

Crystal methamphetamine use and HIV risk

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Crystal methamphetamine, its dangers and pleasures, has been the focus of much discussion in Australian gay communities, most notably Sydney, as it has become more easily available over the past few years. Crystal has also been widely used and discussed among gay men in California since the early 1990s and most social research on the effects of the drug derives from there.

Crystal methamphetamine is a potent amphetamine related to speed and ecstasy. It is used in a variety of contexts, social and sexual, and by various means including injection, smoking and swallowing. Its effect on dopamine release creates feelings of intense pleasure, invulnerability, and heightened self confidence. In the current context of increased HIV incidence in various states, some researchers and commentators have focused on an apparent association between crystal use and unsafe sexual practices, something first documented in the US several years ago. While any causal link remains speculative a number of other serious harms are potentially associated with the drug including psychiatric problems, addiction, neurological and cognitive impairment, and social and financial problems. When injection is the mode of administration it carries risks such as HCV infection. Significantly crystal meth is described as acutely 'moreish' by many users, leading to episodes of bingeing that may last several days where little or no sleep or food is had.

Recent discussion about crystal by researchers, community activists, journalists and medics has been fraught, marked by alarmist views, entrenched positions and a general lack of knowledge. Some have argued that crystal is highly dangerous: it is addictive, neurologically toxic and leads to behaviours such as unsafe sex and injecting.

Others have argued that Australian gay men are competent party drug users who have effectively managed and reduced drug related harms over many years. Recreational drug use is considered normal in the context of urban gay culture, in Sydney at least, and is regarded by many as an effective case of socially embedded harm reduction. Crystal meth, according to this view, is like other party drugs, such as ecstasy or speed, and thus gay men will develop ways of managing its effects.

Both these positions tend to obscure the particular effects of the drug and the ways in which some management strategies work and others fail. Research I have conducted among Sydney gay male party drug users reveals a complex picture of crystal meth, where many men did have trouble managing their use and its wider effects on their lives.* However, not using crystal was sometimes a difficult or undesirable proposition, sometimes because they were addicted, but also because using the drug was pleasurable and exciting.

For men in my study, crystal was strongly associated with sex, and this association was even stronger when the drug was injected. Most cited the experience of sex on crystal as the most desirable aspect of the drug. It was sometimes taken with friends, but sex, or at least a desire for sex, usually followed.

Participants who injected crystal were conscious of the risks of HIV transmission, but none of them had much sense that HCV prevention may require more stringent infection control. The most significant risk for HCV transmission among these men was the sociality of injecting.

The fact that injecting is a social activity is not surprising. What it reveals, however, is a paradox in relation to injection drug use and personal

harm reduction strategies. Not using drugs alone and getting others to assist with injection were strategies to manage risks associated with vein damage, overdose and excessive use, but also produced risks of HCV infection.

While crystal use did form part of the context for sexual risk taking among some participants, over-emphasising this aspect obscures a range of more acute harms. For some, crystal use came to dominate and ultimately disrupt their lives in significant ways. One became quite chaotic and lost his job because he consistently did not go to work or used crystal while at work. He became temporarily homeless, highly psychologically distressed, often depressed and paranoid. A number of participants lost relationships, got into debt and experienced ongoing poor health. All participants described coming down from crystal as very hard. They reported feeling tired, moody, and sometimes severely depressed for several days after using.

A number of larger social effects may also be related to crystal. For participants in my research it was sometimes implicated in stressing or destroying friendships and social networks. This has not been an obvious effect of ecstasy use, the drug most commonly used by gay men over the past fifteen years. On the contrary, ecstasy produces high levels of sociability in most users, which large dance parties, for instance, rely upon for much of their success. This equally applies to rave culture. Further, ecstasy is a self limiting drug: the more consumed the less effect, which makes addiction or compulsive use less likely. The recent shift in the gay drug market, coupled with a shifts in the contexts of drug use, conceivably affect gay community in certain ways. Crystal is often

associated with sex rather than sociability, often occurs in private not public spaces, and is facilitated by the internet as a mechanism for meeting sexual partners. The troubled recent history of gay institutions such as Mardi Gras, dependent on civic values of participation, utilisation of public space, and the mass mobilisation of a certain sociability has a corollary in increasing crystal use.

Efforts to reduce drug related harm in relation to crystal use among gay men in Australia have either been non specific (such as through the general promotion of clean needle use and safe sex) or educationally dubious, as through the promulgation of alarmist or inaccurate messages.

A more sophisticated and comprehensive harm reduction approach needs to be developed in relation to crystal that takes account of the fact that its use is associated with a number of risk factors for HIV and HCV including injecting and unprotected sex. Harm reduction responses should also take account of the drug's social and psychological effects and not only attempt to address crystal through pre-existing broad harm reduction measures. It should also take account of the specificity of this drug and its effects. An effective precedent has been set in the gay community's response to GHB (gamma hydroxybutyrate). Such targeted harm reduction education should take account of the contexts in which it is used and not single out or privilege particular harms such as HIV and unsafe sex. As with all sophisticated attempts to reduce drug related harm, cessation and abstinence should be taken seriously as an approach that may be appropriate and effective for some people. There is currently a woeful lack of treatment options in Australia for gay men wishing to control their methamphetamine use in any way, and this should be redressed. Squeamishness about some recovery models popular in the US should be suspended in order to honestly ask whether we might learn from the experience of gay communities in cities like San Francisco and Los Angeles.

For users who do not wish to abstain completely there should be forms of health promotion that build on users' existing strategies and practices for reducing harm, but also brave enough to intervene when those strategies are ineffective. The sense of invulnerability that crystal produces in many users can lead to complex forms of denial. Some in the gay community fear that emphasising the dangers of crystal will undermine their credibility to speak about illicit drugs from a harm reduction perspective. The ability, however, to discern between drugs and make judgments about their particular risks is a key feature of socially embedded risk reduction strategies. Those involved in gay and lesbian health promotion should take the lead in providing a range of education and service responses that start to manage this drug at a community level, which has proved, for many, so difficult to manage at an individual level.

* This research is forthcoming through 2004.

SRB 4/001

Brecht, M., O'Brien, A., von Mayrhauser, C. & Anglin, M. (2004). Methamphetamine use behaviours and gender differences. *Addictive Behaviours*, 29(1), 89–106.

Gender differences in MA use were identified through interviews with 350 former clients of methamphetamine (MA) treatment centres in Los Angeles County between 1998 and 2000. While the authors found more similarities than differences between the men and the women in this study, they did identify several important gender distinctions in MA-related behaviours and problems. For example, women were more likely to have been introduced to MA by a spouse or boyfriend, while men gained access through friends or co-workers. Men were more likely to have a history of injecting drug use, and if they were part of the 56% of all respondents that reported having sold MA, started dealing earlier than women. Although there was no difference in the average age of first initiation to MA (12 years), women tended to move more rapidly into regular use than men. Both men and women described MA as a 'functional drug', however women tended to explain the advantages of frequent and prolonged daily use in relation to weight loss and energy, while men placed a higher value on facilitating longer working hours and better sex.

SRB 4/002

Clatts, M., Welle, D. & Goldsamt, L. (2001). Reconceptualising the interaction of drug and sexual risk among MSM speed users: Notes toward an ethno-epidemiology. *AIDS and Behavior*, 5(2), 115–130.

Offering a critical perspective on contemporary epidemiological studies of speed use by men who have sex with men (MSM), the authors argue that an ethnographic approach is more appropriate for researching sex and drug-related risk behaviours. The authors claim that traditional epidemiology is too quick to make causal links between speed and sexual risk, to the detriment of more in-depth understandings of the social conditions of speed use, and in particular the risks associated with injecting practices. An alternative approach, described as an 'ethno-epidemiology', is offered as a framework for conducting research with MSM who use speed. This framework is designed to pay particular attention to: the ways in which MSM populations and subgroups are defined and accessed for research purposes; locating research on risk behaviours in the social settings in which they actually occur, eg. MSM venues; identifying some of the complex scripts that are used to interpret 'bridging patterns' between MSM subgroups involved in injecting practices; and situating risk behaviours within the context of both personal histories and wider social histories.

SRB 4/003

Coffax, G. et al. (2001). Drug use and sexual risk behavior among gay and bisexual men who attend circuit parties: A venue-based comparison. *Journal of Acquired Immune Deficiency Syndromes*, 28(4), 373–379.

Recruiting 305 gay and bisexual men from the San Francisco Bay Area in 1999 who

had attended at least one circuit party (CP) in the previous 12 months, the authors asked participants to report their sexual and drug use behaviours during four different weekends during which they attended: 1) a local CP; 2) a distant CP; 3) a non CP dance club; 4) no club or CP event. This analysis found that drug use was significantly elevated during CP weekends, with most participants using ecstasy and ketamine and many using crystal meth and GHB. The authors note that the use of crystal meth among CP attendees was considerably higher than in other gay and bisexual populations, and was higher again during distant CP weekends. Additionally, unprotected anal intercourse with serodiscordant and unknown partners was more common during CP weekends at distant locations, implying that risk behaviours may increase at out of town events.

SRB 4/004

Degenhardt, L. & Topp, L. (2003). 'Crystal meth' use among polydrug users in Sydney's dance party subculture: characteristics, use patterns and associated harms. *International Journal of Drug Policy*, 14(1), 17–24.

As part of a wider study of GHB use in Sydney's party drug markets, 45 participants who reported using crystal meth were given an additional questionnaire focusing on the characteristics, perceived benefits and costs and psychological and physical side effects of crystal meth use. The authors describe this small sample as well educated and highly functioning, committed party drug users, despite reporting significant psychological side effects of using crystal meth, including anxiety, paranoia, depression and irritability. Although all of these participants were polydrug users, most believed that their side effects could be directly related to crystal meth use. Most of the sample identified as gay (58%) or bisexual (16%), and although they mostly used crystal meth use in a dance party environment, 27% also reported usually engaging in sexual activity while taking crystal meth. Participants described the positive effects of using crystal meth as increased energy, sexual arousal and sociability, while the negative effects were the 'comedown', paranoia and inability to sleep.

SRB 4/005

Gorman, E., Morgan, P. & Lambert, E. (1995). Qualitative research considerations and other issues in the study of methamphetamine use among men who have sex with other men. *NIDA Research Monographs*, 157, 156–175.

This chapter formed part of a special issue on 'Qualitative Methods in Drug Abuse and HIV Research' published in the Research Monograph Series by the US National Institute on Drug Abuse. Therefore, while offering some descriptions of new data, this chapter is predominantly concerned with promoting particular qualitative approaches to conducting research with the complex population of MSM who use MA. The authors argue that there are many ways in which HIV risk and speed use in MSM are connected, compounded by the double

stigmatisation of homosexuality and injecting drug use. The authors identify two methodological issues as central to research with this population: 1) how to locate and 'desegregate' MSM who use MA; and 2) how to develop contextually appropriate interventions for this population. Suggested tactics developed during the Three Community Methamphetamine Study (San Francisco, San Diego, Honolulu) are outlined, including: chain referral methods to access 'hidden' MA user populations; focus group consultation to develop the most appropriate interview guidelines; recruitment of community consultants to act as cultural liaisons between research team and research participants; and social network analysis to identify the linkages between the diverse population of gay and bisexual MA users.

SRB 4/006

Gorman, E. et al. (1997). Speed, Sex, Gay Men, and HIV: Ecological and Community Perspectives. *Medical Anthropology Quarterly*, 11(4), 505.

Gorman, E. & Carroll, R. (2000). Substance abuse and HIV: considerations with regard to methamphetamines and other recreational drugs for nursing practice and research. *Journal of the Association of Nurses in AIDS Care*, 11(2), 51.

Outlining key findings from two stages of the Puget Sound (Seattle) Methamphetamine Study, these two papers promote the use of ethnographic approaches in the study of 'dual-risk men', i.e. drug-using MSM. The three methods used in this study are described as: a) unobtrusive community observations; b) focus group interviews with both service providers and key community leaders; and c) in-depth interviews with current or ex- MA users, recruited via snowball sampling. The in-depth interviews were conducted with 103 participants, who mostly self-identified as gay and included a majority who had received an HIV or AIDS diagnosis. The study identifies overlapping social ecologies for this population, extending outside Seattle to include suburban and semirural areas. This includes several sub-groups, including those organised around circuit parties, gay sex venues, transgender communities, young adult or 'youth' scenes, HIV-positive men who use MA to self-medicate their HIV symptoms, weekend users, and non-city residents who socialise in Seattle. Most participants reported a history of extensive poly- and injecting drug use, and were unlikely to have disclosed to service providers due to fear of being excluded from accessing services.

SRB 4/007

Green, A. (2003). "Chem friendly": The institutional basis of "club-drug" use in a sample of urban gay men. *Deviant Behavior*, 24(5), 427-447.

In a broader study of the life histories of men living in New York City, Green presents a series of narrative extracts from interviews with 59 homosexual men, describing their experiences with drug use in commercial gay venues, including clubs, bars

and saunas. Green identifies two patterns of drug use associated with this particular urban gay subculture. 'Drugs for sexual performance' describes the use of cocaine, methamphetamine and Viagra (amongst other associated 'club' drugs) to help negotiate both the emotional and physical challenges of anonymous sex venues. And 'drugs for community' describes the use of club drugs to facilitate the construction of 'insta-community' in the context of large social events. Green suggests that these forms of drug use are responses to the institutional context of commercial gay venues, in that they enable these men to experience a sense of bonded sociality and to have the kind of sex they're looking for, in otherwise anonymous and potentially awkward settings.

SRB 4/008

Halkitis, P., Parsons, J. & Wilton, L. (2003). An exploratory study of contextual and situational factors related to methamphetamine use among gay and bisexual men in New York City. *Journal of Drug Issues*, 33(2), 413-432.

Halkitis, P., Parsons, J. & Stirratt, M. (2001). A double epidemic: Crystal methamphetamine drug use in relation to HIV transmission among gay men. *Journal of Homosexuality*, 41(2), 17-35.

In 2001, Halkitis, Parsons and Stirratt published a review of literature linking gay men's MA use to sexual risk-taking, concluding that 'many gay men use the drug to initiate, enhance and prolong sexual encounters,' which points towards the potential for a 'double epidemic' of MA addiction and HIV infection among gay men. In 2003, Halkitis, Parsons and Wilton offered the results of a study of 49 men recruited from gay-identified venues in New York City, who self-reported at least one sexual encounter with another man while using MA in the previous three months. These men reported using MA for an average of 12 total days in the previous three months, with 30 using MA during most or all of their sexual encounters. Combining MA with other drugs was also common, particularly with 'club drugs' such as ecstasy, ketamine and GHB. In this sample, MA use was not related to ethnicity or income, however more of the men of colour suggested that using MA helped them to cope with social pressure. An association was found between more frequent MA use and a desire to avoid physical discomfort, unpleasant emotions and conflict with others, however there were no associations with mental health variables.

SRB 4/009

Mattison, A. et al. (2001). Circuit party attendance, club drug use, and unsafe sex in gay men. *Journal of Substance Abuse*, 13(1-2), 119-126.

The organisers of three North American gay circuit parties permitted the authors to collect information on sex and drug use practices at their events between 1998 and 1999. A two-page questionnaire was distributed at three different places and times during each party, resulting in a total of 1169

responses. This sample reported high levels of education and income and 75% self-identified as Caucasian. Although the most commonly reported drugs used were alcohol, ecstasy and ketamine, 39% had used crystal meth at circuit parties in the previous 12 months, with a similar number reporting the use of cocaine and GHB. Although the motivations for attending circuit parties were overwhelmingly related to the pleasures of community celebration, those who did attend parties in order 'to have sex', to be 'uninhibited and wild' and 'to look and feel good', were more likely to report unsafe sexual practices. Similarly, the number of drugs used in the previous 12 months was related to unsafe sex, with 10% of those who used only one drug reporting unsafe sex compared to 26% of those who had used seven or eight drugs. However, overall, only 15% of questionnaire respondents reported unsafe sex at a circuit party in the previous 12 months.

SRB 4/010

Molitor, F. et al. (1998). Association of methamphetamine use during sex with risky sexual behaviors and HIV infection among non-injection drug users. *Western Journal of Medicine*, 168(2), 93.

Californian health authorities collected data from clients presenting to public HIV testing clinics between July 1994 and December 1995, which after excluding those who had reported injecting drug use, created a total sample of the reported sexual and drug use behaviour of 258,567 people. The sample was sorted into the four 'sexual risk' categories of gay men (6%), bisexual men (6%), heterosexual men (38%) and heterosexual women (50%). Methamphetamine users in all four categories reported a greater number of sexual partners than non-users and they were also more likely to report having been previously diagnosed with an STI. The authors also found that using MA during sex was always related to more risky sex practices, regardless of differences in age, gender, sexuality or ethnicity.

SRB 4/011

Morgan, P. & Beck, J. (1997). The legacy and the paradox: Hidden contexts of methamphetamine use in the US. In H. Klee (Ed.), *Amphetamine Misuse: international perspectives on current trends*. Amsterdam: Harwood Academic Publishers.

In one of the few studies to incorporate qualitative explorations of MA use the authors offer some descriptive insights into the everyday lives of 450 MA users in three US cities between 1991 and 1994. The authors identify characteristic groups of users particular to each city. Central San Francisco was typified by long time inner city users, including those who had played a pioneer role in the original speed subculture of the 1960s, gay and bisexual users who demonstrated a close association between their sex and drug use behaviours, and counterculture youth users, including a high proportion of women and IDUs. MA users in the wider Bay Area were more likely to be

outlaw bikers or marginal lower-class Anglos or African Americans. San Diego users identified with three distinct districts: the combination of upper-middle and working class areas of the South Bay beach district; the Mexican and Latino communities of the inner city district; and the welfare mothers, bikers and other working class Anglos of East San Diego County. Finally, Honolulu users were mostly identified as Asian-Pacific Americans (78%), many of whom were young and new to MA use. Despite this incredible demographic range there were many similarities across these cities, including the dominance of working class backgrounds and a family history of drug and alcohol issues and physical and sexual abuse. A common justification for MA use was its capacity to provide the necessary energy and longevity to work productively, however this 'work ethic' was often maintained even in the face of losing employment after bingeing episodes. Similarly, the expectation of increased self-esteem, sexual performance and loss of inhibition was commonly transformed into the opposite extremes of paranoia, isolation and loss of libido. However, in some people, MA was found to have a calming rather than stimulating effect. The authors suggest that many of the characteristics of these MA scenes result from contemporary US drugs policy and the increasing economic disadvantages facing the working classes.

SRB 4/012

Rawstone, P. & Worth, H. (2004). How valid are explanations that claim methamphetamine ('crystal') use causes increases in HIV infections? *HIV Australia* (forthcoming)

This paper, focusing on the Australian context, investigates claims that crystal use is causing unsafe sex among gay men and, indirectly, an increase in HIV infections. Exploring the relationship between crystal use and unprotected anal intercourse with casual partners Rawstone and Worth explore, through cross sectional survey data, three propositions on which this association rests: 1) the use of crystal is related to UAI with casual partners; 2) crystal use has recently increased; and 3) rates of UAI have increased in parallel with increases in crystal use. The results show that the relationship between crystal use and UAI is not unique compared to other recreational drugs and that the increase in crystal use has occurred in parallel with a time of stabilising, not increasing, rates of UAI with casual partners. The authors also use data from a cohort study of HIV-positive gay men to propose a different way of thinking about the relationship between crystal and sexual practice. A logistic regression analysis was conducted looking at the relationship between non-concordant UAI with casual partners and three dependent variables: 1) crystal use; 2) esoteric (adventurous) sex practices; and 3) group sex. The results show that there is an independent association between engaging in UAI and more adventurous sexual practices, and a greater likelihood of engaging in group sex, but there is no independent association

between UAI and crystal use when adventurous sexual practices and group sex are taken into account. These results indicate that HIV-positive men are likely to engage in unsafe UAI in the context of a milieu that includes sexual practices such as fisting, S&M, water sports, and the use of dildos and toys, and group sex. The use of crystal is part of that milieu. The authors propose a more sociological way of looking at this relationship; a way that allows for the contexts of crystal use and sexual practice to be considered and identified.

SRB 4/013

Reback, C. (1997). *The social construction of a gay drug: Methamphetamine use among gay and bisexual males in Los Angeles*. Los Angeles: City of Los Angeles.

A detailed ethnography of crystal use among the gay and bisexual communities of Los Angeles was funded by health officials to investigate the sexual and drug-using characteristics of this burgeoning scene. Incorporating observational field work in various commercial and street locations, in-depth interviews ($n=25$) and focus groups ($n=38$) with different sub-groups (eg. youth, men of colour), the study sample included 54 current and nine former crystal users. These participants were associated with two distinct socioeconomic groups: street users or others who live marginally; and middle to upper-middle class professionals with high levels of education. Among the many different findings of this report were several key descriptions of this sample: over half (54%) were injectors; all used crystal during sex and described this sex as 'more intense, heightened, prolonged and uninhibited'; and many conceived crystal as a functional drug that enabled them to resist the social stigmas associated with sexuality, drug use or HIV status. Crystal also facilitated distinct social networks: 'equalizer' groups formed across demographic boundaries; 'slammers' bonded by common injecting practices; and 'club kids' organised around dancing rather than sexual encounters. Reback also found that the kinds of sexual risks associated with crystal use related to method of administration, eg. anal insertion of crystal was related to less condom use in receptive anal intercourse and injecting risks often increased in the context of intimate or sexual relationships.

SRB 4/014

Reback, C. & Grella, C. (1999). HIV risk behaviors of gay and bisexual male methamphetamine users contacted through street outreach. *Journal of Drug Issues*, 29(1), 155-166.

Reback, C., Larkins, S. & Shoptaw, S. (2003). Methamphetamine abuse as a barrier to HIV medication adherence among gay and bisexual men. *AIDS Care*, 15(6), 775.

Subsequent to his previous work, Reback (with additional co-authors) has published the findings of other studies with MA users in Los Angeles. The 1999 article describes the characteristics of 908 gay and bisexual male drug users recruited in street

outreach, of which 37% had used MA in the previous 30 days. Compared to those who had not used MA, the MA-users were more likely to identify as Caucasian and to report injecting practices, sex work, the use of other drugs in addition to MA, less condom use and to have sex partners that were also injectors. The 2003 article focused on how MA use might impact on adhering to HIV medications in a sample of 23 HIV-positive men enrolled in a drug treatment program. This qualitative analysis found significant differences between planned and unplanned non-adherence. For example, men who planned specific periods or instances of treatment interruption did not consider themselves to be non-adherent, but rather explained this as a deliberate decision to help cope with difficult regimens or to avoid negative interactions with MA use. Unplanned non-adherence was more likely to be related to irregular sleep patterns as a result of MA use, which made it more difficult to adhere to the strict dosing schedules of HIV medications.

SRB 4/015

Semple, S., Patterson, T. & Grant, I. (2002). Motivations associated with methamphetamine use among HIV+ men who have sex with men. *Journal of Substance Abuse Treatment*, 22(3), 149-156.

Focusing on the qualitative experiences of 25 HIV positive MSM, Semple et al. identified 'sexual enhancement' and 'self-medication' associated with HIV-positive serostatus as the two major themes in motivations behind MA use. Although most participants described themselves as 'moderate' users, 97% used MA before or during sex, and explained that MA use increased the pleasure of sex and facilitated assertion and experimentation. Participants also described MA as enabling a temporary escape from life with HIV, including feeling better physically as well as more able to cope with the idea of death and perceived social stigmas. These men reported a range of high-risk sexual activities while using MA, including multiple and anonymous sex partners, 'marathon' sex sessions that lasted for many hours, high rates of anal sex and low rates of condom use.

Glossary

MSM	Men who have sex with men
MA	Methamphetamine
Crystal	Crystal methamphetamine or 'ice'
CP	Circuit party
GHB	Gamma hydroxybutyrate
STI	Sexually transmissible infection
IDU	Injecting drug use/r

Social Research Briefs provides a summary of social research on designated themes and is published quarterly by the National Centre in HIV Social Research.

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