



When the ParTy Comes to Town: Gay/Bisexual Men's Experiences of Meth & HIV Locally & Beyond

Perry N. Halkitis, PhD, MS, MPH

Dean

Professor of Biostatistics and Urban-Global Public Health

Director, Center for Health, Identity, Behavior and Prevention Studies (CHIBPS)

Rutgers School of Public Health

The New England HIV Implementation Science Center, Yale University, October 4, 2021
DO NO CITE WITHOUT PERMISSION OF THE AUTHOR

Methamphetamine: A Brief History

- Amphetamine first synthesized in 1887 in Germany; methamphetamine discovered in 1919 in Japan
- By 1943, both drugs widely available to treat narcolepsy, depression, obesity, alcoholism, and ADHD
- In 1971, Comprehensive Drug Abuse Prevention and Control Act classified both drugs as Schedule II
 - Acknowledged medical uses and potential for abuse
 - Increased demand for black market stimulants, illegal production

What is Crystal Meth?

- Illegally produced methamphetamine
- Translucent crystal similar in appearance to rock candy or salt
- Yellowish, brownish, off-white, or closer to pure white powder depending on purity and cooking process; sometimes in pill form
- Can be swallowed, inhaled (“bump”), smoked, injected, or inserted rectally (“booty bump”)
- Easy to produce at home



Meth Labs, Production, & Purity

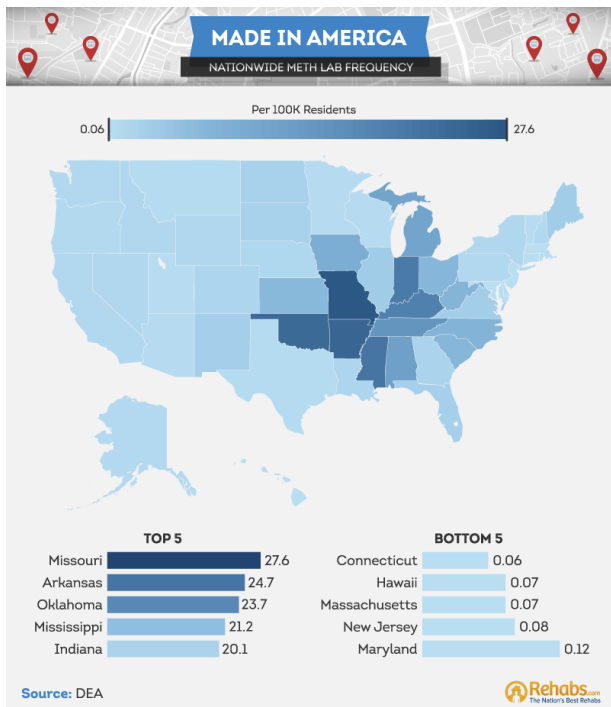


Figure 14. Number of Domestic Methamphetamine Laboratory Incidents, 2000 - 2019

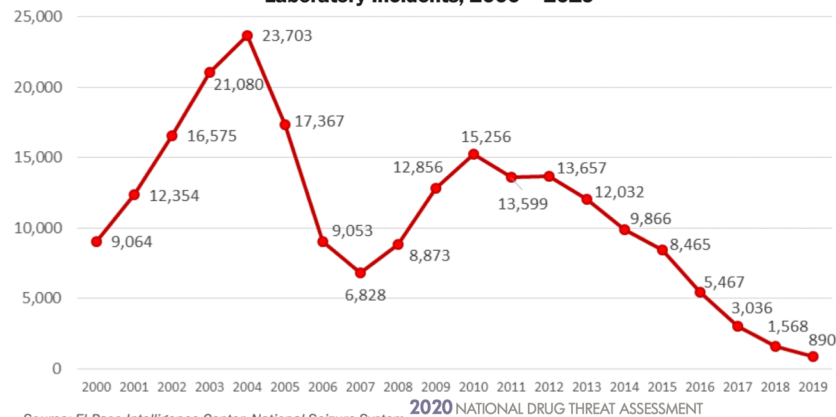
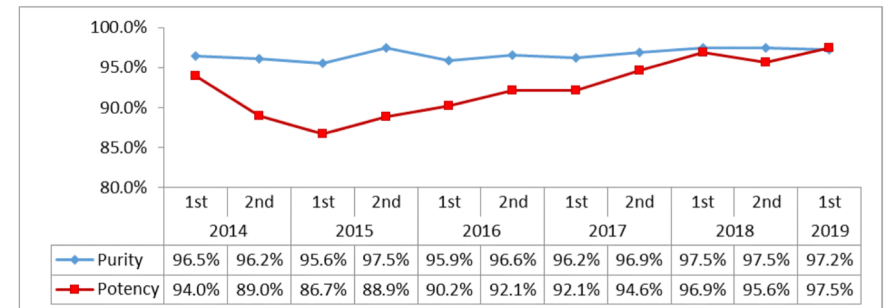
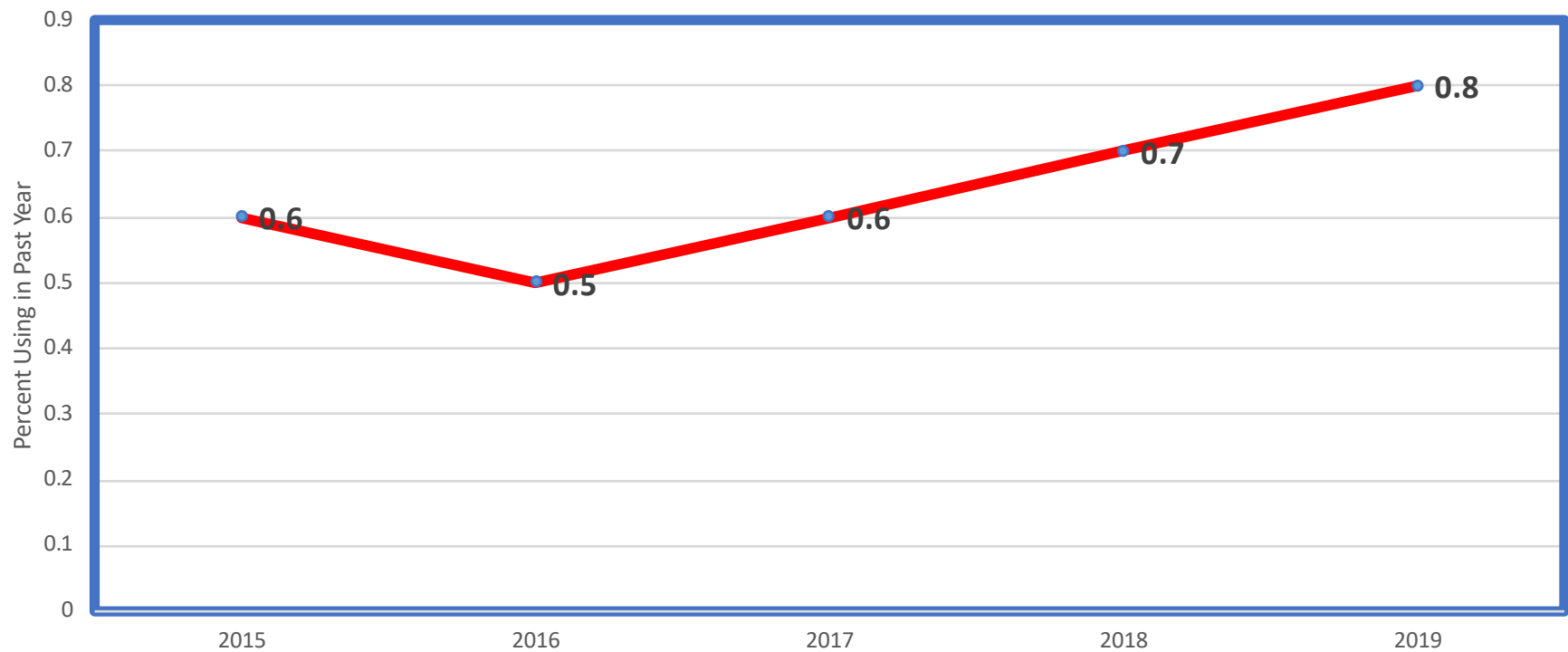


Figure 12. Methamphetamine Purity and Potency



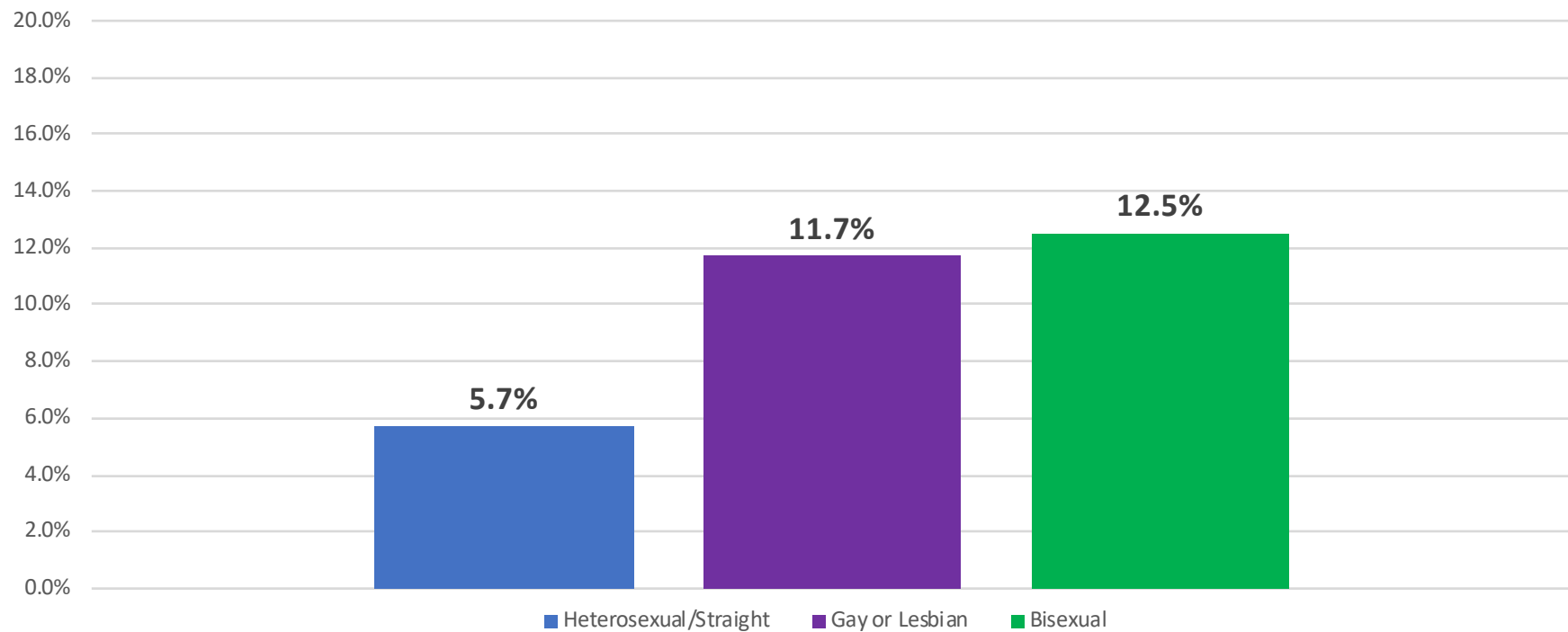
National Survey on Drug Use & Health

Past Year Methamphetamine Use among People Aged 12 or Older: 2015–2019




2018 National Survey on Drug Use & Health

% Ever Used Methamphetamine within Sexual Identity



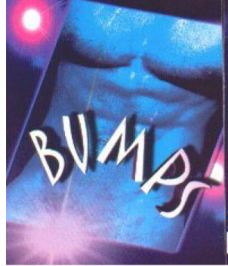
CHIBPS Studies Examining Methamphetamine Use in MSM



Are you a gay or bisexual man?
Have you had sex with another man while partying with crystal?
If you have, we'd like to talk to you
We will pay you \$40
for a couple of hours of your time if you qualify for this study.

To find out more about Project TINA call (212) 206-7961 all information is STRICTLY CONFIDENTIAL

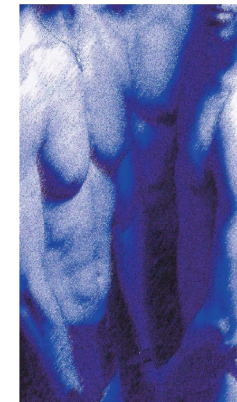
Sponsored by New York University and CHEST

HEY BOYS ...
K? COKE? R? CRYSTAL? GHS?
HAVE YOU EVER PARTIED WITH ANY OF THESE DRUGS?
IF SO WE'D LIKE TO HEAR ABOUT YOUR EXPERIENCES.
BE PAID OVER \$150 FOR COMPLETING CONFIDENTIAL INTERVIEWS

BUMPS

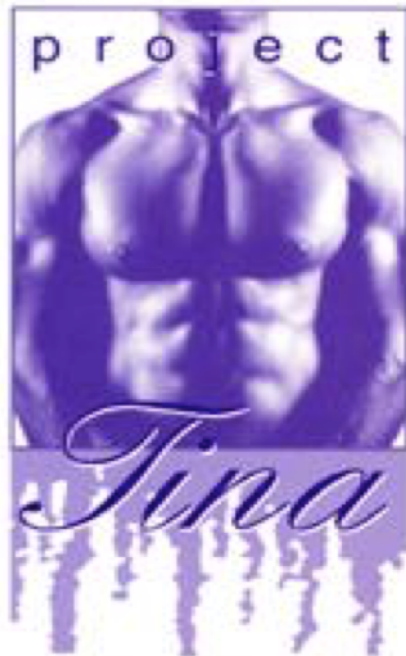
CALL PROJECT BUMPS
212.206.7919 X202



CHIBPS Studies: Designs & Samples

| Study | Design | Sample | Demographics | | Age | Sexual Orientation |
|-------|-------------------------------|--|---|--|-----|--------------------|
| Tina | Cross-Sectional/Mixed Methods | N= 49 active meth users | African American 27% API 4% Hispanic 102% | White 55% Mixed Race 4% | 33 | Gay 96% |
| BUMPS | Longitudinal/Mixed Methods | N = 450 active club drug users | African American 15% API 5% Hispanic 20% | White 51% Mixed Race 6% Other 3% | 36 | Gay 87% |
| Pump | Cross-Sectional | N = 311 gym attendees | African American 18% API 5% Hispanic 18% | White 51% Mixed Race 5% Other 2% | 39 | Gay 83% |
| Hope | Cross-Sectional/Mixed Methods | N = 52 active meth users | African American or Black 100% | | 39 | Gay 62% |
| MASC | Cross-Sectional | N = 60 (30 meth users & 30 meth dependent) | African American 24% Hispanic 17% | White 47% Mixed Race 7% Other 5% | 40 | Gay 80% |
| MUSE | Cross-Sectional | N = 100 active meth users | African American 57% API 1% Hispanic 14% | White 14% Mixed Race or Other 14% | 42 | Gay 61% |
| P18 | Longitudinal | N = 600 YMSM | African American 15% API 5% Hispanic 38% | White 29% Mixed Race 9% Other 4% | 18 | Gay 41% |

Tina



Are you a gay or bisexual man?
Have you had sex with another man
while partying with crystal?
If you have, we'd like to talk to you
We will pay you \$40
for a couple of hours of your time
if you qualify for this study.

To find out more about Project TINA
call (212) 206-7961
all information is
STRICTLY CONFIDENTIAL

Sponsored by New York University and CHEST

Frequency of Methamphetamine Use

In 3 month period of evaluation, usage was reported as follows:

| Frequency of Use | Number | Percent |
|-------------------|--------|---------|
| Less than 1x/week | 33 | 67.3% |
| 1-2X/week | 9 | 18.4% |
| >2X/week | 7 | 14.3% |

*Mean number of days of use: 12.22 (SD = 11.51);
Range 1 –45 days during the 3 month period*

- Frequency of use did not vary by age, HIV status, or race ethnicity
- No differences noted in depression, coping, or self-esteem



“I’m probably using it once every two weeks, something like that. Generally, on a weekend. Either, I guess under two circumstances, one is wither at the baths or if somebody comes to my apartment and we do it there.”

--Bob, 32-years-old, HIV-

Methamphetamine Use During Sexual Encounters

During the 3 month period of evaluation, methamphetamine was used during sex:

| Use During Sex | Number | Percent |
|----------------|--------|---------|
| Rarely | 6 | 12.2% |
| Occasionally | 13 | 16.5% |
| Always | 20 | 61.3% |

*Mean number of sexual encounters in which methamphetamine was used: 12.56 (SD =11.50)
Range 1 – 90 encounters*

- Relationship between overall use and frequency of use during sex ($r = .55, p < .001$)



“I find that my experience of crystal is very context specific. Taking it at the baths is very different from taking it in my apartment with one other person. I think my sexual experience has changed somewhat to profoundly over the time. I find the sexual experiences on crystal quite different from sexual experiences without crystal. I find them much more interesting and engaging.”

--John, 54-years-old, HIV-

Methamphetamine Use with Other Substances

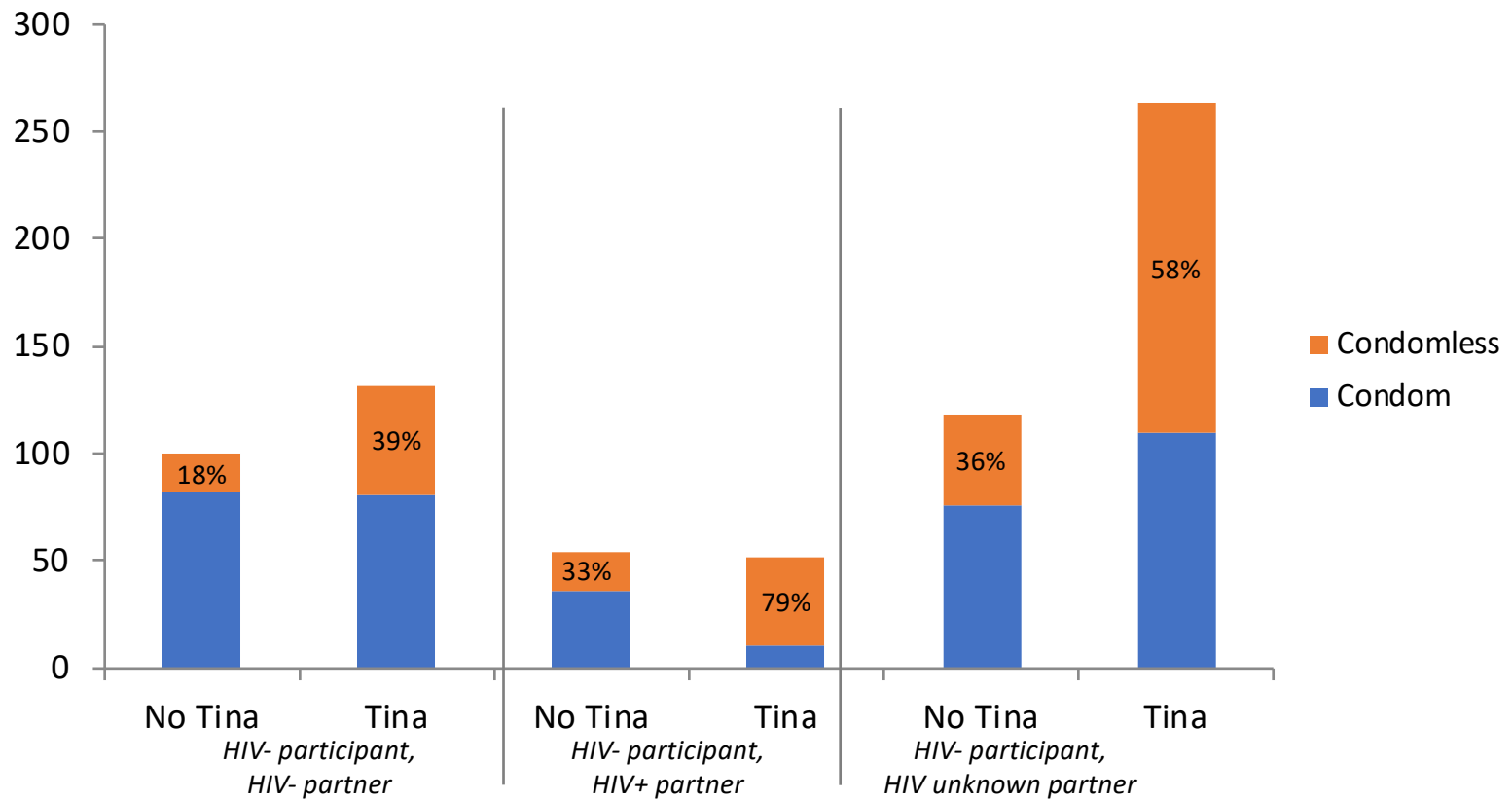
| Drug | Percent | Number |
|---------------|---------|--------|
| Ketamine | 88.5% | 23/26 |
| Viagra | 88.0% | 22/25 |
| Poppers | 81.6% | 31/38 |
| Marijuana | 76.3% | 29/38 |
| Ecstasy | 72.7% | 24/33 |
| GHB | 70.0% | 7/10 |
| Cocaine | 67.6% | 25/37 |
| Barbiturates | 66.7% | 12/18 |
| Hallucinogens | 44.4% | 4/9 |
| Crack | 40.0% | 8/20 |
| Heroin | 33.3% | 1/3 |



“Yeah, I mix and match with other drugs... definitely marijuana you know.. alcohol.. cocaine sometimes .. It just depends. It depends on what’s available at the time and where I am.”

--Paul, 22-years-old, HIV-

Anal Receptive Acts among HIV- Participants

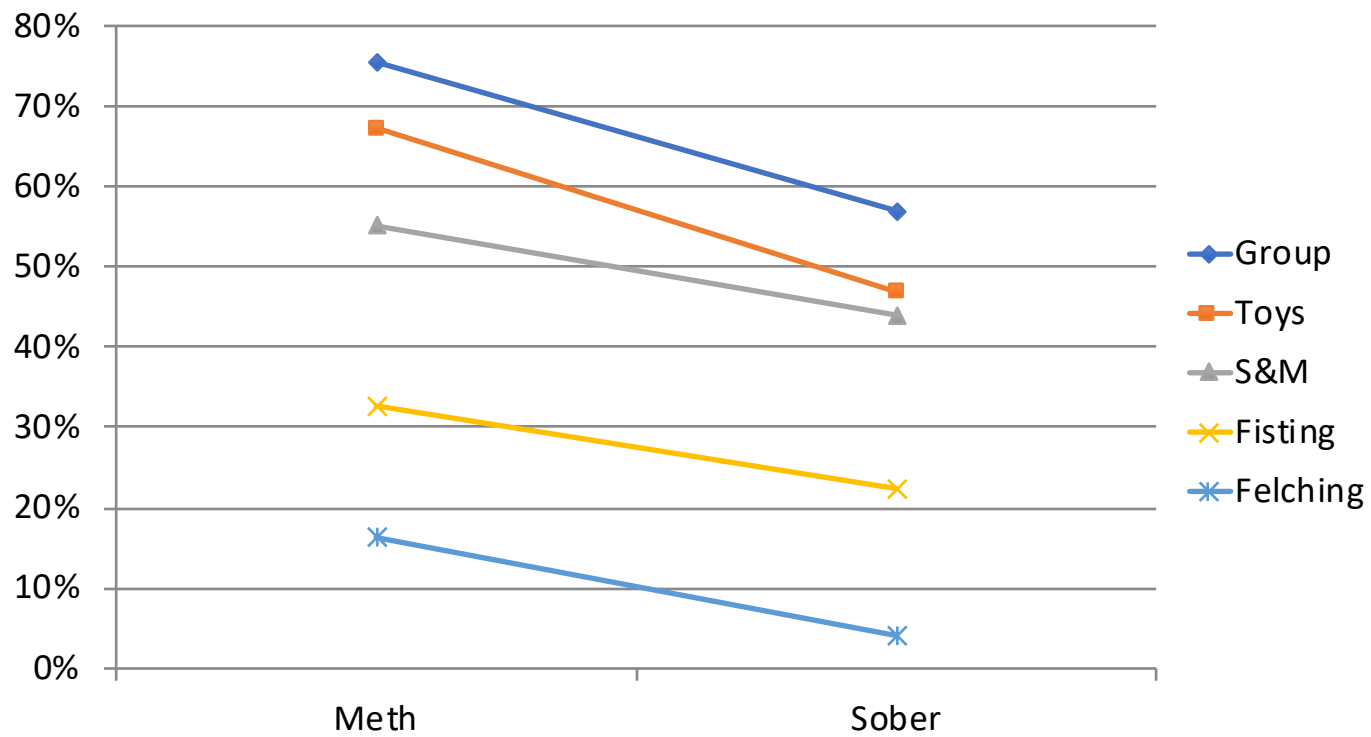




“I been in NY 2 years next month and my crystal use since I’ve moved to NY has sort of crossed over primarily into the sexual arena. I would say that I probably use it 2-3 times a month now and sexual situations. To be very candid with you in p the past year, I sort of found myself drawn to that crystal crowd. And, a lot of times its kind of like a domino effect. I meet more and more people from, this crowd and, it’s a group that tends to be, there’s lots of sex parties.”

--Andrew, 31-years-old, HIV-

Methamphetamine Sex



Sequence of Club Drug Use Initiation

| Drug | First | Second | Third | Fourth | Fifth |
|----------|-----------|-----------|-----------|-----------|----------|
| Crystal | 15 (3%) | 84 (19%) | 87 (20%) | 124 (29%) | 30 (7%) |
| Ecstasy | 154 (35%) | 154 (35%) | 54 (12%) | 16 (4%) | 4 (1%) |
| Cocaine | 285 (59%) | 67 (15%) | 53 (12%) | 19 (4%) | 7 (2%) |
| GHB | 0 (0%) | 7 (2%) | 29 (7%) | 59 (16%) | 93 (21%) |
| Ketamine | 10 (2%) | 96 (22%) | 134 (31%) | 71 (16%) | 9 (2%) |

Note. Each box contains the number of participants who used the drug for the first time

Motivations for Club Drug Use: Physical Domain

| | %* | Common Descriptors of Motivations for Seroconverted Narratives (N=16) | %* | Common Descriptions of Motivations for Seronegative Men (N=16) |
|---------------------------------|------------|--|------------|--|
| Physical Sensation (non-sexual) | 88% (n=14) | “focus,” “lose weight,” “party more,” “energy” | 94% (n=15) | “physical stamina,” “keeps you awake for days,” “rush,” “stay awake,” “energy” |
| Sexual Sensation | 75% (n=12) | “extremely horny,” “prolongs ejaculation,” “longer sex,” “sexual,” “more aggressive during sex,” “intense [sex]” | 63% (n=10) | “sexual,” “cold sex,” “intense [sex]” |
| Facilitation of Sex | 38% (n=6) | “less inhibited,” “group sex,” “nasty sex,” “makes me feel a little more freakier,” “more free” | 19% (n=3) | “less inhibited,” “initiating sex more,” “more courage” |
| Physical Sensation (non-sexual) | 88% (n=14) | “focus,” “lose weight,” “party more,” “energy” | 94% (n=15) | “physical stamina,” “keeps you awake for days,” “rush,” “stay awake,” “energy” |

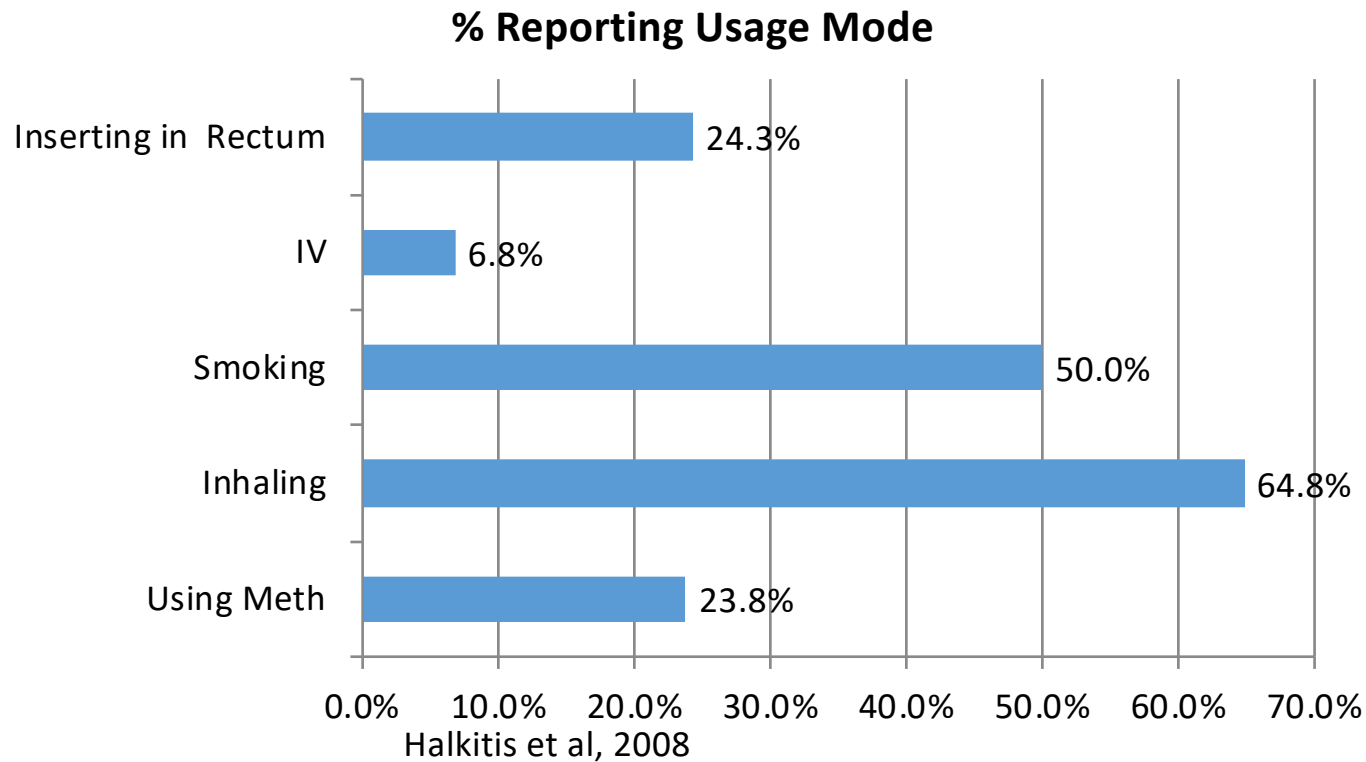
Motivations for Club Drug Use: Emotional Domain

| | %* | Common Descriptors of Motivations for Seroconverted Narratives (N=16) | %* | Common Descriptions of Motivations for Seronegative Men (N=16) |
|--|------------|---|-----------|--|
| Emotional Enhancement | 56% (n=9) | “insight,” “feel in control,” “makes me feel alive and beautiful,” “I love everyone on crystal,” “self-improvement” | 50% (n=8) | “affectionate,” “considerate,” “open and smart,” “self discovery,” “peaceful,” “creative” |
| Emotional Equivalence | 44% (n=7) | “I feel what they’ re feeling,” “apart from the party,” “makes me feel accepted with them,” “I did it to basically be around him” | 25% (n=4) | “I like being on the same wave length,” “It makes me more together with my people,” “in tune,” |
| Cognitive Disengagement/Emotional Escape | 69% (n=11) | “relaxing,” “depression,” “I hate my life,” “feel less guilty about what I’ m doing,” “they look at you with hatred” | 56% (n=9) | “relaxing,” “relief,” “anti-depressant,” “escapism,” “melancholy,” “like I’ m normal” |

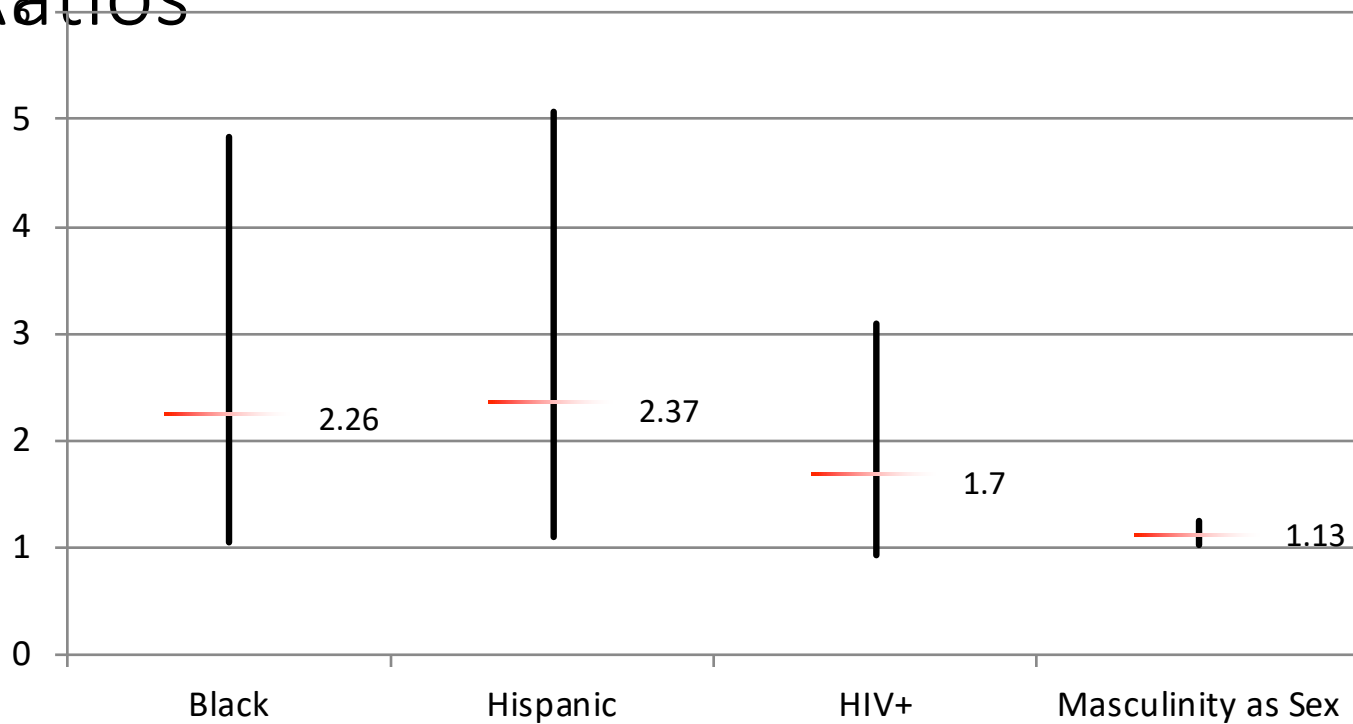
Motivations for Club Drug Use: Social Domain

| | %* | Common Descriptors of Motivations for Seroconverted Narratives (N=16) | %* | Common Descriptions of Motivations for Seronegative Men (N=16) |
|-------------------------------|-----------|---|-----------|--|
| Social Interaction | 50% (n=8) | “makes me outgoing and very talkative,” “makes me feel accepted” | 44% (n=7) | “makes me cool with the people I’ m with,” “I will focus on guys,” “I will notice cute guys on the dance floor,” “it’ s a fake confidence” |
| Overcoming Social Inhibitions | 44% (n=7) | “security,” “I’ m kind of bashful,” “people will come over to you,” “makes us more secure,” “more bold, more brave,” “less afraid,” “I would have waited for him to make the first move,” “I’ m normally more shy and introverted,” | 31% (n=5) | “relaxes your inhibitions” |

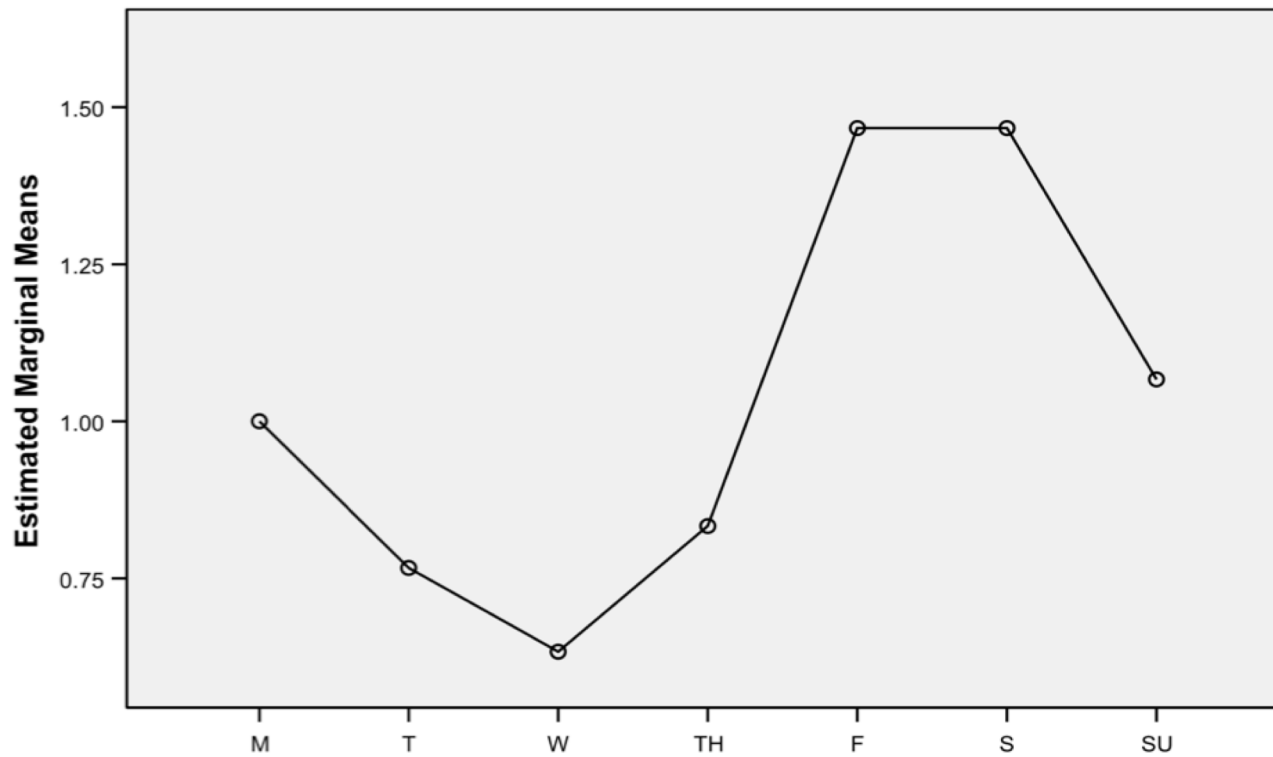
Modes of Meth Use in a Gym-Attending Sample New York City: Project Pump



Correlates of Recent Methamphetamine Use Odds Ratios

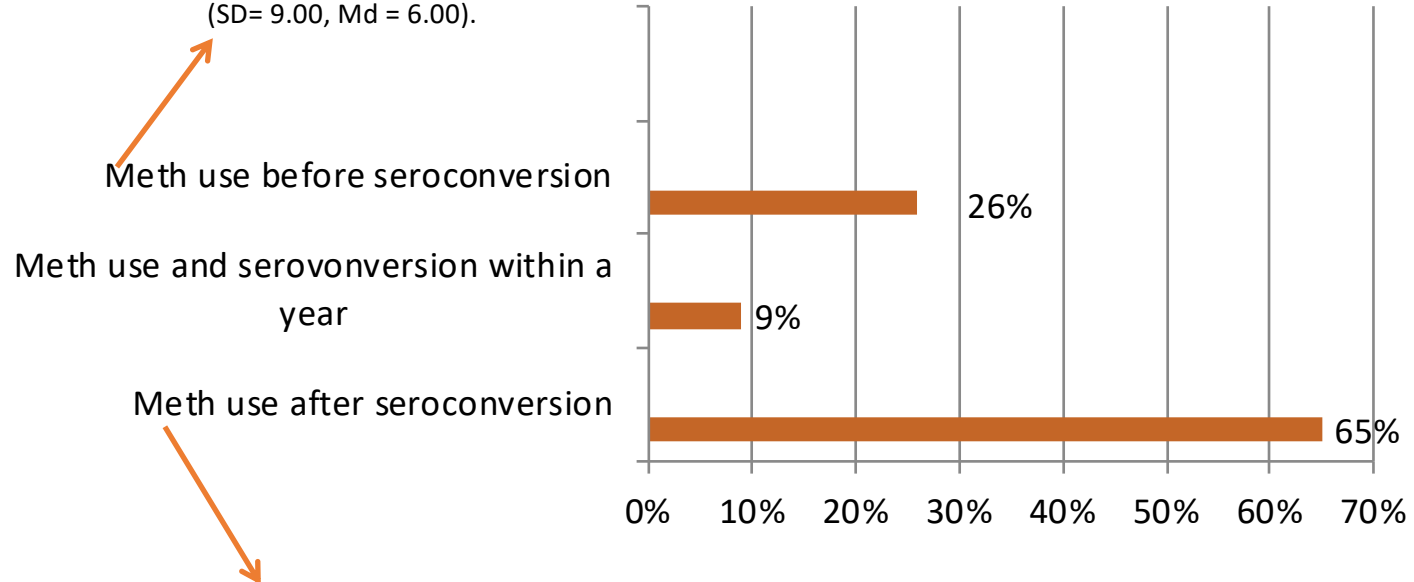


Methamphetamine Use By Day of the Week



Meth Use & Seroconversion

Average time between onset of use
& seroconversion was 9.07 years
(SD= 9.00, Md = 6.00).



Average time of onset of use was
10.92 years after seroconversion
(SD = 6.10; Md = 11)

RUTGERS

School of Public Health

Challenges
(childhood & adolescence)



“Pressure”
(adult challenges)



“The Perfect Storm”
(cognitive/emotional release)

Challenging childhood and adolescent developmental situations:

Sexual identity traumatization

Initiation into alcohol and drug use through peer social networks

Development of identity and overall potential threatened by:

Pressure to conform to community & family norms (“being strong,” “not airing dirty laundry,” “The J-O-B”)

Pressure to conform to hegemonic images of Black masculinity (“hyper-sexual man,” “body type”)

Pressure to conform to dominant images of black gay masculinity (“chiseled physique,” “status”)

Experience of triple isolation from White gay community, Black community, and Black gay community

Methamphetamine use and risky HIV behavior as mechanisms to overcome pressures of norms and stigmatization

RUTGERS

School of Public Health

“Meth is definitely an outlet. As far as any, like, you know drug is actually, you know, it’s an outlet. You--you don’t have to be enclosed in your skin. You can come out of yourself more....”

STUDY HOPE

RUTGERS

School of Public Health

“You know, if you don't look white enough, or black enough, um, you know, you'd think it's just because we're all gay. We're all – I mean it seems like we're all peers. But there's still that, there's still that wall, that stumbling block. And the drugs kind of help you break through that wall.”

STUDY HOPE

Summary:

Patterns of Methamphetamine Use among MSM

- used in some segments of MSM population—perhaps as high as 20%
- transcends race/ethnicity, age, HIV status, SES, educational attainment, and residential area
 - more profoundly impacting Black and Hispanic men, lower SES men, and HIV+ men
 - not as prevalent in YMSM/emerging adult YMSM
- While methamphetamine use is a concern in the MSM population, it is not the a majority and we must be careful to use the term epidemic

Summary:

Patterns of Methamphetamine Use among MSM

- usually used in combination with other substances
 - rarely used in isolation
- often combined with “club,” other illicit and prescribed, drugs
- emerges as drug of choice as MSM move beyond emerging adulthood
- The real question is not why are MSM using methamphetamine but why are gay men so often dependent on substances

Summary:

Drivers of Methamphetamine Use among MSM

- associated with a desire to feel connected and desirable-- escape loneliness
 - social and sexual engagement
 - cyclical use: weekend and socialization
- associated with mental health burdens a such as depression
 - Perhaps associated with the ongoing stress of the HIV epidemic, stigma, and seroconversion
- Psychosocial and mental health states as well as desire for a certain type of sex may drive use and ultimate addiction
 - Methamphetamine as a coping mechanisms

Summary:

Associations of Methamphetamine Use with Sex among MSM

- highly related to greater sexual adventurousness
 - more sex, condomless sex, and “extreme” sex
- may exacerbate transmission of HIV and other STIs
- may be used to ameliorate the burden of being HIV+
- Methamphetamine use and HIV are complexly related and it is not a simple, unidirectional methamphetamine → HIV association

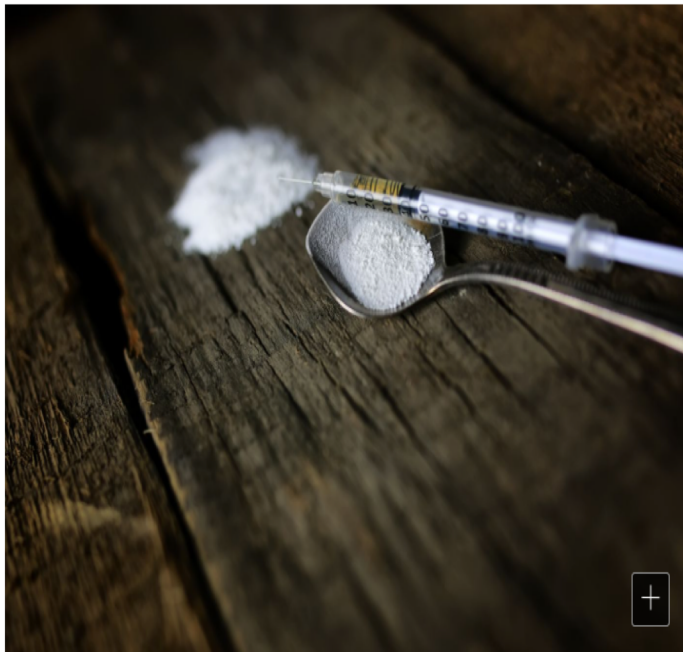


OPINION

The crystal meth crisis: Addiction in America goes beyond opioids | Opinion

Posted: September 7, 2018 - 3:47 PM

Perry N. Halkitis, For the Inquirer



ISTOCKPHOTO

I struggle with opioids - not the addiction, but rather America's reaction to this addiction. I

Ad closed by Google

Report this ad

Why this ad? ▶

Despite very clear statistics pointing to the challenges created by methamphetamine addiction, the drug is not in the national dialogue in the manner that heroin and other opioids are. And the reason for that is simple: The infiltration of opioid addiction into suburban, white, middle-class America – the mainstream America – creates a panic in these communities of privilege and power. Meth, on the other hand, lodges itself in more marginalized populations including the rural poor and urban and minority communities. Meth's chokehold on these communities proliferates cycles of disenfranchisement, poverty, and health issues on an already burdened population.

Research, much of it my own, has documented the impacts of meth on the gay population certainly of little interest to many Americans who hope to "pray gay away." Most recently, our own studies have shown the proliferation of meth into the black gay population, often poor and too often living with HIV. If America doesn't care about gay men, I assure you its racism and adoration of wealth make little time for poor, black, HIV-positive gay men.



While America wages war on opioids, meth makes its comeback

By [Drew Kann](#), CNN

Updated 11:35 AM ET, Wed September 26, 2018



For More Information



DrPNHalkitis
CHIBPS



perryhalkitis.com
chibps.org
sph.rutgers.edu

