Knowing When to Stop

Addiction can exert a deadly pull on HIVers. Here's how five Los Angelenos began their climb toward recovery.

December 1, 2003 By Tim Murphy, Rebecca Minnich and Kevin Koffler

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HIV and addiction are the ultimate codependents. Indeed, HIVers from wildly different walks of life often share a history of addiction, if nothing else. Research shows that an increasing number of HIVers resort to illicit drugs and, most often, alcohol to defer the virus' physical and psychic toll. But indulgence merely depresses the immune system further, goading HIV by encouraging spotty med adherence and, therefore, viral resistance. (Even marijuana, supposedly an HIVer's best bud, ain't innocent.) And compulsive sex, meanwhile, can be just as nasty. But how much is too much? When does the party end and the pain begin? When do drugs, booze and booty stop easing the stress of living with disease and start aggravating it—perhaps becoming disorders unto themselves? Should you cut down or go cold turkey? Do it alone or with help? Must you dance the 12-step, swear off everything, always and forever, and find God? There is no one answer. Just ask the five HIVers you'll meet here—a former boozer, crackhead, dope fiend, speed freak and sex addict—fallen and redeemed in the City of Angels. Each took a different path to their do-or-die juncture—and each found a different way on the road back to life. Even if you think you don't need help, their stories can help you help someone who does. Because addiction, like HIV, can be a chronic, manageable illness rather than a death sentence. Here, a users' manual. (For recovery, harm reduction and treatment resources, see "Recovery Rooms")

Last Call

John Smith, 60, Retired shipping-company rep
DIAGNOSED WITH HIV: 1985
ADDICTION: Alcohol
SOBER SINCE: 1987

I came to America at 21 from England. I began drinking at 16, but I wasn't an alcoholic until my late 20s. At 35, after a breakup, drinking became a daily habit. For gay men like me, partying in the disco era was all in a day's work. Sexually, there were no rules. Everything could be cured with a shot of penicillin.

I was an alcoholic but far too proper to let anyone see me drunk. My drinking was tied to sex and I kept it separate from the rest of my life. I'd fall apart when I was alone, crawl across the floor

crying.

Then one morning, I woke up at 6, and the next thing I knew, it was 5 p.m. and I was still sitting there, staring at the wall. I realized, *Oh, boy, I need help.* I went to AA. At first I didn't want to be there, but the people put me at ease.

Sobriety has helped me see my life is a lot better without drinking. I've learned I can have intimate relationships with men that aren't sexual. It's even helped me deal with HIV. In 1996, I got very sick, down to 140 pounds. I was put on Marinol, which made me eat, but I hated being stoned. Protease inhibitors came along, and I was saved. AA's 12 steps help me stick to my meds.

For 15 years I was nonsexual. But a few months ago at an AA meeting, I met somebody. He's also positive—and 20 years younger than me! Now I'm in the crazy throes of love—and having sex in a way I never thought I would. I wish I could give you a logical reason for how well I'm doing, but I can't. My search is for the God within me.

ALCOHOL
A spritz can make HIVers healthier—but a splurge can cause the ultimate hangover

The HIVer Appeal:
Life with HIV can be stressful, to say the least—and there's nothing that can chill us out or warm us up like a nice glass of Merlot or a perfectly mixed martini. And for anxious HIVers, whose meds often boost cholesterol and heart-disease risk, liquor is truly therapeutic: Research shows that a daily glass of red wine or alcohol can help control cholesterol, hike antioxidants and unclog arteries.

Why booze and HIV don't mix:
But more than two drinks (one for women) a day creates numerous HIV-related hazards. An NIH study showed that alcohol can reduce CD4function, prompting HIV to multiply faster, which taxes the brain and central nervous system. Booze and HAART make especially poor playmates: Together they stress the liver (particularly in the hepatitis-co-infected) and sap med potency, while inviting kidney stones, pancreatitis and insulin resistance, which can lead to diabetes. Lushing can also encourage erratic HAART adherence and treatment-spoiling resistance. And though alcohol may seem to salve depression and anxiety, it can actually mask and intensify them, interfering with diagnosis and treatment.

Do you need help?
Drop by www.alcoholics-anonymous.organd try the 12-question "Is AA For You?" quiz. It will help you determine whether drinking is cramping your style—a question only you can answer.

The Big Fix:
Alcoholics Anonymous is the time-honored (and free) option, with thousands of meetings all over the world—many just for women, people of color, lesbians, gays and/or HIVers. Contrary to popular belief, AA is not a Christian program, or even a religious one—but it does call its12-step recovery

path “spiritual” and recommends that people find their own definition of God. But AA’s not your only hope (see “Recovery Rooms”). Plenty of other resources, many of them oriented toward HIVers, can help you stop or moderate your drinking—and restore your natural high.

Church Lady

Charlon Davis, 54, treatment center operational manager
DIAGNOSED WITH HIV: 1986
ADDICTIONS: Heroin, crack cocaine
SOBER SINCE: 1987

I chose the road I traveled. I started dropping pills at 15, shooting dope at 21, and kept at it for some 20 years. The first 10 were good. I got married, had two kids and made about $3,500 a day forging prescriptions.

Then I found crack. I went from living in a two-story home and driving a Rolls to living in alleys and shooting galleries, walking barefoot. Finally, I realized I was an addict and thought I was going to die. Then someone told me about a treatment center, and I went. I thought it would be like a Hollywood rehab and I’d learn to play tennis. Instead, they taught me to deal with my feelings.

In treatment I learned I had HIV. “Do I have five days, five months or five years?” I asked the doctor. He said he didn’t know. I left the center without completing the program and went on a two-month death mission, hanging around people I thought were beneath me, doing degrading things. I didn’t tell anyone I had HIV when we had sex. I felt so nasty, ashamed, worthless and hopeless because of my HIV. I felt as if I were walking death.

I was lucky, though. People who loved me more than I could love myself told me I needed to go back to treatment. This time, I learned to accept who I was, virus and all. I used to think: I will never remarry, have a loving husband who is not afraid of me, see my children grow up.

But God has blessed me with all those things. Every Sunday, I put on a hat, dress and heels, and thank Him for that in church. I have a loving family, work I love, and friends who don’t sugarcoat my bullshit. I have hepatitis C, diabetes, am in menopause and I go to the doctor every 90 days. I’ve stopped smoking and started walking. Most of all, I’ve learned to take life one day at a time.

COCAINE & HEROIN
They may make you comfortably numb, but trust us: Things don’t go better with coke and smack

The HIVer Appeal:
Cocaine (and its more potent, free-based form, crack) releases a rush of the brain’s feel-good chemical dopamine, while heroin (and its pharmaceutical derivatives, like some painkillers) induces drowsy euphoria by attaching to the brain’s opiate receptors, which control how we feel pain. Both drugs offer short-term relief to HIVers suffering from depression, fatigue or pain.

Why snorting, shooting and HIV don't mix:
Where to begin? Coming down from cocaine can cause extreme depression and fatigue, while heroin withdrawal means severe diarrhea, headaches, vomiting and body aches. Inject with shared needles, and you up the risk of passing HIV to others, contracting hepatitis B or C or being reinfected with a strain of drug-resistant HIV. Doing heroin while taking the protease inhibitor Norvir (ritonavir) will dampen your high, prompting you to need more, which could cause a fatal overdose if you ever go off Norvir. Crack cocaine has displayed no known harmful interactions with HIV meds but can savage the immune system, speeding HIV replication by as much as 200 percent. Studies show both injection and non-injection users are far more likely to miss HIV med doses,spurring treatment failure.

The Big Fix:
You have many options (see "Recovery Rooms"). Research reveals that HIVer heroin users who join a methadone program, taking a legal, synthetic opiate that blunts withdrawal, are hospitalized less often and live longer than those who don't, but the treatment is controversial. Some studies conclude that methadone is more addictive than heroin; others say it interacts negatively with HAART meds. Addicts have many in- and out-patient choices, some HIVer-oriented. Narcotics Anonymous (NA) and Cocaine Anonymous (CA) are12-step programs with meetings in most major cities. They don't require that you stop using drugs—only that you *want* to.

Meth Wish

Antonio Martinez, 22, student
DIAGNOSED WITH HIV: 2001
ADDICTION: Crystal Meth
SOBER SINCE: May 2003

Both my parents were heroin addicts. They tried to hide it, but I started finding needles around the house when I was 5. My dad died of pneumonia recently, because of his use. My mom stopped heroin and started using cocaine.

I've been on my own since I was 15. I moved to LA after high school to study at the American Academy of Dramatic Arts. I lived in an apartment complex where everyone was on crystal meth. Every chance I got, I did it.

My boyfriend and I supported ourselves by escorting. I was ashamed and didn't enjoy it, so I'd use drugs to numb out and feel euphoric. If guys said we didn't have to use condoms, we wouldn't. So there are a lot of guys from whom I could have gotten HIV.

Then the crystal stopped working and it was nothing but paranoia and chaos. I realized drugs had killed my dad, they were killing my mom and they were killing me. They were turning me into a person I hated. So I joined a 12-step program and started going to meetings. Today [October 14] I have 163 days clean from everything. My life is slowly turning into something. I have hopes and dreams again. And most important to me is that I've been an example to my mom, who is starting

to get it. Today, she has 73 days of sobriety.

I'm proud of my story because I survived it.

CRYSTAL METH
The sex-machine drug has pumped up gay HIV rates—and sapped HIVer health

The HIVer Appeal:
Whether snorted, injected or smoked, crystal meth (methamphetamine)charges users with days of sleepless energy. This speed variant has hit big in dance clubs in recent years and has fueled many a sex-a-thon where "condom sense" gets thrown to the wind (see "Life vs. Meth," *POZ*,July/August 2002). HIVer meth users in California told researchers it gave them temporary relief from being HIV positive and is a method for coping with the specter of death.

Why crystal and HIV don't mix:
Users often go hours or days without food, sleep or water, stressing the immune system. Then there's the days-long crash that can cause exhaustion, suicidal depression, paranoia and even a full-blown psychotic jag. HIV meds can hamper the liver's ability to process meth, causing a fatal overdose. One study found that heavy meth users rival Parkinson's patients in motor-control loss. Meth also causes jaw clenching, tooth grinding and dry mouth, which can destroy the gums and teeth. It dissolves inhibitions, too—encouraging unsafe sex that can spread your HIV and expose you to STDs (from hepatitis C to syphilis to herpes) or a drug-resistant HIV strain. And if you don't eat or sleep for days, do you really think you're going to take your HIV meds?

The Big Fix:
Resources for kicking meth have grown right along with the drug's popularity (see "Recovery Rooms"). Crystal Meth Anonymous, a 12-step program long established on the West Coast, has expanded across the country, while more addiction treatment centers and gay-health agencies are addressing the charged connection among crystal, sex and HIV. You'll even find programs and websites for doing crystal more safely, though "it's virtually impossible to determine a safe dose of crystal meth for HIV positive people," says New York City HIV doc Antonio Urbina, MD.

Girls Cry

Kim Hall, 48, mental health technician
DIAGNOSED WITH HIV: "I've been positive for 23 years."
ADDICTION: Crack Cocaine
SOBER SINCE: 1998

I'm from New York City and I've always identified as transgender. My father was homophobic and couldn't accept me, so I ran away when I was 10 and became a prostitute. He was prone to violent rage, and I grew up to inherit that.

At 14, I was arrested and sent back home. My parents had split up and my mother was working

three jobs to support us. I prostituted myself at school, then I'd dress up and sneak out to bars at night. My lesbian cousin and her girlfriend lived with us and got me into heroin.

I hung out in shooting galleries where they'd rent you a syringe, wash it out and rent it to the next person. Then everyone I did drugs with was getting sick and dying. Around that time, I went to prison for 10 years for killing my boyfriend. That's where I tested positive for HIV.

After prison, I moved to LA and began shooting crack. I did things I never thought I'd do, got in cars with men who thought I was a [non-trans] woman, went to hotels with four men at a time. I wanted to quit but couldn't. Eventually I stopped shooting crack and cut down to just smoking it.

When I finally got busted, I knew God was rescuing me. I pulled my life together in prison. When I got out I was scared my old behavior would get me loaded, so I asked for treatment. I ended up at a Hollywood center and learned how to stay sober.

Now I help other people recover. I go to school. I'm in a relationship. And I want to make the road easier for girls like me.

HARM REDUCTION
It's controversial goal: helping HIVers users use safely

How does it work?
By cutting back from shooting to smoking before she quit completely, Kim was choosing the harm reduction (HR) route. HR originally referred to needle-exchange centers' efforts to halt the spread of disease and infection by offering clean needles to injection-drug users and encouraging safer habits among them. Proponents call it a more realistic public-health approach than an all-out "war on drugs." "Needle exchange is often the first time someone is able to approach social services or a human outside their circle of users," notes Alan Clear, executive director of the Harm Reduction Coalition. Opponents argue that HR promotes drug use, and they're against using public funds for needle-exchange centers or laws allowing pharmacies to sell syringes over the counter. Basic points for HIVers who shoot up:
- use a clean, new needle every time
- don't share needles, even among people who are positive
- don't skip your HIV meds—and try to let your doctor know you're shooting up

Is HR just for IV-drug users?
No—it comprises any effort to reduce the risk of death or damage while doing any drug, or while having sex (see "Recovery Rooms"). Some HR tips for non-injection drug use:
- set limits for how much, how long or how often you'll use
- drink plenty of water—or try cran- berry juice, a great detoxifier
- try to eat, especially fruits and vegetables, protein and whole grains
- if you're snorting drugs, protect your nose by inhaling a saline solution or just clean, warm water
- if you're on HIV meds, don't forget to take them. If you're using away from home, take along the doses you'll need

What if HR doesn't work for me?
If you're sharing needles or exceeding your limits, you may be unable to control your use and should consider recovery. Don't be too hard on yourself, though. Like Kim Hall, many users wanted to quit long before they actually did, and relapse is often part of the recovery process.

Man Mania

Chris Perry, 36, health educator
DIAGNOSED WITH HIV: 1997
ADDICTION: Sex
IN RECOVERY SINCE: 1999

I started acting out sexually after I was molested at 14. A 19-year-old neighbor gave me gifts and manipulated me till he got what he wanted. I kept it a deep, dark secret. This set up a pattern.

I started sneaking out at night, roaming the streets for sex. At 15, another guy in my neighborhood would get me and my friends drunk and stoned and we'd let him suck our dicks. I graduated to adult bookstores. By 17, I was driving to Santa Monica Boulevard to meet boys. I ended up prostituting.

I used sex as a drug, and used drugs to have more sex. I was always on the hunt, thinking that being with another guy could fill the void I felt inside. It didn't.

AOL took my addiction to a whole new level. It let me be any person, say whatever I wanted. As soon as I did one guy, I'd be on to the next. But I still had that emptiness. Eventually I felt so ugly about myself I had to do something. I ended up dealing with my problem in therapy. I've made tremendous progress. The fire of my addiction is gone, and though I still act out now and then, when I do, I'm aware that I'm "in" my addiction.

My HIV weighed heavily into my decision to get help. I realized if I was going to do something with my life, I'd have to do it now. There are no more tomorrows—there's only today.

SEX
This overlooked compulsion is among the most powerful

How can you be addicted to sex?

Unlike booze or drugs, sex is a basic human need. But people, including HIVers, can use it like alcohol or drugs—in moderation or excess, with the right or wrong people, at the right or wrong time and for the right or wrong reasons.

Why sex addiction and HIV don't mix:
Reckless sex has many consequences for HIVers, from the obvious risks of barebacking to the

masking of depression or anxiety that needs real treatment. Michael Shernoff, MSW, an HIV positive New York psychotherapist who's been treating both HIV positive and negative patients for 20 years, says HIVers are no more likely than neggies to be sex addicts. But being positive can compound the shame, making healthy sexuality feel out of reach and leading to further destructive behavior. Shernoff says it's often hard to know where sex addiction leaves off and a substance addiction begins. "I have so many HIV positive clients whose sex addiction and crystal meth addiction are fueling each other, and doing terrible damage to their health," Shernoff says.

Do you need help?
Only you can make the diagnosis. Try the 20-question quiz on the Sexual Compulsives Anonymous web site (www.sca-recovery.org). A sample:
- Do you frequently feel remorse, depression or guilt about your sexual activity?
- Do you feel your sexual drive or activity is out of control?
- Have you repeatedly tried to stop certain sexual behaviors, but couldn't?
- Do you spend excessive time obsessing about sex or engaging in sexual activity?
- Bottom line: Is sex disrupting your life?

The Big Fix:
As sexual compulsivity has come to be recognized as a mainstream addiction, many support services have emerged, a great number HIVer-oriented or -friendly (see "Recovery Rooms"). In addition to many 12-step groups based on the AA model, treatment centers are also addressing sex addiction. A therapist or HIVer support group may be the best place to start.
