

Confronting Crystal Methamphetamine Use in New York City

Public Policy Recommendations

Task Force on Crystal, Syphilis and HIV

Submitted to the Board of Directors Gay Men's Health Crisis

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Having lost tens of thousands of lives to HIV/AIDS over the last 23 years, New York City's LGBT community now confronts a serious and rapidly growing epidemic among gay men of crystal methamphetamine abuse and addiction. Crystal use is contributing to an alarming increase in sexual risk behavior, exposing many men to the danger of life-threatening overdose, and causing potentially irreparable economic, physical and psychological damage to habitual users. Crystal is one of the most addictive of illicit drugs, with especially dangerous attributes that have prompted many researchers to place crystal in a class by itself.

Already, crystal is having a serious impact on New York's public health. A substantial body of data now confirms that sexual risk behaviors among gay and bisexual men have significantly increased over the last several years, in part due to the sexual disinhibitions associated with crystal use.¹ In New York City, syphilis rates have doubled each of the last three years, with men who have sex with men accounting for virtually all of the increase in cases. Investigation by City health authorities indicate that a syphilis diagnosis is strongly associated with crystal use, HIV seropositivity, and having sex in a bathhouse, at a sex party, or via an Internet connection. Although it is impossible at this stage to draw firm conclusions, emerging evidence also suggests that crystal use may be contributing to an increase in new HIV infections among men who have sex with men in New York and other cities.

Crystal is not a new drug. It is the second most commonly used drug worldwide and has long been the drug of choice in many rural parts of the US. Its rapidly rising popularity among gay men primarily stems from its unique impact on sexual desire and sexual stamina. Crystal intensifies sexual pleasure and reduces sexual inhibitions. Crystal use often encourages men to have unprotected sex with multiple partners over many hours or

¹ Halkitis PN, Parsons JT, Stirratt MJ. A double epidemic: crystal methamphetamine drug use in relation to HIV transmission among gay men. *Journal of Homosexuality*. 2001; 41(2):17-35.

Urbina A and Jones K. Crystal methamphetamine, its analogues, and HIV infection: medical and psychiatric aspects of a new epidemic. *Clinical Infectious Diseases*. 2004; 38:890-894.

Colfax GN, Mansergh G, Guzman R, Vittinghoff E, Marks G, Rader M, Buchbinder S. Drug use and sexual risk behavior among gay and bisexual men who attend circuit parties: a venue-based comparison. *Journal of Acquired Immune Deficiency Syndrome*. 2001; 28(4):373-379.

even days. As crystal use makes it difficult to sustain an erection, users often gravitate to unprotected receptive anal intercourse, the sexual behavior most likely to lead to HIV transmission.² When crystal is widely used in commercial sex venues and in other situations that facilitate multiple sex partners, it risks creating unique public health risks for gay and bisexual men due to the already-high prevalence in this population of HIV, syphilis and other sexually transmitted infections.

Echoing the early overlooking of the demographic facts in the HIV/AIDS response in New York City, some have suggested that crystal use is primarily confined to gay white men. Nothing could be further from the truth. In Los Angeles and San Francisco, where crystal use in the gay community has been widespread much longer than in New York, studies indicate that crystal users are broadly diverse from a racial/ethnic, age and socioeconomic standpoint. Studies in New York have similarly confirmed that crystal users include young gay men and those who are not so young, HIV-negative as well as HIV-positive men, and all racial and ethnic groups.

Although the groups that have joined together in this Task Force firmly believe it is possible to reverse the crystal epidemic, it will not be easy. While certain psychosocial and peer-based interventions have shown promise in helping people stop using crystal, no recognized pharmacological modality exists for the treatment of crystal addiction. Moreover, extensive ethnographic research indicates that crystal use among gay men is intimately associated with issues of gay identity, racial/ethnic identity, and HIV serostatus. The reasons many HIV-positive men use crystal are often strikingly different from those of HIV-negative men. Focus groups involving ethnically and racially diverse gay and bisexual men in New York City also indicate that men of color frequently have different motivations for using crystal than white men. And while young men are entering a world in which crystal use is often encouraged and facilitated by peer networks in the gay community, many older men are turning to crystal to help escape the memories, isolation and emotional devastation that for many are the legacy of HIV/AIDS.

Because of crystal's unique role in the LGBT community, and due to the close and complex connection between crystal use and issues of personal identity, *community-centered* approaches represent the *only* feasible strategy for reducing crystal use and preventing non-users from trying it in the first place. These community-based initiatives should include those that focus on the whole individual as well as those that focus exclusively on crystal use, as the most effective strategies are likely to be those that address the complex and widely varying motivations for crystal use, as well as the social and economic context in which crystal users live. These community-centered strategies must acknowledge and honor healthy decision-making by gay men, while forging new community norms that discourage unhealthy behavior and encourage a commitment to good health and well being. Community initiatives will need to address issues of belonging, identity, self-esteem, stigma and discrimination. Given the widely varying motivations and personal situations of crystal users in New York City, the response must also be inclusive, encompassing mainstream LGBT organizations, smaller service

² Many crystal users seek to address this problem by combining crystal with Cialis or Viagra.

providers that may have the ability to reach key populations, and grassroots groups that were the first to embrace the fight against crystal addiction in New York City.

Community dialogue and leadership are also needed to challenge bluntly the acceptance and glamorization of crystal meth. We must state clearly that crystal meth destroys lives, and that to save lives, we must change some community norms. We must articulate and promote the view that defining and limiting unhealthy behavior is not tantamount to placing limits on gay sexuality or placing limits on gay identity and freedom.

In this effort, the community needs strong, educated and adaptable partners, especially in the public health community. Unfortunately, the history of HIV/AIDS provides cause for concern. The early prevention programs that made public health history by dramatically lowering sexual risk behaviors and HIV infection rates among gay men were largely underwritten by LGBT organizations themselves, with only limited support from public health agencies. Even though gay men of color were present in large numbers among the very first AIDS cases, the public health community provided little leadership in addressing the rapid growth of HIV infection among men of color in the 1990s.³ Once public health agencies began providing financial support for HIV prevention efforts by mainstream LGBT organizations, follow-through was poor. Since the 1990s, surveys by the Centers for Disease Control and Prevention (CDC) and others have consistently shown that men who have sex with men (MSM) and injecting drug users (IDUs) consistently receive less prevention funding (per reported HIV/AIDS case) than other populations at risk, even though MSM and IDUs account for the vast majority of HIV infections in New York City and the US as a whole. The crystal epidemic will not be overcome with half-hearted or one-shot efforts. To reverse the crystal epidemic in New York City, a strong, visible, sustained, and coordinated public-private partnership is urgently needed.

Recent developments suggest that New York City has the opportunity to create the kind of genuine public-private partnership required to address the crystal epidemic. Within the LGBT community, grassroots activists have mobilized to sponsor community forums and raise community awareness, while LGBT organizations have begun reallocating their resources to address the growing problem of crystal use. The New York City Department of Health and Mental Hygiene has also recently demonstrated leadership on this issue, issuing a public health alert and providing \$300,000 in funding for community-based services to prevent and treat crystal use.

We know from our own experience that community-centered programs can effectively address difficult health challenges. In response to HIV/AIDS, the LGBT community created service organizations that continue to serve as national and global models, implemented initiatives to care for people with HIV and to prevent new infections, and revolutionized (through advocacy and by example) the country's approach to serious diseases. A comparable undertaking is needed now to attack the latest threat to the health and well being of gay men.

³ Alone among racial/ethnic groups affected by HIV/AIDS, men of color who have sex with other men experience HIV infection rates that are comparable to the hardest-hit countries in sub-Saharan Africa.

It is in this spirit that the Task Force submits the following recommendations for public policies and community mobilization.

The recommendations included in this report have been developed jointly by the entire Task Force. Although the charge from the GMHC Board specifically focused only on public policy, the Task Force determined that it would be difficult to craft a coherent agenda without addressing the LGBT community's own obligations to mobilize against this health threat. As a result, the recommendations include a section on community mobilization. Although this document is technically a report to the GMHC Board of Directors, it is the hope of the Task Force that it will also prove a useful educational and advocacy tool for the LGBT community and for our public health partners and *that it will provoke a reinvigorated, coordinated effort to reset community norms for men who have sex with men.*

Background on the Task Force

In January 2004, the board of directors of Gay Men's Health Crisis directed the board's public policy committee to establish a task force of diverse experts to make recommendations to the board on a public policy agenda to address the crystal epidemic and its impact on HIV and syphilis. Leading LGBT organizations, grassroots activists, prominent researchers on sexual behavior and crystal use among gay men, and individuals with backgrounds in public policy advocacy agreed to serve on the Task Force.

Over a three-month period in the spring of 2004, the Task Force reviewed and analyzed available data on the crystal epidemic and its correlation to syphilis and HIV, including the drug's mechanisms of action, the documented health risks associated with crystal, successful strategies to treat crystal addiction, and approaches adopted by LGBT communities on the west coast in response to their much earlier crystal/syphilis/HIV epidemics. The Task Force met face-to-face on several occasions, including one meeting with senior leaders from the New York City Department of Health and Mental Hygiene. The Task Force divided into work groups that developed recommendations in the areas of prevention, treatment, law enforcement, funding, and community mobilization.

Public Policy Recommendations

Treatment

Step One in a comprehensive response to the crystal epidemic is to help addicts and problem users stop using crystal. Unfortunately, treatment prospects for crystal confront major scientific, political, financial, and social impediments.

New York City has only a fraction of the drug treatment slots it needs to serve the hundreds of thousands of New Yorkers who have serious drug and alcohol problems.

Moreover, the range of government-approved therapeutic interventions is quite narrow. Arbitrary and counterproductive cost containment protocols of third-party payers also limit treatment options.

The LGBT community has historically been poorly served by standard substance abuse treatment services. Even though a large body of scientific literature demonstrates that members of the LGBT community often have unique medical and psychosocial needs, as well as severe and non-mainstream substance use patterns, relatively few treatment providers in New York City have developed the professional and cultural competence to serve our community. Outside of the limited number of community-based substance abuse treatment slots provided by LGBT organizations, treatment programs specifically developed to meet the needs of the LGBT community are exceedingly scarce.

Treatment of crystal addiction also presents particular challenges. No proven pharmacological treatment exists to treat crystal addiction, and relapse is common. Research is urgently needed to develop and evaluate new treatment models for crystal. Crystal users have different motivations for taking the drug. Moreover, the way a person takes crystal (e.g., snorting, smoking, injection) will also affect the choice of treatment modality. Therefore, a broad spectrum of treatment approaches, ranging from abstinence-based to harm reduction-based modalities, is needed.

The Task Force calls for a major and sustained expansion of drug treatment capacity in the LGBT community.

- The Federal Government should aggressively finance research to expand the clinical approaches for dealing with crystal use, including funds to develop and test new treatment modalities.
- The City and State should ensure the availability of drug treatment slots for crystal addiction that utilize a continuum of modalities and care.
- Treatment for crystal should be available on demand, and such services should be integrated with HIV and syphilis interventions and mental health services. Attention should also be given to the impact of crystal meth use on current substance users who are HIV+.
- Medically supervised and State-licensed treatment offerings should be increased to meet the needs of this burgeoning problem, along with psychosocial interventions and “12 Step” model programs.
- The City and State should significantly increase the number of treatment programs specifically for gay and bisexual men, including gay and bisexual injection drug users. Such programs should include relapse prevention services and needle exchange among the continuum of care for crystal users. Effective treatments should include LGBT competencies and be community-based.
- The City and State should ensure that funded facilities have training programs that ensure the competence of staff to address the needs of the LGBT community.
- The City and State should ensure that current substance abuse providers are aware of the issues surrounding crystal meth.

- The City and State should ensure that both private insurance and publicly supported health care programs fully cover crystal treatment services, including harm reduction programs.

Prevention

The most effective long-term strategy to address crystal use is to prevent individuals from trying crystal in the first place. Crystal prevention programs have only recently emerged in New York City. Unfortunately, these community efforts lack sufficient financial means to address the magnitude of the crystal epidemic.

In general, society undervalues prevention. In the case of HIV/AIDS, for example, while more than \$2 billion is spent annually in New York City on HIV-related medical services, the City's HIV prevention budget for the current fiscal year (including support from CDC) is a mere \$36 million.⁴ The crystal epidemic demands that we not give careless attention to prevention.

Prevention of crystal use is complicated by the broad diversity of the LGBT community and the widely varying motivations for taking the drug. As in the case of HIV prevention, strategies to prevent crystal use must not only educate gay men about the dangers of crystal but also help potential users develop the motivation and skills to say no. Prevention efforts must operate at both an individual and a community level, helping individuals navigate peer pressures and simultaneously working to reduce such pressures by forging new and healthier community norms.

Although crystal use occurs in a variety of places, including in the privacy of the home, studies indicate the combination of crystal use and risky sexual behavior is especially frequent in bathhouses, other commercial sex venues, and private sex parties. In addition, crystal use often occurs in the course of sexual connections arranged over the Internet. The prominence of these venues strongly argues for supplementing traditional prevention approaches (such as individual counseling, group sessions, and public education) with enhanced outreach to commercial sex venues and development of innovative approaches to reach men who use the Internet for sex.

- The City should increase its support for community-based public information campaigns and ads to increase public awareness of the growing epidemic of crystal use. In funding community-based public awareness and education programs, the City should support explicit approaches and accurate, culturally appropriate materials.
- The City should provide financial support for community-based public awareness and prevention education campaigns that are targeted to specific population groups and communities. Emphasis must be placed on campaigns that target

⁴ The City's \$36 million budget for prevention services excludes amounts that CDC provides directly to community-based organizations. As new contracts for directly-funded agencies are currently being negotiated, it is not possible to provide an authoritative statement of the level of such support, although it is significantly smaller than the City's prevention budget. In addition, it is worth noting that financing for prevention services is almost exclusively provided by public health agencies, as Medicaid and private third-party payers generally do not offer reimbursement for prevention services.

LGBT communities, communities of color, women, low-income communities, adolescents, and young adults. Targeted programs are also needed specifically for men who have sex with men (MSM) who inject drugs (MSM-IDU). These men often do not connect with either gay or IDU identities.⁵ Campaigns are also specifically needed for men who are currently using crystal.

- Consideration should be given to supporting and funding community education campaigns developed and led by community-based organizations indigenous to communities of color. Their credibility among their constituencies is important to raising awareness and developing effective direct prevention and group support efforts focusing on crystal meth.
- The City should provide substantial funding to community-based organizations for outreach efforts and community interventions. This should include support for venue-specific outreach and interventions, e.g. the Internet, bathhouses, bars and clubs, and commercial sex venues.
- The City should take steps to integrate crystal, syphilis, and HIV interventions.
- The City and State should ensure that programs are in place to prevent the transmission of HIV by and among those individuals who are not ready to limit or discontinue their use of crystal. Since one of the methods used to ingest crystal is by injection, it is important to establish or expand needle exchange programs. At least initially, these programs should be run by the LGBT community to address the immediate epidemic within the gay population.

Law Enforcement

Even though substance addiction is an illness, the public policy approach to substance abuse in New York State and throughout the US remains heavily oriented toward criminalization, with comparatively little attention devoted to public health strategies for prevention and treatment. In recent years, leaders from across the political spectrum in New York have come to recognize the need to change the State's approach to steer non-violent drug possession offenders to drug treatment rather than prison.

In response to the increase in crystal use in New York City, some political leaders have recently called for even harsher penalties for crystal possession. This would merely apply to the crystal epidemic the same failed policies that have cost the taxpayers sorely while failing to diminish use of other drugs. Law enforcement efforts should focus on manufacturers and distribution networks rather than facilitate the long-term incarceration of non-violent offenders. Treatment, not incarceration, should be the touchstone for New York City's response to the crystal epidemic.

- The State should repeal the Rockefeller drug laws.
- The City and State should increase the number and access to alternative to incarceration programs, including programs that target gay and bisexual men and crystal users.
- The State must avoid any move to increase penalties related to the sale and possession of limited amounts of crystal.

⁵ Bull SS, Piper P, et al. Men who have sex with men and also inject drugs—profiles of risk related to the synergy of sex and drug injection behaviors. *Journal of Homosexuality*. 2002; 42(3):31-51.

Funding

It will not be feasible to effectively address the crystal epidemic by reallocating existing funding streams. As noted above, substance abuse treatment services and HIV prevention programs are already badly under-funded. The same is true for non-clinic-based programs to prevent sexually transmitted infections. Nor will it be workable to expect any single governmental entity (i.e., City, State, Federal) to finance the City's response to the crystal epidemic on its own. To mount an effective response, substantial and sustained funding will be needed for crystal prevention and treatment programs from the City, State and Federal governments.

- The City should increase its annual support for community-based crystal prevention and treatment programs from the \$300,000 it committed in FY 2004 to \$1.5 million in FY2005. In recognition of the ongoing challenge that crystal use poses for the City's public health, these funds should become part of the City's budget baseline.
- The State should provide \$2 million in funding for community-based crystal prevention and treatment programs in the 2004-05 State Fiscal Year. Given the epidemiology of the crystal epidemic, these funds should target gay and bisexual men in New York City.
- The Federal government should finance behavioral and social science research to gain a better understanding of the psychological and social dynamics that drive the use of crystal and other substances and the dynamics that lead to high risk sexual behavior. All levels of government, as well as private funders, should provide financial support for developing and implementing prevention strategies that are grounded in research findings.

Community Response

The crystal epidemic is fundamentally a community problem, and LGBT organizations have a responsibility to lead the community toward solutions. In proposing the creation of a strong public-private partnership to combat the crystal epidemic, the Task Force is not seeking to absolve the LGBT community itself of responsibility for leadership. On the contrary, for New York City to break the back of the epidemic, community leaders must help the LGBT community look honestly at community norms and values that may inadvertently facilitate crystal use. In essence, leadership will be required to help gay men validate and celebrate their sexuality without placing the health of themselves and others at risk.

In the LGBT community's quickening effort to mobilize against the crystal epidemic, grassroots activists have played an essential role. In the past six months, three community forums have initiated a bold and honest discussion in the community on crystal use, including its impact on transmission of HIV and other STIs. Community campaigns have been created to warn gay men of the dangers of crystal; the first one was financed privately by a gay activist. LGBT service providers are now focusing on crystal prevention and treatment, and the crystal epidemic has figured prominently in the gay press.

These are important beginnings but a much stronger, broad-based, and sustained community dialogue around community norms, sex, wellness, health, and responsibility is needed.

- LGBT organizations and grassroots activists should lead a community dialogue on rethinking community norms on drug use and sexuality. In particular, discussion is needed to clarify and strengthen community and individual values regarding the differences of healthy and destructive behavior.
- Community dialogue and leadership are needed to articulate and promote the view that defining and limiting unhealthy behavior is not tantamount to placing limits on gay sexuality or placing limits on gay identity and freedom. Fundamental issues of gay identity that influence drug use, high-risk behavior, and other forms of self abuse must be addressed honestly and forthrightly.
- LGBT community leaders need to enter into dialogue with the owners and managers of commercial and other business establishments that rely heavily on gay patronage, such as gay bars and gay-oriented commercial sex establishments, to clarify the role and responsibility of such establishments to avoid facilitating or condoning substance abuse and other high risk behaviors on their premises.
- Community forums and campaigns should be implemented that move LGBT communities toward an increased awareness of LGBT health and wellness. These efforts should promote individual self-esteem and communal self-respect. These efforts should also encourage individuals to reflect on how certain venues or situations may affect individual decision-making on drug use and sexual behavior.