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DRUG EPIDEMIC RUINS LIVES, TRIGGERS SURGE IN HIV CASES

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LONG BEACH --

Scott pushes a plastic bag of crystal methamphetamine across a wooden coffee table in his East Long Beach apartment.

“We call this a teenager,” he says. The bag contains a sixteenth of an ounce, the crystals sparkling like rock candy. But the drug is anything but sweet.

Crystal meth has tainted 20 of Scott's 43 years. Already HIV-positive, Scott says he may have infected others by having sex while high on meth. The drug supercharges his sex drive, but warps his judgment. He rarely uses condoms when high. “There's this fatalistic approach, and all common sense is thrown out the window,” says Scott, who asked that only his middle name be published. Health experts here and in communities nationwide attribute the combination of methamphetamine and unsafe sex to a spike in new HIV cases among gay men.

Meth use, which has intensified over the past five years and replaced cocaine as the most popular illegal stimulant in Long Beach, and the nation, is widely abused among heterosexuals, too, but the high-risk sexual behavior it triggers among gay men has presented a new front in the war on AIDS.

From interviews with doctors, researchers, counselors and health providers, the Press-Telegram has found: More than half of HIV patients at Long Beach's two main treatment centers have used meth. Men high on the drug are four times more likely to have unprotected sex. The number of gay men in Los Angeles who use crystal meth tripled from 2001 to 2004. Syphilis, hepatitis C and other STDs are increasing among meth users. HIV-positive methamphetamine users are less likely to take their medication properly, increasing the chance that the virus will mutate and become resistant. Drug treatment designed specifically for gays and lesbians is absent in Long Beach. Some say health officials in charge of treatment and prevention haven't collaborated enough to form solutions.

“It's intense,” says Dr. **Rebecca Kuhn**, an internist and HIV specialist at St.

Mary Medical Center's Comprehensive AIDS Resource Education Program and Clinic, or CARE. "I would honestly and assuredly say meth has really been the foundation here for increases in HIV." Crystal meth lowers inhibition and boosts libido, a coupling that fosters high-risk sexual behavior, reducing the likelihood of condom use and increasing the risk of HIV infection. In short, men who say they would normally never have unsafe sex are smoking, snorting or injecting meth and having unprotected sex with multiple partners for periods as long as 12 hours. An estimated 60 percent of HIV-infected patients at St. Mary Medical Center's CARE program and 70 percent at the Long Beach Department of Health and Human Services regularly use the powerful stimulant, health experts say. Health care providers face many obstacles. Funding is scarce. AIDS awareness is often on the back burner.

A terrifying toll

There are about 80,000 gay men and women in Long Beach, according to the Gay and Lesbian Center of Greater Long Beach. The drug is part of the scene, but most steer clear. "We have a disproportionate share of gays and lesbians living in Long Beach, and that's because it's a wonderful place for gays to live," says Andrew Signey, assistant director of the St. Mary CARE program. "And 90 percent are leading healthy, productive lives in this city just like everyone else who lives here." The meth epidemic isn't isolated to gay men. Meth abuse is endemic among heterosexuals, too. Girls use it to diet, teenagers to party, students to study, workers to stay awake. Among straight people, however, meth hasn't been linked to sizable outbreaks of HIV and other STDs.

"Heterosexual sex that happens (on meth) is high-intensity, but it's not happening in bathhouses, in the contexts of a sexual culture," says Steven Shoptaw, a UCLA researcher and psychologist, who has studied the drug extensively.

Cathy Reback, director of the prevention division of the Van Ness Recovery House in Los Angeles, has teamed with Shoptaw on some of the most comprehensive research performed on methamphetamine abuse among gay men. "The reason it's so intensified with gay men is there's a culture of sexuality with gay men," Reback says. "There's a ready-made gay community and a whole culture centered around sex." Though he doesn't have hard data, Signey estimates that as many as 10 percent of the city's gay men use crystal meth.

Brian Alexander, who has lived in Long Beach for six years, and is familiar with the gay party scene around Broadway in Belmont Heights and Bluff Heights, says that's an understatement. "You can't swing a dead cat around there and not hit about 10 people who are either selling or using," he says. A recent report by Reback and Shoptaw shows that as the use of crystal meth

increases, so does the risk of being infected with HIV. Participants in the study, all Los Angeles County residents, were divided into four groups: recreational users; chronic users, or "weekend warriors"; those in outpatient treatment; and those who have checked in for residential care.

The study shows 25 percent of recreational users and 40 percent of chronic users were infected with HIV. The number climbed to 60 percent for those who checked into outpatient treatment. And by the time people entered residential care for crystal meth abuse, 86 percent, were HIV-positive. "The more involved gay men are with meth, the more likely they are to be HIV-positive," Shoptaw says.

Unchained esteem

The primary attraction to the drug for many is obvious: sex.

"What happens is the sex that (users) have is so heightened that the sex they have off it is not good anymore," Kuhn says. "And the only way to have that sex again is with crystal meth." Todd Stevens, an HIV education specialist, leads a support group run out of the Redgate Memorial Recovery Center in downtown Long Beach that specializes in drug abuse among people with HIV and AIDS. Stevens says there's something rooted in the gay male identity that compounds the drug's psychological pull. Addiction is just a byproduct of the root of the problem. "A vast majority of our lives, we were marginalized, not accepted and didn't accept ourselves," he says. "It's a way of letting go of all that." Many gay men spent some time in the closet, he continued, which contributes to depression, self-loathing and low self-esteem. "Crystal really takes that away," he says. "It allows them to be free of bonds." Stevens estimates that 80 percent of men he treats suffered physical, mental or sexual abuse as children, or had family members that used drugs. "It's hard to see past that when you don't know any better," he says. Scott, who relapsed about a year ago after five years of sobriety, can attest to that. At first, the drug made him feel a confidence and ease for which he had always longed. "I felt like I was God," Scott says. "All the things that were wrong with me weren't wrong anymore."

The drug taps into the sort of feelings of sexual freedom and cultural belonging that many gay men have been seeking for decades, ideas that have embodied the gay civil rights movement, Shoptaw says.

"The kind of sex that happens gets tangled up with gay culture ... gay liberation, all the stuff that gay men have been working hard to pull together for 30 years," he says.

Clouding judgment

Mark, who also spoke on condition that his last name be withheld, says that scars from the 80s, when AIDS swept through his peer group, are still reminders of the casualties of that era. "In 1984, it was like a light went out in the world...", the 44-year-old portfolio manager says. "It was 10 or 11

years of just total darkness, and all of this self-loathing and feeling like somehow, this was a universal punishment on people with gender-specific sexual orientation."

With the advent of protease inhibitors, the cocktail of drugs that slow AIDS infection, the panic surrounding AIDS has been somewhat quelled.

"The way that pharmaceutical companies have marketed the medication in the gay media gives the impression that the virus isn't that bad," Signey says, referring to ads of healthy, athletic men. "In the meantime, it has made it seem like something you can take a pill for, but this is not something that a pill makes disappear. The life these people lead while on medications is really difficult. These are not easy drugs to tolerate." Plus, they require 95 percent adherence, something that doctors say is almost impossible when using crystal meth. Missing pills can cause the virus to mutate, increasing the danger that patients will become resistant to their medications.

"A high percentage (of patients) are not adhering," Kuhn says. "Among heroin addicts, I have found the adherence factor to be much better than with crystal meth. With crystal meth, they go on a run, and it's rare that they take their medications faithfully."

Paul Duncan, 51, who used meth on and off for about 20 years, lost all sense of time. "When I'm high, the last thing I'm thinking about is taking my meds," he says. "You're just not focused on anything. Your mind is racing. Your heart is pounding. You're just looking for that party."

Elizabeth Eastlund, director of substance abuse prevention at CARE, says that about 30 percent of patients she sees use meth for reasons aside from sex. Some, she says, rely on it to cope with side effects from AIDS medications, such as fatigue and depression.

"I think people are also just tired," she says. "We're kind of coming from the perspective of working with people who are already positive and have spent years and years practicing safe sex. They just get tired, tired of thinking about it each and every day."

Sneaking up

Methamphetamine was first synthesized in Japan in 1919. It appeared in the United States in the 1930s and by the 1950s was readily available in tablet form as Dexedrine and Methadrine. During World War II, it was widely used by soldiers to increase energy and stamina. In 1970, it was declared illegal when the Controlled Substances Act was passed.

No one knows exactly when the drug first appeared in Long Beach, but Signey says it saw its first spike in 1984, when a cluster of students in San Diego began manufacturing it out of ether, drain cleaner and the interior sponges of nasal inhalers. It slowed for several years, but then resurfaced in the mid- 90s, emerging as an alternative to crack cocaine. "It's a lot cheaper, it's easier to get and the high from it lasts a lot longer," says Lee Kochems, an

anthropologist at the Cal State Long Beach Center for Behavioral Research. Kuhn says that 10 percent to 20 percent of her patients were using meth when she first started working at CARE in 1999.

“Then, a year and a half ago, something shifted,” Kuhn says. “There was a huge surge of crystal meth into the community. To me, it seemed like an explosion.” Now, more than half of Kuhn's 300 patients are using, she says. The drug's resurgence in the 90s corresponded with the rise of the Internet, which has been called the “bathhouse of the new millennium.” But it wasn't until a syphilis outbreak in 2000 that city health officials began to recognize the scope of the problem, says Nettie DeAugustine, preventive health bureau manager at the Long Beach Health Department. It was when disease-intervention specialists began interviewing people with syphilis that the first signs of a link between that disease and crystal meth became apparent. “Perhaps we should have looked at signals closer, earlier,” she says. “But I don't think we had enough information to do that. There were other things we were focusing on at that time.”

It was around the same time, in 1999, that CARE program workers also began noticing a trend in high-risk sexual behaviors associated with crystal meth and an increase in STDs, Signey says. “I don't think anyone realized the addictiveness of it in those early days,” Signey says. “It just kind of seemed to sneak up.”

And numbers have risen steadily in the last two years. Those who wish to meet others who want to use meth and have sex cruise online chat rooms and look for PnP, short for “Party and Play,” code for sex and drugs. The drug is often coupled with other “party drugs,” such as the hallucinogenic stimulant Ecstasy, the anabolic GHB and the tranquilizer ketamine. And because impotence is a common side effect of prolonged meth use, it has also given rise to a surge in medications for erectile dysfunction, such as Viagra and Cialis, among gay men. “It's a wicked triad: crystal methamphetamine, Viagra and the Internet,” Kuhn says.

Over the past decade, meth has become so embedded in Long Beach's gay community that some say it takes more energy to avoid it than to seek it out. Certain Long Beach bars, beachfronts and parking lots have become gathering spots that center around the drug. At virtually any hour of the day, men can be found sitting in their cars, standing on corners, or driving slowly, cruising, looking to get high and find someone to sleep with, or both. Duncan says he can immediately spot a meth addict. “They're fidgety,” he says. “Their bodies are going 30 miles an hour. Their mouth is going constantly. They're sweating.”

Police say they're aware of the problem, but limited by a tight budget. “We've had to slim down several units throughout the organization,” Long

Beach Police Chief Anthony Batts says. "Our core mission is putting officers in black and white ... and the narcotics unit is smaller. The reality is we have to prioritize what we're able to address during this budget crisis."

Fatal attraction

For most users, crystal meth begins as a recreational drug, a few lines or hits in a bar bathroom or a friend's apartment, followed by a feverish weekend of partying. The attraction is clear: a euphoric high, wild partying and seemingly endless sex. Soon though, it starts spiraling out of control.

As an IV drips into his arm, Duncan talks about his most recent health setback -- cytomegalic inclusion disease, caused by the cytomegalovirus, commonly known as CMV. Five years ago, CMV infected his lungs. This time, it's attacking his intestines. After repeated vomiting and severe fatigue, he checked himself into the hospital, where he stayed for several days. Now he's being treated at home. "I'm nervous," he says from his living room couch, scratching his leg with the IV cord. "But I'm really thankful that this time I'm sober. I took care of it before it got critical." Doctors are keeping close tabs on Duncan during his six-week treatment. Every day, his roommate, Kevin Hayes, attaches Duncan's IV drip, releasing 480 milligrams of the medication Ganciclovir into his arm, and then cleans and changes the tubing.

The movie "Resident Evil" flashes on the television. The apartment is comfortable: plush couches, a soft blue rug, oil lamps and nature paintings on the wall. But moments of true comfort are rare occurrences for Duncan, who, over the years, has also suffered pneumonia, severe abscesses and most recently, neuropathy, which causes numbness and painful tingling in his feet. He's also waiting on tests to find out whether a growing lesion on the shaft of his penis is cancerous. "It's been a rough two months," he says.

His AIDS cocktail regimen is made up of six pills a day: two Reyataz, one Norvir, one Viread, one Epivir and one Bactrium.

"At one point, I was taking 78 pills a day," Duncan says. "It was confusing. I had to keep track of them. I was vomiting all the time. I would take them and throw them back up." Duncan was diagnosed with full-blown AIDS in 1985 and started using crystal meth three years later. He's uncertain as to what extent his 17 years of drug use have contributed to his health problems. But he wonders out loud whether things would be different if he hadn't been spotty for years about taking his medications.

Siren song

Scott, too, wonders how his life would have been without the drug.

"Oh, to be 25 again and do it over," he says wistfully.

The 43-year-old addict steals uneasy glances at the front door and window. He had spent the night before writhing ecstatically on the living room carpet after injecting two syringes full of crystal meth, his largest dose in more than 20 years of using. Nearly 16 hours later, the drug's effects still consume him. He chatters rapidly and chews the inside of his cheek. He pets his cat with

brisk, circular strokes. "It's your heart," he explains, tapping his chest. "It's being all amped." He lifts his arms and flexes his muscles.

"It's like a really good orgasm," he says. He scratches his nose, then the cat. Outside, a motorcycle engine revs and he again glances nervously at the door. The apartment is thick with meth smoke and chemical smelling fumes. Droopy fish swim in slow circles inside an aquarium. Beside two Gatorade bottles and a container of Viagra, a plate on the coffee table holds a blackened pipe, a red straw, a syringe and a plastic bag containing about \$80 in meth, enough to last anywhere from a few hours to several days.

Scott says the drug is like an abusive partner he wants to leave, but can't. The high is dazzling, euphoric, but the crash sends Scott spiraling into paranoid depths so low he'd rather be dead. He ignores the phone. He mistakes his cat scratching inside the litter box for gunshots. He sweats and shakes. It's no surprise that he struggles to keep his travel industry job. His credit card bills are higher than he is. Five years after Scott tried meth for the first time, he started losing jobs. "I became a big, sad, shame ball," he says.

"The more bad things I would do, the more horrible I would feel and the more bad things I would have to do. ... I went from being Mr. Wonderful to being a social pariah." It's since been an arduous, uphill battle for him to stay clean. "I'm getting so disgusted with myself," Scott says. "I'm hoping I'll be able to stop soon."