Reports of increased use of the stimulant drug methamphetamine (also known as meth, crystal, ice, Tina, crank, speed) have heightened public health concerns. Methamphetamine use is associated with sexual risk behavior for HIV and sexually transmitted diseases (STDs). Use of methamphetamine may be more frequent among men who have sex with men (MSM) than it is among other populations vulnerable to HIV. The rising popularity of methamphetamine use by MSM may correspond to growing rates of HIV and STDs. Unprotected anal intercourse has been associated with methamphetamine use by MSM. A report from New York City calculates the likelihood of HIV seroconversion from unprotected anal intercourse for MSM reporting methamphetamine use is three times greater than MSM reporting nonuse. Methamphetamine use has been related to the sexual risk behavior of HIV-positive MSM. Methamphetamine users have been shown to report more sex partners than nonusers. There is also HIV risk associated with sharing injection equipment when methamphetamine is used intravenously.

A direct causal effect of methamphetamine use on sexual behavior, including sexual risk behavior, has not been absolutely established. However, methamphetamine use and sexual behavior have been associated in a number of studies. Methamphetamine use has been reported to increase sexual capacity and pleasure. It may also affect judgment and personality in ways that increase sexual risk behavior. Individuals may feel energetic and less inhibited. Individuals may “self-medicate” with methamphetamine to cope with psychological issues such as low self-esteem, isolation, and depression. Gay men have reported methamphetamine use to facilitate socializing in gay male communities. Methamphetamine use has been associated with situations that may facilitate multiple sexual partners, such as circuit parties, commercial sex venues, Internet partnering, private sex parties, and vacation-related sex. “Party and play” or “PnP” is a reference familiar to many gay men to combining methamphetamine use with sex for recreational purposes. Viagra use, particularly for insertive anal intercourse, has also been correlated with methamphetamine use. Viagra supports endurance in extended sexual encounters and mitigates erectile difficulties that may be caused by methamphetamine use. Methamphetamine use has also been associated with use of other substances like Ecstasy (“X” or “E”), ketamine (“K” or “Special K”), gamma hydroxybutyrate (“GHB” or “G”), cocaine, and alcohol—substances which are also associated with “partying.” Increases in the use of any these substances, and combinations of them, may lead to riskier sex.

There appear to be age associations with methamphetamine use among MSM. Younger MSM use methamphetamine more frequently than older MSM. Methamphetamine use is reported more frequently among white and Latino MSM than it is among African American MSM. However, there are some indications that rates of methamphetamine use are becoming similar across MSM racial and ethnic groups. Extensive methamphetamine use has been reported in some transgender communities.

There is no specified and reimbursable pharmacological treatment for methamphetamine addiction. Psychological treatment like cognitive behavioral therapy and peer-based treatment like “Twelve Step” recovery support groups such as Crystal Users Anonymous and Narcotics Anonymous are the most available treatment. The Alcoholics Anonymous model programs, which are community initiated and sustained “self-help” programs, outnumber support groups provided by public and private health funds. A recent study of various treatments for methamphetamine abusers found that all treatments led to decreases in use and sexual risk.

Several of the effective HIV prevention interventions being disseminated by the CDC could be utilized to address methamphetamine use in gay communities and MSM social networks. For example, the “Popular Opinion Leader” intervention
could be adapted to disseminate a counter-methamphetamine use norm. Disseminating this norm in a community where methamphetamine use is emerging may be consistent with the Popular Opinion Leader model. Correlating methamphetamine use with behavioral risk for sexually transmitted infections can be integrated into the risk elimination and prevention strategies employed by the “Mpowerment” and the “Many Men, Many Voices” interventions. Neither of these two interventions could be adapted to focus only on the prevention of methamphetamine use because they are designed to target a broader range of influencing factors and associated behavioral risks. Narrowing these interventions to focus only on methamphetamine would compromise fidelity to the intervention such that no expectation of meeting their intended effects or outcomes would remain.

Concerned public health and community groups are requesting and building resources to address the problem of methamphetamine use among MSM. These requests indicate awareness that methamphetamine abuse by MSM is related to the epidemics of HIV and STDs, as well as to mental health, stigma, and substance abuse issues. Overlapping health risks among MSM suggests a need for integrated responses. Support for gay health issues remains underdeveloped. Existing treatment vacancies are limited. Public and private partnerships are needed to increase infrastructure and response across the full range of social institutions and contexts that affect quality of life and health-related behaviors of MSM.

Many public and private partnerships have formed to respond to the epidemic of methamphetamine use among MSM. These primarily include the mobilization of resources, including the media and community awareness and action campaigns.

Fact sheets and publications on methamphetamine use that can be downloaded

National Institutes on Drug Abuse (NIDA)
www.drugabuse.gov/DrugPages/Methamphetamine.html

Center for AIDS Prevention Studies - Fact Sheets
www.caps.ucsf.edu/FSindex.html

Prevention, treatment, and information organizations and resources

Crystal Meth Anonymous
www.crystalmeth.org/home/index.php

tweaker.org
www.tweaker.org/home/home.php4

GMHC, Inc. “Crystal: What you need to know”
www.gmhc.org/programs/crystal.html

ENDNOTES:


20. Hallkitis, PN, Green, KA, and Garragher, DJ. *Methamphetamine use, sexual behavior, and HIV seroconversion.* In press.


44. See “Popular Opinion Leader” at www.effectiveinterventions.org

45. See “Mpowerment” and “Many Men, Many Voices” at www.effectiveinterventions.org

