
This compendium was written by the Gay Men, Drug Use, and HIV Workgroup and its participating members:

Dunshree House
Gay City Health Project
Lifelong AIDS Alliance
Public Health – Seattle & King County
Seattle Counseling Service/NEON

The mission of the workgroup is to raise awareness of the links between substance use, HIV/STD infection, and HIV treatment and to coordinate innovative, collaborative responses within the gay/bi community. The workgroup is affiliated with the MSM HIV/STD Task Force and welcomes participation from anyone with a professional, personal or community interest in substance use and HIV among gay/bi men. For more information about monthly meetings or to join its email list, contact Susan Kingston (Public Health) at 206-205-6105 or susan.kingston@metrokc.gov

Deconstructing Tina

*A compendium guide to crystal meth among gay
and bisexual men*



LIFELONG
AIDS Alliance



SeattleCounselingService

LISTENING TO CRYSTAL USERS

“Crystal completely takes away my inhibitions. It removes all old guilt and shame and makes me feel sexy. We were all brought up in an environment where gay sex was bad and wrong. Crystal is a way for gay men to have sex with some of that lifted.”

“It made me feel really good – special, witty, and relaxed. I wish I could feel that way normally. “

“When I was eighteen, I still felt like a feminine fag. When I started doing speed, I noticed that there was a male side to me—this masculine, lustful side. I had to court this thing that I felt when I did speed.”

“I think the HIV issue conjures up a lot of loneliness and fear, whether or not we want to admit it. And then crystal steps in and eliminates all that. Forget you’ve got HIV.”

“All of your senses are ascending, suddenly awakened and not dormant. Like being born. Really cool, warm, everything is new and exciting, like the first time. It’s like every pore is cumming. Unbelievably incredible.”

“I’ve never indulged in alcohol or drug use when I’ve been depressed or when I’ve had problems, like some people do. I don’t find it as an escape mechanism for me. I do it just for the fun of it. “

“One day I said, ‘I don’t care,’ and my boyfriend shot me up. And right after he poked me in the arm, the first time we shared a needle, I walked into the bathroom and almost started crying because I knew what I had just done. But at the same time I didn’t care because I was high.”

“Sometimes when I feel like I don’t like myself anymore, the things I’m doing for hustling and living in the streets, I use crystal. And it falsely portrays a new person in myself.”

Quotes from “The Social Construction of a Gay Drug: Methamphetamine Use among Gay and Bisexual Males in Los Angeles” by Dr. Cathy Reback.

2004

Seattle’s first Crystal Meth Anonymous group meets on Capitol Hill.

2004

STD Clinic conducts study assessing drug treatment interest among MSM patients using crystal.

Present

Talk About Tina campaign is launched by coalition of community organizations. Includes community story gathering, the Gay City forum “Tweaked,” & a providers’ summit sponsored by Lifelong.

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RESOURCES cont.

Capitol Hill Alano Club: 1222 E. Pine Street: 206-860-9560
LGBT 12-Step meetings including Crystal Meth Anonymous.

Narcotics Anonymous: 206-329-1618 www.seattlena.org

Free HIV-STD-hepatitis testing

Gay City Wellness Center: 206-860-6969 www.gaycity.org
Evening and weekend hours, walk-in or by appointment.

Public Health STD Clinic at Harborview: 206-205-7837
Monday-Friday, walk-in or appointment.

For friends/family/community

Al-Anon/Alateen: 206-625-0000 www.seattle-al-anon.org

Alcohol/Drug 24 Hour Helpline: 206-722-3700 or 1-800-562-1240
www.adhl.org

Crisis intervention, community resources, support groups, treatment options.

For service providers

Drug Use and HIV Prevention Team, Public Health: 206-296-4649

Free trainings and consultations tailored to meet staff needs. Topics include MSM drug use culture, methamphetamine and other illicit drugs, treatment modalities, motivational interviewing, and working more effectively with drug-involved clients. Monthly listserv updates on research, epi trends, and resources concerning MSM drug use.

2004

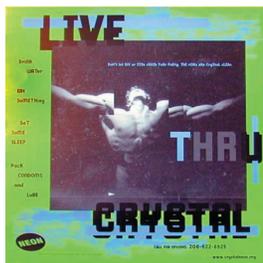
Seattle Counseling Service
integrates specialized program
for crystal meth into its existing
drug treatment program.

2004

**HAPDEU's HIV Stops with
Me** campaign includes a
recovering crystal user as
a spokesmodel.

2004

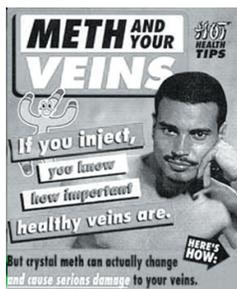
Lifelong Aids Alliance
includes crystal messaging
on condom dispenser ads.



2000



2004



2001



Crystal meth is impacting the health and wellness of gay and bisexual men in King County and it shows no signs of going away. New ideas, new strategies, and new commitments are clearly needed to reverse the damaging course of crystal use in our community. This document was created to help inform strategic planning and response to methamphetamine use among gay and bisexual men. It outlines where we've been with crystal and where we are now. This guide also highlights important contextual issues and suggests a framework for addressing the current and emerging challenges posed by crystal.

RESOURCES

Harm Reduction/Practical Support

Project NEON: 206-323-1768 www.crystalneon.org

Health information, peer education, referrals, weekly "health clinic" for crystal users.

Needle Exchange: 206-205-7837 for times and locations including Capitol Hill and downtown.

Syringe exchange, clean injection equipment, condoms, lube, service referrals, vein care.

Lifelong AIDS Alliance: 206-328-8979 www.laa.org

Case management, housing, food, and other support services for HIV+. Sexual and drug risk counseling.

Support Groups/Treatment

Seattle Counseling Services: 206-323-1768 www.seattlecounseling.org

Chemical dependency treatment and comprehensive mental health services. Free one-to-one counseling, support groups, and drug treatment for crystal users through Project NEON.

Dunshee House: 206-322-2437 www.dunsheehouse.org

Emotional support groups and personal development/healthy living services for the LGBTQ community.

THE BASIC FACTS

Crystal meth can be found as a white, yellowish or reddish powder, a waxy solid (*glass*) or a clear rock (*ice*). It is commonly called Tina, Crissy, crystal, bump, speed, or tweak. A ¼ gram dose costs about \$20.

- It can be swallowed, snorted, smoked, injected intravenously, or inserted anally ("booty bumping").
- As a stimulant, crystal increases the release of dopamine and norepinephrine, the brain's pleasure and alert chemicals. This produces euphoria, increases energy, prolongs sexual performance, and suppresses appetite. Crystal can also produce feelings of power, confidence, invulnerability, and intense sexual desire.
- The high can last 8 to 12 hours (depending on tolerance) and is followed by a period of exhaustion, depression, irritability, and (sometimes) paranoia known as the "crash."
- Crystal is extremely addictive. Many gay and bi men overestimate their ability to keep recreational use from escalating into dependence.
- Crystal addiction can be treated successfully.

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2004

Gay City sponsors its first harm reduction workshop on crystal at Gay City University.

2004

Public Health dedicates technical assistance staff and trainings for MSM/HIV providers, community education and awareness, and coordination of community-wide response to crystal.

2004

Public Health develops "Essential Messages About Crystal" for HIV prevention and care providers throughout the MSM community.

RESPONDING TO CRYSTAL

1992

Public Health's blinded serosurveys in drug treatment centers uncover 60% HIV prevalence rate among men who have sex with men and inject drugs (MSM-IDU). First year Public Health earmarks prevention dollars for MSM-IDU.

1

GAY AND BI MEN USE CRYSTAL TO:

- Increase sexual libido, prolong erections, intensify orgasms, loosen sexual inhibitions, experiment with more aggressive or taboo sex.
- Dance, socialize, work, engage in creative projects.
- Meet, connect with, or feel close to other gay/bi men.
- Lose weight and improve body image.
- Boost social confidence and self-esteem.
- Feel less sad, lonely, empty, depressed.
- Minimize symptoms of depression, attention deficit disorder, anxiety, or other mental health disorders.
- Manage being homeless.
- Overcome HIV-related fatigue.

HARMS OF USING:

Immediate:

- Sharp spike in blood pressure, irregular heartbeats, chest pain, overdose.
- Impaired decision-making.
- Damage to penis or anus from aggressive, prolonged sex.
- Rapid development of craving-reward addiction cycle in the brain.

Longer term:

- Tooth loss, excessive weight loss.
- Impaired memory, potentially permanent damage to dopamine nerve cells resulting in slower motor and cognitive functioning.
- Chronic depression, paranoia, temporary psychosis.
- Abscesses, soft tissue infections, hepatitis, STDs, and HIV infection.
- Impotence (“crystal dick”).
- Loss of job, money, housing, relationships.
- Isolation, inability to feel pleasure, inability to have sex without crystal.
- Arrest, criminal record.
- Relationship or interpersonal violence.

Service Providers

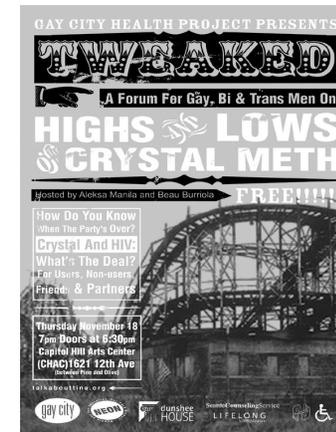
- Build a seamless continuum of services. Collaborate and cross-refer to sustain client engagement.
- Ensure all staff members get current information and regular skills training on crystal, substance use, and effective behavior change strategies.
- Visibly display media about crystal in client traffic areas. Communicate a sense of agency awareness of crystal and acceptance of clients who may be using.
- Talk about crystal with clients and patients. Listen to their stories. Learn from them. Support positive behavior change in whatever shape it comes in.

Business Owners

- You are important in shaping community norms and opinions! Get involved in community activities or groups addressing drug use among gay/bi men.
- Help reinforce messages about crystal by displaying media, opening your doors to outreach workers, or sponsoring special events that raise awareness.

The Community

- Talk about what’s going on. Silence implies acceptance.
- Promote the ideals that gay/bi men can and DO have great sex and fulfilling lives without drugs.
- Know and believe that, as a community, we have more strengths than weaknesses. Employ these strengths to support and take care of each other.



2004

1993

Public Health conducts follow-up ethnographic investigation and identifies methamphetamine injection as primary risk determinant. Based on target population input, Public Health designs community-level intervention targeting MSM crystal injectors called NEON.

1994

Public Health opens Capitol Hill needle exchange to reach MSM crystal injectors.

1994

NEON hires its first outreach worker through Street Outreach Services (SOS), begins peer education program and launches Seattle’s first crystal media campaign.

2003

Lifelong targets crystal users in its syphilis media campaign.

2004

Seattle Gay News publishes 5-part series on crystal (May-June).

2004

Seattle Treatment and Education Project publishes comprehensive article on crystal in its E-Zine.

Services

- Expand drug treatment capacity and increase pre-abstinence or recovery readiness options.
- Ensure competent utilization of evidence-based treatment models.
- Improve availability and access to mental health services.
- Create more innovative and targeted options for HIV/STD screening.

Advocacy

- Advocate for and support policies that address substance use among gay/bi men, increase the availability of critical health services, and facilitate access to services.
- Include substance use in all aspects of public health planning.
- Demand continued funding for crystal prevention and treatment programs from local, state, and federal governments.

Partnerships

- Strong, visible, sustained and coordinated public-private partnerships are critical.
- Partners should include Public Health, community-based organizations, local businesses (including bars and bathhouses) community leaders, and law enforcement.

Individuals

- If someone you care about uses crystal, talk honestly with him/her about your concerns. Understand that drug use and addiction are complex and more than a matter of will power. Behavior change takes time.
- Offer support. Get support for yourself. Know what resources are available.
- If *you* use crystal, look into some of the resources out there for you-- information, health services, counseling, or drug treatment (see the following list).

MEN AT PARTICULAR RISK:

Youth:

- Initiation of crystal use is more common among gay/bi men under the age of 25.
- Crystal often plays a central role in coming out and establishing gay social networks, particularly through the weekend party/club scene.
- Some younger men characterize crystal and other drug use as a “normal rite of passage” into the gay community.

Homeless:

- Crystal easily eliminates the need to find a place to sleep or something to eat.
- Negotiating for a temporary place to stay often involves the exchange of sex and drugs. This can keep men stuck in dependent, abusive, or addiction-promoting cycles.
- Concerned about safety and homophobia, homeless gay/bi men often prefer to couch surf, pay for overnight rooms at bathhouses, sleep in cars, or walk the streets rather than use traditional shelters. This often makes them invisible to the community and difficult to engage in services.
- Some men *become* homeless as a result of crystal addiction.

Injectors:

- Injectors are widely stigmatized by the community (even by other crystal users who don't inject) who view needle users as dirty and diseased. This stigma both bonds injectors as a community and isolates them from other social groups and networks.
- Gay/bi men who inject crystal have the highest rate of HIV infection among any risk group in King County. HIV transmission is most often through unprotected anal sex rather than needle-sharing.
- Most see their core identity as injectors, superseding identification with non-injection crystal users or other gay men. Their culture, language, behavioral patterns, and addiction severity differ dramatically from that of other gay/bi men.

2002

Seattle Treatment and Education Project publishes information in its *STEP Perspective* newsletter on interaction of crystal and party drugs with HIV medications.

2003

HAPDEU launches PowerON website including information and chat room forums about crystal.

2003

MSM Task Force forms Gay Men, Drug Use and HIV Workgroup

1994

Stonewall Recovery Services offers free individual counseling and weekly harm reduction group for MSM meth injectors.

1995

SOS publishes inaugural issues of *AmphetaZINE*.

1995

NEON produces health education media (“Hot Health Tips”) and distributes in bars, bath houses and LGBT agencies. NEON also offers monthly vein care and safer injection workshops for crystal injectors.

Non-gay identified:

- Sexually charged on crystal, some heterosexual men experiment with homosexual sex even though they don't identify as gay or bisexual. These men are at particular risk of HIV infection due to the high background prevalence of HIV among gay/bi crystal users, impaired decision-making on crystal, and underexposure to HIV prevention messages.
- Currently, there are no interventions or services targeted specifically to this population. Very little is known about their motivations, behaviors, or population size.

HIV-positive men:

- Crystal increases rate of viral replication.
- The physical stress of crystal use weakens the immune system.
- Men may forget to take HIV medications while high or crashing. This can lead to accelerated drug resistance and failure.
- Some HIV drugs increase methamphetamine levels in the bloodstream which can lead to overdose.
- The compounding dehydration of both crystal and some HIV meds can cause severe kidney stones and other health problems.

2003



1995

Public Health and NEON provide trainings on crystal meth to HIV prevention and care providers.

1995

Stonewall offers free, abstinence based support groups.

1996

Public Health adds questions about crystal injection to its counseling and testing forms (*question changed in 2000 to ask about injection and non-injection use of crystal*).

2000

Community Summit on HIV and STDs in Gay & Bi Men ("December 1st Summit") calls for expanded substance use and mental health services for gay/bi men and increased integration of substance use issues into HIV prevention and care programs.

2001

STD Clinic adds questions about meth use to intake forms.

2002

Lifelong AIDS Alliance highlights crystal in its bathhouse zine *Tales from the Towel*. (*subsequent articles in '03 and '04*).

WHERE DO WE GO FROM HERE?

The Gay Men, Drug Use, and HIV Workgroup recommends the following strategy for future, community-centered response to crystal meth:

Focused Goals:

1. Prevent men from trying crystal.
2. Reduce harms among men who currently use.
3. Help men quit and stay off crystal.
4. Mobilize and equip the community to strengthen health-promoting norms and support men in positive behavior change.

Essential Actions:

Surveillance

- Standardize data collection and assessment measures to monitor drug use and morbidity trends.
- Disseminate findings regularly to the community.

Research

- Conduct more demographic and behavioral research, particularly focusing on drug use initiation, transition to injection, gay and non-gay identified men, and new interventions.
- Bridge researchers and community-based programs in collaborative planning and activities.

Education

- Increase community and individual knowledge of crystal meth through accurate and balanced information that doesn't further shame men who already use. Improve awareness of local resources.
- Utilize health communication media and social marketing to shape positive community norms.

Interventions

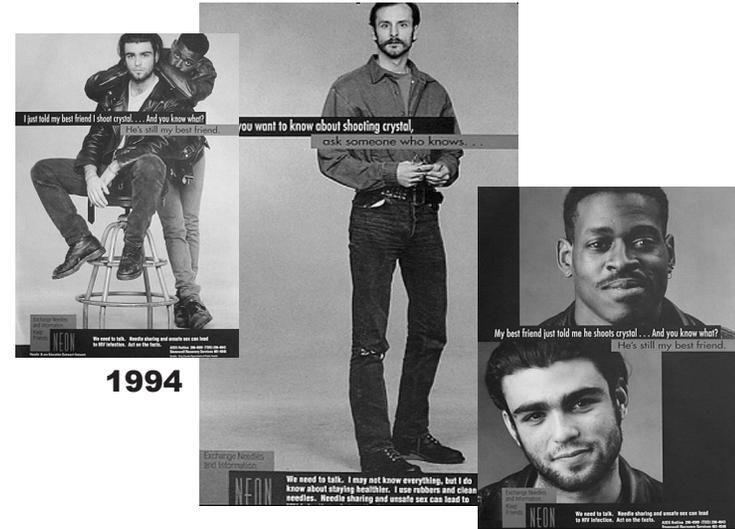
- Develop and implement drug education and prevention interventions for younger gay/bi men.
- Replicate or adapt newly emerging best practice HIV prevention interventions that address parallel motivators behind drug use and sexual behavior.

DRUG TREATMENT:

- For the last several years, crystal has been the primary drug abused by MSM seeking drug treatment, second only to alcohol.
- In a recent study among methamphetamine using MSM at the STD Clinic, 61% indicated that they were considerably or extremely interested on cutting back or stopping their crystal use. 48% indicated they were considerably or extremely interested in attending a program to help them either stop or cut back.

CRYSTAL IN PERSPECTIVE:

- Most MSM do NOT use crystal. Use of alcohol and poppers (and cocaine in the African-American community) is more prevalent and has alternate risk potentials.
- Crystal has significant risk association, but is not the only culprit of HIV infection. The use prevalence and risk association of poppers is equal to or perhaps even greater than crystal.
- The prevalence, culture, and risk factors of crystal use vary by sub-population and likely require distinct interventions.
- Although dependency risks vary by individual, addiction to crystal may develop more quickly and intensely than with other drugs and thus tighten its control over sexual behavior and decision-making.



1994

THE CHALLENGES OF CRYSTAL:

- Even from the first high, crystal causes changes in the brain that are perhaps more immediate, profound, or permanent than those from other drugs. Behavior and decision-making can be so impacted that many users say they eventually feel “completely controlled” by crystal.
- Drugs and sex have often been intertwined in gay culture. This history of combining drugs and sex reinforces norms that popularize crystal as a great sex drug and discount its harms and risks.
- Crystal is often viewed as a panacea to core insecurities with which many gay/bi men struggle (rejection, internalized homophobia, virility or sexual inferiority, appearance, age, HIV status). Its popularity may expose issues that the community as a whole is struggling to address.
- Experts agree that drug addiction is primarily a neurological condition with complex social and psychological subtexts. Yet society’s characterization of addiction as an issue of morality and personal weakness reinforces drug user stigma and impedes development of sufficient and effective interventions.

2004



1999

8 Seattle Gay News publishes first article about crystal meth.

1999

Gay City includes crystal education in Queercore's Little Black Book.

2000

NEON launches second poster campaign "Live Thru Crystal."

1996

Stonewall becomes the first drug treatment center nationwide to open an on-site needle exchange. Targets MSM crystal injectors.

1996

NEON distributes vouchers to crystal users for free STD screening at Public Health STD Clinic.

1997

University of Washington conducts Substance Use and Risk Exploration Study, an ethnographic and HIV risk behavior study of MSM meth users.

5

COMMUNITY IMPACT (KING COUNTY)

PREVALENCE OF USE:

- Approximately 1 out of 10 MSM has used crystal at least once in the past year. However, recent use of crystal may be up to two times higher among MSM under the age of 30 (20%) and up to three times higher among HIV-positive MSM (32%).
- About 2% of all MSM have injected crystal at least once in the past year.
- Injectors make up an estimated 11% of current MSM meth users.

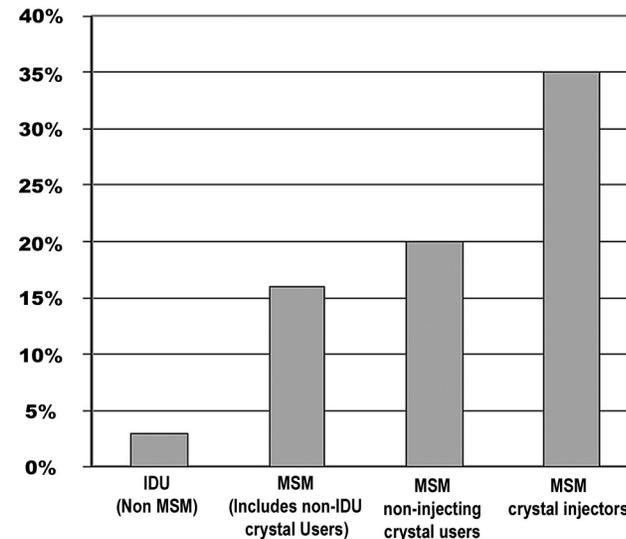
WHO IS USING?:

- Crystal use is more prevalent among MSM under the age of 30.
- Crystal use is more prevalent among Caucasian MSM than MSM of color.
- The percentage of MSM crystal users who identify as bisexual or heterosexual is unclear. Data suggest the range of non-gay-identified MSM among crystal users to be 5%-20%.
- About 1/3 of all HIV+ MSM have used crystal at least once in the last year.
- Crystal use is up to *three times* higher among HIV+ MSM than HIV- MSM.

HIV PREVALENCE:

- About 1 out of 5 MSM (or approximately 20%) who have used crystal by non-injection in the past year has HIV. This is 25% higher than the HIV prevalence of MSM who don't inject any drug.
- About 1 out of 3 MSM (or approximately 35%) who have injected crystal in the last year has HIV. HIV prevalence among MSM who inject crystal is two times that of all MSM (non-IDU) and ten times higher than IDUs (non-MSM).

HIV Prevalence



HIV AND STDs:

- Crystal use is associated with a higher risk of getting and transmitting HIV. Men who use crystal have higher rates of unprotected anal sex with more sexual partners, usually within a network where about one out of five crystal users already has HIV.
- Among MSM who inject crystal, HIV is more likely transmitted through sex than through needle sharing.
- Current research suggests that the likelihood of HIV transmission increases in proportion with frequency and length of crystal use.
- Crystal use is significantly associated with increased rates of gonorrhea. According to STD Clinic data, MSM who had ever used crystal were twice as likely to have gonorrhea than MSM with no history of crystal use ('01-'02).

These estimates are based on data from Public Health and other research studies, clinical services, and disease case reports. They represent a current best quantitative estimate of the local impacts of crystal use on transmission of HIV among men who have sex with men (MSM). Solid population-based data detailing crystal use practices and related sexual risk behaviors are not uniformly available. In some cases, therefore, impact ranges are presented, rather than specific numbers.