urban Men's Study, men reported much lower use of methamphetamines (13%), cocaine (10%), and especially ecstasy (1%) for a time period that was 60 times longer. Alternatively, rates of alcohol (92%) and marijuana (50%) use in the 6-month period were higher than during the 3-day circuit party weekend.

We saw a similar pattern when we compared the 3-day drug use rates in the current study with those revealed in other community studies of men who have sex with men.^{18,19} Indeed, more than half of the men in the current study reported attending circuit parties to get high on drugs. Men with a strong drug use motivation were more likely than other men to use many drugs during circuit party weekends and to have attended more parties in the previous year. Taken as a whole, these findings suggest that a substantial drug culture permeates the circuit party environment, a drug culture that is distinct from broader communities of gay and bisexual men.

Sexual activity, including unprotected anal sex, was relatively common during circuit party weekends. Other studies assessing 6-month sexual behavior have revealed rates of unprotected anal sex ranging from 41%¹⁹ to 54%,²⁰ as compared with the 28% rate in our 3-day period. Consistent with other studies,^{17,21} we found drug use to be associated with sexual risk behavior. Although much of the unprotected anal sex was reported to be with a seroconcordant partner, that activity carries some risk for transmission owing to lack of knowl-

TABLE 3—Strong Motivations for Attending Circuit Parties in the Past Year, Overall and by Behavior Category: Circuit Party Men's Health Survey Participants, 1999

	Overall (n=295), %	Risk Behaviors During Most Recent Circuit Party Weekend				
		Unprotected Anal Sex, %			Drug Use, %	
		None (n=211)	Seroconcordant (n=56)	SD/SU (n=26)	<3 Drugs (n=114)	≥3 Drugs (n=181)
Listen to music and dance	98	99	98 _x	88 _y	97	98
Be with friends	97	98 _x	96 _x	88 _y	97	97
Look at/be around beautiful men	78	76 _x	80 _{x,y}	85 _y	72 _x	82 _y
Meet people/make new friends	72	71	73	77	71	72 _y
Feeling of community	65	63	68	69	54 _x	71 _y
Get high on drugs	57	57	61	54	39 _x	69 _y
Feel desirable	53	52	59	58	45 _x	59 _y
Escape everyday life	46	46	46	42	47	45
Have sex	30	27 _x	32 _x	54 _y	25	33
Get drunk on alcohol	10	9	7	15	13	8

Note. Strong motivations refer to those rated 4 or 5 on a 1 to 5 scale. Within behavior categories (unprotected anal sex, drug use), percentages that do not share subscripts are significantly different from one another ($P \leq .05$); percentages with no subscripts are not significantly different from one another. Totals vary slightly owing to missing data. SD/SU = serodiscordant/serostatus unknown.

TABLE 4—Visibility and Acquisition or Use of Prevention Materials at Most Recent Circuit Party, Overall and by Behavior Category: Circuit Party Men's Health Survey, 1999

	Overall, %	Risk Behaviors During Most Recent Circuit Party Weekend				
		None	Anal Sex, %		Drug Use, %	
			Unprotected	Protected	<3 Drugs	3+ Drugs
Saw condoms	63	60	66	65	56 _x	67 _y
Took condoms ^a	30	19 _x	26 _x	59 _y	23	33
Saw safer sex information	32	28	34	38	29	33
Read safer sex information ^a	28	24	29	33	30	27
Saw drug/safe partying information	32	29 _x	41 _y	26 _x	24 _x	36 _y
Read drug/safe partying information ^a	53	47	59	56	63	48

Note. Within behavior categories (anal sex, drug use), percentages that do not share subscripts are significantly different from one another ($P \leq .05$); percentages with no subscripts are not significantly different from one another. Totals vary slightly owing to missing data.

^aAmong those who saw the prevention material.

edge about—or incorrect disclosure of—current HIV status.^{22–24}

Consider the potential impact of circuit party weekends on HIV infection rates and rates of infection with other sexually transmitted diseases, based on sexual mixing opportunities and patterns both within and beyond the 3-day periods. Our data pertain to a single circuit party weekend for each participant. If we multiply the prevalence of sexual risk behavior by the median of 3 parties per year revealed in this sample, and if we consider the large number of men who attend circuit parties, as well as the growing popularity of such parties, then the likelihood of transmission of HIV and other sexually transmitted diseases among party attendees and secondary partners becomes a real public health concern.

We examined whether participants observed and used prevention materials available at a recent circuit party. It was encouraging that a greater percentage of the protected men took condoms than did men who had unprotected anal sex or men who did not have anal sex dur-

ing the weekend. Condom visibility and accessibility are important factors in condom use,²⁵ and party organizers should strive to present and distribute condoms in the most visible and accessible ways.

Relatively few attendees reported that they saw drug use information or information on partying safely at circuit party events. Attendees need to be knowledgeable about multidrug interactions and mixing psychoactive drugs with medical treatments (e.g., antiretroviral therapy). Gamma hydroxybutyrate and gamma butyrolactone—commonly referred to as “date rape drugs”—are particularly dangerous and have received much attention.^{26–28} Viagra is being used by a sizable and perhaps growing subgroup of gay and bisexual men. The effects of mixing these and other commonly used drugs should be addressed in drug use and safe partying materials.

Changing behavioral norms and cultures that encourage multiple drug use and sexual risk behavior during circuit party weekends is an important challenge in health promotion for

gay and bisexual communities. Two effective programs could be adapted to circuit party settings. The Mpowerment Project²⁹ is a social mobilization model that works to change norms and cultures by empowering members of a target community to plan and implement events, activities, and outreach for themselves and others; interjecting creative risk reduction messages in social events is a key component. In addition, the opinion leader model^{30,31} suggests that certain individuals in a circuit party community may be identifiable as popular peers who could be recruited and trained to perform outreach at a party.

A more basic risk reduction strategy is to include distribution of prevention materials when men register for a party. Location-specific prevention messages and structural-level activities (e.g., bathroom attendants and adequate lighting) may be useful as well. Prevention programs would best serve party attendees by considering the full environmental context of circuit party weekends, including behavior away from party events in homes, hotels, local bars

and clubs, and bathhouses and sex clubs. More generally, some gay and bisexual men—especially younger men and those who engage in heavy drug use at circuit parties—may benefit from targeted drug prevention interventions and substance abuse treatment that is sensitive to these men.

Our sample may not represent entirely the population of gay and bisexual men residing or working in the San Francisco Bay area who attend circuit parties, and our findings may not accurately describe the circuit party experience in other regions of the United States or in other countries. Nevertheless, circuit parties are important social venues for many men, and these events represent prime opportunities for implementing health promotion efforts for gay and bisexual men. Although efforts focusing on prevention of HIV and other sexually transmitted diseases and drug prevention efforts are currently implemented at some parties, more can be done in terms of building awareness, promoting education, altering social norms, and establishing structural mechanisms that influence behavior.

Public health and prevention professionals should become aware of circuit parties in their region, and they should build solid relationships and work closely with gay and bisexual communities. Party organizers and beneficiary agencies should seek the support and expertise of public health and prevention professionals as well as community members to develop, collaboratively, comprehensive and effective interventions designed to reduce risk behavior and promote health among gay and bisexual men who attend circuit parties. □

Contributors

G. Mansergh and G. Marks were project officers, G. N. Colfax and S. Buchbinder were principal investigators, and M. Rader and R. Guzman were study coordinators for the project. G. Mansergh was the principal writer of the article, with substantive and editing contributions from G. Marks, G. N. Colfax, and S. Buchbinder. G. Mansergh was the principal data analyst, assisted by G. Marks and M. Rader.

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