Los Angeles County Department of Health Services

Office of AIDS Programs and Policy

Crystal Methamphetamine Use Among Men Who Have Sex with Men in Los Angeles County: A Situational Assessment

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SUMMARY

Due to evidence documented in the literature linking crystal methamphetamine use with increasing HIV infection rates among men who have sex with men (MSM) in Los Angeles County (LAC), the Office of AIDS Programs and Policy (OAPP) conducted a situational assessment to identify existing gaps in HIV prevention and substance-abuse education targeting this population. The overall goal of this process was to gather information regarding the current strategies and interventions existing in LAC and to gain a deeper understanding of the issues associated with crystal methamphetamine use among MSM.

Qualitative data were gathered through in-depth interviews with 26 key informants identified as having expertise in the HIV/AIDS/substance abuse area and knowledge of the population at risk. This information was used to draft recommendations for a comprehensive intervention effort targeting this problem and to assist the local community to make informed decisions about the kinds of interventions necessary to address this problem. Based on the perspective and insight of specialists in the field, the information in this report provides greater understanding of methamphetamine use, current interventions, barriers and challenges to addressing this epidemic, resources needed, and the types of programs that can be successful in addressing the crystal methamphetamine crisis in LAC.

BACKGROUND

An estimated 49,500–60,000 persons are living with human immunodeficiency virus (HIV) in Los Angeles County (LAC), whether or not they are aware of their HIV status.[1] Approximately 2,000 new HIV infections occur each year in LAC.[1] Use of illicit drugs, in particular, methamphetamine (sometimes referred to as *crystal* or *crystal meth*), has contributed substantially to the spread of HIV infection among men who have sex with men (MSM).[2,3] A report distributed by The National Alliance of State and Territorial AIDS Directors (NASTAD) and the National Coalition of STD Directors (NCSD) identified crystal methamphetamine use as contributing substantially to increases in risky sex behaviors and higher rates of HIV infection among MSM.[4]

Considerable research has been done to document the connection between substance use and sexually risky behavior for MSM.[3,6–20] Studies have demonstrated that crystal methamphetamine in particular functions as a sex drug in MSM communities, where it is used to initiate and enhance sexual encounters.[21,22] The literature also reports that MSM who use methamphetamine have a greater prevalence of HIV infection than MSM who do not use the drug.[2,3] Users of methamphetamine report enhanced feelings of sexual desire, and users typically have more sexual partners than nonusers.[3] Crystal methamphetamine use is also associated with risky sexual behavior, including decreased use of condoms, having anal sex, fisting, and prolonged sexual activity.[3,23-25]

MSM represent the highest proportion of acquired immunodeficiency syndrome (AIDS) cases in LAC, with 65% of all newly diagnosed AIDS cases in 2002 occurring among

this population.[26] In 2002–2003, HIV prevalence among MSM and MSM who are also substance abusers or injection-drug users (MSM/IDUs) was estimated to be 74%, reinforcing the fact that the HIV/AIDS epidemic continues to remain largely a male phenomenon in LAC.[27] When compared with the nation overall, LAC has a much higher proportion of AIDS cases incurred through male-to-male sexual behavior (40% versus 65%).[28] These data highlight the need to design more effective prevention efforts for this population.

Preliminary findings from the Los Angeles Men's Survey indicate 13% of the 1,581 MSM enrolled in the study reported any crystal methamphetamine use during the previous 12 months. Of the men in the sample who reported any unprotected anal intercourse (UAI) during the previous 12 months, 20% of these men also reported using crystal methamphetamine. Of the men who did not report UAI during the previous 12 months, 8% reported crystal methamphetamine use. Forty-two percent of the sample reported having UAI (Personal communication with Trista Bingham of HIV Epidemiology Program on July 8, 2005 concerning preliminary results of the Los Angeles Men's Survey, National HIV Behavioral Surveillance, 2003–2004).

Findings from the 2004 Countywide Risk Assessment Survey (CRAS) in LAC reported 18.4% of MSM used methamphetamine during the previous 6 months, and a significant correlation existed with a recent positive HIV test ($p = 0.01$). Behavioral correlates of using methamphetamine included inconsistent condom use ($p<0.0001$), a greater number of sexual partners ($p = 0.008$), and trading sex for drugs or money ($p<0.0001$).[29] MSM who report using crystal methamphetamine appear to be at

elevated risk for contracting HIV and other sexually transmitted diseases (STDs) in California and likely contribute to recent increases in HIV and syphilis infection rates across the state.

The Los Angeles Gay and Lesbian Center presented data on amphetamine (e.g., methamphetamine) use by MSM frequenting their HIV Counseling and Testing Program at the National HIV Prevention Conference in June 2005 and shared findings based on 19,071 records over 4 years. These data reveal that MSM using amphetamines doubled from 2001 (5.77%) to 2004 (10.35%). Of MSM reporting methamphetamine use in 2001, a total of 221 (72.93%) reported using amphetamines during sex versus 425 (86.56%) in 2004. Methamphetamine use among HIV-positive MSM has also increased; in 2001, a total of 11.71% of HIV-positive MSM reported using amphetamines, compared with 30.23% in 2004. This trend analysis indicates that amphetamine use among MSM is increasing, especially among MSM who use methamphetamine while engaging in sex.[30]

LAC Department of Health Services has limited data on crystal methamphetamine use among newly infected MSM, and long-term surveillance data are not readily available, emphasizing a need to more effectively track the association between crystal methamphetamine use and MSM with newly diagnosed HIV infection.

Goals and Objectives

During March–July 2005, in response to the rising tide of evidence that links crystal methamphetamine to increasing HIV infection rates among MSM in LAC, the Office of AIDS Programs and Policy (OAPP) conducted a situational assessment to identify

existing gaps in HIV prevention and substance-abuse education targeting this population. The overall goal of this process was to gather information regarding the current strategies and interventions existing in LAC and to gain a deeper understanding of concerns associated with crystal methamphetamine use in the county. Through in-depth interviews with key providers and HIV and substance-abuse specialists in the community, OAPP gathered information for the local community to make informed decisions about the kinds of interventions necessary to address this problem. The information in this report provides greater understanding of methamphetamine use, existing interventions, what has worked, barriers and challenges to addressing this epidemic, resources needed, and the types of programs that can be successful in addressing the crystal methamphetamine epidemic in LAC. In addition, this assessment was an attempt to identify how crystal methamphetamine use is perceived as a community norm and how this affects acceptance and use of the drug. This information was used to draft recommendations for a comprehensive intervention effort targeting this problem.

METHODS

Personal interviews were conducted with 26 key informants identified as having expertise in the HIV/AIDS/substance abuse area and knowledge of the population at risk. Initially, 11 key informants were identified by OAPP executive staff as representatives of potential stakeholder groups in LAC. However, as the interviews were conducted, interviewees recommended additional specialists to be interviewed to provide a more comprehensive understanding of the crystal methamphetamine epidemic among MSM. Key informants represented three areas,

- direct providers of services (e.g., physicians or case-managers),
- researchers in the area, and
- indirect providers (e.g., Department of Health Services staff).

Jane Rohde, MPH, CDC Public Health Prevention Specialist, and Aquilino Gabor, MPA, National Urban Fellow, conducted the interviews. Although both interviewers were assigned to OAPP, neither was directly employed by LAC Department of Health Services. The interviewers gathered information describing the services available to the population at risk, the types of programs that are effective for the group, and the gaps in services that might be closed by an intervention. Interviews were taped to capture the information completely, and those tapes were transcribed according to general themes elucidated throughout the interview. One key informant declined to be recorded, and two interviews were conducted without a tape recorder because of the informality of the location. Interviews were conducted during March, April, May, and July 2005, and varied in length from 40 minutes to 2 hours.

RESULTS

Who Uses Methamphetamine?

Key informants discussed the degree of fatigue that MSM are experiencing, stemming from having to navigate through the myriad of concerns related to HIV/AIDS for the past 25 years, and described methamphetamine as the ". . .perfect drug for the perfect group at the perfect time." Crystal methamphetamine dramatically heightens and prolongs sexual arousal and activity, removes inhibitions, and bolsters the confidence

that is sometimes lacking among MSM not actively using crystal. This fatigue can also be attributed to feelings associated with having been overburdened by messages regarding safer sexual practices, grief at the loss of friends as a result of AIDS, living with HIV/AIDS, and the fear of becoming infected.

Key informants explained that because the half-life of the drug is 8–24 hours, users are high for extended periods and therefore tend to engage in multiple sexual encounters. The drug's accessibility and acceptability are a substantial reason this drug is widely abused by MSM. It was described as "the drug" in the clubs, bathhouses, and bars frequented by MSM. An article published in the June 10–15, 2005, edition of *LA Weekly* stated, "Meth is not just another party drug, but an elixir that temporarily assuages a long record of affliction. For this reason, it is the perfect gay drug."[31] Methamphetamine provides users with a temporary escape from life's stressors.

What was also apparent was that this drug cuts across traditional assumptions that users are economically disadvantaged persons. A private provider noted in a newspaper editorial that methamphetamine users come from all backgrounds such as corporate CEOs, attorneys, physicians, successful actors, and are the kind of people who have worked long and hard to achieve their professional status only to see their lives unceremoniously ruined by methamphetamine addiction.

HIV and Methamphetamine Use

Researchers interviewed shared their extensive knowledge and research conducted among crystal methamphetamine users, which clearly illustrated the strong association

between chronic methamphetamine use and HIV infection. These data summarized how likely MSM methamphetamine users were to be infected with HIV. If users identified themselves as recreational users (i.e., "once in a while"), 25% were HIV-positive. These numbers increased to 40% HIV-infected among chronic users and approximately 60% HIV-infected among users in outpatient treatment programs. Ninety percent of users in residential care were HIV-infected (Shoptaw S, Reback CJ. Methamphetamine use and HIV infection in gay men: A time to event association? 2005. In press). However, one researcher clearly differentiated that crystal methamphetamine use does not cause HIV infection. "Do I think that crystal methamphetamine causes HIV infection? No. It's something about facilitating behavior. Do I think that it impacts immune functions so that a person becomes hypersusceptible? No. I think it's the other end of the point — meth disorganizes behavior sufficiently so that people who are HIV-infected already are out there having a lot of sex, passing the virus."

One direct treatment provider surmised that approximately 90% of their clients who were methamphetamine addicts were also HIV-positive. However, this provider also pointed out that these men are aware of their HIV status, which in turn might be an important factor as to why they are continuing to use methamphetamine. Confronted with one's own mortality is a substantial stressor, and the drug is being used (as the majority of drugs are) as a form of escapism. One key informant discussed the fear that is associated with sex. "The sex act is wrought with fear because of the fear of HIV." This informant believed that, "Each generation inherits this legacy, and you don't need to see it to feel it (i.e., the loss of friends/family, lovers to AIDS)." The informant further commented, "It's scary, but crystal does an excellent job of taking that away."

Along with the risk for HIV, one direct provider also correlated the syphilis epidemic with the methamphetamine epidemic, pointing out that it is not just HIV that his clients are at risk for, but also syphilis.

Why MSM Use Methamphetamine

A researcher with years of experience and who has conducted focus groups with users described the way that crystal methamphetamine freed users of the shame and guilt that they associate with having HIV. Using crystal methamphetamine compliments the part of MSM culture (the heightened sexuality) that is lost in the face of the HIV/AIDS epidemic. In addition, for men who are infected, it gives them access to a social group of other drug users, depending on the context in which they used. For example, a user who relies on methamphetamine as a weekend club drug will have a different social network than a user who takes methamphetamine at home and uses the Internet to facilitate sexual encounters. An indirect provider who has been actively involved in the forums in West Hollywood, which were convened in September 2004, March 2005, and July 2005, regarding this topic, commented that the majority of users wanted to connect with each other. "No one just does methamphetamine for the purpose of being high; it's for the purpose of being high to engage in sex." MSM are using this drug to alleviate feelings of emptiness. The indirect provider commented that users expressed such words as, "morally bankrupt" and "spiritually empty." Therefore, the drug use becomes their identity, and users become even more isolated.

A researcher who works primarily with Hispanic MSM shared that his research illustrated a lack of interaction with the world outside of the drug and sex world and that men

disappear into a "black hole that swallows them." In discussion with another researcher regarding the different identities that these men experience (i.e., MSM, crystal user, and sometimes HIV–infected), this researcher commented that apparently methamphetamine users were compartmentalizing their lives. "They had separated these lives (that of MSM, methamphetamine user, and HIV-infected). They had a bunch of non-using friends who didn't know they were using."

One researcher noted that the most critical element is that methamphetamine is accompanied by silence about HIV. When methamphetamine use discourages any discourse or any conversation about HIV and condoms, then unsafe sex is likely to occur. Therefore, methamphetamine can be connected to HIV risk because it creates a space where AIDS concerns are set aside, at least for the time being. Another researcher commented that sex was not the concern. The main concern was "the sex that is going on with a virus floating around." The introduction of a virus into such an atmosphere is what leads to a public health crisis.

The Sexual Experience and Methamphetamine

All key informants agreed that the sex experienced while high on crystal methamphetamine was unlike the sex experienced while sober. A direct provider who works in a treatment setting identified this as a substantial concern for users during recovery because they are unsure whether they can duplicate the intensity of the sexual experience during sobriety. One person noted, "As gay men, we identify with sex; that's what validates us. And all of a sudden, you think it won't be as pleasurable." Another direct provider commented that providers should take into consideration that they are not

asking a person to leave a drug; they are asking them to leave the "hottest sex" they are ever going to have. However, providers also remarked that searching for sex is not the reason users initially take the drug; rather, sex is part of the overall package. Methamphetamine is a party drug, and the sex comes with it.

A researcher whose work focuses on Hispanic MSM noted that the main reason his subjects are using stimulants is not for sex but for energy. Therefore, the increase in the sexual activity was a result of the drug's effects on increased energy, increased stimulation, and decreased inhibitions. Another direct provider remarked that methamphetamine was not just a sex drug. "If someone was really into cleaning houses and did crystal, then they would be really fabulous at house cleaning." However, the MSM community has assimilated methamphetamine as a sex drug, and therefore, that is the path the drug has taken in this community. Clearly, gaining an understanding and starting a dialogue about sober sex is a crucial component when addressing reasons users continue to their drug abuse. As one provider commented, "Much needs to be done to look at the internalized homophobia that doesn't allow one to have the level of sex that they are having on crystal . . . ." For any intervention to effectively address the problems related to crystal methamphetamine use and the reasons for becoming addicted, a holistic intervention should be used to address concerns of self-esteem and self-awareness among MSM.

Key informants often noted the need for open dialogue regarding this topic. One direct provider commented, "There aren't enough people who are willing to have the conversations that they need to have regarding sexual identity and practices. We need to

teach them how to be sexual." This was closely linked to feelings of self-worth and internationalized homophobia by key informants. One direct provider commented, "I don't know a gay man who doesn't have internalized homophobia." Another direct provider noted, "If I valued myself, would I go to a club and have sex in a bathroom with someone I don't even know?" Therefore, crystal use and anonymous sex have created two different identities among MSM.

Another key informant reiterated the need for increased dialogue regarding sex. "We need to give permission to [MSM] to do the things they can't feel they can do sober." As also noted in the *LA Weekly's* "Crystal Conundrum" article, "It would become apparent that, on crystal, we see what we wish sex could be — unbridled, uncomplicated, utopian — but is not."[31]

One researcher discussed the work done with young MSM and the perception that young people are expected to be in control of their early sexual life, yet they have not been given concrete tools (e.g., the vocabulary or a safe environment to feel secure enough to make healthy decisions about their sexual behavior and choices). Educating and empowering young MSM to have control regarding their early sexual life is needed, similar to the women's sexual health movement. Providers noted that often young MSM defer to their sexual partner to decide what they should or should not do during their early sexual experiences. This dialogue can be a challenge to initiate, as one direct provider acknowledged, because the MSM community worked a long time to become sexually validated, and now, "We can't reel ourselves back in." She also commented, "What's driving this and making it so untouchable in the gay community is psycho-

dynamic, not addiction driven, I think."

The anonymous sex associated with crystal use is often initiated through sex-themed Internet chat-rooms, where men have multiple sexual encounters that lack the in-depth conversation and dialogue that is needed to create a healthy sexual experience. One direct provider commented, "I would say the biggest barrier is we have an emotionally shut-down community." This provider also commented, "It's a psyche issue. We could have a billboard that says, 'I'll protect him but not him . . . . I'm not capable of having two sets of morals. I may have a façade that says I do, but down quiet in my psyche, no way." Another key informant touched on the problem of an emotionally shut-down community by commenting that more of a dialogue is needed about the "historical grief" that still exists in the community. "There is still a fatalism that exists around HIV, which is very real." This was reiterated by the author of the "Crystal Conundrum" who writes in his article about living with HIV, "To be 'in the moment' — a mantra of the culture of HIV — year after year, when an epidemic doesn't end but only retreats (temporarily, we are reminded again and again), is not a sustainable way to live. We are not meant to 'cherish' life every single day. . . . We are meant to take life for granted from time to time. It is healthy and desirable and I pine for it."[31]

Two providers discussed the need for accountability among a population that was engaging in multiple sexual encounters while placing themselves and those they interacted with at risk for HIV. One direct provider commented, "The bottom line is aberrant behavior is aberrant behavior. Self-destructive behavior is self-destructive

behavior." Another direct provider reinforced this message by commenting that certain men are capable of stopping the sex, "It's not a runaway train." This provider also believed that feeling the consequences of such behavior is necessary because, without consequences, behavior change will not happen.

Sexual Addiction

Another component to the crystal methamphetamine discussion was sexual addiction. Certain key informants believed that sexual addiction is an integral component to the methamphetamine problem, whereas others either did not discuss it or believed that it was not a primary concern. One direct provider who trains others on this problem noted that sexual addiction transcends all sexual orientations and preference groups. One key informant stated, "The bottom line is there is such a thing as an obsessive-compulsive sexual behavior that is bringing wreckage to your life, gay and straight." However, the MSM community's sexual acting out "was more of an acceptable lifestyle than in the heterosexual community." One direct provider discussed the fact that the MSM community has fought for such a long time to get their sexual lifestyle acknowledged as valid, they have reached "a place where it's obsessively their sanctuary. It can't be touched. We need to back up. We need to look at where we are developmentally as a culture and realize that some of this is flat-out adolescent behavior, because developmentally, that's still kind of where we are." Another direct provider noted that among the gay population, "an acceptance [exists] of repetitive patterns of sexual acting out that there isn't as much pressure to stop; the consequences aren't the same. You know there is a percentage of the population who has a lot of sex in various venues, but they

aren't sex addicts."

One direct provider did caution that a sex addict was not inevitably going to pick up crystal methamphetamine because the sex they were experiencing while sober is not enough, and sexual addiction is not necessarily an escalating obsession. However, those exposed to crystal methamphetamine will have trouble stopping because they are already acting out addictively. This was reinforced by another direct provider who commented, "If you have someone who is addictively acting out in one way, then they will be more likely to start out in other addictions." Another private provider believed that sexual compulsion was more common in the MSM community, "not because of the neurodeficit, but probably more of the acquired form if there is such a thing. Men are biologically wired to be that way to begin with." This provider expressed the idea that monogamy is a social construct more readily prescribed to heterosexual couples and does not necessarily apply to MSM; therefore, MSM society needs to do more to encourage men to have healthy, longer term relationships. Direct providers often believed that the majority of men who use crystal methamphetamine are not sex addicts. However, other providers requested more of a dialogue and understanding about this topic. Sexual compulsion is not readily understood as a disease and is therefore difficult to integrate into prevention and treatment efforts. One direct provider repeated what was discussed earlier in the analysis, reiterating the need to teach people how to have healthy sex. This provider commented that in dealing with a sex addict, "We don't expect people to stop having sex. This is like a harm-reduction model to some degree, where we really work to define what is healthy for them, what is healthy nondestructive behavior."

Methamphetamine Use

Key informants also discussed how methamphetamines are used. A direct treatment provider commented that, whereas for the previous 6–7 years, the preferred method of ingestion was smoking or snorting, now methamphetamines are being injected at a high rate. This same provider also discussed prescription of syringes for growth hormones to combat the destruction of testosterone, which is a side effect of HIV treatment. Consequently, methamphetamine users who are also HIV-infected often have access to needles. However, they are not savvy about safe needle exchange, unlike other users of illicit drugs. Along with IDU come the problems of HIV, hepatitis, and STDs. The provider commented, "Injecting [methamphetamine] will bring you to the bottom quicker."

A direct provider who works primarily with the IDU population noted that reporting a person's drug use is dependent on his or her social context in terms of where they are, with whom they are sharing the drug, who is in charge in the relationship, and how they want to share the drug. Therefore, addiction concerns exist not just with the drug itself, but with the ritual of injecting. This direct provider also noted that overdosing was highly correlated with IDU. The need for open dialogue about drug and alcohol use was acknowledged often by other key informants. One direct provider commented on the need for public health staff to initiate discussion on drug and alcohol use, and sexual risk activities with their clients in order to provide adequate comprehensive care. By gaining an understanding of what risks their clients engage in, providers will be better equipped to address issues of drug abuse and risky sex behaviors. However, dialogue around these

issues need to be non-judgmental so that a secure environment is created.

Relapse

Relapse rates among crystal methamphetamine users are much higher than among other substance abusers. This problem was reinforced often by the direct treatment providers who stated that clients often discontinue out-patient treatment programs or use again after completing in-patient treatment. This was identified as a substantial challenge to providing appropriate treatment and care. One of the direct providers also discussed the importance of having sexual addiction concerns addressed while clients are in the drug treatment setting. Direct providers recognized that chemical counselors lacked the expertise in dealing with problems of sexual addiction and therefore were becoming more aggressive about providing their clients with Sex Anonymous (SA) services. Direct providers who work in drug treatment settings were adamant about removing users from their environment for treatment to be successful. They described it as putting a "geographic wedge" between the user and the user's familiar environment. One direct provider stated, "The bottom line is that the compulsivity is so substantial that I have to put a geographic wedge between them and the 'hood' and remove them across town to literally get them out of there. That was initially a fight with detox staff . . . . It's meth; they are not going to die during withdrawal. I said, listen, this is a highly compulsive drug — If we don't get them out of the area, the likelihood that they will stop on their own is, I don't know . . . zero?"

Other Challenges

When asked what the challenges are in addressing this epidemic, key informants

responded that scattered efforts were occurring throughout the community but a lack of collaboration or knowledge of other existing programs was apparent. One direct provider discussed the lack of peer disapproval regarding use of methamphetamine and the need for conversation and general dialogue. This provider attributed part of the silence to the attitude that "anything goes in California." Another direct provider believed that today, patients were directing care. Influenced by advertisements for drugs on television, patients request specific drugs without the advice of their physician. This provider believed strongly that these advertisements on television had changed the way his work was being performed. This provider also believed that communication between doctors and pharmacists is lacking. Another direct provider who works with black MSM remarked, "Black folk are tired." This provider used the term, "sedated social consciousness" to describe the way the black community regards drugs. In the face of homelessness, incarceration, a disadvantaged economic situation, gang wars, guns and violence, the messages regarding another drug spreading through their neighborhood was just another concern to add to their growing list.

Two direct providers discussed the problem of how highly addictive crystal methamphetamine is for the user. They described the four stages of addiction, experimental, social, recreational, and addiction, and commented that with methamphetamine use, the social and recreational user did not exist. Users progress rapidly from experimental to addiction, and that progression is dramatic. One direct provider discussed the need for making HIV-positive persons accountable for their unsafe actions. "We have shied away from [ensuring people are] accountable. There hasn't been another public health crisis where the carriers are so protected. I don't think we'd be

saying anything that the guys aren't saying themselves." This provider talked about the importance of creating a safe space where HIV-positive persons can cope with their feelings of grief and loss about losing their friends to the epidemic and helping them realize that they still need to care about the next generation. The problem of providers in the MSM community using methamphetamines themselves was discussed as well. A direct provider also pointed out that adherence to HIV medication regimens when using methamphetamine was a substantial problem.

Two key informants discussed the active role OAPP has played on the Drug and Alcohol Task Force and the collaboration that existed between OAPP and the substance abuse community. They believed that this collaboration was effective and should be replicated to address policy and programming concerns in prevention and treatment of crystal methamphetamine addiction.

Gaps in Services

The majority of key informants referred to the lack of in-patient drug treatment facilities when asked about gaps in services. One indirect provider recognized that in-patient drug treatment was a costly intervention. However, he commented that not everyone could sit through a Crystal Meth Anonymous (CMA) meeting; therefore, alternative options should be available for users seeking help. One direct provider was adamant in stating that a treatment center should not ask unacceptable or unethical questions of MSM or ask them to "hang their sexual identities at the door." This practice must change if treatment centers are to succeed in providing state-of-the-art care and for clients to maintain their sobriety.

Key informants also stated that access to mental health services for MSM methamphetamine users or MSM at risk for using, needed to be improved. One direct provider emphasized the need for 24-hour services to be available for users or those at risk for using, because substance use and complications that stem from use can arise at any time. An indirect provider stated that the crystal methamphetamine epidemic was a problem that needed to be handled by those in the substance abuse arena. However, because of funding concerns, substance abuse providers have had difficulty adequately responding to this crisis. Other gaps in services include (1) an awareness of where services are located so that those in need can access them easily; (2) resources for providers to access; (3) substance abuse facilities that specifically serve black MSM; (4) treatment facilities that address MSM injection-drug users; and (5) space for young MSM to congregate in a social atmosphere. One researcher whose work targets young MSM, believed that the only social option for young MSM questioning their sexuality is an adult environment, or the bar and club scene. He believed that more venues should be available for younger men to meet other MSM in a healthy atmosphere.

Another gap that was discussed was the need to increase women's access to drug rehabilitation and treatment. A direct provider commented that they have a limited number of female clients in their treatment facility. This provider believed that women have addiction concerns (with crystal methamphetamine), but are just not accessing treatment. Although unsure of the exact reasons why, she speculated that the reason might be perceived stigma or that women are afraid of losing their children or being deemed unfit mothers. This provider also discussed the lack of programs for young women aged <18 years. She commented that this population is using methamphetamine

to lose weight and acting out sexually while on the drug. This could potentially be a "missed" population.

Many key informants mentioned the need for HIV outreach workers and counselors to be trained in substance abuse concerns. They strongly believed to provide adequate care for those at risk for HIV or those who are HIV-infected, HIV outreach workers and counselors need to have a basic understanding of substance abuse. Two direct providers also identified the need for drug treatment center staff to be trained in sexual-addiction problems. One direct provider commented that slots for indigent persons should be available in sexual-addiction treatment programs. Programs and information for peers whose friends are using methamphetamines was another gap identified by multiple key informants.

Responses/Interventions

Key informants had various responses when asked what interventions they believed would work to address this problem in the community. A clear message that was heard from multiple specialists was the highly addictive nature of the drug and the speedy progression from first-time use to addiction. One researcher commented, "We are 10 years into this . . . , and I've certainly given a lot of space to people who say I can do this, I can use this drug recreationally. And I've watched those guys fall off and need treatment and become disasters. The data aren't there for me." Therefore, prevention efforts need to be implemented before people experiment with methamphetamines to give them an understanding of the highly addictive nature of this drug and the impossibility of using the drug recreationally. The medical providers all believed strongly that

methamphetamine is not a drug that can be used recreationally, because the physiologic effects are too severe with regard to the chemical effects of the drug on the brain.

Key informants recognized that different stages of use exist, and therefore a continuum of interventions is needed to target the user at multiple stages of use — recreational, chronic, outpatient, and residential. One direct provider commented, "Clearly, there is a difference between an individual who uses crystal once a month versus an individual who uses the drug more regularly. The goal is to help an individual identify the reasons for their use and what is motivating their overall behavior." Researchers interviewed discussed the successful studies done with behavioral therapy in treating methamphetamine addiction. Contingency management proved to be successful at keeping users clean. One researcher also believed that the 12-step program was the ultimate standard of treatment for any drug for long-term recovery, regardless of the drug addiction, sexuality, sex, or social class.

The majority of direct providers and researchers acknowledged that in a perfect world, sufficient treatment resources would exist for everyone to access "treatment on demand"; however, often this was not possible, given the lack of resources. Therefore, within this context, harm reduction is a viable alternative. A direct provider who works with injection-drug users and promotes the harm-reduction approach commented that their message did not work within a 12-step framework. This direct provider explained that the 12-step program is based on the idea that users need to hit "bottom" before they can build themselves back up. This was contradictory to the program's work, where they sought to prevent a user from "bottoming out" with regard to HIV and hepatitis infection. Their top

priority was to promote safer living so that when drug users were able to stop using, they would be disease free. Another researcher commented, "There are a lot of different levels of awareness — I don't think you need to be bottomed out to have that awareness."

A researcher who works with Hispanic MSM discussed his model of using current users to intervene with their peers in their community to educate them about the dangers of this drug. He explained that this was a message that should not be promoted by users in recovery, but with current users instead, because ex-users are often moralistic and even demanding about stopping use of the drug. Another direct provider had similar comments, stating, "The users don't want to talk to the treatment people."

When asked to comment on a prevention approach, one researcher who works directly with addicts said, "We need the train wrecks around this drug. We see that." Although key informants agreed that no single campaign was going to be right for everyone, they also commented that "fear campaigns" would not work. People usually engage in drug use when they are burdened by outside stressors; therefore, a campaign that does not acknowledge the stresses and loneliness of MSM life will not have the intended effect on the target audience. A researcher stated, "My sense is, you cannot talk about the negative consequences without acknowledging all the good things men are experiencing on this drug. Here's just another campaign that's telling you, 'Here is your brain fried on drugs', which is an old story." Key informants recommended using specific messages in the language of the community, creating diverse messages for diverse communities, and opening an encouraging dialogue regarding the topic of crystal that does not vilify and place stigma on crystal use.

One researcher commented on the importance of a social marketing campaign, "I don't think we should be in a cultural climate where we're too focused on the treatment or prevention that we forget the social marketing because I think it tells a larger community we're on top of this." One direct provider also discussed the effect of community disapproval and higher stigma rates for drug use among a community. When strong stigma is attached, that tends to work well to discourage people from deciding whether or not to use a drug.

Key informants discussed the importance and need to change the community norms regarding crystal use among MSM and what is needed to make using this drug less acceptable. Providers talked about the need for respected members of the community to start speaking out truthfully about the dangers associated with crystal methamphetamine and more specifically, as one direct provider commented, "to expose the underpinnings that are supporting irresponsible drug and sexual behavior." Key informants believed that the MSM community should "step up to the plate" and address this problem. They discussed the importance of attaching a celebrity or a well-known and respected person in the community to be the spokesperson.

The majority of key informants agreed that community dialogue was crucial to combating this use of crystal methamphetamine among MSM. One key informant commented, "I think community dialogue works. We need to expose people to how to talk about this topic and teach them how to do this." This informant also recommended targeting the "middle group," recreational users, or those who do not necessarily fit into the recovery model. This group needs a model that says, "This is how it sounds if we talk about the

problem."

Indirect providers also discussed the responsibility of the public health community in promoting a public health message within policies proposed. One indirect provider commented, "You don't get a good HIV prevention message in a bill that is limiting the sale of cold medicine. You just hear war on drugs stuff." With regard to tougher substance abuse laws and police crackdowns, one indirect provider believed, "The gay community was used to being on the outside, out of the mainstream counter-culture. Therefore, authority figures stepping in to stop illegal activities will not be successful. He commented that previous efforts related to curbing drug use through legal crackdowns is not successful and believes that what is more likely to work is a harm-reduction model. Providers believed that expecting a community grounded within a bar and club culture to accept a message of prohibiting all drug use is unrealistic, and therefore, what is needed is to "draw a line and put meth outside." One indirect provider commented, "Go out and have fun and express yourself, but take the meth out of it." This indirect provider also believed, to create a conscious community effort regarding this topic, owners of relevant venues needed to come to the table and discuss what needs to be done.

Providers were adamant about creating trust in the community to encourage open dialogue and to allow users and nonusers to talk openly about their concerns. One direct provider commented, "I think we have to inundate people with the safety to define their emotional truth. Because I really believe that until you can find your feelings, you're not going to change your behavior." Providers also believed this open dialogue needs to

occur from the provider side as well. They emphasized the importance of being able to discuss sexual health and substance abuse problems openly and frankly in a safe environment so that clients can feel secure about discussing their own habits without fear of retribution in the form of limiting access to medications or services. Another direct provider discussed the importance of creating clean and sober mentors for the younger MSM generation to look up to. He commented, "Unfortunately, a lot of my peers are misbehaving, and that is where the younger guys will take their cues." Emphasizing the importance of open dialogue, providers agreed that the community forums related to this problem are helpful but inadequate, and more efforts are needed to encourage discourse as well as a clearer understanding of precisely who is the target audience.

In addition to opening discussion about crystal methamphetamine is the importance of introducing the idea of sexual addiction and promoting awareness about sexual behaviors. One direct provider who works in the field of sexual-addiction treatment recommended using self-tests to help addicts think about their sexual behavior and whether it might be a problem. He also recommended that interventions should demonstrate the consequences of someone who is sexually acting out or is a sex addict, to assist persons in seeing the bigger picture. He also discussed the importance of syntax in any health education message. He cautioned against using such words as *addiction* or *compulsivity* to describe the actions of a sex addict because of the stigma and even denial that might be involved.

Almost all key informants agreed that more information should be dispersed throughout the community in the form of training or workshops. HIV counselors needed to be trained on substance abuse and mental health concerns; providers need to

be educated about crystal methamphetamine abuse and sexual addiction; and substance abuse counselors need HIV and hepatitis training and an awareness of mental health concerns. Pharmacists also need training and information, and one indirect provider recommended executive briefings to disseminate information to leaders to convey the importance and relevance of this information. A need also exists for more information for the community to access, including peers or friends of those persons using methamphetamines. A direct provider recommended including a health education message regarding methamphetamine use with every HIV prescription handed out at the pharmacies, with an Internet site and phone number to call for more information.

In addition to creating open dialogues, providers spoke of a need for establishing a physically healthy space for MSM to congregate. One indirect provider commented on the need to take advantage of the culture of beauty and healthy living that exists in Southern California. He remarked that West Hollywood was the "home of yoga and yogurt shops and meditation" that promoted the well-being of the body, mind, and soul; therefore, "We should be reinforcing that by creating a healthy space for people to come together."

Certain providers discussed the role of the Internet and how methamphetamine use among the MSM community was primarily connected to technology-initiated sexual encounters (through the Internet and by telephone). As a result, a need exists to use the Internet creatively as an intervention tool when attempting to address methamphetamine use among this population. Key informants also expressed a need for interventions

targeting friends of users and offering peers' solutions and help coping with their loved ones using this drug.

Key informants were open to the idea of a working group related to crystal methamphetamine use and HIV and were willing to participate as long as the goals were targeted and specific, the meetings had a set agenda, the group was relatively small to maximize response and interaction among participants, and food was provided. All key informants agreed that they were extremely busy, but they believed that this is a priority and they are willing to contribute in whatever way possible. One indirect provider recommended including possible funding providers for interventions. Another direct provider stressed the importance of having current users and those in recovery involved as well as specialists who can address the sexual addiction component.

What is Needed and Other Challenges

Key informants agreed that more research efforts are needed to better understand the social dynamics associated with this drug and the reasons persons are becoming addicted to the drug. One researcher commented that more data are needed to understand when men stop using, what are the catalysts that help them identify their use as an addiction? At what point in their use do they define themselves as spiraling out of control? What individual characteristics or evidence constitutes "regular" use versus "out of control" use? He recommended speaking with persons who were using and who do not feel they need to change their current habits. They should be queried, in a "nonmoralistic way" about their coping mechanisms. When discussing the reputation that crystal has among the young urban MSM population, a researcher who works with young MSM remarked,

"I don't really have an answer for that, as we haven't done a crystal-based study. What is it about crystal? I think it's difficult to ask young people or people who are in the midst of the experience, because they haven't benefited from the time of reflection."

An indirect provider challenged professionals who work in the field of HIV/AIDS to think about substance abuse more universally. He remarked, "The drug of choice for many folks is alcohol. We in the HIV prevention world have stopped looking at that seriously because everyone uses it. It's an inconsistent co-factor in terms of research that has been done." Because negotiating safety and identifying and reducing risk are key components to helping persons remain healthy, all substances (e.g., alcohol, cocaine, crystal methamphetamine) should be considered, not just sexual behaviors and IDU. This indirect provider also recommended conducting ethnography to determine how debilitating crystal methamphetamine is to negotiating concerns of safety and to defining risk.

Another researcher challenged LAC research efforts to approach the prevention angle, "My sense is that whenever I see something come out of LA [i.e., data], they are very substance-abuse-treatment–focused, and I think in terms of intervention, that's too late." One researcher also acknowledged the need to provide users with what they are seeking when they are engaging with crystal methamphetamine. For example, if MSM are seeking friendship, camaraderie, and a community in which to feel accepted and comfortable, this should be available for them in a sober environment. One direct provider recommended targeting users not affiliated with social services for any future research efforts to ensure that this population, which historically is underrepresented in

data-collection activities, is appropriately represented.

One key informant believed that the HIV prevention world is not adequately acknowledging that HIV/AIDS is a different disease today than it was 20 years ago. Persons who are infected with HIV today have no longer been given a "death sentence"; in fact, HIV is now widely regarded as a chronic disease. Although a need exists for a continual prevention message, this message needs to be tailored to the times. "Gay men are savvy and can take care of themselves if given the tools." This key informant acknowledged that providing effective health education messages to HIV-positive MSM is difficult. He believed in reaffirming HIV-positive wellness while ensuring that those who are HIV-negative do not take the risks that might expose them to HIV. This might mean contradictory messages are developed.

Certain key informants expressed a need for more information and data regarding women and methamphetamine. They believed that in terms of prevention, keeping tabs on a potential population at risk to monitor and prevent an epidemic appearing in this community is important.

Overall, key informants were alarmed and concerned at the devastation and destruction this drug is having in the community. All were extremely willing to collaborate and formulate an appropriate community response to this problem. One researcher commented, "I've never seen this type of substance abuse and this type of damage. This is unique. It is specific to this time; it is specific to HIV; and it's very problematic."

DISCUSSION AND RECOMMENDATIONS

On the basis on the information gathered through the interviews that were conducted, the following preliminary recommendations are made by the authors for addressing the crystal methamphetamine problem in LAC among MSM in a collaborative and comprehensive manner. Key informants were clear about the need for a community-based collaborative response, and although OAPP's participation was crucial, the department should not be expected to shoulder the burden of addressing this epidemic single-handedly.

Convening a Crystal Methamphetamine Working Group

A crystal methamphetamine working group should be composed of representatives from the community, including treatment providers, private doctors and pharmacists, substance-abuse specialists, mental health representatives, researchers, sexual-addiction therapists, commercial sex venue and bathhouse owners, a representative from OAPP, a representative from STD prevention, a representative from Alcohol and Drug Program Administration, a representative from Department of Mental Health, providers who work with different communities (e.g., African-American MSM, Hispanic MSM, and young MSM), and possibly someone from the media, as well as selected current users and those in recovery. The working group should be convened by executive leadership within the LAC Department of Health Services to emphasize that crystal methamphetamine use is a public health crisis that is creating a severe negative impact throughout LAC. The overall purpose of the working group would be to facilitate collecting and sharing of knowledge regarding crystal methamphetamine use among MSM and to devise ways to effectively

and collaboratively address the epidemic in LAC. Meetings should be focused and task-oriented; goals need to be well-defined and originate from input from group members; and food should be served.

Conducting Comprehensive Trainings on Topics Related to Crystal Methamphetamine and Improving Assessment Tools To Identify Persons Who Are Most at Risk for Using Methamphetamines

One of the major gaps identified in this situational assessment was a lack of knowledge and education regarding crystal methamphetamine use and its link with HIV. More training needs to be offered to bridge the gaps among the different professionals who serve active users and those at risk. For example,

- training for private physicians, including continuing medical education, on crystal methamphetamine use and sexual orientation and sexual addiction;
- training for pharmacists on crystal methamphetamine use and how it affects HIV/AIDS treatment adherence;
- trainings for HIV counselors and outreach workers on substance abuse concerns, sexual orientation, and sexual addiction; and
- trainings for drug treatment center staff on concerns regarding sexual orientation and sexual addiction.

Topic specialists should conduct all of these types of trainings.

Increasing the Number of Treatment Beds in Drug- and Sexual-Addiction Facilities

In-patient treatment beds for addicts who seek services in LAC are lacking. Because of the highly addictive nature of methamphetamine and the high relapse rate associated

with the drug, establishing a "geographical wedge" between the user and their environment and having available treatment for those who need it is critical. Treatment facility staff should be sensitive to concerns affecting MSM, and treatment slots in sexual-addiction facilities are also needed.

Launching a Social Marketing Campaign

To increase awareness among the Los Angeles community, a social marketing campaign should be launched. As one key informant commented, "Social marketing campaigns let the community at large know that such public health concerns as methamphetamine are being acknowledged and addressed." This campaign should be driven by direct research on this topic, conducted with current users and those in recovery to gain feedback on what sorts of messages work as a prevention approach. The MSM population has been inundated with HIV and safer sex messages and attempts should be made to use a different approach or message than in previous campaigns. Multiple, possibly contradictory, messages might be needed to target the whole continuum of users. For example, a message targeting recreational methamphetamine users who are HIV-negative might need to be different than a message targeting an HIV-positive chronic methamphetamine user. Research should focus, in part, on identifying a key community leader to function as spokesperson and to champion the cause.

Creating an Internet Site That Is Los Angeles-Focused

Although the Internet contains a wealth of information, a Los Angeles-focused site dealing with crystal methamphetamine use and HIV risk is needed. Such a site might allow a person to access crystal methamphetamine-related services, depending on the

area in which they reside. The site might also provide relevant information about crystal methamphetamine use, as well as providing resources and information for providers. This site should be developed in the language of the target population and incorporate the specific culture of the different neighborhoods (e.g., West Hollywood, Silverlake, or Long Beach), as appropriate.

Collaborating with Other Urban Areas

Collaborating and sharing findings from other interventions in large urban areas to maximize LAC efforts toward addressing this epidemic is important. Success stories from other cities should be monitored so that LAC can learn from them and apply successful interventions to the community. One recommendation is to explore the success of the social marketing campaign in San Francisco, which is currently being evaluated to apply lessons learned if a similar campaign is launched in Southern California.

Using the Internet Creatively for Possible Interventions

The Internet has been identified as a facilitator for MSM seeking sexual encounters through online personal ads. This should be taken into account when designing possible interventions and health education messages targeting MSM using methamphetamines. We should explore creative ways to use the Internet as a way to introduce healthier sexual behaviors (e.g., improving communication regarding sex among MSM).

Creating Resources for Peers and Friends of Users

A clear gap has been identified in terms of resources and information available for friends and peers of those persons using crystal methamphetamine. Peers often feel powerless and overwhelmed as they watch one of their loved ones self-destruct from

using this drug. By working with peers, a level of community disapproval might also be established, leading to a change in the community norm and to acceptance regarding crystal methamphetamine. These interventions might take any form — workshops, pamphlets, forums, therapies, or other.

Identifying Additional Funding Mechanisms To Support Interventions

Because of the nature of this topic, substance abuse and risky sexual behaviors, additional funding mechanisms, other than local, state, and federal, should be solicited so that concerns of conservatism are not a problem. Being able to address this epidemic frankly and in a manner that will reach the target population is critical. If explicit and honest pictures and information cannot be used, any intervention devised might be counterproductive.

Identifying Increased Funding Sources for Research Associated with Crystal Methamphetamine Use

More local research is needed in this area that specifically examines the social dynamics regarding crystal methamphetamine use, how users define their use, and to better determine how debilitating crystal is when negotiating questions of safer sex and defining sexual risk. More data are needed regarding women and methamphetamine use and possible trends among this population. Funding for analysis of data already collected through research institutions in LAC should be available to disseminate and share findings. The goal should be a communitywide focus regarding collecting, analyzing, and sharing data among all relevant institutions in LAC.

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