

# GAY MEN, CRYSTAL METH & SEX: THE NEW EPIDEMIC

PRESENTED BY

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# Introduction

- In the late 1990's and early 2000's methamphetamine (MA) became the most widely used illicit drug among gay and bisexual men on the West Coast
- Increasing MA use among gay/bisexual men now reported in Midwest and Eastern cities as well
- Connection between MA use, sexual risk behaviors, and sexually transmitted infections is clear

# Introduction

- Many cities are now taking action (I.e. West Hollywood and Palm Springs Town Hall Meetings)
- More attention at national level (congressional hearings, media reports, prime time TV specials)
- Fastest growing drug problem in the US (SAMSHA, 2003)

# Methamphetamine Prevalence

- Amphetamine-type stimulants (MA, Ritalin, Dexadrine, Ecstasy) are used by more people (35 million worldwide) than any other illicit drug besides cannabis (United Nations, 2004)
- 53% of individuals evaluated under Prop 36 (Substance Abuse and Crime Prevention Act) in CA reported MA as their primary drug of abuse (Longshore et al, 2004)
- ER mentions in LA related to amphetamines tripled from 1998-2002 (DAWN, 2003)

# Meth Prevalence

- Over 2,800 meth-related ER mentions in LA and San Diego alone in 2002 (DAWN, 2003)
- 1,227 clandestine meth labs seized in 3 So Cal counties in 1999 (CA Attny General's Office, 2001)
- 24% of MSM (term used instead of gay/bisexual men in epidemiological measures and most journals) in Pacific Region (CA, OR, WA, HI, AK, GUAM) report recent MA use (Hirshfield et al., 2004)
- 13% of MSM in LA County report meth use within the past year (LACDHS, 2005)

# History of Amphetamines

- 1887 synthesized by German pharmacologist L. Edeleono
- 1919 Methamphetamine first created in Japan
- 1927 British chemist Gordon Ailes discovers the stimulating affects of meth and realizes potential for increasing alertness, alleviating fatigue and creating euphoria. Ailes studies their ability to mimic an adrenaline rush in the body and the well know “fight or flight” response.

# History of Meth

- 1932 US Pharmaceutical company buys the patent to Ailes discovery. Drug marketed as nasal decongestant that could be inhaled called Benzedrine.
- WWII Amphetamines used extensively by Germany, US and Japan for energizing and antidepressant properties. By end of the war 2% of Japanese dependent. Still used by US military as psychostimulants, particularly for long haul pilots

# History/Use of Meth

- 1959 First use of IV injection of contents of Benzedrine inhaler reported in US
- 1971 Last non prescription inhaler was removed from US market
- Currently approved and prescribed for ADHD, obesity, and narcolepsy; sometimes used off-label for tx-resistant depression

# Dosage

- Rx amphetamines such as Adderall, Dexedrine typically prescribed at 10-30 mg/day
- Addicts typically range 250-500 mg/day and can escalate to full gram or more
  - Tends to be of questionable purity

# Intoxication

- Euphoria, sense of invulnerability
- Sharpened/narrowed focus/attention
- Talkative
- Stimulation of “pleasure centers” in brain greatly enhance desire for and experience of sex, at least in early stages of use

# Side Effects

- Insomnia
- Irritability
- Tremors
- Hypothermia
- Cardiovascular: Increased heart rate, blood pressure, tachycardia, dysrhythmia
- Respiratory: increased respirations, pulmonary hypertension, decreased lung capacity particularly when smoked

# Acute Intoxification or Overdose

- Severe hyperthermia
- Convulsions
- Severe dehydration
- Rhabdomyolysis (too much myoglobin being filtered by the kidneys) resulting in acute renal failure
- Stroke
- Myocardial infraction

# Neurological/Pyschological Side Effects

- Anxiety
- Hypervigilance
- Paranoia
- Persecutory delusions
- Auditory/tactile hallucinations (“meth bugs”)
- Presents as paranoid schizophrenia

# Withdrawal Syndrome

- Subjective and physiological depression
- Extreme irritability
- Shaking, nausea, palpitations, sweating
- Excessive drowsiness or difficulty sleeping
- Increased appetite
- Suicidal ideation
- Lingering psychotic symptoms

# Sexual Risk Behaviors

- MA, when used by MSM's, is closely connected to sexual identity and sexual expression (Reback, 1997; Frosh et al. 1996; Gorman et al., 1995)
- Strong connection between MA use and sexual risk behaviors (Shoptaw et al. 2005; Reback, 1997)
- 56% of MSM surveyed in 4 US cities who reported MA use in past 6 months also reported unprotected anal intercourse (CDC, 2001)

# Association with HIV/STI Risk

- Sexual behaviors associated with MA use put users at significant risk for transmission and/or infection with HIV and numerous other STI's (Peck et al, 2005; Molitor et al., 1998)
- High number of sexual partners (Shoptaw et al., 2005; Reback & Grella, 1999)
- Decreased condom use (Semple et al, 2002)

# Association with HIV/STI Risk

- Of the 24% of MSM in Pacific region reporting recent MA use, those reporting unprotected anal intercourse are 4 times more likely to have used MA before or during sex than those reporting no unprotected anal intercourse (Hirshfield et al., 2004)
- Meth use among MSM is therefore associated with:
  - Changes in nature of sexual behaviors
  - Impaired judgment/decision-making

# Consequences of MA Use by HIV+ MSM

- Decreased medication adherence
- Contributes to development of medication-resistant strains of HIV (Salomon et al. 2005; Ahmad, 2002; Simon et al., 2002)
- Unprotected sex between HIV+ MSM with different strains of virus may lead to “superinfection” (Blackard et al., 2002) Ramos et al., 2002)
- Binge use associated with weight loss, hallucinations, and paranoia further challenges already immune-compromised individuals

# Reasons HIV+ MSM Use MA

- Enhances sexual experience
- Facilitates sexual experimentation (decreases inhibitions)
- Makes approaching guys easier (decreases social anxiety)
- Cope with initial HIV diagnosis
- Temporary escape from awareness of being HIV+, negative self perceptions, continuing social stigma of being positive

# Fears for Sobriety

- “Sober sex isn’t possible or will be boring”
- Sex will never be the same (as good) again
- Having sex will arouse fantasies of sex on drugs and will lead to relapse
- Meeting people for sex will lead back to using drugs
- Not being able to have sex will lead to using drugs

# What works in Treatment

- UCLA Study compared Contingency Management, Cognitive-Behavioral Therapy, and Gay-specific Cognitive Behavioral Therapy
- Best results (highest # of consecutive clean urine samples, Treatment Effectiveness Scores, and Retention-completion of all 16 weeks) was a combination of Contingency Management and Cognitive-Behavioral Therapy

# Contingency Management

- Purely behavioral intervention that provides increasingly valuable reinforcers for successive clean urine samples documenting MA abstinence (Higgins et al., 1993)
- Well-tested and validated in substance abuse research
- Potential to earn approx. \$1200 in vouchers/paid bills if clean the entire 16 weeks

# Cognitive Behavioral Therapy

- Cognitive-behavioral groups met 3X/week
- Not “therapy” groups per se
- Highly structured, topic-focused groups
- Teach skills for recognizing, avoiding, coping with relapse triggers
- “Standard of care” in substance abuse treatment, primary component of Matrix model
- Based on Relapse Prevention (Marlatt & Gordon, 1985)

# **SEX AND SOBRIETY WORKSHEET**

## **THINK ABOUT YOUR PATTERNS:**

- 1. How often did sex and using go together?**
- 2. Were there certain times/places/people that you were more apt to use when having sex or looking for a sex partner?**
  - a. Where did you go to meet people (i.e. sex partners)?**
  - b. Where did you have sex?**
  - c. Did the people you have sex with use?  
Did (do) they expect you to use?**

# SEX & SOBRIETY WORKSHEET

**3. Establish boundaries/bottom line behavior for safe sex practices for Yourself:**

**(Examples: no anonymous sex, no pornography, do not go out dancing alone.) Remember we are not talking about safe sex in terms of contracting diseases. We are talking about behavior that may lead us to relapse.**

**Consider situations like: Is it ok to have sex on the first date?  
Is it ok to kiss on the first date?  
How far will I have to go?**

**Perhaps you would like to make three lists using the following headings:**

**SAFE**

**POSSIBLY SAFE**

**UNSAFE**

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