Reducing HIV Infections at Circuit Parties: From Description to Explanation and Principles of Intervention Design

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Circuit parties are weekend-long, erotically charged, drug-prevalent dance events attended by up to 25 000 self-identified gay and bisexual men who socialize and dance nonstop, sometimes for 24 hours or longer. Although these parties started originally as part of the gay community's response to raise HIV/AIDS awareness and to build community and cultural identity, they may have become a site for transmitting HIV across geographical regions and socioeconomic groups of gay and bisexual men. This article reviews the descriptive published studies on circuit parties. The authors use these studies and the literature on drug use and high-risk sexual behavior in gay and bisexual communities, along with sociological and social psychological research, to propose a causal model of why circuit parties may contribute to unsafe sexual practices that increase HIV infection risk. The authors abstract 5 prevention messages relevant to circuit parties and review intervention studies in nonparty settings for insight into how to reduce risky sexual behavior within circuit events. These intervention studies help to identify 5 context-specific groups that can effectively carry the prevention messages. The 5-by-5 matrix represents a first stage in developing a causal model for reducing HIV infections, along with evaluable principles of intervention, at circuit parties.

Keywords: ***HIV/AIDS; intervention; circuit parties; club drugs; sexual behavior***

Circuit parties are weekend-long dance events at which sexual activity and polydrug use are generally prevalent. The parties are typically attended by up to 25 000 gay and bisexual men, who socialize without stop for periods sometimes exceeding 24 hours. The Black & Blue party in Montreal, Canada, reported attendance by more than 80 000 people during a recent party weekend.[1] The men dance to bass-pounding electronic rhythms amid multicolored lights and laser shows, often with exotic entertainers performing on stage, sometimes erotically. The participating men are on average Caucasian, in their late 20s to late 30s, college educated, and from middle-class to upper-middle-class backgrounds. The parties themselves serve as "gay celebratory . . . events . . . important to many men," who cite as a major reason for attending the "feeling of community" they find there.[2] This last sentiment is echoed in recent media depictions of circuit parties as "a symbol of freedom for the gay community" that "brings all aspects of the community together, people from all walks of life" so that circuit parties embody "our family, our gay family."[3]

Circuit parties were started in the mid-1980s as part of the gay community's attempt to raise awareness of HIV/AIDS and to gain funds to combat the disease.[4-6] Although it is unconfirmed, circuit parties may have ironically become potential sites for HIV serotransmission[1,2,7-9] and have started to arouse public health concerns in the media.[10-13] One possible explanation is that the parties cater to a high-risk demographic category—affluent, young, urban gay men who use club drugs. Another explanation is that a notable proportion of men attending the parties are HIV-positive, and, while at the parties, they engage in higher rates of unprotected anal intercourse (UAI) than do their HIV-negative counterparts, and they are also likely to have a greater number of sex partners.[8]

This article will suggest that the idea of a link between circuit party attendance and HIV transmission is not unfounded, even if it remains speculative, based on research on the drug-sex link and on research that directly applies to circuit parties. We begin with the observation that there is a "substantial drug culture" that "permeates the circuit party environment, a drug culture

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that is distinct from broader communities of gay and bisexual men."[2] This drug culture manufactures "a setting in which substance use is significantly more likely to occur."[1] Circuit party attendees are more likely to ingest drugs at distant circuit parties as opposed to comparable gay venues, such as regular dance clubs, in their home cities.[8] As many as 25% of party patrons self-identify as HIV-positive[1] in a context in which use of certain drugs (eg, 3,4-methylenedioxymethamphetamine [ecstasy or MDMA], crystal methamphetamine) is statistically associated with risky sexual practices, such as UAI, sex with serodiscordant or serounknown partners, multiple partners, and UAI with multiple partners, which then exacerbates the risk of HIV transmission.[2,7,8,14,15] Research on men who have sex with men (MSM) has shown that drug use is related to sexual disinhibition and altered judgment, which increases the likelihood of engaging in any type of sexual activity but, more specifically, increases the likelihood of risk-taking behaviors, such as UAI, and thus increases the transmission of a host of sexually transmitted infections (STIs), including but not limited to HIV.[4,16-32] When considering what is already known, the claim of a possible relationship between party attendance and HIV infection is not unwarranted.

These concerns are aggravated when we consider the explosive growth, internationally, of the circuit.[33] *Circuit Noize* is a national publication exclusively targeted to the circuit party community.[34] As an indicator of institutional development, Figure 1 shows the number of parties listed in each issue's "party calendar," revealing an increase of 220% from 1994 to 2004.

According to the former publisher, *Circuit Noize* circulated 700 copies of its first issue. Two years later it circulated 50 000 copies, to every major city in the United States and Canada. It now advertises a major event at least every month. The increases from earlier years could be due to a number of factors that affect success of a publication, including wider distribution and better solicitation of advertisers. These and other explanations are also indicators of the prominent infrastructural growth of the circuit as a distinct subculture.[35-37]

The recent history of the Morning Party at Fire Island in New York also attests to the parties' staying power. For years, the Gay Men's Health Crisis, a New York City-based AIDS service organization, sponsored the Morning Party. But under mounting criticism about drug use and unsafe sex, the Gay Men's Health Crisis withdrew its support.[38] Nevertheless, the event continues basically unchanged, in part because circuit parties are profitable for the developers and entertainers[39] and in part because they are attractive to individual gay men, for whom they promise community building and cultural identity promotion. We therefore liken these parties to a "Communitarian Janus." One of Janus's party faces promotes community building through shared activities in a distinct subculture, whereas the other entails public health risks stemming from and therefore undermining these very same community-enhancing activities.

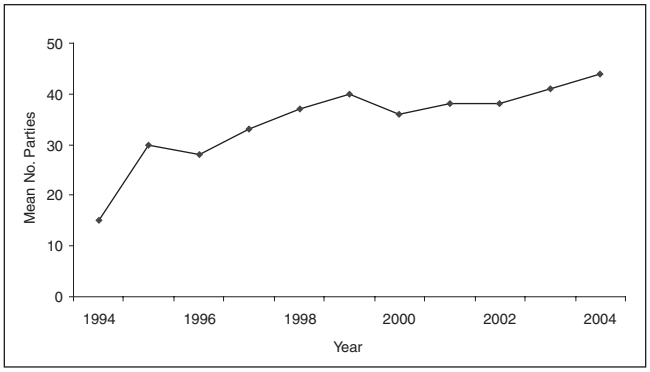

Figure 1 Average number of circuit parties listed in Circuit Noize.

Mansergh et al[2] cogently capture the risks of circuit parties as a Communitarian Janus: "Consider the potential impact of circuit party weekends on HIV infection rates. . . . If we multiply the prevalence of sexual risk behavior by the median of [three] parties per year, . . . 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 . . . among party attendees and secondary partners becomes a real public health concern."[2]

This article explores the 2 party faces of the circuit, beginning with a review of public health research on circuit parties. At the time of this writing, there were only 5 such studies, some of which shared data sets, each of which described different dimensions of the total phenomenon. Unfortunately, the articles do not explicitly address the topic of this article. We therefore use these 5 studies and the vast literature on drug use and high-risk sexual behavior in MSM communities more generally, along with sociological and social psychological research, to propose an original explanatory causal model of why circuit parties may contribute to HIV infections. In doing so, we heed the recent counsel of scholars who suggest that "developments in contemporary social theory can be integrated into public health practice."[40]

Research on Circuit Parties

As discussed earlier, the links between drug use and high-risk sexual behavior, and sometimes also with HIV and other STIs, are well documented in the literature on MSM. However, because research into the drug-sex-infection nexus at circuit parties is comparatively rare, we provide here a brief description of the relevant studies.

Mansergh et al[2] described the demographics of party attendees as well as their frequency of attendance, motivation to attend, patterns of drug use, and patterns of sexual behavior, including the availability and use of condoms. Most respondents (95%) reported using psychoactive "club drugs" (excluding alcohol and Viagra) during their most recent circuit party weekend. Of these, 61% ingested 3 or more drugs in 1 night; 84% reported ingesting drugs on the dance floor, and 63% reported ingesting drugs in the bathroom. Thus, multiple drug use is the norm, and drugs are consumed in different locations within the setting.

The authors also found high levels of sexual activity, with 67% of attendees reporting that they had anal or oral sex during a party weekend, and 49% reporting that they had only anal sex (insertive or receptive). Only 21% reported uniformly safe anal sex; 28% said they had UAI, 9% of which had it with serodiscordant or serounknown partners. Twenty-nine percent had multiple sex partners during the party weekend; of these, 47% reported UAI, 24% of which reported serodiscordant or serounknown UAI. Of the men, 9% reported having sex specifically at a circuit party event. Most men reported seeing that condoms were available at the party, but few reported taking them. The incidence of UAI increased with the number of partners and of drugs used.

Colfax et al[8] used the same data set as the Mansergh group[2] to examine the differential behavior of HIV-positive and HIV-negative men during party weekends, and how differences between them vary by party type—whether during a local circuit party weekend (ie, one in their home town) or a distant circuit party weekend (ie, one located elsewhere), during a local dance club (non–circuit party) weekend, and a nonevent weekend (no circuit party or local dance club).

Of the 295 men in the sample, 51 (17%) were HIV-positive. Compared with HIV-negative men, HIV-positive men engaged in higher rates of UAI with partners of unknown or discordant serostatus. They also engaged in more UAI—31% to 39%, depending on party type, versus 22% to 26% for HIV-negative men. Among HIV-positive men, unsafe sexual behavior was highest during out-of-town circuit party weekends, where 21% engaged in UAI with serodiscordant or serounknown partners. During local circuit party weekends, the rate was 14%. HIV-positive men were also more likely to engage in UAI with multiple partners during all event types (7% to 16%, in contrast to 1% to 5% for HIV-negative men). That HIV-positive men engaged in riskier sexual practices during party weekends is an important point, because HIV is spread through the *joint* mechanism of seropositivity and unsafe sex and because the sexually charged, drug-fueled party atmosphere may increase sexual activity overall.

Colfax et al[8] also found high drug use at circuit parties. The median number of different drugs consumed was 4 during distant circuit party weekends, 3 during local circuit party weekends, 2 during local dance club weekends, and 1 when not going to a club or circuit party (ie, nonevent weekend). Ecstasy and ketamine were used most frequently—by 80% and 66% of attendees, respectively. This is presumably because they enhance mood and atmosphere more than sexual performance, making them particularly consonant with the purpose of going to a party. Crystal methamphetamine alters both mood and sexual functions,[41] which may be why its use is in the intermediate range (43% at distant events). Colfax et al[42] suggest that the higher rates of unsafe sex during distant circuit party weekends results partly from the higher levels of drug use, increased anonymity, disinhibitory effects, and a modified social-normative climate at these events as compared with other gay venues.

Mattison et al[7] sampled 3 geographically diverse circuit parties during 1998 and 1999, each held in North America during a holiday weekend, with up to 25 000 persons attending. The authors note that the parties were attended primarily by a relatively wealthy (mean annual income of US$50 000) and well-educated (eg, 68% had at least a bachelor's degree) cohort of gay and bisexual men whose mean age was 33. Of the sample, 70% was Caucasian; 10%, Latino; 5%, black; 5%, Asian; and 3%, "other." Eighty percent of the sample consisted of HIV-negative men, 13% were HIV-positive, 4% had been tested recently and were unsure of their status, and the final 3% had never been tested.

Individuals were asked about substance use at parties during the past 12 months: 79% had used alcohol; 72%, ecstasy; 60%, ketamine; 45%, marijuana; 39%, cocaine; 39%, poppers; 36%, crystal methamphetamine; and 28%, gamma hydroxybutyrate (GHB). The modal number of different drug types consumed during an event was 4. A dose-response relationship was observed between the number of drugs used and the likelihood of unsafe sex during the past 12 months, with 10% of those using 1 drug reporting unsafe sex compared with 26% of those who had ingested 7 or 8 drugs.

Respondents rated their reasons for attending the circuit party and were free to check multiple alternatives: 97% said they attended circuit parties "to celebrate and have fun," and the same percentage wanted "to dance and enjoy music"; 95% wanted "to be with friends"; 86% wanted "to look and feel good"; and 73% wanted "to have an intense gay experience." More important for our purposes, 68% said they wanted "to be wild and

uninhibited"; 58% wanted "to party and use drugs"; and 43% wanted "to have sex." About 14% wanted "to forget about HIV/AIDS."

Mattison et al[7] found that unsafe sex at a given party was associated with more frequent use of ecstasy, ketamine, and poppers. The trends for any or occasional use of GHB and crystal methamphetamine were in the same direction. Also, engaging in unsafe sex was higher among men who reported going to the party to have sex, to be uninhibited and wild, and to look and feel good. That these reasons relate to sexual activity is not surprising. More puzzling is the question of why they should relate to unsafe sex. Some suggest that there is a general "sensation-seeking" personality or dispositional trait,[22] whose components include attending parties to feel good, to be wild and uninhibited, to have sex, and to have sex specifically without using condoms.

Ross et al[9] used the data set collected by Mattison et al[7] to examine broad categories of reasons for circuit party attendance and, given this, whether levels of risk (of drug consumption and unsafe sexual activity) are a function of reasons for attendance. An important contribution of this study is the organization into "two reliable dimensions that can constitute scales" of the associated reasons for party attendance discovered by Mattison et al.[7] These they term "social and celebratory" and "sensation-seeking" reasons, respectively. Each of the 2 factors consists of 5 elaborated items. Social and celebratory motivations include "to celebrate, have fun"; "to be with friends"; "to dance, enjoy music"; "to look and feel good"; and "to escape." Sensation-seeking reasons include "to have sex"; "to be uninhibited and wild"; "to have an intense gay experience"; "to party, use drugs"; and "to forget about HIV/AIDS for a while."

The results of Ross et al also reveal that "levels of risk in gay circuit parties are a function of reasons for attendance, and that interventions that seek to reduce drug-related or sexual risk in these venues must be targeted differently." They found that drug use and sex are more likely to be found in those patrons who attend circuit parties for sensation-seeking purposes rather than social and celebratory ones. Sensation-seeking party patrons were more likely to have ingested multiple drugs, more likely to report having unsafe sex during the past 12 months, and more likely to have had sex while high on 1 or more drugs, especially the combination of methamphetamines and GHB.

Lee et al[1] described the more general, demographic characteristics of circuit party attendees. Confirming findings from the other existing studies on circuit parties, Lee et al also found that the average party patron is male (99.4%, in their sample), Caucasian (83.4%), HIV-negative (69.6%), gay (94.8%), well-educated (56.6% with a college degree; 33.1% with a graduate degree), employed (94.6%), and had attended an average of 3.8 parties during the past year. It is notable that 25% of their sample self-identified as HIV-positive, the highest self-report of the 5 existing studies.

Lee et al[1] found high prevalence of drug use on the day of the party (86%), with a mean of 2.36 different drugs ingested. The most commonly consumed substances included ecstasy (71%), ketamine (53%), methamphetamine (31%), alcohol (24%), cocaine (19%), and GHB (12%). More than half the respondents reported that they were more likely to use drugs at a circuit party than at comparable gay venues such as regular dance clubs. Lee et al[1] found that the use of ecstasy at the party was highly correlated with concomitant use of ketamine (6.8 times more likely use), methamphetamine (10.9 times more likely use), and cocaine (8.1 times more likely use).

The researchers also examined the relationship between ecstasy use and sexual behavior and found that "a greater percentage of regular MDMA users reported engaging in receptive anal intercourse than non-regular MDMA users" (26% vs 10%). Given that ecstasy use is itself related to unsafe sexual practices,[7,14] its relationship to receptive anal intercourse, one of the riskiest sexual practices, is especially troubling. The researchers found no relationship between ingestion of ecstasy and condom use in the context of a circuit party, suggesting that failure to use a condom may be more directly influenced by either the ingestion of other club drugs or the mixing of ecstasy with other club drugs.

Lee et al[1] focused on the role of ecstasy in the circuit subculture. Recent media reports on use of crystal methamphetamine suggest it is reaching epidemic proportions, arguably making it the most commonly used drug at circuit parties today, more so than ecstasy.[43] Scholars have found a relationship between use of crystal methamphetamine and high-risk sexual practices associated with HIV infection.[44,45] Crystal methamphetamine use increases HIV viral loads in seropositive persons, especially in those taking highly active antiretroviral therapy.[46] The volatile relationship between crystal methamphetamine, risky sex, and HIV was recently brought to the public's attention with the detection of a rare strain of HIV. This multidrug-resistant strain of HIV-1, producing rapid progression to AIDS, was found in a New York City man who had engaged in UAI with other men while high on crystal methamphetamine.[47,48] These findings underscore the need to broaden studies of the drug-sex-infection nexus.

The published studies of circuit parties are only 5 in number, highlighting the need for further research in this context. They are all primarily descriptive and point

to the following: (1) sensation-seeking reasons—the desire to have sex, a wild time, and do drugs—as notable motivations to attend circuit parties; (2) widespread drug consumption at parties, with multiple drug use being the norm; (3) widespread sexual activity, with high prevalence of UAI, sex with multiple partners, and sex while high on club drugs; and (4) notable attendance by HIV-positive patrons who, on average, exhibit less cautious sexual behavior than HIV-negative patrons. These findings point to the urgent public health need to intervene at circuit parties to help reduce risky sexual practices that increase the risk of HIV infection.

Why do circuit parties inadvertently promote unsafe sex? How can researchers intervene to reduce rising rates of HIV infection at such events, given the unique and complicated setting of circuit parties?

Increased Risk of HIV Infection?

Evidence to date is not yet conclusive that circuit parties are directly responsible for increasing HIV transmission, though we have already discussed why this assumption is not unwarranted. These parties are regularly occurring, concentrated settings that provide opportunities for sexual interactions between HIV-positive and HIV-negative MSM. They may play an epidemiological role in transmitting HIV and other STIs across geographical regions and demographic groups, just as bathhouses in the 1960s and 1970s facilitated the spread of STIs and, in later years, HIV, across socioeconomic groups of MSM.[49]

Based on what is known about circuit parties and building on well-established, interdisciplinary knowledge from sociology, social psychology, and public health on drug use and sexual behavior, Figure 2 is proposed as an explanatory model of the causal processes that may intervene between party attendance and UAI. Because an empirically corroborated explanatory model of unsafe sex at circuit parties is not available, the model posited is still heuristic in nature. However, the model is strongly anchored in existing empirical and theoretical accounts. As such, it is aligned with recent methodological counsel that urges scholars to more actively integrate social theory into public health practice.[40]

The model assumes that the process most causally proximal to risky sex is the availability of HIV-positive men who are willing to have unsafe sex, for whatever reasons. Causally preceding unsafe sex are 2 factors: libido that is situationally elevated at circuit parties and cognitive distortions that lead men to engage in sexual acts that in other settings they would know to be dangerous and unwise, and that they would likely avoid more often than they would at parties.[16] It makes little sense to separate the roles of situationally elevated libido and situationally distorted judgment because it is the 2 together that immediately precede unprotected sex.

The model then assumes 3 causal precursors to elevated libido and distorted judgment. One is the pharmacology of the particular drugs consumed at parties; another is the sense of deindividuation that arises in the context of a large crowd of men who tend to appear physically similar to one another and also come from similar social backgrounds; and the third is the enhanced community feelings that are engendered by sharing experiences with other members of the same self-described "tribe," a cultural self-description we repeatedly encountered in our ethnographic fieldwork.

According to the model, these processes are themselves set in motion by a constellation of 4 jointly acting forces. These forces are the expectations that men bring to parties about drugs and sex, some of the cultural meanings that are associated with how drugs are used at parties, certain dynamics of the dance floor, and the models of sexual activity that are present in the erotically charged crowd and the professional entertainment provided.

This article does not enumerate all possible and specific pathways, with the assumption that this enumeration would be misplaced precision. Rather, this article contends that the general flow of causal influence moves from left to right in the model and, on average, involves all or most of the constructs listed. The discussion will therefore also move from left to right, from the more molar causal influences to the more proximal ones that are associated with elevated libido and diminished judgment in a context in which many seropositive men are available, some of whom are willing to engage in risky sex. Of course, attendance at the party is a necessary condition for all of the postulated processes to occur.

Stage 1: The Molar Causes

As described previously, more than two thirds of party attendees report going to circuit parties "to be wild and uninhibited," and nearly half go specifically "to have sex." Within these motivational parameters, it can be deduced that the circuit party scene is highly sexualized. Given the well-established, tight link between behavioral intentions and actual behaviors as postulated by the theory of reasoned action,[50] it is no surprise that most party attendees engage in some type of sexual activity while at the parties and often with multiple sex partners. However, although there is evidence that men attend circuit parties expecting sex, there is no direct evidence that they attend expecting unsafe sex.

Circuit party research reveals polydrug use as the norm. These drugs have pharmacological consequences. But they also play a social role, influencing

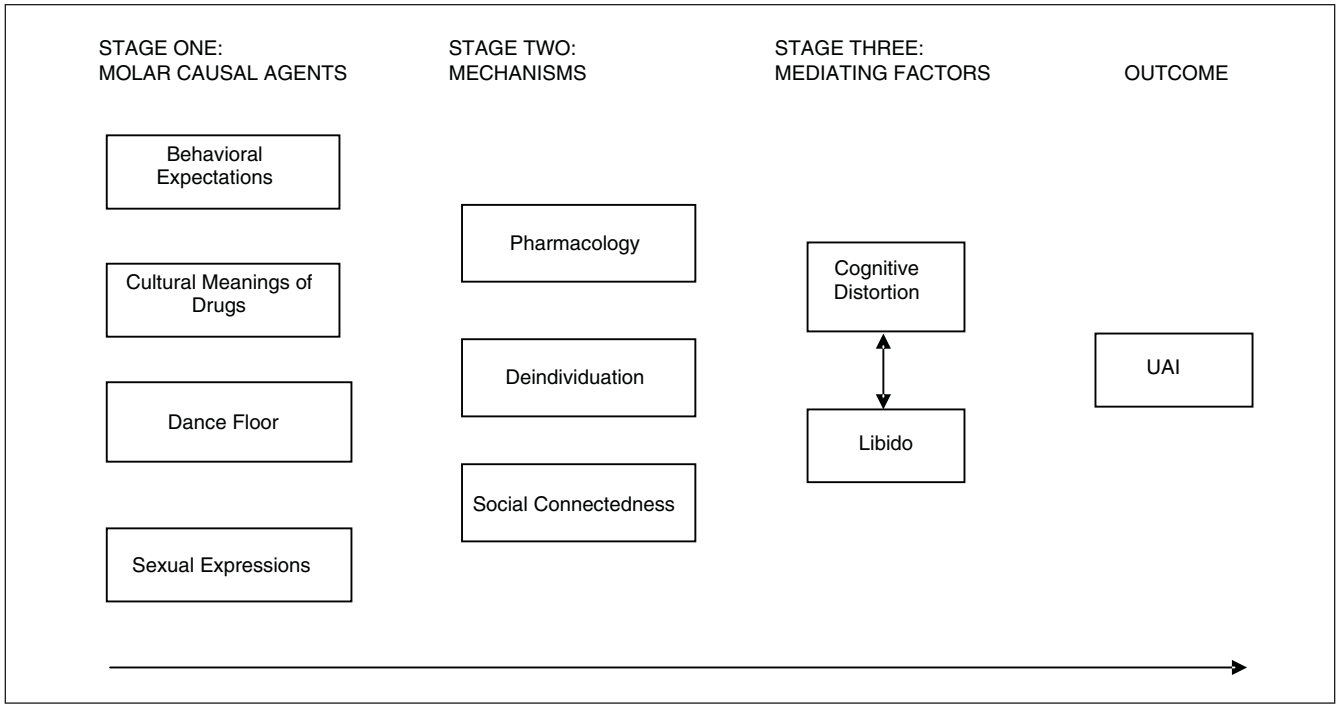

Figure 2 Causal agents, mechanisms, and mediating factors between circuit party attendance and unprotected anal intercourse (UAI).

interactions with other men. Because "a substantial drug culture permeates the circuit party environment,"[2] drugs are often ritualistically taken in groups, becoming a shared subcultural experience. Social control is often exercised in these groups, as individual men sanction those for whom it is evidently too early to take another "hit" (ie, take another ecstasy pill or dose of GHB) or do another "bump" (ie, snort more crystal methamphetamine or ketamine). Such group activities build solidarity and prevent the grossest of drug abuses, thus contributing to the particular closeness and generalized trust that men report feeling toward each other at circuit parties.

Party producers put on many forms of entertainment, and almost all of them highlight male sexuality. For instance, Chicago's 2003 Fireball included nude male dancers masturbating in metal cages fixed above and along the dance floor, and it was not uncommon during this party to see a few party attendees masturbating while on the floor. In 2005, Chicago's Fireball displayed pornographic images of sex and masturbation. It is therefore logical to hypothesize a social modeling or learning connection between the behavior of entertainer/models and of circuit participants, all in the unique context created by the music, drugs, and crowd.[30]

It is also logical to postulate a connection between the behavior of individual participants and of those participants who model sexual acts on and around the dance floor and in nearby bathrooms. Sexual expressions are intrinsic to circuit parties, and cues about sex are everywhere. Indeed, party attendees present themselves to others in ways designed to make themselves appear sexually desirable. But although the mechanisms discussed thus far, including modeling, probably contribute to increased sexual activity, they do not necessarily skew that activity toward unsafe sex—that is, away from condom use and vigilance in discussing the serostatus of partners. The link to sex is more directly warranted and understood than the link to unsafe sex.

Stage 2: Mechanisms

We posit 3 mediating mechanisms between party attendance and unsafe sex. One is pharmacological, because club drugs play a central role in risky sexual activity at parties. In its pure form, ecstasy is a synthetic, psychoactive substance possessing stimulant and mildly hallucinogenic properties and is activated primarily by the release of serotonin. Its hallucinogenic effects include feelings of peacefulness, acceptance, connectedness, attachment, and empathy, making it known as the "hug" or "love" drug.[51,52] Party attendees "rolling" on ecstasy widely report the desire to touch and be touched, a pharmacologically stimulated link to rising libidos.

Crystal methamphetamine is a synthetic stimulant that operates primarily through the overrelease of dopamine and also the overrelease of serotonin and

norepinephrine, which results in increased physical energy and libido, alertness, and feelings of euphoria.[52] Crystal methamphetamine is used to prolong the party by enabling attendees to dance continuously for periods of 12 hours or more with little or no need for food or sleep and also to enable the sexual encounters that occur in and around the dance floor.[44] Crystal methamphetamine is often deliberately mixed with GHB or gamma butyrolactone. By itself, GHB produces disinhibition, impaired judgment, increased sex drive, and, sometimes, increased energy. However, party attendees report that the crystal methamphetamine–GHB mix dramatically raises libido levels and produces a feeling of relaxed euphoria (ie, cognitive distortion) that impels them to search out sensory-heightened sexual activity. Here there is a clearer link to unsafe sex, to the extent unsafe sex is thought to help achieve erotically charged physical or sexual experiences that are consonant with the experienced high.

Social psychologists have long known that large groups can reduce a person's sense of self and that such deindividuation can loosen normative behavioral and moral constraints, while also increasing the likelihood of physiological arousal and of impulsive, atypical, and nonnormative acts.[53-56] The relationship between deindividuation and nonnormative behavior is mediated by a sense of both reduced accountability and reduced self-awareness, each of which seems likely to occur in the very crowded scene at circuit parties. The degree of deindividuation is exacerbated by the stereotypic appearance of attendees. The "circuit boy" is often (though not exclusively) "a guy with a gym-toned body, dressed in athletic pants and tennis shoes, tattooed with a tribal insignia, holding on tightly to a glow stick or to a clan of other men, while dancing for hours, and even days, under the influence of recreational drugs like ecstasy, ketamine, crystal, and GHB."[57] Although there is diversity within the circuit context, the large uniformity of cultural expression helps mold tribal identity, though this may well be at the cost of unsafe sex.

The third and final mediating mechanism has to do with feelings of social connectedness and the search for community, experienced at the individual level, per ethnographic observations, as the desire for authentic or liberated interpersonal interactions that are often uninhibited and physical in nature. A link between social connectedness and unsafe sex is created here to the extent that libidos are elevated and cognitive distortions occur that impair participants' abilities to negotiate condom use and to identify through conversation those prospective partners who are HIV-positive and then to clarify how to proceed sexually.

Persisting negative beliefs about condoms in the gay community complicate these negotiations. Condoms are thought to reduce pleasure and symbolize interpersonal distrust, thus influencing the chances of high-risk sexual behavior.[58,59] In our fieldwork, we found that quality negotiations are further complicated because how authentic and/or liberated a physical interaction seems to be is assessed by how heightened the (chemically enhanced) sensory experience is between 2 or more party patrons. The more erotically charged and/or sensory overloaded the physical encounter is, the more it is esteemed and taken as an indicator of authentic connection. Thus, circuit parties may lead to unsafe sex through beliefs about the need for authentic social connections at parties and also through beliefs that authenticity is linked to having sex without condoms, especially given persistent stigmas surrounding condom use.

Stage 3: Mediating Factors

As already suggested, the causal agents and mechanisms described in this article have an impact on unsafe sex, not just directly, but also through their collective influence on freeing the libido and facilitating cognitive distortion. The effect on libido is fairly intuitive, given the drugs taken, the overt sexualization of the setting, and the initial and developing expectations of attendees. There must also be a component of cognitive distortion (ie, the skewing of rational decision-making capabilities). The education level of the circuit party population is generally high. Many, if not most, attendees know of the dangers of unprotected sex, and most also know that the setting celebrates and attracts HIV-positive men. Corroborating existing scholarship,[16] we encountered some health professionals who counsel safe sex in their work while engaging in risky sex at parties. How can this contradiction be explained?

Participants report becoming so immersed in the party atmosphere that they forget about the immediate threat of HIV/AIDS or no longer care about it. They feel invincible and engage in situationally sanctioned practices they would otherwise avoid. These attitudes are expressed in the language of party attendees who report "forgetting" that they are HIV-positive[7,9] or who in our fieldwork report that their sensory-enhanced physical encounters "celebrate the tribe," despite sometimes being unsafe. The pharmacological properties of drugs often contribute to such feelings, especially crystal methamphetamine and its overrelease of dopamine.

Principles of Intervention Design

How might one intervene productively and feasibly at circuit parties? To answer this question we rely on 2

strategies. One is to use our proposed model to abstract insights into where intervention leverage lies. The other is to examine what has been learned from interventions in settings other than circuit parties. We rule out some possibilities as undesirable a priori. Foremost among them is acting in any moralistic way to close down circuit parties on grounds that they foster illegal or dangerous activities. Our analysis thus assumes that parties will occur regularly and will be supported by a group of men who are not to be demonized.

Intervention Leverage Points Abstracted From the Causal Model

It is difficult to conceive of intervening at circuit parties to eliminate many of the first factors we explored: drugs, dancing, entertainment, and large crowds. Also, many men attend circuit parties expecting sexual encounters. Changing the climate of these expectations is a long, diffuse, and indirect process that, among other things, depends on how parties are featured in the gay press, how they are framed in local discussions in nonparty gay venues, how the best-known entertainers and publicists prime their audiences, and what the buzz is like as a party opens. Given how diffuse and thus culturally entrenched these activities are, it is difficult to imagine an effective intervention being designed exclusively around changing expectations, although this intervention could certainly be 1 component in a comprehensive intervention design.

Targeting expectations around patterns of drug consumption is more plausible. Operating from a widely shared cultural knowledge base about what drugs to mix, attendees decide prior to going to a party which drugs they will take. Given such shared, transactive knowledge,[60] and given also that decisions about drug mixing are frequently made before arriving at the party (often in nearby hotel rooms), a campaign can be launched to educate attendees on how different drug cocktails affect cognitive distortion and libidos and hence unsafe sex. Our assumptions are that it is not possible to halt drug use at parties and that the real need is to educate and reduce the impact of those drugs that most distort judgment about sexual behavior (eg, crystal methamphetamine, ecstasy, GHB, ketamine). However, we cannot be sanguine about the feasibility or effectiveness of this model as a stand-alone strategy, given how eroticized these parties are, given that the modal number of different drugs consumed at a party is 4, and given that thus far there is an established relationship between club drug ingestion and risky sex. Other possibilities have to be explored.

Deindividuation is a feature of parties that may also lead to loss of judgment in sexual matters. Without unduly undermining the party spirit, it is not easy to think of ways of inducing a greater sense of personal identity. Men sometimes attend circuit parties to escape into a tribal world of disinhibition and collective spirit. They sometimes want to dress and look alike. It is wellnigh inconceivable in the current climate that many of them would wear different clothes, name tags, and the like to individuate themselves. Dampening deindividuation tendencies can only function as an ancillary component of some omnibus intervention.

It is not difficult to conceive of directing intervention efforts at the link between social connectedness and risky sex. Why should people believe that condoms will betray the feelings of intimacy and authentic community that parties engender? Condoms are now freely available at most parties and men can take them for free or at nominal financial cost. But they are not used much.[2] Salient attempts at parties to reintroduce norms of condom use are much needed, however tedious they may seem to be. There is leverage for creativity here, especially around infusing notions of authenticity and sensory enhancement into negotiations about condom use, thereby enhancing the fit between the intervention strategy and the context of application—what has elsewhere been called sensitivity to differing social and cultural ecologies of behavior.[17]

Producers and entertainers have a special role to play in this model, as do activist groups. Merely making condoms easily available is not the answer; their use has to be creatively promoted and connected directly to intimacy and the circuit culture (ie, its subcultural ecology). This intervention probably ought to begin with party registration and be sustained throughout the party itself, including all the hotels catering to partygoers. The promotion has to come from individuals esteemed within the party setting, such as entertainers and other "key opinion leaders."[24,61]

It is also possible to counter the belief of compromised social intimacy when individual men try to identify a prospective partner's serostatus and when they carefully negotiate with each other the forms of acceptable contact. Here the burden is shared. It does not depend just on seropositive men revealing their status; it also depends on seronegative men being persistent, savvy, and sexy in the negotiation. Producers, entertainers, and activist groups should all be encouraged to reinstate throughout the party, in subtle, creative, and yet obvious ways, the already common knowledge about how to negotiate with prospective partners. The problem is not cognitive and knowledge based. It has to do with the

diminished *situational* salience of general knowledge about HIV/AIDS prevention on the part of both seropositive and seronegative men and on the diminished *situational* salience of personal motives to be responsible.

As far as the final stage in the model is concerned, libido titillation is omnipresent at parties. Although this factor is not of concern in itself, actions can be taken to prevent some of the most frenetic encounters that occur at the height of stimulation either in the middle of a packed dance floor or in tangential areas. These encounters are presumably among the most sexually dangerous encounters, and it should not be too difficult to convince producers both of the risks and of the need to light all public areas in ways that cannot be subverted. The goal is not to discourage sexual expression. Instead, the goal is to induce the men to use their hotel rooms for sexual encounters, thus giving them a little more time to reflect on and perhaps even negotiate what they are doing and to distance themselves from the overtly eroticized cues and loud music on and around the dance floor. Unsafe sex can and will also go on in the hotel rooms, but we surmise that it is generally safer, on average, than sex that occurs on and around the dance floor.

Libido titillation can also be curtailed by encouraging party attendees to enjoy circuit parties for reasons other than drugs and sex. Attendees do report a host of other reasons for attending and enjoying the parties. The problem is that some participants chase a high to dangerous levels, resulting in overuse. Encouraging attendees to slow down and enjoy each other more as a "tribe" (in their language) and the substances less might also be a plausible strategy.

Our causal model now allows us to infer prevention messages that are needed to reduce cognitive distortions and to change party expectations. The 5 most prominent are as follows: (1) Sex is central to circuit parties, but unsafe sex is not. Unsafe sex is not necessary for the party to be a success or for intimacy and authenticity to be achieved. (2) Unsafe sex may be risked because of the (false) promise of delivering a sensory-enhanced, erotically charged, and authentic connection—but given the risk of HIV infection, it is not worth it. (3) Some drug cocktails are more likely than others to elevate libidos and distort cognition. More knowledge about drug pharmacology is needed. (4) More awareness of the higher density of seropositive men at parties compared with other settings is needed. (5) Condom use and serostatus negotiations do not betray authenticity, intimacy, erotically heightened experiences, or the overall party atmosphere.

How can these prevention messages be suffused throughout the party community? Clues come from the sophisticated literature on how to reduce HIV-related behaviors in social settings other than circuit parties. From this literature, we abstract the following: (1) the primary actors who could disseminate the intervention messages identified above, and (2) the manner in which the varied actors might productively spread the word. Doing so addresses a major challenge for public health research today, namely, to outline an approach "that takes into account the social determinants of health and the mobilization of diverse actors for social change."[40]

Prevention Studies in Nonparty Settings

The relevant literature points to at least 3 widely cited and empirically corroborated models of how to reduce risky sex in nonparty settings. These models are stronger on identifying whom to target than on what to do with those who are targeted, the latter having been the emphasis in our section above. We use these models to identify potential actors or carriers of the above-elaborated prevention messages.

The key opinion leaders model. This model, based on diffusion of innovation and social learning theory, posits that "trends and innovations are often initiated by a relatively small segment of opinion leaders in the population."[61] Kelly and colleagues randomly assigned 8 cities to a treatment or control group. In treatment cities, bartenders in a single bar identified local "opinion leaders" of socially influential friends and peers. These leaders were subsequently trained in safer sex practices in anticipation that they would disseminate this knowledge through their own local networks and even across into overlapping networks. In the control condition, HIV information posters were displayed in a different bar and periodically changed. After 12 months, surveys were distributed and showed that UAI was a remarkable 39 times more frequent in the control cities than in the intervention cities. Also, condom use during anal intercourse increased notably in the intervention cities but not in the control ones.[24,61-62]

These results incline us to ask what special role, if any, opinion leaders, such as entertainers and party producers, should play in the design of interventions aimed at unsafe sex at circuit parties. The key opinion leaders framework uses network centrality to promote a targeted and highly specific HIV-relevant message, perhaps to a very specific subpopulation of MSM. However, opinion leaders can only play this role if sexual practice itself is one of the domains in which their leadership is acknowledged, making it prudent to learn first whether there are indeed *opinion leaders about sexual practices* at circuit parties. If there are, some variant of the procedure of Kelly

et al could be used to detect the opinion leaders and then make them targets for the kinds of information about party sexual behavior that were detailed above.

The Mpowerment model. The Mpowerment program depends on locally recruited peer-led groups of 12 to 15 young gay men. They adopt a group identity, with attendant logo and name, and are trained in risk reduction and healthy sexual practices. These core group members then decide which objectives and strategies they want to adopt in the service of risk reduction, typically coming up with outreach activities, small-group meetings, and a safer sex publicity campaign in the local gay community. The intervention is designed to influence these core group men and, indirectly through them, any other persons they might reach.[63]

Applications of the model produced a decrease in UAI in the intervention city relative to the control, suggesting that Mpowerment stimulated dissemination of the program materials and reduced risky sexual behavior. However, a subsidiary finding was that, although 87% of high-risk gay men in the intervention city came to hear of the project, they were less likely than their low-risk counterparts to attend small groups, to volunteer for outreach activities, or to become a core group member. This finding raises the possibility that the intervention may have been more successful with the kinds of men who contribute less to the spread of HIV.

Nonetheless, the study points to the possibility of recruiting local subgroups[20] before they attend a circuit party that will then disseminate the relevant prevention messages. The recruited men would develop and implement their own tactics for increasing safer sex practices at the party. Core group members can effectively incorporate subcultural icons into their design strategy.[64] So long as the emphasis is on the local design of intervention activities, evaluations will be difficult. But in an area where interventions have not yet been tried, the strategy of local intervention via networks puts the process of intervention development in the hands of "community gatekeepers,"[65] or those who are intimately acquainted with the scene.

The Mpowerment model also suggests recruiting groups of young men from different cities who are willing to individuate themselves at a particular party (eg, by wearing different clothes from the party "uniform") and who will then use this situational salience to represent safer sex positions. The badges used in Mpowerment are designed to create mutual support among group members. In the circuit party context, they could also counter deindividuation and call attention to whoever was dressed differently from the tight jeans and shirtless crowd. The possibilities for successful message transfer increase if these individuated group members (from Mpowerment) are also widely recognized as opinion leaders (from Kelley).

The Awareness Intervention for Men. From a public health perspective, circuit parties are an issue because HIV-positive men are particularly likely to attend them, to engage in risky sexual practices while there, to have more sex partners, and to have more serodiscordant or serounknown sex partners than are their HIV-negative counterparts.[66] This finding suggests designing interventions aimed at the sexual behavior of these men. The Awareness Intervention for Men assumes that HIV-positive men attend circuit parties to forget their disease and sometimes engage in activities that diminish how different they feel from other gay men.[30] Research has shown that some HIV-positive men use the tribal experiences engendered at circuit parties as a type of coping mechanism to counter their feelings of isolation generated by HIV-related stress.[67]

Seropositive men who practice unsafe sex may constitute a small percentage of all party attendees. From Colfax et al[8] and Lee et al[1], we can infer that it is about 5.25%, given that up to 25% of party attendees reported a positive serostatus and 21% of these reported engaging in unsafe sex with a partner of opposite or unknown serostatus. This inference is likely an undercount, because it is not possible to identify or target all the seropositive men who attend a party, given the window period within which the virus cannot be detected, erratic individual testing schedules, and the persistent stigma attached to the HIV virus. Regardless, it would require large changes in either of these latter 2 percentages to greatly affect the total percentage of all attendees who are both seropositive *and* also practice unsafe sex. It is this small percentage that provides the vehicle through which HIV is transmitted at circuit parties.

To target seropositive men and their sexual practices at parties is the most direct epidemiological path to reducing HIV. They alone transmit HIV and then mostly via unprotected sex.[68] It is certainly regrettable that they are so regularly singled out, but any setting like circuit parties that helps them escape from their specially experienced burden constitutes a public health concern. This logic is inexorable and compels attention to how interventions might reach out to seropositive men who attend circuit parties *and* engage in unsafe sex. The relevant hypothesis is that risky sex results from the desire to escape from the aversive, high expectations about sexual behavior to which HIV-positive men feel they are disproportionately held. They are not deficient with respect to

standards, knowledge, or intentions to be sexually safe. HIV/AIDS can be a prominent source of self-identity and social identity for these men,[69] and they may sometimes want to escape onerous burdens uniquely targeted at them. The key issue is whether positive men become more *situationally* indifferent to safe sex at parties compared to negative men.

We cannot assume that most or even many seropositive persons will publicly self-identify to those who are responsible for intervention design and implementation, especially given self-reported motivations to escape or forget about HIV/AIDS. However, total self-identification is not necessary for achieving a beneficial marginal impact. Even interventions aimed at all HIV-positive men (independently of their proclivities for risky sex) would still involve only a modest fraction of all attendees. There are 3 insights here. First, HIV infection and thus prevention depends on a small percentage of attendees. Second, interventions are likely to have more impact the more specifically they are targeted at the population spreading the risk. Third, targeting all seropositive men irrespective of their UAI preference will include the highest risk individuals and may also prevent backsliding by those usually engaging in safer sex.

It is important here to pause and recognize that situational forces can also impel seronegative men to limit the vigilance they may usually show in negotiating a prospective partner's status. If so, seronegative men would not push seropositive men as far as they ordinarily might to reveal their true status, whether out of situational forces engendered within the party atmosphere or out of a more motivated "survivor's guilt" that they can alleviate through drugs and subsequent self-destructive actions.[70-78] Instead of survivor's guilt and in today's age of highly active antiretroviral therapy replete with post-exposure prophylaxis, some members of a younger generation of seronegative men, for example, may feel that infection is inevitable and sometimes purposefully seek out HIV-positive partners, making them known colloquially as "bug chasers" and their seropositive counterparts as "gift givers."[79-80]

Taken together, these models of HIV prevention stress 5 critical, context-specific actors or carriers of prevention messages: (1) opinion leaders about circuit parties in various cities who are recognized for their expertise on issues of sexuality and who might be invited to help design how to make national parties safer; (2) entertainers and producers who, as a special category of opinion leaders, can help build safer sex into their routines where possible (thereby modifying behavioral expectations of attendees); (3) networks of local men (ie, core groups) recruited from local sites that enter the party scene in ways that individuate them through dress and demeanor and who embody an obvious and straightforward message about safer sex that is linked to cultural icons of the party setting; (4) seropositive men who need sometimes to be both special targets for intervention and also, where possible, the special carriers of intervention messages; and (5) seronegative men who might be helped to overcome survivor's guilt or the belief that they will inevitably contract the virus.

The literature on intervention in nonparty settings mostly helps identify whom to target rather than what those targeted should do or what might be said to them. The causal model we developed primarily helps identify what might be said in a message designed to reduce the HIV infection risks at circuit parties. The 5-by-5 content messages and actor groups matrix represents a first stage in developing a causal model for how to reduce HIV infections, along with evaluable principles of intervention, at circuit parties. We detail this matrix in Figure 3.

Quality implementation requires that a high percentage of party attendees be exposed to the messages and takes them seriously. This factor cannot be taken for granted. The party atmosphere was designed in part to help men escape from the very reminders that an intervention reinforces and also in part to celebrate aspects of their lives that would not necessarily be relevant to intervention efforts. This is why our current preference is for a comprehensive intervention synthesizing at least 3 available models rather than 1 that is finely detailed and specific. We argue that the need is for interventions that involve comprehensive message exposure (ie, the 5 prevention messages we identify) at multiple times during a party and in multiple places at the party, where the messages come from multiple groups attending the party (ie, the 5 context-specific groups of actors we identify).

Circuit Parties as a Communitarian Janus

Circuit parties were begun to promote HIV/AIDS awareness and to stimulate gay community building and cultural identity formation. They inadvertently manufacture a subculture characterized by polydrug consumption and unsafe sex, often with multiple sex partners. Although not yet forcefully established, there may be a potential link between party weekends, HIV, and other STIs. We therefore conceptualize circuit parties as a Communitarian Janus. Janus is the Roman god of two faces. He was deemed the guardian of gates and doors—beginnings and ends—and thus was represented with a double-faced (ie, back-to-back) head, each face looking in opposite directions, 1 forward, 1 behind. Circuit parties may be caught in a tension between building community and undermining the basis for that very same community. These parties propel a subpopulation of gay

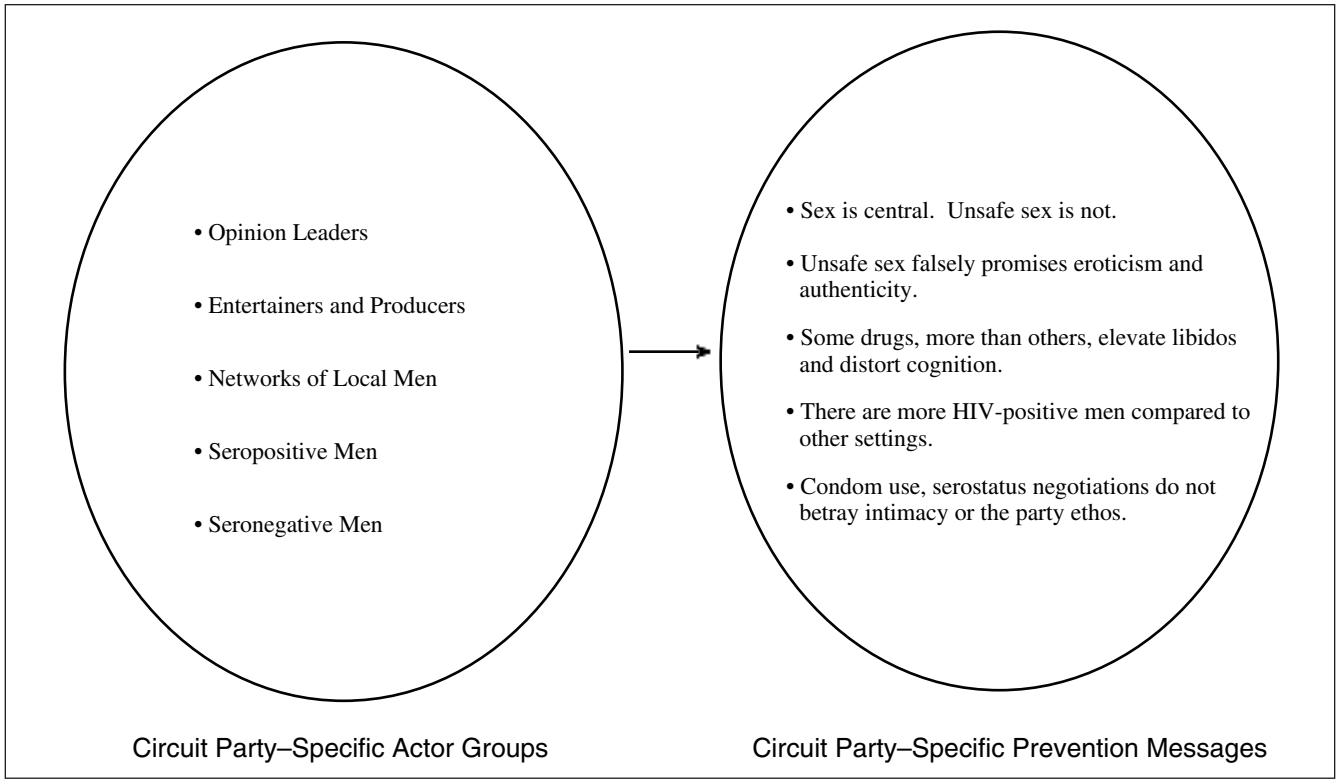

Figure 3 Five-by-five actor groups and content messages matrix.

men forward in their quest to create community yet pull that same community back by endangering its collective health. Thus, 1 of Janus's party faces looks forward to celebrating the cultural identity of a circuit boy whereas the other looks back on multiple health threats derived from drug use and risky sex.

The existing public health literature on circuit parties is sparse and, given its pioneering quality, understandably more descriptive than explanatory. This article seeks to use the past description to go beyond it in 2 directions. The first is to explain causally a hypothesized link between party attendance and new HIV infections, and to this end we evolved a theoretically informed model in Figure 2. This model postulates that unsafe sex is a product of the representation of seropositive men who prefer riskier sex than do seronegative men and who attend parties that titillate libidos and cognitively distort widely known understandings of what constitutes healthy gay sex. These proximal causes are set off by (1) the pharmacological consequences of drugs known to affect sexual desire and cause cognitive distortions, (2) the social psychological processes of deindividuation promoted by the stereotypical appearance of thousands of young gay men; and (3) sociological norms of social connectedness that are linked to beliefs about authenticity, condom use, and negotiating serostatus. In their turn, these processes may be activated by the behavioral expectations that party attendees bring with them, by community-wide norms of sexual expression, by the cultural meanings associated with ritualistic and collective drug use, and by the music, crowds, and entertainment at parties.

Our second purpose is to identify how to intervene at circuit parties. We use the causal model to abstract 5 content messages that might be used as part of a comprehensive intervention designed to reduce HIV infections resulting from party attendance. To explore how to disseminate these messages in credible ways throughout the circuit party scene, we examine 3 well-respected intervention models from nonparty contexts and identify 5 context-specific groups of actors who can serve as carriers of prevention messages. We argue that interventions can be designed using the matrix provided by the 5 context-specific actor groups and the 5 messages that are culturally tailored to circuit parties (see Figure 3).

Circuit parties are community-building and profit-generating events, and short of legally closing them, they are not likely to go away. Attempts to ban alcohol, prostitution, drugs, and rave parties teach us that moralistic and demonizing legislation only drives such activities underground and may even exacerbate the risks

contained within them. Circuit parties are an important venue on multiple levels for 1 subpopulation of the gay community, and it is unfortunate and ironic that building up this community via parties should increase the likelihood of HIV-transmittable sexual practices. There is still a need for more scientifically sound research: to plan safer parties, to implement them, and perhaps even to evaluate them.

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(eg, lighting, sound systems, fog machines), decor, DJ fees, performer fees, and fees for personal assistants. The very rough estimates he provided suggest combined producer costs of US$46 000 to US$50 000 for mini circuit parties and roughly US$300 000 for national parties. The net profit per event is roughly US$25 000 at the local level and US$350 000 at the national level per party weekend.

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