

HIV and Crystal Meth: A Deadly Synergy

By ACSH Staff — August 16, 2005

It's no secret that crystal methamphetamine is oozing eastward, into urban areas, and up the socioeconomic ladder. But with all the recent media coverage, one has to wonder...is the meth epidemic something novel, or is it just the same old story with a new drug playing the lead role? Skeptics and critics of the "War on Drugs" point out that as long as demand exists for a drug, law enforcement is practically powerless to prevent its use. Some even suggest that the crystal methamphetamine problem, which is for the moment gaining widespread attention in the mainstream media, will plateau or decline (as with crack after the 1980s), despite the ominous tone of news stories.

But there is a big difference between crystal methamphetamine and other illicit drugs, one that makes it especially worthy of aggressive intervention and attention by public health authorities and the media alike: the intersection between the meth epidemic and the HIV/AIDS epidemic.

Crystal meth is a highly addictive nervous system stimulant that can be snorted, smoked, injected, or swallowed. Because the drug simultaneously increases sexual drive, enhances the sexual experience, and decreases inhibitions, meth use often means that safer sex practices are abandoned, putting users at much greater risk for HIV and other sexually transmitted infections.(1) For this reason, meth has the potential to undo a lot of the progress that has been made since the onset of the HIV/AIDS epidemic in encouraging safe-sex practices. Research on gay and bisexual men especially indicates a "condom fatigue" in that community, especially at "circuit parties" in big cities, which sometimes host as many as 80,000 participants, 25% of whom report being HIV-positive and 43% of whom report using crystal meth at the parties. An astounding 39% of these HIV-positive men report engaging in unprotected anal intercourse during the parties.(2) Alarmingly, data from the L.A. Gay and Lesbian Center Survey in 2004 show that nearly one third of men testing positive for HIV report having used crystal meth since their last test (or in the last two years, whichever was most recent), and gay men in California who use meth are more than twice as likely to be HIV-positive than those who don't.(3) The "use a condom every time" message doesn't seem to be getting through as well as it used to, and many think that meth's judgement-impairing effect is partially to blame. In other words, no amount of traditional sex education can be effective if this drug makes users abandon everything they have learned.

Meth use is also quite prevalent among gay and bisexual men already infected with HIV. Meth poses additional dangers for this group because addiction can lead to a lapse in taking medications (which can lead to treatment resistance), weight loss, and vitamin depletion. According to the NYC Department of Health and Mental Hygiene, meth use can also "suppress immune system responses to HIV or other infections, cause dangerous interactions with HIV medications, increase HIV viral activity, and accelerate HIV-related dementia and other health problems."(4)

This is not to say that gay and bisexual men are the only ones using meth -- nothing could be further from the truth -- but this group warrants special attention because of the documented relationship between meth use and HIV transmission. Unprotected receptive anal intercourse with multiple partners is the most likely mode of HIV transmission. Because crystal meth deadens pain receptors, users are even more likely to engaged in prolonged, rough, and repeated encounters, which can lead to torn tissue and increase vulnerability to transmission.

According to the Gay Men's Health Crisis, those in the gay community often fall prey to meth use because of unique social or psychological pressures; meth bestows a feeling of belonging, sexiness, and confidence upon the user. Training for addiction-treatment professional aimed at addressing the feelings of low self-esteem and alienation that abet addiction would be a logical first step in loosening meth's grip on the gay community. The integration of addiction treatment, HIV intervention, and mental health services is also critical.

Methamphetamine use is not just an issue of drug policy -- it is an issue of communicable disease transmission and should be treated as such. Confronting the HIV epidemic without an effective anti-crystal-meth program is like trying to reduce heart disease without tackling cigarette smoking. Because no proven pharmacological intervention yet exists for this highly addictive drug, the development of harm reduction strategies and cognitive behavioral therapies is crucial. Here's hoping that no matter what their political stance regarding the "War on Drugs," the gatekeepers of policy, financial resources, and logistical knowhow will come to see crystal meth as a public health priority.

(1)Ghaziani, A. and D. Cook. "Reducing HIV Infections at Circuit Parties: From Description to Explanation and Principles of Intervention Design." J Int Assoc Physicians AIDS Care. 4 (1); 2005, pp. 32-46.

(2) *ibid.*

(3) Hereida, C. "Crystal Meth Fuels HIV." San Francisco Chronicle. May 4, 2003.

(4) Health Bulletin: Methamphetamine and HIV. Health and Mental Hygiene News (NYC DOHMH), April 2004.

(5) "Confronting Crystal Methamphetamine Use in New York City." Gay Men's Health Crisis, New York, July 2004.

Mara Burney is a research associate with the American Council on Science and Health (ACSH.org [1], HealthFactsAndFears.com [2]). Also: a new report confirms that meth users are three times as likely to acquire HIV, as noted in the [3] San Francisco Chronicle [3].

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