The Weight We Carry

When HIV, meth and mental health collide, a multifaceted approach is beneficial.

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Chemsex in the LGBTQ community rarely makes headlines. While using illicit substances—chemicals like crystal methamphetamine specifically—in combination with sex is a longstanding and growing epidemic in our community, it's too often only addressed in whispered conversations and guilty discussions in substance use disorder recovery groups.

The cycle of drugs and sex can be devastating. People participating in sexualized drug use may begin using out of desire, loneliness, the need for connection or escape or just to feel good for a few hours. But over time, people's use can very easily end in sickness, hospitalization, incarceration or death.

According to the National Institutes of Health (NIH), use of meth (aka crystal, Tina, crank, ice and others) by Americans has been rapidly rising. Indeed, 2.6 million people reported using meth in 2023. That's a staggering number. Moreover, men who have sex with men (MSM) use meth three times as frequently as their heterosexual counterparts.

When it comes to MSM, drug use and sex invariably intersect with mental health issues and HIV risk. The NIH reports that meth use among MSM is closely associated with HIV risk behaviors and seroconversion. One study of MSM in eight U.S. cities found that HIV prevalence was 50% higher among those who injected meth compared with other drugs. In another study on pre-exposure prophylaxis (PrEP) use among MSM who inject meth, NIH researchers found that "among those who were HIV negative, people who injected methamphetamine were less likely to currently take PrEP and more likely to have discontinued PrEP compared to those who reported non-injection methamphetamine use."

For years, HIV, meth use and mental health challenges have been treated as separate issues. The virus is treated in infectious disease clinics, the drug in substance use programs and mental illness in therapists' offices. But for many MSM, these experiences arrive together, intertwined in ways that can be difficult to understand and even harder to untangle.

“I kept seeing clients presenting with the same three things,” says Christopher Martinez, LMSW, a bilingual psychotherapist and clinical social worker in New York City. “They were living with HIV, reporting depressive symptoms and using crystal meth.”

Born in Venezuela, Martinez, who specializes in sex therapy and LGBTQ mental health, has spent much of the last decade working with queer communities, immigrants, older adults and other underserved populations. Again and again, he noticed similar characteristics in his clients.

“I started thinking, What’s happening here? Why are they presenting the same pattern?” he says.

Martinez started to wonder which condition or symptom presented first. “Were they or are they depressed? And that’s why they started using crystal meth?” Martinez asked himself. “Or were they already drug users, crystal meth users, and then that’s the reason they became depressed? Or were they diagnosed with HIV, and after the diagnosis, they got depressed? And then because they were depressed, they started using drugs as a way to cope with the depression?”

YouTube/National AIDS Memorial

As Martinez investigated the topic, he found that his observations were already being discussed in the clinical research. “This is something that actually happens, and it’s happening more with these underserved communities,” he says.

Because so many of his clients were also immigrants, he was drawn to explore why these conditions were so often co-occurring in less-considered communities. He cites “minority stress” as the reason these issues so frequently intersect among MSM.

“The way I like to see it is, we all have a backpack that we are carrying,” Martinez explains. “We carry a backpack, but for people that are going through minority stress, this backpack is heavier than, say, for white, cisgender men who are not gay. We have to add homophobia, discrimination, immigration issues, transphobia, stigma against HIV. That’s going to add weight to the backpack. So if my backpack is so heavy, I need a way to relieve that pain.”

For some, meth provides potent, if temporary, relief. In a culture where men having sex with men is still considered sinful or immoral, chemsex can provide gay and bisexual men with a sense of freedom from anxiety or self-doubt.

“For LGBTQ communities,” Martinez says, “it has become a pattern. That’s why I call [meth use] endemic, because it’s another epidemic in our communities. It’s part of the daily life associated with sex.”

Meth use can profoundly affect brain chemistry. The NIH reports, “The continuous use of meth eventually leads to drug addiction and causes serious health complications, including attention deficit, memory loss and cognitive decline.” This leaves users more vulnerable to depression, anxiety or other mental health conditions. When combined with stigma, social pressures and the powerful effects of addiction, the result can be a cycle that’s increasingly difficult to break.

“Some people might think that crystal meth is not that bad or that it’s just something that they use with sex,” Martinez says. “They might think that it works like cocaine or any other enhancement drug, right? Any other upper. But the chemistry in your brain, the neurobiology, gets completely changed after you use meth for a long period of time.”

According to Martinez, one of the greatest barriers to recovery is not any single diagnosis but the accumulation of shame surrounding all three.

“You just keep adding to that backpack, right?” he says. “An HIV diagnosis, then shame or stigma,

then add depression in combination with anxiety or other mood disorders, and it's a snowball."

When a new client visits Martinez presenting with meth, mental health and HIV issues, he aims to provide them with mental health services first.

"We propose that the client starts with mental health, so they can recognize that there isn't just one big issue, but there are three things happening here," he says. It's also important that the client feels welcome and safe, not only by the clinician but also from their very first encounter with the front desk receptionist.

"If when I walk in the clinic, the front desk person doesn't give me attention or treat me respectfully, I'm going to leave, right? Or if there's no one who speaks my language or understands my culture, I'm going to leave," Martinez says. "And we get those who come to the first session, don't feel heard and then don't come back. I have seen it happen a lot." The idea is to meet the client where they are with compassion and respect.

"[Clinicians] have to first dive into their world and get to know them and try to show that we're not judging," Martinez says. "We just want to know what [the client is] going through so we can understand their world."

Martinez is a big advocate for harm reduction in recovery scenarios. "I personally believe that the approach of abstinence is a little outdated," he says. "I know that for some people it works, but for others, abstinence doesn't."

The road to recovery for a client may require taking baby steps. Success might look different from stopping using altogether. It might mean simply showing up for therapy or speaking honestly for the first time. It could mean feeling less ashamed or learning safer practices regarding sex or reducing meth use rather than eliminating it overnight.

"I also try to figure out what meth is doing for this client," he says. "What function is it serving?" Understanding that function does not mean endorsing the behavior. It means understanding the person's reality. "Just recognizing what's happening and understanding how these factors work together is already a huge success," he says.

"A lot of people don't know about harm reduction," Martinez continues. "For example, how you can start slowly reducing [meth use] at your pace, as long as you make sure that you're being safer every time—that that's a good start, that's the best start you can have."

Many clients embrace harm reduction and learn how to stay safe and eventually progress to maintenance, which means going for long periods of time without using while their life becomes more manageable.

“We also understand that relapse can be a part of recovery,” Martinez says. “It’s a part of recovery. And it shows that you are still in recovery.”

For Martinez, progress in recovery is a win, no matter how much sober time a person has. “If it was only a week or two hours, it’s a win. And we should treat that time as a win.” He continues, “There’s a misconception that everybody has to heal the same way. What looks like success for me may not be success for you or for any other client. We need to understand that.”

Stigma, shame and isolation can be big drivers of the drug use cycle, but connection is one of the strongest forces that can be deployed to combat it.

“The biggest resilience I’ve seen is in community,” Martinez says. “It doesn’t happen in the individual. We are rooted in community. Historically, LGBTQ people have supported each other and created our own chosen families. That’s the biggest resilience that we can find.”

Social networks, peers and informal support systems are other ways folks can find healing. “A lot of people find healing and resilience in culture and identity,” he says. “The language I speak, the traditions I have, what can I share?”

Social media and even hookup apps, like Grindr, can foster connection and community. “It used to be demonized, and it still is a bit, but I’ve seen this change in thinking that apps are also a way to connect socially.” Martinez says many people who meet through apps wind up becoming friends. “Transforming [app use] into more of a social networking than only sex networking—it’s also part of resilience and how we as a community shift through time.”

Martinez’s ultimate message is simple: No one has to navigate these challenges alone.

“I would like for whoever feels that they are struggling with any of these issues, whether separately or all together, anybody that is living with HIV, anybody that is struggling with depression or any mental health concerns here and there or anybody that is struggling with any drug use, crystal meth included, to understand that we as a community are offering support,”

Martinez says. “I want them to know that there are people offering the services that they need. And that they are loved, that we care about them and about the community and that we are inviting them to come and seek help. Because if they look, they’ll see we’re going to be there for them.”

For providers, he offers a challenge: As the LGBTQ community continues to evolve, professionals must evolve with it. What worked 20 years ago may not be enough today.

“Providers, therapists, caseworkers—we must continue to train, educate ourselves to prepare to serve these communities. Education is freedom,” he says.

And perhaps freedom begins with understanding that HIV, meth use and mental health are not necessarily separate struggles but are often companions on the same journey. Understanding that may be the first step toward healing.

“People can and do recover,” Martinez says, “we see it happen all the time.” Maybe that’s the most healing message of all: There is hope.

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