After Party

Why does crystal meth still attract gay men?

April 4, 2016 By Mathew Rodriguez

As the first snow of 2016 falls, a few dozen people, mostly men but some women, pile into what they call the “bell tower” of New York City’s LGBT Center. After entering the room, they hug each other, remove their heavy coats, grab a beverage or a bagel and sit down.

Some of the people are openly gay; some do not disclose their orientation. They are of different races, ethnicities and social classes. They almost all wear jeans, and they are all here to overcome an addiction to crystal meth.

A familiar face walks into the room and takes the seat to my immediate right. His name is Tommy, and today marks his 123rd day without crystal meth.

I met Tommy for the first time on his 97th day away from meth, and again on his 104th day. He began using meth when he was diagnosed with HIV at age 20. He’s now 29.

While crystal, nicknamed Tina, has been a part of his life for just under a decade, Tommy has lived with body dysmorphia and its effects even longer. What you and I might see when we look at Tommy—a handsome, 5’9" dark-haired man—is not what Tommy sees when he looks in the mirror. And while Tommy has gone over 100 days without meth, the day we spoke marked his first day without binge eating and purging. Coffee cup in hand, Tommy says he has held down a total of 500 calories during the past two days.

Meth was there for Tommy as a weight-loss agent. It made him feel good about his body; it also helped him focus: In college it helped him push through a premed program, and later, it helped him meet his quotas in a banking job.

Tommy maintained an active porn Tumblr blog during his meth use. In between GIFs and videos of professional studio porn actors having condomless sex are 15-second swatches of real-life sexual encounters, videos of extreme sexual activities and footage of people smoking or slamming—read: injecting—meth right before sex. And, there are naked pictures of Tommy.

“I guess the appeal of it came from a little bit of exhibitionism,” he says. “That was me, trying to conquer my body dysmorphia. With crystal, I was way more confident than I was when sober.” Plus, “it was just so much fun,” he says. “I did not know there was such a dark, devious world

attached to it."

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Meth is a synthetic stimulant that perfectly executes one job: releasing a flood of dopamine into the brain. Most people know dopamine as a naturally produced neurotransmitter associated with pleasure and reward.

Dopamine produces a positive reaction to everyday occurrences that keep us alive. When we eat or drink, our body gives us dopamine. In fact, studies show that eating food releases about 150 units of dopamine. Sex (without drugs) releases 200 units, nicotine results in 250, and cocaine clocks in at 350. In comparison, crystal meth unleashes a whopping 1,100 units of dopamine.

What's more, meth is an adept electrical engineer—it rewires the brain's circuit board with relative ease by blocking neurotransmitters in the brain and wreaking havoc on the neurons. You might even say that it causes a type of brain damage (more on this later).

In recent years, this drug has made a comeback in the gay community. Meth offers cheap and quick dopamine to those in need of a feel-good fix—and the American Psychological Association says that the LGBT community experiences much higher rates of general depression and anxiety than the rest of the population.

In his new book, Lust, Men and Meth: A Gay Man's Guide to Sex and Recovery, David Fawcett, PhD, a licensed psychotherapist in Fort Lauderdale, writes that many therapists have seen an uptick in patients seeking help for meth addiction since 2010.

The culprit, he explains, is not only meth's relatively cheap street price, but also, thanks in part to Mexican drug cartels, its drastic increase in potency since the 1990s.

The rise in popularity is not just anecdotal. ACT UP activist Peter Staley, who first sounded the alarm about meth in the gay and HIV communities in the early 2000s, recently penned a POZ blog titled "It's Back! Meth Use by NYC Men Rising Again." Looking at data from the Centers for Disease Control and Prevention's National HIV Behavior Surveillance study—a recurring survey of gay and bisexual men—Staley reported that meth use in New York City, after a continuous decline from 2004 to 2011, more than doubled between 2011 and 2014. Specifically, in 2004, 13.8 percent of survey participants said they had used the drug during the last year; in 2008, the number dropped to 5.8 percent; in 2011, it inched even lower to 4.3 percent, but then in 2014, it spiked to 9.2 percent. Similar trends were seen in Los Angeles and San Francisco, though not as pronounced.

"New York State," Staley writes, "can kiss its Ending the AIDS Epidemic goals goodbye if it doesn't include meth prevention targeting a new generation of gay men who never witnessed the community's response in 2004."

Today, ACT UP New York is springing into action again. AIDS activists have already held several teach-ins on the topic and formed a working group to raise awareness about this burgeoning epidemic. A priority for the group is to work with hospitals and ensure protocols are in place for

dealing with the multifaceted reality of meth addiction.

“Members have been talking about it being a problem since the ’90s, but people are struggling a lot more than they used to,” says ACT UP’s Brandon Cuicchi, adding that the problem tends to stay underground, in part, because people have so much trouble kicking the habit.

Carlos Aitcheson-Valentin, who is part of the ACT UP working group on meth, said that recovery groups are seeing higher attendance than ever before, much of it from younger people.

Many of the interviewees for this article called meth the gay community’s “dirty secret.” But at least one burgeoning activist—a former child star—is working to bring national attention to the issue.

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Daniel Pintauro, once a child actor on popular ’80s sitcom Who’s the Boss?, spoke last summer to Oprah Winfrey and the hosts of The View about his HIV-positive status and his struggle with crystal meth. What followed was a backlash from some in the LGBT and HIV communities about the way he handled his media tour and what they considered the veracity of his story (for example, whether he actually contracted the virus via oral sex while on meth).

Undeterred, Pintauro continued working to get the anti-meth message to the public, whether through social media, his new POZ blog or, recently, at the podium of a fundraiser for Desert AIDS Project in Palm Springs, California. “I’m learning that my story is not unique,” he told that crowd. “I’m not alone in finding that my depression and self-doubt are partly fueled by my latent struggles with being gay, and they are certainly fueled by the immense stigma I felt about being HIV positive. And I’m not alone in turning to a drug that removes all of that self-doubt, depression and internalized stigma and replaces it, albeit for a short time, with feelings of invincibility, strength and confidence.”

Or, as Pintauro told me when we spoke about his addiction journey: “Meth makes you pretend that life is great.”

Pintauro’s meth use coincided with an exploration of his own sexual submissiveness and the BDSM community (as in, bondage and discipline, dominance and submission, and sadism and masochism). Not that BDSM and crystal meth often go together—Pintauro stresses that they don’t—but rather, when the first two men he encountered in the BDSM community happened to introduce him to meth, he finally felt like he was part of a community he had longed to enter.

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As I sit in the recovery meeting in the LGBT center’s “bell tower” and listen to the stories, I wonder what led these people to try crystal meth. Were they seeking acceptance or refuge?

Though not true of everyone, many found meth because they were unhappy or frustrated with their lives. “There is great seduction in the power of a drug to transform someone who is lonely,

tired and feeling unattractive and invisible," Fawcett writes in Lust, Men and Meth.

Michael Crumpler turned to meth after his HIV diagnosis.Bill Wadman

Michael Crumpler discovered meth at a time when he was searching for a place to fit in. He was

diagnosed as HIV positive in 2006, and within a year he was divorced from his wife and had relocated to Chicago. He had never been high before—never really drunk, either.

Crumpler's story highlights the fact that meth use does not always come before an HIV diagnosis. According to a recent study, 65 percent of HIV-positive gay men said they started to use meth after they seroconverted.

A newly HIV-positive Crumpler tried the drug for the first time at a sex party. It was held, he remembers, at an upper-middle class apartment, yet the company was definitely mixed—white, black and Latino, young and old, affluent and probably some who were homeless. He was asked if he "partied." Crumpler wasn't sure what the term meant, but he was certain about two things: He wanted to feel comfortable in his skin, and the person offering the drug was cute.

Crumpler, who is black, says that the identity of the people with the meth played a significant role in his decision to try the drug. "If a black person, a cousin, had offered it to me, I would never have done it. But I was in this socialized space with white guys who seemed to have their shit together, who seemed like guys that stepped right out of a porn video."

Because he first encountered meth in this environment, he says, "it masqueraded itself as being OK."

And so Crumpler let the guys inject him with the drug, after which, as instructed, he stood and held his arm up. "I felt the world change," Crumpler recalls. "It was beyond high, it was existential. I instantly felt everything I ever wanted to feel."

It didn't last. In the throes of his addiction, Crumpler faced a cycle of evictions, job terminations and moves across the country. He's not alone. Research shows that men of color often struggle with meth use more so than their white counterparts. In a recent study, while 78 percent of gay men who used meth in New York City were dependent on the drug, 95 percent of black gay meth users depended on the drug.

"For everyone who becomes addicted to crystal meth, there is a longing for community," Crumpler says. With the drug's help, he says, he was able to have sex without pretense or anxiety, without tension or awkwardness. It was just two—or more—bodies causing each other immense pleasure.

"It was fulfilling, it was affirming to have somebody look at you and be OK with you," he says. "And if they weren't, you could just say, 'Well, get the fuck out,' and somebody would come in and give you what you want."

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Meth and HIV remain locked in an intense and dangerous relationship, particularly for men who have sex with men. Like Crumpler, those living with the virus may find welcome reprieve from stigma and self-doubt, though drug binges can result in missed doses of meds and additional health problems. For lots of gay meth users, regardless of HIV status, the drug acts as an intense sexual stimulant, one that breaks down inhibitions and boosts stamina and confidence, leading to

marathon sex sessions of increasingly dangerous behavior. No surprise that a study from the American Psychological Association shows that depression combined with methamphetamine use significantly affected sexual risk-taking.

When Anthony Romano came out as gay in 1988, his family kicked him out of their home and he sought refuge in New York's gay community. For him, this meant outings to the Roxy or the Tunnel, or other clubs where he and his friends could dance and forget the trials of the week.

But Romano didn't try crystal meth until he was 30, the age when some gay men start to feel ostracized by a youth-obsessed gay culture. Romano used for about 10 years, always combining it with intense sexual encounters. Some Fridays, he'd get off work, a friend would pick up the drugs and they'd use together before inviting others to party with them. It was all, Romano says, to feel like he was a member of the gay community. Fridays stretched into weekends without sleep, just constant using and hooking up.

Then a nasty bout of thrush in 2012 forced him to seek medical help in the emergency room. A doctor there diagnosed him concurrently with HIV and AIDS.

"I think back on why, you know; I guess I was the stereotypical gay—we did the ecstasy, the cocaine, the crystal meth," he says. "I kinda have like Peter Pan Syndrome."

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But what happens once the parade passes by? For Romano, his diagnosis and recovery from meth—with help from ASCNYC—led to a fear that he might never enjoy sex again, an anxiety that Fawcett reports is common. When the brain experiences sex and meth together, the two can become "fused." Quit the drug, Fawcett notes, and you also lose sexual desire.

But there is good news. "One aspect of the meth mystique that needs to be challenged is that there is no hope," Fawcett writes. "This is simply not true. While recovery from meth is difficult, it is absolutely possible."

Remember we said that meth molecules literally damage the brain? Well, as Fawcett points out, new understandings about the human brain show that it possesses amazing "plasticity," the ability to create new neural pathways. In other words, the brain's physical structure can adapt as new habits are formed. But this takes time. For example, levels of pleasure-giving dopamine can return to normal only after at least a year of abstinence from meth and its related stimulants, including watching porn and checking hook-up apps like Grindr.

To confound the recovery process, the meth-addled brain has problems concentrating, solving problems and judging appropriate behavior. At the beginning of recovery, Fawcett writes, some users can't even comprehend the 12 steps of recovery. Plus, because quitting meth doesn't generally result in the physical withdrawal symptoms seen in opiate addicts, many hospitals don't admit meth users trying to detox, even though they likely experience extreme psychological distress.

So recovering addicts, in order to reclaim their lives, must often take a break from sex altogether as they commit to sobriety, a process that includes not just avoiding triggers and establishing new habits and friendships, but also learning to redefine sexual pleasure and increase one's capacity for intimacy—all of this on top of tackling the myriad issues meth helped them avoid in the first place. Daunting indeed.

In the recovery meeting I observe, the all-too-real anxiety of self-exploration plays out in front of a group of fellow soul-searchers. They want to get to know themselves separate from the drug. One by one, people speak about the trouble they have listing their assets and the ease with which they can count their faults. These dual lists of virtues and deficits are the topic of today's discussion—it's called a "moral inventory" and is an integral, but difficult, part of this recovery program.

But having faults is OK here. As person after person speaks about the difficulties they face in being kind to themselves, I think of what Crumpler told me about the gay community and its inability to care for its own: "When people come out [as gay], they're celebrated but they're not really mentored."

I realize that in the recovery meeting, people are discovering a type of mentorship and community. Yes, there are triggering moments. People run into old tricks; memories haunt them. But they also find forgiveness for falling short, and kindness in the face of struggle.

"The whole point of [the recovery program] is being in a community so that you don't feel alone," Evan, a regular at the meetings, tells me. "We're not getting telephone numbers so we can go out on a date; we're getting telephone numbers so we can have somebody to talk to."

Tommy, the guy also dealing with body dysmorphic disorder, says he recently grabbed coffee with a buddy in recovery. Their meeting straddled a blurry line between a simple hang out and a date. Tommy says that rebuilding his life to include a healthy sexuality is always on his mind, but when he and his buddy decided not to pursue dating, Tommy didn't use sex as an outlet for his frustrations.

"For the first time, I handled a situation like rejection in a positive way," Tommy says. "I didn't go out and look for sex to validate myself. Just because I was turned down, it wasn't the end of the world."

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