Life vs. Meth

Condoms have no chance against crystal. In tweaked sex, gay men are sharing a fantasy of flesh without end. They're also sharing the disease.

July 1, 2002 By Kevin Koffler

It's an unusually frigid Friday night in Los Angeles, and standing in line outside of a popular Silverlake sex club, I take a deep breath. I pray that by stepping inside this crystal palace of extreme sex I will not be opening a Pandora's box. In the past, being in the presence of the drug always led to my using again. But tonight I am facing my demons.

I am a recovering crystal-methamphetamine addict.

From my first bump, I was hooked: I had discovered the "answer" to all of my problems. That tiny clump of glassy-white powder delivered a bolt of energy, power and invulnerability. Suddenly I felt smarter, sexier and funnier. It turned an insecure, slightly doughy wannabe into a lean, mean fuck machine. At first, I only used the stimulant "recreationally" on weekends. I could walk into a club cold sober, feeling awkward and alien, do a bump in the bathroom -- and then spin out of the stall like Wonder Woman. From Miami to Palm Springs, crystal lubricated my entry into a world of beautiful, shirtless muscle men who seemed to be the gay social and sexual elite. Eventually, being one of the "golden boys" out on the dance floor became the sole source of my self-esteem.

The current crystal craze started in the early '90s in California, where the drug has been produced and popular for decades. Spread through the web of friends and sex partners at circuit parties, discos and sex clubs, by '95 it had taken hold in Seattle, by '98 in New York City and Miami. While there are reports that its use is declining on the West Coast, it is now sweeping through Boston and Washington, DC. The crystal crisis is alarming especially due to its popularity among HIV positive gay men, and the use to which they put it: sex. "Meth is the worst drug to do if you have HIV," says New York City's Antonio Urbina, MD, a specialist in AIDS and substance abuse. "It's the easiest to get addicted to and the hardest to control. You can lose everything from your health regimen to your personal integrity to it." As a result, crystal is now widely viewed as the main source of the rising tide of HIV infections among gay men in their 30s -- the generation that had "escaped" the plague. And because of the addictiveness of both the drug and the sex, meth may be the biggest threat to the community's health since HIV first appeared, traveling the same party path.

You may start out with Ecstasy, ketamine, GHB or just pot, but if you party, you will inevitably find your way to crystal: It's cheap, long lasting and readily available. But meth can also be the

ultimate aphrodisiac. It was not the dancing but the post-disco chem-fueled sex that elevated my status from weekend warrior to full-time tweaker. Sex on crystal is intense, intimate and extreme; your wildest fantasies -- desires you scarcely admit to -- are easily fulfilled. The orgasm is like an endorphin explosion from your innermost being.

So my life got pulled inexorably into the underground of gay men whose chief purpose is getting high and having tweaked, twisted sex for days at a time. This is what has made the drug uniquely irresistible -- and devastating -- to gay men. In “Sex Like You Can’t Even Imagine: ’Crystal,’ Crack and Gay Men,” an article in *The Journal of Gay and Lesbian Psychotherapy*, Jeffrey Guss, MD, explains the nature of meth’s sexual appeal: “The transgressive quality [of the sex] is not necessarily a major aspect of the gratification. Instead, the core desired experience is the apparently magical deliverance from inhibitions brought on by shame, feelings of inadequacy, self-fragmentation... into a predictably intense, sexual trance state of extended duration.” New York University professor Perry Halkitis, in his study, “Methamphetamine Use Among Gay Men in New York City,” puts it this way: For gay men “who want the escapism and adventurism of prolonged sex and multiple partners...meth is the quintessential gay drug.” Grant Colfax, MD, of the San Francisco Department of Public Health, reported in late 2001 that 43 percent of gay men who frequent out-of-town circuit parties use crystal meth.

My goals in life became (1) finding stronger, better, longer-lasting crystal and (2) someone who would sell me more crystal for less money. My main concern was “crystal dick” -- the inability to get an erection, sometimes after even a single bump -- but the advent of Viagra took care of that. All I wanted from life was that “magical deliverance” into the “sexual trance.”

Of course, such magic comes at a cost. “It is common for men to become more adventurous and risky with sex while high on any drug,” says Susan Kingston, director of prevention at the Stonewall Recovery Center’s NEON crystal-meth program in Seattle, which treats more than 100 meth addicts a year. “But on crystal, this is especially true,” she says, “since it can plummet inhibition, dull pain, flood you with new feelings of power and throw your libido into overdrive.” This cocktail of supercharged desire, numbness to pain and crystal dick can turn the most tight-assed top into an insatiable bottom. And other cocktails of club drugs are typically part of the scene. In Project BUMPS, a new study by Halkitis, the most popular add-ons among crystal users (90 percent) were ketamine and Viagra -- the first loosens your sphincter and the second overcomes “crystal dick” -- a perfect scenario for prolonged fucking and HIV transmission.

“I started as a top, but the more I used -- you know, it turns everybody into a raging bottom,” says “Mike,” a 36-year-old New Yorker “in retail,” who still uses. “With crystal, all roads lead to fisting. It’s like some weird mystical thing between you and the other guys.”

“Joey,” a Miami-based interior designer and former addict, agrees. “It is unimaginable where crystal will take you sexually,” the 30-year-old says. “When tweaking, bigger is better, and nothing is ever enough.”

Until it is. At first, a little meth goes a long way: snorting a couple of bumps can keep a neophyte

up for a day or two. Tolerance develops quickly, however, and many people who use crystal regularly eventually progress to smoking, booty bumping (squirting the drug into your butt) or "slamming" (shooting up) it to get higher faster: The more you do, the more you need to do. But after about two years, crystal began turning on me. More often than not, I was injecting the drug -- more common on the West Coast than the East, where smoking is still considered hard-core. But instead of feeling invincible, I began plunging into a purgatory of isolation and paranoia. I was too spun out to leave my apartment, and rip-roaring sex at home was out of the question -- I imagined the LAPD breaking down my door if I made more than a whisper. "Many guys report that their use gets so intense that they find themselves too paranoid to be around others or simply swallowed up by their addiction," says NEON's Kingston. "And they certainly don't know how to have sex any more without a drug."

In fact, I no longer knew how to do *anything* without crystal. Over the next eight years, the drug took me from being a healthy, creative magazine editor to a homeless drug addict on welfare. I admitted myself into 23 rehabs and tried psychotherapy, energy healing, rational recovery, harm reduction, shamans, gurus and 12-step meetings. I could stop using for a month or two, but I always ended up returning to Tina -- I just couldn't give up the drug-driven sex. Like Joey, Mike and many others I could name, I didn't quit for good until I tested positive for HIV. Whether I got infected from unsafe sex or contaminated needles, I'll never know, but the fact is, tweaking with Tina doubles, possibly even triples, your HIV risk. In the end, I only stopped shooting crystal because I literally didn't want to die.

Over a decade of doing meth, I had thousands of sex partners -- and maybe three even *mentioned* using condoms. At a time when gay men are already suffering from condom fatigue, crystal has given us not only a thousand more reasons not to bother with latex but a name for it: "barebacking," coined at the cranked-out sex parties of San Francisco around the same time (not coincidentally) that protease combos were supposedly making HIV a chronic, manageable disease. The average age of a gay meth user is 33 -- someone who grew up inundated with safe-sex messages but who never witnessed AIDS' early horrors.

Last January, the San Francisco health department's "Party and Play Study" quantified for the first time a direct correlation between doing Tina, not using condoms and getting HIV among 391 gay "late-night partiers." In a soon-to-be-released study of 168 gay male crystal-meth addicts at Los Angeles' Friends Health Center, a drug-treatment-and-research program, sociologists Cathy Reback and Stephen Shoptaw found that 60 percent of those seeking treatment reported they were HIV positive -- more than three times the HIV rate for gay men in LA. And according to New York City's Project Tina, a study by Halkitis notable for showing that crystal use is almost as high among gay men of color as it is among white Chelsea clones, half of all users reported having unprotected receptive anal intercourse.

One longtime AIDS doc said that many of the newly infected guys who end up in his Chelsea office tell the same story: High on crystal and horny as hell, they made their way to the Westside Club, a local bathhouse, had multiple partners and got infected. "I feel like I should leave my business cards on the club's counter with a sign: 'Take this card home with you along with the HIV you just

got.’”

The Internet is the ultimate tweaker trove. Once I learned the code words, such as *chem-friendly* and *pnp* (party and play), I could type my way into the endless banquet of sex and drugs. Any Saturday night, the chat rooms of AOL and bulletin-board services like m4m4sex.com are overflowing with men looking to connect for crystal-fueled sex -- some at private parties, others at clubs like the one in Silverlake I am about to enter tonight. But the Internet hookup sites, bathhouses and seedy motels where I was once a regular are places I have avoided since getting clean. Poised at the heavy metal door to be buzzed in, I am understandably anxious. It’s bad enough to fear being “triggered” -- craving crystal -- but even worse to have to observe my old behavior through sober eyes.

Entering the club, however, is like sliding my feet into a pair of old slippers. I am overtaken by the hybrid aroma of ass, poppers, piss, sweat and cum. I enter a room lined with lockers and benches where my friends and I used to do a bump or two -- just to “get the party started.” Nearby, I find a stall full of guys, crammed to capacity. They are watching a middle-aged man lying in a sling, inhaling a bottle of poppers like life support and moaning as another man thrusts an arm up his ass. I pass in front of a row of booths; at the end of them, a slender Latino guy beckons me to join him. “I want to take your load up my ass,” he says. “I’ve already taken two, and I want as many as I can get tonight.”

In another room, a young buck is masturbating while a man, old enough to be his grandfather, spits on him, beats his ass and verbally humiliates him in front of anyone who cares to watch. Finally, I arrive at a room filled with bathtubs in which guys are vying for the contents of my bladder. The stench is so strong, it makes me gag. Without the high-octane edge of methamphetamine, I no longer consider this scene “hot,” “nasty,” “uninhibited” and “wild” -- favorite words from my crystal past. Tonight, it’s just plain gross.

Hydro. Crank. Sparkle. Tina. Crystal. The gay drug of choice is an addictive stimulant whose main ingredient is ephedrine, a chemical in over-the-counter cold medicine; it is pressure-cooked with ether, battery acid, insecticides, industrial solvents or anything else containing hydrochloric acid and red lye. This gritty concoction works by triggering the release of high levels of the feel-good brain chemical dopamine. A dose of dopamine can erase years of built-up shame, insecurity, loneliness, alienation -- feelings that haunt many gay men. High, you can blend effortlessly into this culture of desire we’ve made from physical appearance, sexual performance and not much else. But, as Urbina warns, you may end up checking your integrity at the door.

“If more gay men would tell the truth about how their lives have been trashed -- instead of the fun stories -- maybe crystal use would diminish,” says Kathleen Watt, ED of Los Angeles’ Van Ness Recovery House. She estimates that eight out of 10 of her clients are crystal addicts; of those, two-thirds have HIV -- and almost half believe they got it while under the influence of meth.

I’ve often asked myself how I became part of that statistic. Of the many reasons I had unsafe sex while high on crystal, I think the most profound was simply that I was lonely: Meth got me close to

men at clubs and in bed, and unsafe sex allowed me the deepest connection possible. My own search for that took me down the path to seroconversion, but for men who are already positive, crystal's lure is often quite different. "For HIV negative men, crystal is about socialization -- about meeting guys, maybe having sex, but mainly to overcome social anxiety," Halkitis, who is himself positive, says. "For HIV positive men, crystal is specifically about sex, about feeling hot, desirable, and finding a mental space where there is no lipo, no wasting, ultimately no HIV."

Some positive gay crystal-users say they use the drug to deal with fatigue, low libido and depression. Some even told me that a line of meth is the only thing that gives them enough energy to get out of bed and run errands. But for many, there's another, largely unspoken reason: Crank allows them to disconnect from any sense of responsibility for having unsafe sex.

"A lot of positive men think that barebacking is their consolation prize for having been infected," says Les Pappas, a recovering addict whose San Francisco-based Better World Advertising is responsible for high-profile prevention campaigns such as "HIV Stops With Me." "Using speed makes it easy for them to deny the possibility that they are having unprotected sex with guys who are negative."

That adds up to a lot of denial. Prevention experts point out that the widespread use of HAART has radically reduced the risk of HIV transmission through condomless sex -- and yet still the virus is being spread in ever-greater numbers. Clearly, whatever added protection the meds offer is negated by the sheer abundance of condomless sex. And while alcohol and other substances certainly play their part, meth is the only drug around which rituals of multipartner barebacking have been built -- and even celebrated as "liberating" and "empowering."

It's estimated that as much as 20 percent of these new infections involve virus resistant to some or all of the available treatments. "Almost every positive man I have worked with has told me that he invariably forgets to take one or more doses of his HIV medication while partying on crystal," says Michael Shernoff, MSW, a New York City psychotherapist with many HIV positive crystal addicts. "So the possibility of spreading a treatment-resistant strain of HIV increases with men who use the drug." A new report by Project PILLS (Protease Inhibitor Longitudinal Life Study) found that HAART-takers who did not use club drugs missed two and a half doses every 60 days, while meth users missed 12 doses.

But the health consequences of crystal use for HIV positive gay men go well beyond infecting others -- these guys, of course, are harming themselves. Jeff Myers, MD, medical director of AIDS Healthcare Foundation's Valley Healthcare Center in Sherman Oaks, California, says that more than a third of his patients have used crystal, and that meth routinely results in skipped meds and meals, vitamin depletion, weight loss and poor sleep. "All of these things," Myers says, "can result in HIV disease progression."

And the damage is only compounded when bumps turn into binges. During the days and nights of a binge, the mind eventually turns from a dopamine-flooded euphoria to a dopamine-starved confusion. "The crash after using crystal is severe and lasts for up to a week after a binge of a

couple of days," Shernoff says. "This precipitates a very severe depression." Depression, paranoia, even temporary psychosis are part of the drill. The crash is so notorious that among New York City Crystal Meth Anonymous (CMA) meetings, the most popular is known as Suicide Tuesday, overflowing with men "in recovery" from the previous weekend.

Given these hazards, it seems almost academic to note that researchers differ over whether meth increases HIV in the blood. But for the record, a just-released Ohio State University study reports that meth does stimulate HIV replication in brain cells as much as 15-fold. This can only be termed a bitter irony -- after all, your brain is the organ that takes the most beating from long-term tweaking.

In brain-imaging studies of addicts using two grams of crystal a day, there were changes in the brain consistent with a pre-Parkinsonian syndrome, symptoms of which include loss of concentration, tremors and impaired movement. It is not at all certain that these effects are reversible after stopping the drug. In extreme cases, Parkinson's leads to dementia; since HIV itself can also damage the brain, by adding amphetamines, you're potentially delivering a double blow.

"I wish my patients who are addicted to crystal would get brain-imaging scans to see how this drug is taking away their future," says Antonio Urbina. "All those dark spots -- 'mental deficits' -- represent not only lost dopamine receptors, but lost memory, lost meaning, lost human potential. Pharmacologically, it's possible to use up all of your pleasure-releasing transmitters during a crystal addiction -- and have none left. It's play now, pay later."

No list of meth's downside is complete without mention of the overdose. OD'ing on crystal, which happens in 3 to 4 percent of users as measured by emergency-room visits, is a risk that rises both with the duration of your binge and the use of other drugs (a meth/heroin "speedball" is this season's favorite). Since crystal acts so powerfully on your cardiovascular system, the symptoms are easy to identify: from sweating, dehydration and racing heart to stroke and cardiac arrest.

Last year, when a leading AIDS doc in New York City died from an apparent binge on a mix of meth, GHB and other club drugs while being videotaped at a sex party at his Chelsea home, it was widely whispered about as a clarion call, a kind of collective "hitting bottom" by his whole A-list social network. But by summer, Fire Island was again reported to be awash with crystal and other substances, and the tape was circulating from share to share.

The Gordian knot of crystal and sex can be cut. Eighteen months ago, I detoxed and went through an intensive treatment program -- for what I hope is the last time. My initial detox lasted eight days, and was brutal: fatigue, rash, explosive diarrhea, sweats, chills and fever, as well as a suicidal depression. With the help of a doctor, psychiatrist, therapist and friends, I got through it. It took me two more months of daily naps, healthy eating and antidepressants (most work their magic on the same brain chemicals as meth -- only these won't kill your brain) to balance my brain chemistry before I started feeling better.

In rehab, I relearned how to live life: grocery shop, balance a checkbook, socialize sober. I also

began dealing with deeper problems: the shame I felt about being gay, the guilt I felt for getting HIV. But my biggest challenge has been relearning sex and intimacy. “The memory of the intense pleasure of sex on crystal is the hardest part of recovery,” says Halkitis. “There’s no way to beat addiction without acknowledging that you will never have that kind of sex again -- and mourning that loss.”

But giving up the escape into that nether world of sex leaves you only with your imperfections and infections, a shabby substitute for meth’s magic. “Every time I’ve used in the last year, all of my slips correspond to the last time that I enjoyed sex,” Mike, of New York City, says. “When I’m not using, sex is weird, tiring, boring. And now I find on top of not being able to enjoy sex sober, I absolutely can not enjoy sex with a condom.”

High or not, having anonymous sex is easy (although when you’re sober, it lasts 20 minutes, not 20 hours). Having intimate sober sex with my boyfriend is a lot scarier than any “scene” I did on crystal. Loving Paul, and allowing him to love me in return, is something I am working on. The craving for the drug has mostly subsided, but when it does grab me, focusing on the consequences of getting high takes it away. Today I know every high has an equal and opposite crash. On most days, I feel relatively happy and whole. Life just continues to unfold, and get better.

If kicking crystal is hard -- my 23 attempts are not too unusual -- moderate meth use may be harder. Mike himself is on a harm-reduction plan. “I do a line, get laid, and I’m still home for dinner. It’s like eight bumps over 12 months,” he says. "Now, if I did eight *binges* over 12 months, I’d be worried." But many, if not most, recovered crystal addicts wouldn’t agree.

“You can’t just do a little crystal” is CMA’s abstinence-based approach, although the groups are open to harm reducers, weekly relapsers and everyone else. In New York City, the first CMA meeting was held three and a half years ago, and five people showed up; today there are eight weekly meetings that draw from 30 to 70 members. The stats reflect this growth: A 2001 survey by the Center for HIV/AIDS Education Studies and Training found that more than half of the gay New Yorkers who use alcohol or drugs had tried meth in the previous year -- up from 10 percent in 1998. The CMA meetings make for a raw and intense 90 minutes: There is an almost obsessive focus on crystal-sex -- the leading cause of relapse. Guys walk a tightrope in order to tell their story without details that will trigger others in the room. As in all 12-step meetings, deep bonds of friendship are formed. The most remarkable aspect, though, is that HIV is rarely discussed in any depth. When asked why, Mike, a CMA vet, says, “It’s not even an issue compared to the crystal addiction and the sex. Those are much harder to deal with than having HIV.”

Mike, who had an HIV positive boyfriend for six years before finding crystal, losing his boyfriend and only then getting infected, believes he knows when he got the bug. “When I had seroconversion sickness, I just counted back the days -- and although it could have been any one of literally a hundred guys, I romanticize that it was this one positive guy I met at the Westside Club and spent six hours with,” he says. “He was tall and good-looking and really just ’it’ for me. Somewhere inside I was determined to have myself his baby, and the crystal took me where I

could enact that fantasy."

Joey's version is similar. "Before I started doing Tina, I was paranoid about getting infected with HIV and was always ultrasafe," he says. "But once I started tweaking, I stopped caring. It was not unusual for me to walk into a room of eight or nine naked men, all complete strangers, and have boundary-less sex."

Van Ness Recovery House's Watt says that former users are more likely to relapse when they don't ask for help. She adds pointedly, "The help that is asked for the least," she says, "is around dating, intimacy, socializing, sex and feelings of loneliness." The same problems that drive you to crystal in the first place are waiting, still unsolved, on the other side of addiction.

"The surest way to help gay men who are strung out on crystal is to get them into treatment," San Francisco's Pappas says. "However, we know that not everyone will take that path. Men who are abusing crystal need HIV prevention and risk reduction they can utilize while under the influence." In fact, several pioneering prevention campaigns on both coasts have tailored interventions specifically for crystal-using gay men, including the "Crissie" campaign at San Francisco's Stop AIDS Project, West Hollywood's "Crystal + Sex = Death" campaign and New York City's DanceSafe.

"It is absolutely possible to target a using, even high, population," says NEON's Susan Kingston, a leader in this effort. "We design most of our written materials, especially our zine, to be digestible while high." NEON's *Amphetazine* and the Van Ness' *Twacked* zine aim to reduce both the health damage that crystal does to positive men and the risk of HIV transmission. Their tips combine basics like "eat, drink plenty of water and get some sleep" with condom encouragement and old-school safe-shooting advice.

Although way behind the curve, the gay community is struggling to stem the rising tide of meth use. But at the crop of crystal-meth forums sprouting up in city after city, the issue of harm reduction vs. abstinence often becomes so volatile and divisive that it eclipses other aims, such as dispensing health information. While harm reduction is a valuable approach to condom use and many kinds of drug use, there is a serious question whether the meth-sex-HIV nexus is susceptible to a harm-reduction strategy. Many who think they are practicing harm reduction are, in fact, on the road from use to abuse to addiction. Addiction, as Antonio Urbina explains, "is a specific pharmacological event in the brain that is not only unique to each person but completely unpredictable." How do you know it when you see it? "That's when you need the drug to get out of bed and get to work and get through the week until Friday, when you can binge," he says. Still, many AIDS service organizations, such as New York City's Gay Men's Health Crisis, persist in offering only the politically correct harm reduction, directing clients who want to stop to CMA.

The ultimate goal of both approaches is to empower people to function and feel without *having to* use drugs -- sometimes quickly, sometimes slowly. For my part, all I can say is that years of failed attempts at controlling my crystal use proved that harm reduction was simply a justification to keep using. Experience taught me that once I did that first bump of meth, I would have a needle in

my arm within 24 hours and wouldn't stop till I dropped.

Before I leave that club in Silverlake, I take one last walk around and perch myself on the top floor of a glory-hole pit. Soon enough, a sexy, shirtless 20-something boy, with a shaved head, tattoos and piercings, sidles up next me. For a few minutes, neither of us says a word. The acrid smell of hydro is oozing from his pores -- the familiar stench of my body and sex life for all those years. Finally he speaks. "Hey. What's up?" "Nothing," I say. "Are you partying tonight?" he says. "I've got a little bit of Tina. We could go into a booth and do a bump." I consider his offer for an insane moment, but then reason prevails. "Sorry, I don't party." "Oh," he says -- and is off to find someone who does.

Getting Help Getting Off

Need help kicking or cutting back on crystal meth? Click on www.poz.com for a list of organizations from San Francisco to New York City that have expertise with HIV positive tweakers. You will also find a list of harm-reduction tips. To get you started on the road to wellville, check out these two nationwide resources:

Crystal Meth Anonymous (www.crystalmeth.org)

The classic 12-step, abstinence-based recovery program. Check website for location and times of meetings.

DanceSafe (www.dancesafe.org)

A harm-reduction nonprofit run by and for the rave and nightclub community.

For more info on meth and other club drugs, click on www.clubdrugs.org.

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