NYAC
New York AIDS Coalition

231 West 29th Street, Suite 1002
New York, New York 10001
(212) 629-3075 (Voice/TTY)
(212) 629-8403 (Fax)

Joe Pressley, Executive Director

POSITION PAPER:

THE CRYSTAL METHAMPHETAMINE EPIDEMIC AND ITS IMPACT ON HIV/AIDS PREVENTION AND TREATMENT

What is Methamphetamine?

Methamphetamine (also known as "crystal meth", "Tina", crank, chalk, ice, quartz, and "redneck cocaine") is a rocky substance made by combining over-the-counter cold and asthma medicines with toxic chemicals such as anhydrous ammonia (a liquid fertilizer), red phosphorous, iodine, drain cleaner, battery acid, lye, lantern fuel and anti-freeze[i]. It can be injected intravenously, inhaled or inserted into the rectum via a suppository. Methamphetamine is quite easy to make and can be manufactured in kitchens and makeshift labs.

What Does Crystal Meth Do To The Body?

Crystal meth, like many other club drugs, is a type of "speed" that keeps the body feeling energetic and hypersexual. People have described crystal meth as "what cocaine promises but doesn't deliver"[ii]. It is an extremely powerful aphrodisiac and a single "bump" can last up to 12 hours. Crystal meth's side effects include increased heart rate, blood pressure, and blood vessel constriction. These side effects can lead to strokes, heart attacks and irreversible damage to blood vessels. Injecting methamphetamine can also lead to pericarditis, a possibly deadly bacterial infection of the heart caused by using unsanitary needles[iii]. Use of crystal meth can also over-excite the central nervous system and cause temporary depletion of neurotransmitters[iv] and lead to paranoia, high anxiety, psychotic episodes, and Parkinson's-like symptoms.

Who is Using Crystal Meth?

Crystal meth has become increasingly popular in club culture. It is one of the most popular party drugs among men who have sex with men (MSM) in New York[v]. Community-based organizations on the frontlines of HIV prevention efforts have reported crystal meth use not only among men who have sex with men, but among women, people of color and straight youth. Unfortunately, there is not enough data available to know for certain the extent of the drug's pervasiveness in these communities, or its presence among other populations.

The Connection Between HIV/AIDS and Crystal Meth

Because of the heightened sex drive and feelings of invincibility that crystal meth causes in users, the potential for unprotected sex, and HIV infection, increases dramatically. One of the ironic side effects of crystal meth is that while it increases libido, it also causes impotence, leading many men to either become "bottoms" in anal sex acts, or use impotency drugs like Viagra to obtain an erection while high. One recent study indicates that MSM in

New York City and who use crystal meth are 2.9 times more likely to contract HIV through receptive anal intercourse than men who have sex with men who do not use the drug[vi].

For people who are HIV-positive and are on medications, the effects of crystal meth are particularly dangerous. Many HIV medications cause the body to absorb crystal meth two to three times faster than in someone not taking HIV medications[vii]. This leads to increased use of crystal meth in order to maintain a high. Use of crystal meth also causes disruptions in medication-taking schedules, either because people forget to take them while on a "meth high," or because they know of the dulling effect of HIV medications on the meth high. This interruption of the medication schedule also leads to increased resistance to HIV drugs and limits treatment options. Some studies also have shown an increased viral load count in the central nervous system among people who use crystal meth[viii].

Recommendations

New York City Department of Health and Mental Hygiene (DOHMH) officials have recently stated that methamphetamine use among MSM has fueled a "sharp increase" in the number of new syphilis cases and could lead to a "resurgence" of HIV infection[ix]. However, DOHMH does not currently track crystal meth use among people newly infected with HIV, leading to an incomplete picture of the extent of the role of crystal meth use on HIV infection statistics.

In order for community-based organizations and health officials to be able to provide effective prevention interventions to crystal meth-using populations, we must first gain a better understanding of who is using crystal meth and its prevalence among people infected with HIV. DOHMH can play a vital role in helping to measure crystal meth use among people newly identified with HIV by inserting questions in their post-test follow-up surveys around specific drug use, i.e. asking people which drugs they have used or are currently using, as well as how they are administering them (intravenously, orally, etc.). Funding must also be made available to help community-based organizations assess the prevalence and impact of crystal meth on their communities and develop specific HIV prevention interventions for crystal meth-using populations.

Additionally, treatment adherence and education programs will undoubtedly be faced with a growing number of HIV-infected individuals who are experiencing difficulty with their HIV treatment regimens due to crystal meth use. Greater emphasis must be placed on educating people about the impact of crystal meth use on adherence and drug efficacy in depressing viral loads.

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[i] Halkitis and Galatowitsch, "All That Glitters: The Ups and Downs of Methamphetamine." Body Positive, Volume XV, Number 5, October 2002.
[ii] Chernin, J. "Crystal Meth: When Using Just Isn't Fun Anymore", Positive Living, December 2000.
[iii] Halkitis and Galatowirsch, October 2002.
[iv] Chernin, December 2002.
[v] Halkitis and Galatowirsch, October 2002.
[vi] Halkitis and Galatowirsch, Long Island Newsday, March 9, 2004.
[vii] Halkitis and Galatowirsch, October 2002 and Ellis, R., Childres, M, et al, "Increased Human Immunodeficiency Virus Loads in Active Methamphetamine Users are Explained by Reduced Effectiveness of Antiretroviral Therapy", Journal of Infectious Diseases, 12.15.03; vol. 188: p. 1820-1824.
[viii] Halkitis and Galatowirsch, October 2002.
[ix] Jacobs, New York Times, January 12, 2004.