

## **Gays and the meth-HIV epidemic**

**By Steven B. Johnson**

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On any given day, a visitor to Stepping Stone's 28-bed residential alcohol and drug recovery center in City Heights can see the human toll caused by methamphetamine addiction, which has cut a swath of destruction through San Diego's gay community.

From 2001-2003, I served as Stepping Stone's board chair and early in my tenure I was struck by the number of young male faces I would see at the facility. I asked the staff to provide the board of directors with information about the residents and I learned that nearly two-thirds were fighting their addiction to meth and once they began their journey many would confront the news that they were also HIV-infected. My inquiry would lead me and like-minded colleagues to launch an initiative to mobilize and educate our community about the horrible impact of meth addiction, an effort that continues today.

An effective response, however, requires action by more than a core group of committed gay men and women. It requires action by elected and appointed officials with the County of San Diego whose responsibility to taxpayers is to protect public health.

Methamphetamine (also known as crystal, tina, glass, speed and crank) is a highly addictive and powerful drug. Not unlike members of the straight community, some gay men (and women) use it to escape from life's challenges. Social rejection and stigma feed their drug and alcohol use.

Meth induces a powerful sense of euphoria and invincibility while reducing sexual inhibitions. As it wears off, severe depression replaces euphoria, which spurs continued use to avoid the emotional crashes. Addiction rapidly sets in and sexual risk-taking becomes common. Gay and bisexual men who use meth are twice as likely as non-users to engage in unprotected sex. The addition of meth in a group already dealing with a high rate of HIV infection creates what the Centers for Disease Control and Prevention calls a "syndemic." So while the number of men using meth represents a small slice of the larger gay community, the interaction of meth and HIV create a disproportionate burden in the gay community.

Methamphetamine is feeding a resurgence of syphilis, gonorrhea and HIV infections among gay and bisexual men nationwide. In San Diego, syphilis infection rates among gay and bisexual men have increased ten-fold since 1999. Thirty-eight percent of the gay or bisexual men diagnosed with syphilis in 2004 reported use of crystal meth, an increase

from 22 percent in 2003. One recent CDC study of men who have sex with men reported that meth users were twice as likely as non-users to be HIV-infected, nearly five times as likely to be diagnosed with syphilis, and nearly twice as likely to test positive for gonorrhea. Dr. Peter Kerndt, director of the Los Angeles County Sexually Transmitted Disease Program, released research in April that he said "clearly demonstrates that men are getting infected with HIV and syphilis at the same time."

Despite the proven links between meth use and increased HIV and other sexually transmitted disease rates among gay and bisexual men, county leaders have done little to respond. Where other cities have allocated new resources, issued media releases calling attention to the crisis, mobilized community groups and prioritized funding, San Diego County's top political leaders and appointed officials have responded with indifference. Dr. Nancy Bowen, chief public health officer for San Diego County, told a reporter in March that it was "unclear exactly how many HIV cases are linked to meth use." Bowen's statement may be factually true but the link cannot be disputed. And if only one new HIV infection caused by meth addiction can be prevented, public health officials will save taxpayers money, since the annual medical cost alone to treat HIV is estimated at \$18,300.

The county's Office of AIDS Coordination (which administers HIV prevention funding) and community organizations have struggled to respond due to HIV prevention funding cuts of more than \$1.1 million since 2002. Meanwhile, at dance parties, in the bars and on the Internet, the party is still going strong and many gay and bisexual men are oblivious to their risk.

While the primary responsibility addressing these twin epidemics rests with the gay and lesbian community, county leaders must support and enhance our efforts. As a community, we must convince a new generation that they never want to try meth.

Organizations like The Lesbian, Gay, Bisexual and Transgender Center are essential as they help connect gay and bisexual men to social and community activities and teach healthy alternatives to drugs and alcohol. Our multi-pronged solutions should focus on fighting the disease of addiction and recognizing its role in spreading HIV, rather than demonizing those it impacts. Education campaigns that talk to gay and bisexual men in their language are essential. County treatment and mental health funds should be reprioritized as studies clearly demonstrate that gay and bisexual men reduce sexual risk behaviors and sustain those reductions following substance abuse and mental health treatment.

Finally, it is long past the time for county leaders to engage by allocating new resources to fight these twin epidemics. To do otherwise is to abdicate our shared responsibility to prevent an endless supply of new residents for Stepping Stone.

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