Gay Shamelessness, Beyond the Crystal Meth Crisis

For many gay men, meth spoiled the pleasures of drugs in the way that AIDS had spoiled sex. A decade after meth use peaked, what can the sheer resilience of one generation offer the next?

June 25, 2014 By Walter Armstrong

Thom Gunn (left) and Mike KitayBilly Lux

At around 6 am on Sunday, April 25, 2004, the doorbell rang at the house that Thom Gunn shared with his lover and two friends in San Francisco. Gunn let the caller in, took the man into his bedroom and closed the door. A few hours later, his housemates got up, had breakfast together and went about their business.

“Starting around midday, I had felt there was something terribly wrong,” Bill Schuessler later told the SFGate. “I went down to the garden in back and looked toward Thom’s window. The blinds

were drawn." At 8 pm, they forced open his bedroom door and found him in bed alone and unresponsive. An hour later he was pronounced dead. An autopsy listed the cause of death as "acute polysubstance abuse." He was 73.

The story of Gunn's death, related by his lover of 50 years, theater director Mike Kitay, and Bill Schuessler, is remarkable for its candor. They chose not to shield the reputation of one of the most celebrated poets of the second half of the 20th century from the stigma of a death from meth. Their honesty is a tribute to the brave and daring spirit of the self-described "romantic rebel," who succeeded in catching the tempest of gay liberation in his art.

"There are many different varieties of New Jerusalem,
Political, pharmaceutical—I've visited most of them.
But of all the embodiments ever built, I'd only return to one,
For the sexual Jerusalem was by far the greatest fun."

Gunn wrote these lines in 1990, when AIDS had already razed that New Jerusalem. In 1992, he published The Man With Night Sweats, a collection of elegiac poems about that vanished world. It was as lavished with awards and acclaim as earlier collections celebrating the actual life of that world—such as Moly, inspired by his experiments with hallucinogens, in 1971, and The Passages of Joy, inspired by his experience of leather bars, bathhouses, promiscuity and what he called gay liberation's "community of the carnal heart," in 1982—had been ridiculed or ignored.

In 2000 Gunn retired from teaching at the University of California at Berkeley and published his last poetry collection, Boss Cupid. "After he retired, Thom kept saying how happy he was. He said it often—too often and too loudly," Kitay wrote in the Threepenny Review. "But sometimes, when no one else was around, he'd lean against the kitchen sink and bow his head and moan, "I'm old! I'm old!"

Gunn still cut a striking figure in his black leather jacket, black jeans, black motorcycle boots and gold earring on his nightly rounds of the bars and clubs. But with methamphetamine rife, the nights turned into three-day binges; he withdrew from his communal household and stopped writing, saying his muse had deserted him.

"He wasn't mixing with a great crowd. His sexual partners were people younger than himself who were semi-homeless, had drug problems. Rough," the poet August Kleinzahler told SFGate. "And I think he did make a New Year's resolution that he would behave better. But he loved his time with these naughty boys, and he wasn't about to give that up."

A Second Epidemic

Thom Gunn, the greatest gay poet since Whitman, was one of thousands of urban gay men who fell victim to crystal methamphetamine in 2004. They were a minority only, but the drug's Leviathon-like addictiveness could swallow a man whole. Every few weeks brought news or rumors of someone else who "fell down the meth hole"—an exemplary longtime AIDS survivor, a famous AIDS doctor, the most-lusted-after young man in the old days of ACT UP. The gay leadership spoke

of meth as “a second epidemic.” The press ran stories with titles like “The Dance of Death,” “The Meth-Gay Sex Nightmare,” “The Beast in the Bathhouse.” PSAs in gay neighborhoods in New York City read “Huge Sale! Buy crystal, get HIV Free!” Crystal Meth Anonymous (CMA) meetings were known as a great place to cruise.

Anti-meth PSAs launched by activist Peter StaleyCourtesy of AIDSmeds

The “meth hole” referred not only to addiction but also to the unique way gay men expressed it. We were using this cheap, powerful and long-lasting stimulant for long-lasting, powerful and risky sex. The marathon bouts of team sex afforded by this toxic mix of drain cleaner, acetone and fertilizer are still, a decade later, the stuff of legend. Its ruin of lives is the stuff of legend, too. “This is the most destructive drug I have ever dealt with,” said gay San Francisco psychologist Walt Odets, a leading HIV prevention advocate. “It gives people a sense of empowerment but soon their lives unravel. Even the patients who use it very infrequently, like once or twice a month, they find that before too long it starts to characterize their lives.”

In 2004, urban gay men used crystal meth at a rate five to 10 times higher than the so-called general population. A 2004 study found that 10% of we reported having used meth in the past six months; among gay youth (15 to 22), the rate was 20%. In 2006, the rate was between 12% and 30%, according to one major study, while another study found a much lower 7.2%. The numbers did not add up to an epidemic. After all, the vast majority of people who use drugs do not become addicted, and gay men who use crystal are no exception. But given the drug-sex-HIV link, all the drama was really about a second epidemic of AIDS.

Data from studies reinforced the alarm. Guys who were HIV positive were using meth at twice the rate of HIV negative men, and they formed the core of the meth-sex underground. The biggest study found that a meth user had a 50% greater risk of getting HIV than a nonuser. A 2004 study of gay men tested for HIV found that users tested positive at a rate three times that of nonusers (6.3% compared to 2.1%). Other studies found a tight correlation between frequency of use and HIV infection.

Within the gay community, little sympathy for these men was in evidence. Ever since AIDS hit in the early 1980s, the excesses of gay liberation had been condemned as its cause, often by those who had been ardent enthusiasts. Whenever there are reports that a segment of the community is attempting to revive disavowed traditions, as it were, a moral panic is mobilized, directing spleen at these naughty boys.

In 2004, extreme measures were briefly discussed, including public shaming of men who were low-level meth dealers or who hosted frequent parties. Larry Kramer, the community’s elder statesman, gave a much-discussed speech in which he yelled at the audience, “You are still murdering each other. Please stop with all the…excuses gays have used since the beginning to ditch responsibility for this fact.”

Amidst all the hubbub, two startling facts were often overlooked: Most meth users were in their thirties or older, and the average age of new HIV infections had risen to 40. The drug had laid its fiercest claim on the gay men who, like Thom Gunn, had lived through the AIDS crisis and might have been expected to express their gratitude for survival very differently.

A Gay Way of Using Drugs

Gay men use drugs at a rate two to six times that of straight men, according to a 1995 study.

Researchers generally lump substance use and misuse with the many other health disparities of gay men, such as childhood abuse, violence victimization, teen homelessness, suicidality and a 60 times greater risk of HIV. These are understood as the result of pervasive homophobia.

Being hated can foster resilience. The world built by gay liberation in the 1970s was an act of unprecedented resilience. Sexual freedom, expression, pleasure and a sublime shamelessness were the bedrock value around which social life was organized. Gunn's utopian vision of a New Jerusalem—"a community of the carnal heart," as he called it—captured what was best in this world.

Bars, bathhouses and sex clubs were our town halls and universities, and dance parties were our church. Drugs were threaded throughout this social-sexual fabric. They enhanced pleasure, dissolved boundaries, and merged the lonely individual with the tribal spirit. Of his experience of gay dancing and drugging in the 1970s, distinguished New York City art critic Douglas Crimp wrote, "You pass a point where you're beyond tired, beyond pain, beyond even thinking about stopping, thinking only that this could go on forever and you'd love it. It's pure ecstasy. Nothing matters but disco—not sex, not food, not sleep, nothing—and nothing is better."

The '70s disco dancing parties eked out the AIDS years as circuit parties, weekend-long events where the dancing peaks at 4 am and does not end for another 12 hours. Thousands of men attend, paying hundreds of dollars. The spectacle is fantastic and electrifying. Drug use is intense. A 2003 study at one party found that a majority reported taking two or three drugs. A study last year found that when asked what they intended to use at one weekend party, men's top choices included: GHB (86%), cocaine (84%), ecstasy (83%), crystal meth (78%), marijuana (73%), ketamine (67%), Viagra (65%) and poppers (51%).

Even more striking is the social dynamic. Guys generally attend not as individuals or in pairs but in small groups, posses of friends who travel together, dance together, do the drugs together, sometimes have sex together and, to a considerable extent, take care of one another, maximizing group fun by minimizing individual risk. Most guys take meth and then leave it when the dancing ends. This is what researchers mean by "a gay way of using drugs."

Meth Sex and Pure Ecstasy

The gay men's health movement embraces resilience.Positively Aware

But there is another gay way of using meth. "For HIV negative men, crystal is about socialization—about meeting guys, maybe having sex, but mainly to overcome social anxiety," said Perry Halkitis, a leading gay health researcher at New York University. "For HIV positive men, crystal is specifically about sex, about feeling hot, desirable, and finding a mental space where there is no HIV."

Words fail former users when they try to describe their in-the-moment experience of meth sex's otherworldly pleasure and meaning. Meth sex is so distinct and exalted that it has earned its own tags on Internet hookup sites: "party and play," "chem sex," "pig sex," "tweaked sex," etc.

"You really only want to have sex when you're on meth," says T.G., a New York City artist who was addicted to meth for a year and a half before kicking it in 2011 with the help of CMA. "I once fucked someone for nine hours and felt like I was on the edge of coming the whole time."

The drug heightens everything—your senses, sexual desire, stamina, self-esteem and shamelessness. "Meth is for kinky guys with hang-ups," says E.M., a video artist who began using heroin when his lover died in the late 1980s and later moved on to meth, hustling, homelessness, suicide attempts and prison in California. He now has four years clean and lives with his dogs way out in the sticks. "They'd let me piss on them, fist them, spank them, doing all the stuff they are too afraid to ask for sober. It is a drug for those who need an earthquake to bring down the wall."

Meth sex often proceeds from fucking to fisting. The drug both blunts pain and sharpens

sensitivity. It can also cause erectile dysfunction, known in the trade as “crystal dick,” although Caverject and Trimix injectables may remedy the dysfunction. Fists and toys fulfill and prolong male fascination with penetration. The fucking is natural, skin to skin, no condom. “The sex was always bareback and disclosure seemed absurd,” says K.M., a writer, anti-meth activist and long-term AIDS survivor in Washington, D.C., who started using not longer after he tested positive in the mid-1980s when he was in his late thirties—“Condoms were never even discussed.” E.M. says, “The risk of exposure to the virus was accepted as a matter of course.”

“The transgressive quality [of the sex] is not necessarily a major aspect of the gratification,” wrote Jeffrey Guss, a professor of psychiatry at the New York University medical school, in 2001’s aptly titled “Sex Like You Can’t Even Imagine: ‘Crystal,’ Crack and Gay Me.” ”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.”

Like disco dancing, these dopamine-fueled orgies can take you “beyond tired, beyond pain, beyond thinking of ever stopping…pure ecstasy.” The longest E.M. ever spent at a party was five days. The largest sex party he ever attended involved 24 men. Easy access to a sustained state of ecstasy and trance can be irresistible, as long as your money, health and mind hold out.

Pain of the Past, Fear of the Future

Crystal methamphetamine took hold in urban gay communities in the late 1990s, soon after the first effective HIV drugs converted many death sentences and restored our generation to so-called normal life. Caring for the sick, burying friends and lovers, mourning the loss of entire sexual and social networks, and protesting in the streets had consumed many of our youths. Investment in the future, career building, saving money and all the other rigmarole of a middle-class US life had been jettisoned. The end of the crisis also meant an end to the intense sense of purpose and solidarity. Normal life could not compete.

Few had imagined that survival would prove a mixed blessing. In 1991, clinical psychotherapist Walt Odets attempted to alert gay and AIDS leaders to what he called “the psychological epidemic” resulting from this generation’s immersion in death. “Many potential survivors will not ultimately survive because of the self-destructive behaviors that guilt, depression and anxiety motivate,” he wrote. “For those who will survive in a biological sense, there is already an immense amount of psychological damage wrought by the HIV epidemic. If we are not able to adequately address the issues of HIV negative men the costs may be unendurable.”

By 2004, this psychological damage was increasingly hard to ignore. Many survivors, especially those who had HIV, had classic symptoms of PTSD, including problematic use of meth. Researcher Perry Halkitis found that the rate of PTSD among gay men in his studies was between 15% and 24%, “on par with prevalence estimates of PTSD among those who have experienced [other] traumatic events.” Not surprisingly, HIV positive men who had been diagnosed before the appearance of effective combination treatment in 1996—“a group who should have died but somehow managed to survive into older adulthood”—had the most severe symptoms.

“Here we were, all of a sudden having to deal with the fact that we’re going to live, and we’re dealing with midlife crises at the same time, because we’re turning 40,” Peter Staley, an AIDS survivor and activist who got addicted to meth in the late 1990s, told PBS in an interview for the 2005 Frontline documentary The Meth Epidemic. “I mean, we have to be up front about the fact that this is a heavily damaged group of men.” Staley braved the stigma of being the community’s first “face of meth addiction” and paid out of his own pocket for the “Buy crystal, get HIV” PSAs.

AIDS PTSD takes many insidious forms. For T.G., survivor guilt and the lingering conviction that being gay equaled having HIV combined with meth when he got infected in his late thirties. “Back in the ‘80s and ‘90s there was this feeling that eventually we were all going to die,” he says. “Even if we were testing negative we weren’t going to see 40. It was only a matter of time before we all get infected.”

The Death of Sex

The most wrenching work of recovery is to accept the loss of the intensities and intimacies of meth sex. In CMA, newcomers are advised that abstinence from sex may need to last months or even years. “You get to a point where you want to have sex, and you relapse,” Staley said. “You go back to the drug in order to have sex. This is one of the reasons getting off the drug for many gay men is very, very hard.”

In a social world permeated with sex and the constant crackle of cruising, the feeling that your own sexuality is dangerous or damaged can be a lonely one. Some guys may be able to deploy skills acquired over years of negotiating condom use and HIV status disclosure. But others must simply grieve for the death of sex. The idea of returning to condom use is the final nail in that particular coffin. “There’s no way to beat addiction without acknowledging that you will never have that kind of sex again—and mourning that loss,” Halkitis said.

However, PrEP, or pre-exposure prophylaxis, a once-daily dose of HV medication, may lesses the sense of loss. Indeed, this particular application is only one of many Gordian knots of HIV prevention that PrEP might help cut by liberating the pleasures of natural fucking from fears of infection. Equally valid and valuable would be its use as a “party drug.” Ever since the vast majority of gay men with HIV have been on effective medication and the level of virus in their blood approaches nil, being “undetectable” is, scientifically if not socially, understood as “noninfectious.” The synergy between PrEPing and undetectability, if widely supported as effective risk reduction and adopted communitywide, may finally end the treacherous complicity between eroticism and mortality imposed by AIDS. “On PrEP” and “undetectable” have entered the lexicon of gay hookup websites. Even the CDC has retired the term “unprotected sex” in favor of “condomless sex.” There are risks to depending on PrEP as prevention. There are risks to having sex, period.

To the grief, a guy in recovery must likely add guilt and shame. “Different kinds of moral corruption are a common facet of the drug,” says K.M. “I always went for the younger guys at the party. I probably infected at least one of them, and I have to live with that.”

By contrast, T.G. felt that getting infected was a kind of moral corruption. “It was easier to tell people that I was a drug addict than to tell them that I was now positive,” he says. “A lot of the shame I felt was me beating myself up for getting HIV after so many years of being safe.”

T.G., K.M. and E.M. have, in their recovery, demonstrated remarkable resilience. They survived the AIDS crisis in their twenties, addiction in their thirties and forties and now, in middle age, both HIV infection and the aging process. That trajectory may seem extreme, but it is life course of many in my generation. These three men have unique strengths that no doubt account for much of their resilience, but it may be that having been activists when young, they formed a wavering faith in something greater than themselves. Call it a community of the heart, carnal or otherwise.

Shamelessness Has a Revival

Since 2004 meth use has declined by at least half in the gay community. In a major CDC study, in 2004 the rate of use among gay men in San Francisco, Los Angeles and New York City was 22%, 16% and 14%, respectively; in 2008 the rates had fallen to 13%, 13% and 6% respectively. In 2011, that 50% decline was holding steady.

Some researchers say that the passage of a federal law restricting access to meth’s primary precursor, pseudoephedrine, may explain the drop in use. Others say that community-wide prevention messages stigmatizing meth have succeeded. However, there is anecdotal evidence that, oddly, gay men in their fifties and those in their late teens and early twenties are the two groups in which meth use decline may have slowed or stopped. The older users may include many who have longstanding addictions and cycle in and out of recovery.

Ours is the first generation of openly gay men to reach middle age, let alone to have a reasonable expectation of seeing 70. Thom Gunn’s generation, most of them, died before they were 50. The new generation has the traditional gay health disparities but no knowledge of AIDS except as a treatable condition. Their risk of HIV remains high, though, with worst-case estimates that as many as 41% will be infected by age 40, an intolerable prospect made more likely by meth misuse. Mindful of the chronic failures of prevention focused only on those who have “the problem”—the HIV infected, say, or meth addicted—veteran community researchers like Halkitis, Odets and Ron Stall, a professor at the University of Pittsburgh’s School of Public Health, are spearheading efforts to define and mine resilience.

“Why have we only been studying the party boys who get into trouble and make the front page of The New York Times?” Stall said in a 2011 speech at the University of Connecticut’s Center for Health Intervention and Prevention. “Shouldn’t we be looking at the guys who use meth in a self-monitoring way? Or who are quitting meth? Or who never touch the stuff? How do these guys pull this off in the middle of a meth epidemic?”

Ultimately, Stall wants to revive gay liberation’s embrace of shamelessness as a value. “Shamelessness is usually framed as a fault, but I think it’s a strength,” he said. “It’s the ability to say to the homophobic world, ‘I will not let you shame me in public, and if you try, I’m going to

turn it around and make it so that you look like the asshole.'" Older gay men who have made it this far have, of necessity, developed resilience. Stall's hope is that these geezer "skill sets" can be named and shared with young men who are just starting out as the first gay generation to have reason to believe in a future.

Together with the advent "undetectability as the new negative" and PrEP—not least in its legitimate role as a party drug—sexual freedom may once again be liberated from the medical and moral shackles of AIDS. Is it my own geezer nostalgia to hope that Thom Gunn's utopian vision of a New Jerusalem will glitter again? Happily, that is for future gay generations alone to decide.

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