

I've been working exclusively on gay meth use for 10 years now. But my experience with gay substance use really goes all the way back to high school musicals. Who knew those innocent joints and bootlegged six-packs with the tenor section would ultimately bring us all together here to talk about speed and 24-hour erections? Who would have seen it coming?

Since then, I have proudly worn my fag hag sash, walking with one foot in my hetero world and one foot in your homo world. And this gives me a good vantage point from which to observe what's happening in the gay community. It won't take you long to tell that I have a big bug up my butt about what's happening with this gay meth issue. Not with the fact that gay men are using it, but rather with how we are responding to it. My goal tonight is to have us step back a bit to get a better handle on what's really going on. First by looking at the drug and the guys using it, then by turning the lens on ourselves.

About the drug

To start off, I'd like to take a few minutes to dispel some shamelessly wrong information that's getting spread around about crystal meth. The media is full of sensationalism about this drug and over and over again spews out information that is often anecdotal, unsupported by facts, and at odds with existing data. I don't expect every journalist to be a public health expert, addictions researcher, or epidemiologist, but I do expect them to actually *think* about what they're saying. Take this for example:

Meth is the most addictive drug out there.

It is not. The most addictive drug is the one you are addicted to. Why is it that I have absolutely no interest in doing a line of coke, but if you put a plate of brownies in front of me I'd kill like a panther to get at them? You simply can not say that everyone will have exactly the same experience with a drug. It oversimplifies the complex nature of addiction. There is no empirical support for single use dependency with any drug, so the "one hit and you're hooked" theory is completely false. Guys might FEEL like that, but feeling utterly overwhelmed and knocked off your feet by a drug does not mean you are addicted to it or have become dependent upon it. It takes a little more than one weekend of partying to get there.

Do you know who loves and benefits from all this negative and exaggerated press? Cocaine dealers. Meth has become so demonized that guys are simply going to the next best thing. We seem to have forgotten our *Less Than Zero* days and are blindly embracing coke as we did low-carb diets. We are definitely seeing this trend on the west coast. In Seattle, you could do a line in the bathroom at any gay bar and nobody would notice. Pull out a cigarette and people would look at you like you just pulled out a gun. The dissonance is amazing.

Myth #2 Meth users fail treatment.

No. It's more likely that treatment programs are failing to provide adequate treatment. When you look at treatment success indicators like retention, program completion, recidivism, abstinence sustained after discharge, employment, etc, meth folks do just as well as all the other folks. Just like I said before, the hardest drug to quit is the one you are addicted to. Guys have to know they are not hopeless cases. I'm not saying that recovery is easy. I'm saying that it is absolutely, without a doubt possible.

Myth #3 Meth is the worst drug problem to ever hit the gay community.

Do you know which substance sends more gay men to drug treatment than any other? Yes, alcohol. Alcohol is the #1 drug of abuse among admits in treatment centers gay and straight. Always has been, and probably always will be. Alcohol dependence affects far more people than meth. Physical damage from chronic alcohol use is just as serious, and in many cases even MORE serious and permanent, than meth. More of your tax money is spent on responding to public health and safety consequences of alcohol than meth. Things like detox, drug treatment, DUI arrests and prosecutions, sales regulations, liver disease, multi-drug overdose which almost always involves alcohol, car accidents, property damage from accidents, you get the idea here.

Our gay community is swimming in problematic alcohol use, and the reasons are fairly obvious. It really becomes obvious when we see ads like a rainbow Absolute bottle and The Bud Light logo wrapped in a rainbow swirl. Beer and liquor companies are making lots of profit marketing their wares directly to gays and lesbians. And we love it. We love the money they give us to sponsor AIDS fundraisers and beer gardens at Pride.

This week I did a search of gay pride websites of the 20 largest cities across the country. The list included:

NY	Dallas	Austin
LA	Detroit	Memphis
Chicago	Indianapolis	Baltimore
Houston	Salt Lake City	Seattle
Philly	Denver	Charlotte
San Antonio	San Fran	Boston
San Diego	Columbus	

Out of 20 Gay Prides, how many had Bud Light or Miller as a “proud corporate sponsor?” 18
Out of 20 Gay Prides, how many had Stoli, Skyy, Smirnoff or Absolute as a “proud corporate sponsor?” 14
How many had both? *Over half-12*. How many of these sites had a corporate alcohol logo featured prominently on their homepage? *One-third 6*.

It’s no wonder that while we’re marching we don’t chant, “*We’re here. We’re Queer. We’ve got cirrhosis.*” Sort of bites the hand that feeds us, right? So it’s OK to spend Pride weekend getting smashed on cheap beer and Cosmos as long as we’re not snorting crystal.

While you’re savoring our hypocrisy with alcohol, let’s not forget our dear friend poppers. You guys have a death grip on those little bottles like a steel trap. And they are just as commonly associated with sexual risk behavior and seroconversion as crystal is. Read your research literature, folks, it’s all there. And again, more guys use poppers than meth. On average, about 10% of gay men have used crystal in the past year. It’s 2-4 times that with poppers. Take one look at Craigslist and you’ll see ads all over that say “no PNP. Poppers OK.”

Is this really OK? Is it really OK that guys feel like they can’t have the sex they want without inhaling chemicals? I realize that no one is losing a job to poppers addiction, but plenty are getting HIV. Is this really OK?

So if you're on a mission to rid the gay community of meth, you better also be prepared to start crowbar-ing guys out of bars, stop accepting Miller Light sponsorship of gay pride, stop letting Absolute financially prop up your local gay newspaper, and start a campaign to eliminate the sale of poppers in sex clubs. Are you all ready to do that? Makes you want to have a drink just thinking about it, doesn't it?

I've got one more word on rampant gay drug use and then I'll move on...Viagra.

Despite what our hysterical Chicken Little media tells us, only about 10% have used in the last year. Out of ten guys, we can assume that 2-3 used it only once and said that's it. Another 2-3 probably only used it anywhere from 2 to 6 times without any problems in their lives. That leaves about 4-6 men who we might call "regular users," of whom half, about 2-3 guys, use meth problematically or have significant dependency. So the media has it right for about 2-3% of the gay community.

So what does this mean? On a *population* level, this is not huge, folks. It is not an epidemic, catastrophe, tidal wave, apocalypse or any other hyperbole that predicts the collapse of the gay world. You all survived that dreadful whistles-on-the-dance-floor era; you will make it through this.

Am I saying this is something we should just ignore? Of course not. I just don't want you to hit irrational, nonsensical *panic*. And I don't want you to respond robotically and simply parrot the responses of other cities. More about this later.

This isn't also to say that meth isn't a big deal to those 4 to 6 men who are using it regularly. Crystal may not be having an extensive, widespread impact across the population, but it has the potential to be acutely devastating to those few guys who get sucked in.

About men who use

So how *do* guys get sucked in? How does addiction really develop? It doesn't happen overnight, and it doesn't happen only to guys who don't have their shit together. It happens more like this.

You probably get your first bump from a sexual partner. You've heard of crystal, know about its magical powers and are seduced by this reputation and the hot, hard body in front of you. Nothing derails judgment faster than curiosity with a hard-on. It's powerful to have a need! You try it, find it to be the singularly most erotic, sensual, mind-blowing sexual euphoria you have ever felt. It's like having sex with God, according to one of my former clients.

So it's only natural to maybe, perhaps, want to have sex with God again the next weekend. Last weekend was so incredible and the crash wasn't so bad, so you can easily score a bump on Thursday, get high and have great sex through Saturday, crash on Sunday and be back to work on Monday. It's all under control.

Another weekend arrives and you find yourself wanting to have sex again, and that of course, means having it on speed. It seems like it's you who's making the choice to want sex, but what you don't recognize is the early stages of craving-reward and the lines between wanting sex and

wanting speed becoming blurred. You think you're in control, but clearly your brain's chemical patterns are already being reprogrammed.

Also by now you've clearly discovered that although crystal may be causing you to miss a day of work here or there, you've lost some weight and look great! And you love feeling confident, experimenting sexually, and rebelling against stifling sexual rules. Ahhh...the freedom! And your house gets cleaned! You just need to remember to drink more water next time you're high.

So here you are in the early phase of crystal use. You use it occasionally and enjoy it. You haven't missed that much work. You haven't spent thousands of dollars you don't have. You haven't had unsafe sex. How are you going to respond to a group of people telling you that meth=death when clearly you know that it doesn't because you are still alive and, in fact, still have all of your teeth?

At this point, you are facing two roads. You can be one of those men who can use crystal fairly regularly and keep his life and body in some sense of order. Your life and health aren't perfect, but you don't seem to utterly succumb to crystal. Or, you're put on the other road, that of escalating dependence, paranoia and isolation, deteriorating relationships and physical health, and almost inevitable HIV infection. What decides which road you take is completely unknown to us.

That's how it happens. I'm emphasizing this point to show that no one sets out to become a drug addict. Every guy thinks he can control his use better than the other guys he sees. He keeps setting these "I'll never do this" limits which he eventually crosses and re-lowers. So while the reasons and motivations for using may be conscious for men, the process of addiction is not. Men may not FEEL addicted, but their brains sure do. Men don't willingly walk into addiction as much as they stumble into it. And we can't blame them for that. Addiction is just as much about the way the brain gets re-wired as it is about underlying motivations for using.

When we think of crystal addiction, we most often think of it like this: Good, HIV- negative Gay meets Speed. Speed makes Good, HIV-negative Gay do bad things. The now Bad Gay gets HIV. All judgment about good and bad aside, this is not the only trajectory. It denies the fact that a significant number of men start using crystal *after* they're HIV-positive. When's the last time you saw a poster or a billboard urging HIV+ guys not to start meth? It's generally about scaring HIV- men with the threat of *getting* HIV, right? So again, we see that our approach to crystal meth is far too narrow in focus.

About crystal and sex

And when we start talking about motivations, we have to start talking about sex.

Gay sex has never been "just sex". And that's too bad because without all the overlays of homophobic judgment, shame, AIDS, syphilis, being rejected, being too fat, not being hard enough, how should I time my Viagra ... sex is really a lot of fun. So in a day when gay sex requires so much *effort*, it makes sense that crystal becomes popular. Crystal meth is to gay men what birth control was to women – liberating. The Pill released us from worry about the worst, life-changing consequence of sex that could happen to us– getting pregnant when we didn't want

to. I remember having sex without the Pill and with the Pill, and let me tell you how much more fun it is now! It's just like the difference between sex with a condom and sex without. There isn't one of you who can honestly say that you like sex better with condoms. And there's no reason why we should have to hide that or apologize for it. If God had meant us to use condoms all the time, your dick would already come pre-wrapped, and you'd just she layers like a snake or something. You know, we're lazy creatures. We need things easy.

Today, all we hear about is how crystal meth is driving unprecedented rates of unprotected sex and HIV transmission. But consider this. Let's say your city sees 300 new HIV infections among gay men each year. Because we know that roughly one-third of HIV-positive men have used crystal, that means only 100 of those infections are among men with some association with crystal. That means the other 200 have some explaining to do on their own. So crystal may seem like a convenient excuse for why HIV continues and "bad gay behavior" continues, but it isn't.

Think about it. In the mid-west and on the east coast, stories about rising rates of syphilis and unprotected butt sex were creeping out long before meth took over the front pages in these parts of the country. We've been talking about this trend since 1996 and the advent of protease inhibitors and a growing population of men not dying from AIDS but instead rather living and suddenly feeling pretty damn horny. So guess what? Men had already started to opt for sex without condoms even without crystal to blame for it. So I think we have it backwards. It isn't crystal that's fueling risky sex. I think it's the desire to have free, unbridled, unashamed sex the way it was meant to be that is driving crystal use.

If you asked any guy in here why, in the era of HIV, he has sex without a condom and ask another guy why he does crystal, the answers would be the same:

-I just needed to feel free for once.

-I love my partner.

-I want to feel a connection.

-I don't feel good enough about myself to do otherwise.

And the #1 reason - *IT FEELS GOOD!* It felt so good that my judgment got hijacked.

On crystal, men seek what they wish sex could be but isn't – uncomplicated, guiltless, indulgent. Sure, for most guys, sex on meth eventually becomes a dissociated and mechanical routine, but they keep seeking anyway. Because underneath all of that carnal desire may really be a *yearning for connection*.

When I was counseling gay crystal users, the two themes that emerged from nearly every man in my office were those of isolation and perfection. Almost every man longed for more meaningful connections with other men and thought at first that crystal was the way to facilitate that. That alone in a crowded room feeling was universal. Men were sad that gay men ask each other about cock sizes with more recall than they do their names. They were angry that gay men take better care of their dildos than they do each other.

Our culture views drug use as an entirely individual behavior. That makes it easy to isolate it from the rest of the well-behaving group. It makes it easier to frame it as a matter of weak

character, moral failings, or criminality. And it makes it easier to deny that we as a community have anything to do with this. But we do. And this is a critical point:

Gay culture values the very characteristics that speed can deliver: qualities like sociability, thinness, sexual virility, the ability to get to the Kenneth Cole 30% off sale AND alphabetize your porn all in one afternoon. A lot of people explain crystal use as a cover up for the shame of being gay. I think more often it was actually a tool for guys who felt they weren't gay *enough*. These values then become part of the cultural logic that shapes drug use among gay men, and until these values change, drug use will not.

How we respond

OK-we've de-mythed the drug, deconstructed the guys who use it, now let's look at us. More specifically how we're reacting to this issue.

Our first gestalt reaction is to demonize the drug so much we will scare guys away from using it. But there are 2 major problems with this. First, this "danger-based" rhetoric fails to understand the core psychology of guys who pick up stimulants. These are not risk-adverse guys. They *like* trying new, edgy, somewhat rebellious things that bring thrill and arouse sensations. If you weren't that kind of person, you wouldn't even want to try something like crystal. I consider myself a pretty zippy jaywalker, but that's as racy as I get. I'm not attracted to stimulants. The more you promote the risks, the more attractive it becomes to the very guys most likely to pick it up and lose control with it. In the world of drug prevention, this dynamic actually has a name – the "boomerang effect." Ads that portray meth as a monster or some evil lurking in our neighborhoods reach only the low-hanging fruit.

The second problem is that we can't characterize a drug as evil without also characterizing its users as evil. We don't separate people from their behaviors very well. We try to "hate the sin but love the sinner," but we can't really do that. The extent to which we stigmatize crystal is the degree to which we stigmatize men who use it.

Let's take for example, the ad campaign from San Francisco "Crystal Mess." One poster depicts a young man sweating, panicked, and tired with the words "Crystal Mess" right above his head. You can not possibly look at that poster and not connect the word "mess" with this man. It screams "this guy is fucked up! HE's the fucking mess." I know that isn't what the designers intended, but that's what happens. Every meth user I know who saw that ad felt utterly condemned as a human being. They felt deeply hurt that this is how the community sees them. It was enough that they often felt that way about themselves already. They didn't need that kind of hatred from their own community.

Now think of that same poster but with a picture of gay man with KS lesions and the words "HIV Mess." You couldn't do it. You'd be strung up. People would be outraged that you're making guys feel bad that they have HIV. But it's OK to make guys struggling with addiction feel bad. It's the double standard that says your pot-smoking, promiscuous, bare-backing boyfriend is cool as long as he's not doing speed.

Why would I want to tell you I use crystal and need help if I thought you regarded me as trash to be made fun of? If I already felt shame and hopelessness about my use, now I have even more reason to say fuck it and just get high. My own tribe doesn't even give a shit about me!

Segments of the gay community can be just as moralistic, harsh, and judgmental as any other community when it comes to drugs. I look out at what's happening in cities across the country and it's like the gay community eating its own. There are plenty of people who will judge and condemn gay men without gay men themselves helping out.

Inevitably, the men who get most fired up about taking a softer, kinder approach are men in recovery who personally experienced a hell unlike none other in their lives and who feel, quite understandably, that any approach short of all out war on this drug is coddling and/or dangerously negligent. And so begins the rifting between two camps: those who advocate for harm reduction and those who advocate for abstinence as the way out of this mess. But this divide is artificial. There really isn't much difference between them, except for this surface rhetoric. There's plenty of harm reduction philosophy in the cliché aphorisms of 12-step. "Keep coming back - it works." "Progress, not perfection." "One day at a time." These all imply that people don't immediately jump from using to abstinence and then stay there. The very name "12-step" itself suggests that changing drug use behavior is an incremental, long-term process. In 12-step meetings, everyone is valued and welcomed no matter how many times they've tried and failed.

And every single one of us who's ever worked a needle exchange shares the deepest wish that no one be using this crap. We'd love it if we suddenly didn't have jobs. We want abstinence for everyone just as much as the 12-step folks do. In fact, we all -12 step and harm reductionists – want the same thing. We want people to be healthy, happy and loved. Luckily, there's enough room on the squad for all of us.

What should we do about this?

When another "crisis" or "epidemic" hits the gay community, either of two 2 things usually happens:

#1 We dissect gay men again and again and spend countless blogs and research abstracts explaining all of the psychological, historical, political, and sociological reasons why gay men aren't perfect. This operates from a place that says gay men are inherently messed up and if we could just figure out why, we could fix them – or at least rationalize their behavior.

Or #2 - we panic. When some researcher or well-meaning public health type like me points out that a new "bad behavior" is on the loose (like barebacking or crystal...or fauxhawks for God's sake) we quickly label this a "crisis," "epidemic," or at the very least a "disturbing trend" or some word that suggests everything was just peachy keen and perfect until THIS started to happen.

So I ask, "why can't our default be one of wellness rather than disease or dysfunction? Can we accept the sick or struggling or nonconformists in our midst without the concept of a crisis? I'm weary of seeing the gay community navel-gaze at its pathologies. Before we start talking about

what we should do about this meth problem, we have to challenge our thinking about who we think gay men are. If we think gay men are pools of deficits, then crystal seems perfectly logical and weaning gay men off of it seems hopeless. On the other hand, if we think gay men have to maintain this squeaky-clean image, especially in this political era, then anyone who picks up a meth pipe becomes a deviant who's giving the rest of us fags a bad name and he should be shunned back into his filthy porn den.

I would be thrilled if I heard just one newspaper or prevention program say, "The majority of gay men don't use drugs. The majority of gay men doesn't have HIV and are damn careful about sexual risk. Most gay men aren't broken or reckless or irresponsible. They go to work, shop for groceries, and value love like everyone else." Because it's true. You know, guys, in reality, you're really just as boring as the rest of us. Better dressed yes, but your lives are just as deliciously uneventful. And we never hear that about gay men.

Eric Rofes called for a mindset, a new dharma with three core, guiding beliefs:

1. Gay men individually and collectively are healthy, reasonable, and successful at creating meaningful lives.
2. Gay men have more assets and strengths than they do deficits that help the community thrive.
3. All gay men have a baseline interest in and commitment to self-care and we will not separate ourselves from those whose baselines are lower than ours.

If this is how you fundamentally view the gay world, then it becomes easy to resist the urge to stigmatize this drug under the guise of "raising community awareness." Gay history has been built upon the principles of acceptance, creativity, resiliency, and humanity. Why do we abandon these principles when it comes to gay men who use drugs?

The elephant in the room here is how great crystal feels. But we don't dare mention that. It's as if all the men who have survived this drug have taken a vow of silence about what was great about crystal. Or if they do recount any glory they immediately must bookend it with a horror. We might get closer towards the solution if we end this silence on the enjoyment on crystal. It seems that if pleasure and thrill are part of the attraction, then we should be talking about that. Because if we did, the conversation would really stop being about crystal, wouldn't it? It would be about what gay men are really yearning for –not getting high or getting fucked, but loving and feeling loved. And when you start talking about *that*, crystal starts to seem pointless. And that's how we want men to view this drug.

But it's becoming more difficult to honestly talk about drug and alcohol abuse. Alcoholics and drug addicts don't feature into the contemporary portrait of a gay man who is married, vacations in Tuscany and Puerto Vallarta, takes his dog to doggy daycare, adopts 2 children, and still has time to nursemaid the dating woes of his straight gal friends and selflessly offer male co-workers advice on grooming products. Addicted fags make the rest of us look bad.

Unfortunately, our discomfort with the topic, on whatever basis, unintentionally reinforces the acceptability of drug use. The silence only serves to substantiate and support the norm that gay

men like to get high and fuck. That's just what they do. And I don't think that's acceptable. And clearly you don't either or you wouldn't be here tonight.

The most powerful antidote we have is gay men talking to gay men. Not posters talking to gay men. Gay men talking to gay men. And their doctors talking to gay men. And their women friends talking to gay men. You know women are the real saviors and nurturers out there. We covered your sorry asses at prom, and we're still looking out for you!

Here's another part of the solution. Ask men who are using crystal right now what **THEY** think. Because we discount them as functioning, contributing beings, we discount their insight into their own experience. There is valuable, self-aware, and observant wisdom out there that should be tapped into. If you're creating a poster campaign and ask meth users what they think only *after* you've come up with a first design, you've already blown it. These guys can play an active, creative and meaningful role in finding solutions.

You have to psych yourself up for a long, sustained effort here. Prevention is a process, not an event. It's crystal today. Tomorrow it will be something else. Think about what you'll be doing this year, next year, and the year after that. You can't just stop at one poster campaign.

But before any of that, take a time out. Get away from all the marketing, messaging and crisis talk. Breathe. Talk with each other. Listen. Use this opportunity to do something different. Be boldly compassionate.

If your best friend or the man you loved got caught up in crystal and needed your help, what would you do? To what length would you go to help this precious person in your life? Now do exactly that for *every* man in your community and you've got this meth problem licked. Thank you.