

Jay Dagenhart became infected with HIV while addicted to meth. His addiction also led him to "losing just about every job that I had during my addiction, being gay-bashed, having a gun pulled on me, declaring bankruptcy and finally becoming homeless—all because of my crystal meth addiction."

His was the most riveting presentation heard at a session on crystal methamphetamine March 14 during the spring meeting of the National Coalition for LGBT Health in Washington, D.C.

Dagenhart and a group of other recovering addicts formed the Philadelphia Crystal Meth Task Force (www.meth2death.org). "We are tired of pushing this under the rug and not discussing it, so we are going to talk about it in very bold ways, to change the conversation," he said.

The goal of the task force—based on a model developed in New York City—is to change community values so that using crystal and having unprotected sex or being up all night dancing is seen as inappropriate behavior. "We are saying, 'Do you realize how addictive this is?'" Dagenhart said.

He recently went to a bathhouse in Philadelphia. When he disclosed his HIV status to men there, the first five turned and walked away. "The only person who was willing to have sex with me was the crystal meth addict," Dagenhart said.

"This is no mystery. The drug dealers in our community are setting up shop in bathhouses. They check into a room, they bring their supply, and they can feed their sexual addiction, which stems from their crystal meth addiction.

"They can sell large quantities of the drug

GRAPPLING WITH CRYSTAL METH

National Coalition for LGBT Health addresses addiction

by Bob Roehr

without fear of getting caught, because who from the [Drug Enforcement Administration] or police are going to come into the bathhouse—walk around in a towel with the fear of playing grab ass—and crack down on the drug problem within our community?"

THE SCOPE

Some 15 percent of gay men had used meth during their most recent sexual encounter, third only to alcohol and marijuana, according to a 2004 survey in San Francisco. Gordon Mansergh, a researcher with the Centers for Disease Control and Prevention, summarized some of the key findings at two-day CDC meeting on gay men and crystal meth use in mid-January.

Meth users in San Francisco were "1.7 times more likely to test positive for gonorrhea, nearly two times more likely to have chlamydia and nearly five times more likely to have syphilis." In New York City, HIV-positive men were nearly three times more likely to report meth use during their most recent anal sex encounter.

"One of the recommendations coming out of the conference in January is that we don't focus exclusively on meth, that we focus on all sub-



Recovering addict Jay Dagenhart formed the Philadelphia Crystal Meth Task Force to combat meth use in the queer community.

stance abuse, because of the issue of somebody moving to another substance," Mansergh said. That report will be released shortly.

"I think the risks around alcohol abuse are better known. I wonder how many young gay men may get in over their heads before they realize what their risks are with meth," said David Haltiwanger of the Chase-Brexton Clinic in Baltimore. "Part of what we need to do is rebrand crystal meth so that it is not considered

not just another innocent party drug, but a much more dangerous drug. There are casual drug users who would never touch heroin; it has a brand that they are not going to go near."

Part of the solution is to "move crystal across that line so that people don't think of it as something that you can casually pick up and put down."

"How come, when you interview straight men, they don't put enhancing sex as one of the top reasons for using meth?" asked Barbara Warren of the New York City LGBT Center. "I think that has got less to do with whether or not they use it for sex and a heck of a lot more with the cultural and political context that gay men live in vs. straight men. I think that the reason that this behavior is still such a challenge to gay and bisexual men is linked to the absolute hostility and demonization of gay sexuality in our society. Using a drug like this and engaging in these kinds of behaviors is a way to kind of forget that."

Treatment specialist Phil McCabe noted that many people continue to use meth as a self-medication for depression and that one of the physical symptoms of stopping meth use is long-term depression as the body recovers. He does not believe the community is prepared to deal with that. While the focus today is on prevention, "we have to balance that with treatment" to help people stop using meth. □

A transcript and Web cast of the 75-minute session are available from the KAISER FAMILY FOUNDATION at www.kaisernet.org/health_cast.

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