Rock Bottom – Gay Men & Meth: Facilitation Guide Overview
This guide will facilitate using the one-hour documentary “Rock Bottom” to help different audiences better understand crystal meth addiction among gay men/MSM communities, specifically the strong connection between meth use and sexual behavior, and related HIV transmission. As such this disease has an impact extending far beyond the individual. “Rock Bottom” provides an insider’s look into the use of crystal meth and the violent role it plays in the lives of a group of men in various stages of use/recovery and relapse over two-years in New York City.

The guide provides 5 modules targeting distinct audiences:
1. Public Health/CBO Executives
2. Public Health/CBO direct service providers
3. Public Health/CBO client/patient communities
4. Medical/Psychiatric Community
5. Subject-specific mini-modules for various audiences as appropriate

Each module provides a suggested structure of pre-reading via online resources, suggestions for using the film in whole or in part, and pre-screening and post-screening discussion topics designed to help audiences understand their pre-conceptions around the issues and then solidify the key learning from the film.

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The Medical/Psychiatric Module was prepared by Sudeepta Varma, MD, of the Department of Psychiatry at New York University Medical Center and Jose Vito, MD, Psychiatric Addiction Fellow at Albert Einstein College of Medicine. Steven Lee, MD, Assistant Clinical Professor of Psychiatry, Columbia University consulted on the development of the guide.

Online Resources
Meth-specific harm reduction and treatment websites:
http://www.gaymeth.org
http://www.tweaker.org
http://www.lifeormeth.com
http://www.gaycenter.org/Meth
http://crystalmeth.org/index.php
http://gmhc.org/programs/suce.html

Current research and general information on gay men, sex & substance use:
http://www.chibps.org
http://www.nyhealth.gov/diseases/aids/harm_reduction/crystalmeth/

Information on HIV/AIDS:
http://www.cdc.gov/hiv/
http://gmhc.org/health.html

Recommended Reading:
“Overcoming Crystal Meth Addiction: An Essential Guide to Getting Clean”
By Steven J. Lee, MD; Published 2006 by Marlowe and Company.
Module 1: Public Health and CBO Executives

Overview: This module is designed to help Public Health and CBO executives understand the human experience of meth addiction among gay men/msm as it relates to their programs, outreach and policies.

During this presentation/training, the audience will have a chance to explore their own experiences, ideas and attitudes about methamphetamine and the methamphetamine-using MSM population and to discuss current strategies (actual and conceptual) that they (would) use to address this public health challenge. They will view the documentary “Rock Bottom” and have an opportunity to discuss afterwards how the video confirmed or challenged their previously held beliefs and to discuss how the content they view could shape new policy.

Estimated time: Can be broken down in two ways. Suggested presentations include:

- One 3.5 hour training with:
  - 60 minute pre-viewing exercises and discussion
  - 60 minute viewing of entire film as group with 30 minutes to work on assignment
  - 60 minute post-viewing exercises and discussion
- Two 1-hour trainings consisting of:
  - 60 minute pre-viewing exercises and discussion
  - [viewing of entire film on own time either in group or other setting and completion of assignment on own]
  - 60 minute post-viewing exercises and discussion

Objectives: Participants will:

- Explore their current level of understanding and beliefs about methamphetamine, the gay community and gay men who meth, and HIV/AIDS.
- For this presentation, the focus will be on recognizing held beliefs, current practices and policy/decision-making.

Materials Needed:

- TV and VCR or DVD player
- Video or DVD of “Rock Bottom”
- Blackboard or dry eraser board
- Writing materials for students (and presenter) to take notes

Module 1 Pre-Viewing: Part 1 of 3 (Providing background)

1. Introduce the class as one that will focus on crystal methamphetamine and HIV/AIDS in the gay and bisexual male community

2. Ask students to participate in a pre-viewing discussion about their current thinking and understanding surrounding the issues they are about to explore.

- Crystal Meth: For basic information see online resources on page 1
  - What is crystal meth?
  - What does crystal meth do to the body?
  - Who uses crystal meth and why?
  - How is crystal meth made?
  - How is crystal meth taken?
  - How long does crystal meth stay in your system?
  - What is connection between meth and sex?
Module 1 Pre-Viewing: Part 1 of 3 (cont.)

- LGBT issues: For basic information about LGBT issues go to www.chibps.org
  - i. What does it mean to be gay?
  - ii. What does it mean to be MSM?
  - iii. What is the gay “community?”
  - iv. What percentage of the population is gay?
  - v. What percentage of the gay population uses drugs?
  - vi. What is “coming out”
  - vii. What is the “closet?”
  - viii. What are the health and mental health challenges faced by gay men/MSM?

  - i. What are HIV and AIDS
  - ii. What does HIV do to the body?
  - iii. How is HIV transmitted?
  - iv. How does a person know if they have HIV?
  - v. Do people die from AIDS?
  - vi. What medications are available for people with HIV?
  - vii. What are the side effects of medications for HIV/AIDS?

3. Spend time clarifying the information above making sure to include information about:
   - The history of crystal meth.
   - How crystal is used in the gay community. Discuss the transition from the poz community to more mainstream use and the role of ED drugs.
   - The effects of crystal in terms of sleep and libido
   - The increase of risk with prolonged sexual acts
   - The relationship between health and mental health challenges facing the gay community with drug use and risk taking.
   - Past examples of outreach to the meth using populations

4. Ask audience to comment on ways in which their agencies have addressed the following (as precursor to platform for viewing):
   - Drug abuse
   - Sexual risk-taking
   - The LGBT community
   - Meth users and those affected by meth

Module 1, Part 2 of 3 (The Viewing):
1. Introduce “Rock Bottom,” a documentary re: the experiences of men/MSM and use crystal. Show entire movie asking this audience to pay particular attention to the segments/clips of:
   - Peter Staley (in recovery)
   - J (early & escalating use)
   - CJ & Gio (active/heavy user)
   As well as the experts.

2. Give assignment to write up a mock policy to address the meth problem in their community. Ask participants to take the information they have learned to create this policy with stated goals and objectives.
Module 1, Part 3 of 3 (Reactions & the policy):
1. Discuss the audience’s reactions to the clips of the users. Possible questions could include:
   - Is there any clarification needed for any of the terms and/or situations in the clips?
   - Overall impressions of population and issue
   - What was CJ’s relationship with crystal and how did was it similar or different from J’s & Peter’s?
   - What role did crystal play in the sexual lives and sexual risk taking of CJ and J?
   - Do you think CJ, J and Peter will be able to stay away from using meth? What challenges will they face?
   - What support systems did CJ, J and Peter have in place for them?
   - Could they see CJ, Peter or J utilizing their current services and how?

2. Discuss the audience’s reactions to the experts. Possible questions could include:
   - Overall reactions to the expert opinions
   - Did these opinions confirm or challenge any previously held beliefs?

3. Remind audience of their initial responses to questions re: meth, LGBT community and HIV/AIDS as well as the way their agencies handle above. Ask how clips have changed their views.

4. Ask the students to share their mock policies. Examine the following points:
   - How they came to create their policy?
   - What issues did they focus on? Why?
   - How does this policy differ from their current policy/services?
   - What challenges did they face creating their policy?
   - Do they feel their policy would be effective for helping each character they saw in the video: CJ and active users; Peter and support for sobriety; J and reaching those not yet seeking treatment?
   - Do they feel their policy follows along with what the experts reported?
   - In what ways does their policy specifically address the meth/sex connection?
   - In what ways does their policy specifically address the mental health problems associated with meth use and/or being gay?

5. Have the audience share their feelings about the challenges they think they would face should they try to implement their policies.

6. Have the audience summarize what they have learned and what other information they will need to help the address the issue.
   - Provide additional information and/or referrals
Module 2: Public Health and CBO Service Providers

Overview: During this presentation/training, the audience will have a chance to explore their own experiences, ideas and attitudes about methamphetamine and the methamphetamine-using MSM population and to discuss actual and/or perceived needed interventions they are engaged in with their clientele. They will view the documentary “Rock Bottom” and have an opportunity to discuss afterwards how the video confirmed or challenged their previously held beliefs and to discuss how the content could inform their practice(s).

Estimated time: Can be broken down in two ways. Suggested presentations include:

- One 3.5 hour training with
  - 60 minute pre-viewing exercises and discussion
  - 60 minute viewing of film in its entirety as group with 30 minutes to work on assignment
  - 60 minute post-viewing exercises and discussion

- Two 1-hour trainings consisting of:
  - 60 minute pre-viewing exercises and discussion
  - [viewing of film in its entirety on own time either in group or other setting and completion of assignment on own]
  - 60 minute post-viewing exercises and discussion

Objectives: Participants will:

- Explore their current level of understanding and beliefs about methamphetamine and MSM who use meth
- For this presentation, the focus will be on examining current interventions and the need for changes or additional services for this population.

Materials:
- TV and VCR or DVD player
- Video or DVD of “Rock Bottom”
- Blackboard or dry eraser board
- Writing materials for students (and presenter) to take notes

Mode 2 Pre-Viewing, Part 1 of 3 (Providing background):

1. Introduce the class as one that will focus on crystal methamphetamine and HIV/AIDS in the gay and bisexual male community

2. Ask group to participate in a pre-viewing discussion about their current thinking and understanding surrounding the issues they are about to explore.

     - i. What is crystal meth?
     - ii. What does crystal meth do to the body?
     - iii. Who uses crystal meth and why?
     - iv. How is crystal meth made?
     - v. How is crystal meth taken?
     - vi. How long does crystal meth stay in your system?
     - vii. What is connection between meth and sex?
Mode 2 Pre-Viewing, Part 1 of 3 (cont.):

- LGBT issues: For basic information about LGBT issues go to [www.chibps.org](http://www.chibps.org)
  1. What does it mean to be gay?
  2. What does it mean to be MSM?
  3. What is the gay “community?”
  4. What percentage of the population is gay?
  5. What percentage of the gay population uses drugs?
  6. What is “coming out”
  7. What is the “closet?”
  8. What are the health and mental health challenges faced by the gay community?

  1. What are HIV and AIDS
  2. What does HIV do to the body?
  3. How is HIV transmitted?
  4. How does a person know if they have HIV?
  5. Do people die from AIDS?
  6. What medications are available for people with HIV?
  7. What are the side effects of medications for HIV/AIDS?

3. Spend time clarifying the information above making sure to include information about:
   - The history of crystal meth.
   - How crystal is used in the gay community. Discuss the transition from the poz community, to more mainstream use and the role of ED drugs.
   - The effects of crystal in terms of sleep and libido
   - The increase of risk with prolonged sexual acts
   - The relationship between health and mental health challenges facing the gay community with drug use and risk taking.
   - The current strengths and weaknesses of the treatments available for meth and MSM who use meth

4. Ask audience to comment on ways in which they and/or their agencies have provided direct services to the following populations:
   - Substance abusers
   - Sexual risk-takers
   - The LGBT community
   - MSM who use crystal meth
Module 2, Part 2 of 3 (The Viewing):
1. Introduce “Rock Bottom,” a documentary re: the experiences of men who have sex with men and use crystal. Show entire movie asking this audience to pay particular attention to the segments/ clips of:
   • Raymond (sex/meth)
   • Scott (sex/meth and meth/isolation)
   • Eric (meth and relapse, meth and family/social issues)
   As well as the experts Perry, Christopher & Steven.
2. Give assignment to write up a mock treatment plans for Raymond, Scott and Eric. Ask participants to note what they would currently do in their agencies when working with this client as well as what they would ideally like to do (if different than current practice).

Module 2, Part 3 of 3 (Reactions and the treatment plan):
1. Discuss the audience’s reactions to the stories of the users. Possible questions could include:
   • Is there any clarification needed for any of the terms and/or situations in the clips? (see www.chibps.org)
   • Overall impressions of population and issue
   • What were some of the clinical commonalities between the characters? What were some differences?
   • How did sex play a role in the use of Raymond and Scott?
   • What was it like to watch Eric interact with his family and talk about his father?
2. Discuss the audience’s reactions to the experts. Possible questions could include:
   • Overall reactions to the expert opinions
   • Did these opinions confirm or challenge any previously held beliefs?
3. Remind audience of their initial responses to questions re: meth, LGBT community and HIV/AIDS as well as the way their agencies handle above. Ask how film may have changed their views.
4. Ask the group to share their 3 treatment plans. Examine the following points:
   • How they came to create their plans?
   • What issues did they focus on?
   • Why?
   • Were there any differences between their current practices and what they would ideally like to do to clinically address the issue?
   • What challenges did they face creating their treatment plans?
   • Do they feel their treatment plan follows along with what the experts reported?
   • In what ways does their treatment plan specifically address the meth/sex connection?
   • In what ways does their treatment plan specifically address the mental health problems associated with meth use and/or being gay?
5. Have the audience share their feelings about the challenges they think they would face should they try to implement their treatment plans.
6. Have the audience summarize what they have learned and what other information they will need to help address the issue.
   • Provide additional information and/or referrals
Module 3: Client/Patient Communities

Overview: During this presentation/training, the audience will have a chance to explore their own experiences, ideas and attitudes about methamphetamine and the methamphetamine-using MSM population and to discuss the ways meth has impacted their own lives and/or the lives of those around them. They will view the documentary “Rock Bottom” and have an opportunity to discuss afterwards the ways in which the video held true for their own experiences and how seeing the film might effect their next steps in handling their own recovery or the recovery of those around them.

Note: Viewing the entire film is not recommended for those in recovery with less than one year of clean time as the film may trigger relapse. For more those in early stages of recovery we recommend building discussions around scenes of recovery such as Eric’s final scene with his family.

Estimated time: 3.5 hours. This module can be completed in one session or broken down into consecutive sessions. Because of the potential for strong emotional reactions to the film, we do not recommend having clients/patients in recovery view the film on their own. Sessions break-down as follows:

- 60 minute pre-viewing exercises and discussion
- 60 minute viewing of film in its entirety as group with 30 minutes to work on assignment
- 60 minute post-viewing exercises and discussion

Objectives: Participants will:

- Explore their current level of understanding and beliefs about methamphetamine and MSM who use meth
- For this presentation, the focus will be on examining the ways meth has affected the lives of the audience members and how the film can be used to help them in their journey.

Materials:
- TV and VCR or DVD player
- Video or DVD of “Rock Bottom”
- Blackboard or dry eraser board
- Internet access (or printed hand-outs)
- Writing materials for students (and presenter) to take notes
- Possible incentives for participation (e.g., travel reimbursement, food)

Module 3 Pre-Viewing: Part 1 of 3 (Providing background):

1. As this audience may share personal information about their experiences using drugs and engaging in risky sexual behaviors, make sure to address issues of confidentiality.

2. Ask students to participate in a pre-viewing discussion about their current thinking and understanding surrounding the issues they are about to explore. If online access is not available in the classroom, we suggest creating printed hand-outs from the websites.
Module 3 Pre-Viewing: Part 1 of 3 (cont):

  i. What is crystal meth?
  ii. What does crystal meth do to the body?
  iii. Who uses crystal meth and why?
  iv. How is crystal meth made?
  v. How is crystal meth taken?
  vi. How long does crystal meth stay in your system?
  vii. What is connection between meth and sex?

- LGBT issues: For basic information about LGBT issues go to www.chibps.org
  i. What does it mean to be gay?
  ii. What does it mean to be MSM?
  iii. What is the gay “community?”
  iv. What percentage of the population is gay?
  v. What percentage of the gay population uses drugs?
  vi. What is “coming out”
  vii. What is the “closet?”
  viii. What are the health and mental health challenges faced gay men/MSM?

  i. What are HIV and AIDS
  ii. What does HIV do to the body?
  iii. How is HIV transmitted?
  iv. How does a person know if they have HIV?
  v. Do people die from AIDS?
  vi. What medications are available for people with HIV?
  vii. What are the side effects of medications for HIV/AIDS?

3. Spend time clarifying the information above (and allowing the participants to share their own stories and experiences to a degree) making sure to include information about:
   - The history of crystal meth.
   - How crystal is used in the gay community. Discuss the transition from the poz community, to more mainstream use and the role of ED drugs.
   - The effects of crystal in terms of sleep and libido
   - The increase of risk with prolonged sexual acts
   - The relationship between health and mental health challenges facing the gay community with drug use and risk taking.
   - The current strengths and weaknesses of the treatments available for meth and MSM who use meth

4. Ask audience to comment on ways in which they have personal experience receiving services for any of the following:
   - Substance abuse
   - Sexual risk-taking
   - The LGBT community issues
   - Crystal meth
Module 3, Part 2 of 3 (The Viewing):
1. Introduce “Rock Bottom,” a documentary re: the experiences of men who have sex with men and use crystal. Show entire movie asking this audience to pay particular attention to (and to note) the segments/clips that personally affect them and why.

As well as to the information given by:
   - Perry (Research expert)
   - Chris (Social worker/mental health expert)
   - Steven (Medical expert)

2. Give assignment to summarize:
   - What they agreed with and why
   - What they disagreed with and why

Module 3, Part 3 of 3 (How the Content Speaks to Me):
1. Discuss the audience’s reactions to the clips of the users. Possible questions could include:
   - Is there any clarification needed for any of the terms and/or situations in the clips? (see www.chibps.org)
   - Overall impressions of population and issue
   - What were some of the commonalities between the characters and their own struggles? What were some differences?
   - Were they able to see the ways in which sex played a role in the way meth was used?
   - What was it like to watch Eric interact with his family and talk about his father?
   - What was it like to watch the bareback sex between CJ and Gio? And to hear about Gio’s death?
   - What other issues were these men dealing with beside crystal use? Do those issues hold true for them as well?

2. Discuss the audience’s reactions to the clips of the experts. Possible questions could include:
   - Overall reactions to the expert opinions
   - Do they agree or disagree with what was said?

3. Remind audience of their initial responses to questions re: meth, LGBT community and HIV/AIDS as well as the way their agencies handle above. Ask how clips have changed their views.

4. Have the audience summarize what they have learned and what other information they will need to help address the issue.
   - Provide additional information and/or referrals
Module 4: Medical/Psychiatric Community

[This module presumes the audience has already had basic medical school training in addiction].

Estimated time 3 x 1 hr modules
Suggested Module Structure:

Part 1: Presenting the Module, Assigning pre-reading
  o 5-10 minute presentation of module and assignment of pre-reading (print/online)
  o 30--60 minute pre-viewing online research/reading (dependent on students existing knowledge of subject matter)

Part 2: Viewing of Film
  o 5 minute pre-viewing addiction refresher/set-up of film
  o 60 minute viewing of film in its entirety as group

Part 3: Discussion and Conclusions
  o 30-60 minute post-viewing facilitated discussion
  o 5-10 minute concluding remarks

Objectives
Through viewing the film, online research and discussion, participants will:

• Explore their current level of understanding about methamphetamine, the gay community and gay men who use meth, and HIV/AIDS.
• Conceptualize the bio-psychosocial model of addiction specific to gay men/msm and meth
• Understand and verbalize specific crystal meth related info including:
  1. What is crystal meth?
  2. Pharmacology
  3. Side effects
  4. Routes of Administration
  5. Typical use patterns among MSM.
• Understand the role Crystal Meth plays in the lives of some gay men/MSMs and how it ties into the sexual experience
• Visualize the impact this particular addiction has on the individual in all aspects of life. As the name of this documentary implies, there are severe consequences of use-medical health, mental health, family life, work performance, and cost to society.
• Be able to recognize a patient who is presenting to the hospital in an acute intoxication or withdrawal state.
• Understand and share (with colleagues and patients) short and long-term consequences of crystal use using the biopsychosocial model.
• Suggest management of the patient both medically and psycho-socially.
• Access treatment resources including web links, phone numbers of various clinics and hotlines, and books for further recommended reading

Materials Needed:
• TV and VCR or DVD player
• Video or DVD of “Rock Bottom”
• Blackboard or dry eraser board
• Writing materials for students (and presenter) to take notes
**Module 4 Pre-Viewing Assignment: Part 1 of 3 (Providing background)**

1. Introduce the module as one that will focus on crystal methamphetamine addiction and related HIV/AIDS issues in the gay and bisexual male community (MSM).

2. Provide quick addiction refresher and assign online research/reading to provide students with general overview of meth addiction among gay men/msm community. Suggest that students navigate the website based on their existing level of knowledge of gay male sexuality, drug use and HIV.


**Module 4 Film Viewing Session: Part 2 of 3 (set-up and viewing of film)**

1. Spend time clarifying the information from the pre-viewing assignment making sure to include information about:
   - Slang terms (see www.chibps.org)
   - How crystal is used in the broader gay male/MSM community, PNP community, and the role of the internet and ED drugs.
   - The effects of crystal in terms of sleep and libido
   - The increase of risk with prolonged sexual acts
   - The relationship between health and mental health challenges facing the gay community with drug use and risk taking.

2. Introduce the film. Remind audience that the film portrays the real-lives of a group of gay men in New York City struggling with meth addiction and recovery over a two-year period.

3. Watch the entire film.

**Module 4, Part 3 of 3 (Post-Viewing Discussion):**

1. Discuss the audience’s general reactions to the film. Answer specific questions/issues that need clarification.

2. Some Suggested Topics for discussion are:

   Overall impressions of population and issues presented:
   - What are the vulnerabilities and risk factors that put people more at risk for meth addiction?
   - Which character’s stories illustrate that best?

   How difficult is it to quit?
   - What was CJ’s relationship with crystal and how did was it similar or different from J’s & Peter’s?
   - Do you think CJ, Raymond and Eric will be able to stay away from using meth? What challenges will they face?
   - How is meth addiction similar/different than other substances?

   What are the primary triggers for relapse
   - How many times did CJ relapse, why?
   - What was Mark’s strategy to stay sober?
Module 4, Part 3 of 3 (cont.):

What effect does the patient’s familial support system (or lack thereof) effect his choices around drug use?
How does the system support quitting/maintaining abstinence?
• What support systems did CJ, J and Peter have in place for them?
• What helped Eric quit?

Discuss the close association of crystal use and sex among gay men/msm
• Discuss the neurophysiological, psychological effects of the drug
• Discuss the side effects such as HIV, STDs, and how use of the drug effects patient concerns
• What role did crystal play in the sexual lives and sexual risk taking of CJ and Raymond vs. J. or Peter?

Talk about treatment approaches that might be effective
• What’s the difference between abstinence-based and harm-reduction approaches, how might each character react to these approaches?
• Did the director’s on-going relationship with the characters have an impact in their drug-use?
• What kind of impact might the camera add as a ‘permanent witness’ to their journey?
• How might a therapeutic alliance manifest similar benefits?

How would you approach a patient who presents with acute meth intoxication or withdrawl symptoms?

What questions would you ask about his life, his sexual behavior, his HIV Status?

Module 4, Part 3 of 3 (cont.):

3. Concluding Remarks
• Remind audience to go back to some of the research sites for deeper understanding of the issues
• Suggest further reading (Lee, Galanter, articles, etc)
• Suggest review of NIDA website, crystal meth history, use and current treatment standards, innovative research on pharmacological approaches
• Treatment resources (national sites, rockbottom site, etc)
Module 5 – Subject and Character-specific mini-modules

Subject-specific scenes have been grouped together that illustrate specific issues as follows:

1. Meth/Sex/Identity
2. Consequences of Use
3. Abstinence & Recovery
4. Impaired Judgement
5. Perceived Benefits
6. Triggers/Relapse/Recovery

In addition, we have pre-grouped scenes to view just one character’s journey:

1. CJ
2. Eric
3. J.
4. Raymond
5. Scott

We have grouped the activists (Perry & Mark) and experts (Perry, Christopher, Steven) into one module:

1. Community Back Story

We suggest using any of these for supplemental discussion groups or assigned as additional study to Modules 1-4 for all audiences with the exception of those in recovery with less than one-year clean time.

Suggested viewing for those in recent recovery:
Should you wish to create a discussion group with men in early stages of recovery, we suggest Eric’s near-death experience and reconnection with his family: scene 19.

This scene deals with key issues of self-esteem, self-preservation, reaching out for support, honestly and family. You can let the group know prior to viewing the scene that Eric has struggled with sex and drug addiction for more than 15 years at this point in his life that the scene begins.
August 29, 2004

No Man Is a Crystal Meth User Unto Himself

By FRANK OWEN

BOBBY DARNELL, a 34-year-old Texan who has lived in New York since 1996, does not fit the stereotype of a club drug user. For six years, he was an administrator for nonprofit groups, and he has sung in the New York City Gay Men’s Chorus since 1998. "The chorus is mostly people from small towns, not club kids or fashion people," Mr. Darnell said. "That's sort of what attracted me to it."

But four years ago he began casually exploring the club scene and tried crystal meth, the street version of the powerful stimulant methamphetamine, for the first time. After he lost a job to cutbacks in 2001 and found himself at home with nothing to do but look for work, he began to spend long hours on the Internet, and fell into a pattern of casual sexual encounters that sometimes included crystal meth, which intensifies sexual drive and lowers inhibitions.

"I never did it for days and days at a time, just for a couple of days every two or three weeks," Mr. Darnell said. It took a long time for him to recognize that he had a problem. But by then, he had driven away all his old friends. "I would cancel things, and then people just stopped calling after a while. Everyone in New York is so busy, it's very easy for someone to disappear."

Eventually Mr. Darnell was hospitalized. Only his connection with members of the chorus pulled him back from the brink. "There was one older gentleman," he said, "who would just come and hold my hand all day during those first couple of weeks" as he drifted in and out of consciousness.

Stories like Mr. Darnell's have become increasingly common as crystal meth has spread beyond New York's gay club culture to a wider cross section of gay men, especially young ones. The drug, which can be sniffed as a powder, smoked in crystalline shards or dissolved in water and injected, is considered just as addictive as crack cocaine. It is blamed for a host of problems, ruining its users' health, robbing them of their jobs and sometimes driving them to mental illness, suicide or death by overdose. But its effects go well beyond the wreckage of individual lives, creating a ripple effect in the larger social world of gay men in the city. Long used by blue-collar Americans as an endurance enhancer and a recreational drug, crystal meth first became popular in gay dance clubs in New York in the mid- to late 90's, having migrated east from the gay scenes in Los Angeles, San Francisco and Honolulu. But in the last three or four years, its use here has grown enormously.

Mr. Darnell, who has pulled his life together and is now working as a receptionist, said four or five other chorus members had started experimenting with the drug around the same time he did. "One by one these people wouldn't be dancing anymore, one by one they would lose their jobs, one by one they wouldn't be at rehearsal anymore," he said.

Many men say they have lost friendships or romantic relationships to crystal meth, and many who don't use it keep their distance adamantly from those who do. The rift is apparent on Web sites and in chat rooms where men advertise for romantic or sex partners, often using coded references like "PNP" (for "party and play," meaning drugs with sex) or "No PNP," "chem friendly" or
"absolutely no tweakers" (a reference to people strung out on the drug).

Crystal meth "turns people into antisocial zombies," said Trip Zanetis, 23, a nightclub publicist who said he hates what it is doing to his social world. "It makes people hostile and delusional. The vibe is much more negative and colder than in the past, thanks to this drug."

As Max Wixom, 26, a theatrical publicist and production designer, put it, "Even the way gay men look at each other is different."

"In 1996, when I first arrived in New York and started going out, you could easily get to know people," Mr. Wixom said. "It felt like a community or a brotherhood." But with the rise of crystal meth, he said, gay night life has turned "more predatory and dehumanized."

Dr. Steven Lee, a New York psychiatrist who specializes in treating crystal meth addicts, said there is now "a much harder edge in New York gay clubs than in the past." This change, he said, is largely because of the drug: in addition to its sexual and stimulant effects, crystal meth promotes aggression.

"Some of my patients talk about how they feel on crystal meth as akin to being robots programmed with the sole purpose of doing more crystal and having more sex," Dr. Lee said. The drug also causes paranoia in regular users, and can eventually lead to psychotic episodes.

Gay Men's Health Crisis, founded in the 1980's to help people with AIDS, said that two years ago, it received very few hot line calls related to crystal meth, but that it now gets about five a day. Fewer than half the new clients in its drug counseling program reported crystal meth use as their main drug problem three years ago; this year the figure is 80 percent.

Crystal Meth Anonymous, a support and recovery group, began operating in New York five years ago with one meeting a week, which was never attended by more than six people, said Raul M., one of the group's early members. Now there are 23 meetings, some attracting crowds of more than 100. "In the last year we've almost doubled in membership," he said. "We expect to add new meetings later this year, but we're running out of venues."

A 2003 study by researchers at Hunter College found that about 20 percent of gay men in New York had tried crystal meth, and that about half that number had used it in the three months preceding the study.

John Lee, 24, a graduate of Dartmouth and a research analyst at a hedge fund company, said the drug is causing strange behavior in his own social circle. Although he said he never uses crystal meth and only occasionally goes out clubbing, several friends -- college-educated and middle class -- go dancing and use it almost every weekend.

"They're constantly irritated, and it affects the way they relate to other people, but they don't realize it," Mr. Lee said. One Filipino friend frequently gets into fights with people he imagines are making fun of his accent. "He'll scream at them and start shoving them," Mr. Lee said. "He thinks it's racism, but it's strictly his paranoia."

It is in New York's gay club world -- where, according to a recent study by the Center for H.I.V./AIDS Educational Studies and Training in New York, 62 percent of those who use any club drugs reported "significant and frequent use" of crystal meth -- that the social effects have been most strongly felt. Aficionados of the scene say dance clubs have become sterile environments filled with monotonous music and detached dancers.

"I've been in this business for 25 years, and I've seen four or five different sets of people come
and go," said John Blair, a longtime party promoter who owns the Chelsea bar XL and is a co-
owner of Avalon (the former Limelight), where he gives regular Sunday night parties.

"Each group of people goes through a similar experience with different music and different drugs," Mr. Blair said. "But crystal is by far the worst drug I've ever seen happen to night life. It not only takes over people's lives, but it really negates what the whole scene is supposed to be about."

In fact, the rise in crystal meth use has hurt the club industry in New York, particularly the big-box clubs famous for after-hours dance marathons -- some gay, some mixed -- that start at 2 or 3 a.m. and often continue until 7 or 8 the following evening. Drug crackdowns by the police on the clubs Sound Factory in March and Exit last year were at least partly due to such parties.

And as people become heavier users, they are moving away from the club scene, becoming increasingly reclusive and focused on Internet sex liaisons -- and, in some cases, on just maintaining their drug habits. Mr. Darnell, the Gay Men's Chorus member, said that after he lost his job in 2001, he barely left his apartment, which became a nightmarish mess. A neighbor of his in Hell's Kitchen, who was also using crystal meth and had also become a shut-in, allowed his electricity to be shut off and his cats to bear litter after litter.

Dan Carlson, a founder of an anticrystal-meth organization called the H.I.V. Forum NYC, said one club promoter recently offered to help with the group's work. "I said, 'Great, but what's in it for you?' " Mr. Carlson said. "And he's, like, 'This Internet stuff is killing my business.' "

Mr. Carlson is one of a small but growing number of vocal crystal-meth opponents, many of them former users themselves. He started the H.I.V. Forum NYC last July with Dr. Bruce Kellerhouse, a psychologist, after they became angry at the news that H.I.V. infections had jumped 18 percent nationwide among gay and bisexual men since 1999 -- an increase that he and others involved in H.I.V. prevention blame largely on crystal meth, which has been associated with high rates of unprotected sex. (As yet, there is no firm scientific data showing conclusively that crystal meth is behind the rise, but anecdotal evidence from doctors in New York suggests that the drug plays a role in anywhere from 50 to 75 percent of new H.I.V. cases in the city.)

"For many years," Mr. Carlson said, "crystal has built this reputation as being glamorous, being fun. Anyone who's edgy is doing crystal meth. And if you're not, you're not cool -- you're not part of the 'in' crowd, not part of the scene."

Last month, the H.I.V. Forum NYC held a public meeting at the Fashion Institute of Technology that drew 300 people -- doctors, drag queens, city officials, clubbers, law enforcement officers, recovering addicts -- and was led by John Cameron Mitchell, the director, writer and star of the film "Hedwig and the Angry Inch." The discussion featured personal testimony from audience members and panelists about the negative impact that crystal meth has had on the gay world.

The H.I.V. Forum also started an advertising campaign in June, to coincide with the annual Gay Pride celebration. The latest ads, displayed on phone booths in Chelsea, feature a buff young man clad only in briefs, looking at a computer screen and sucking on a glass crystal-meth pipe filled with smoke. The caption begins, "Another night on the A List?" and the tagline says, "Crystal meth: Nothing to be proud of."

The ad campaign appeared a few months after a veteran AIDS activist and H.I.V. Forum member named Peter Staley spent $6,000 of his own money to put up posters on phone booths in Chelsea saying: "Huge Sale! Buy crystal, get H.I.V. free!"

But not everyone approves of such measures. In the May issue of the gay magazine Genre,
writer who calls himself Diabolique criticized people like Mr. Staley as "nanny nelly liberal activists" and accused them of helping spur a continuing police crackdown on gay night life.

"It combines the worst aspects of over-the-top antidrug hysteria with the best of 'get press at any cost' 80's-era AIDS activism," Diabolique wrote. "The ads don't work on drug-taking hedonists, they work on riling up the news media, public health and law enforcement officials."

"There's a total split in the gay community about this issue," Diabolique said in an interview. "Most gay men I know thought the 'Buy crystal, get H.I.V.' ads were ridiculous."

"Crystal meth is a problem," he said. "It's the worst drug problem I've seen in all my years of clubbing. But hysterical antidrug, antisex propaganda does nothing to solve that problem."

The editor in chief of Genre, Bill Henning, said he regards the things that organizations like H.I.V. Forum say as mainly puritanical propaganda. "It's great they're bringing attention to it, but they're not reaching the people they need to reach with all this finger-wagging," he said. "It's the same sort of antisex, antidrug argument that's been going on in the gay community for years."

But John Blair, the party promoter, said the message may be getting through. The closings of most after-hours parties, the advertising campaigns and the personal horror stories about the drug are beginning to have an effect, he said.

"Thank god for G.M.H.C. and the H.I.V. Forum," he said. "In the last year, things have started to turn around. Using crystal is not something you brag about anymore. There's a growing stigma against it, especially among the younger set. As people get more and more information, they realize the harm it's doing, not just to users but to the community as a whole."
This week in the magazine and here online, in “Higher Risk,” Michael Specter writes about crystal methamphetamine and the rise of H.I.V. infections in the urban gay community. Here, with Daniel Cappello, he discusses the drug, its repercussions, and the recent “supervirus” scare.

DANIEL CAPPELLO: We have been hearing about crystal methamphetamine and its recreational use in certain gay populations since the nineteen-nineties. What is the crystal-meth problem, and is it worse now?

MICHAEL SPECTER: Crystal methamphetamine is a highly addictive stimulant, and it’s a problem not only in the gay community but throughout the country. It’s use is growing rapidly, in part because it is relatively easy to make and not nearly as expensive as cocaine. It’s become a particular problem in some urban gay populations because it stimulates the libido while, at the same time, helping to reduce inhibitions. The result has been that many men who would never normally engage in unsafe sex do so when they are on crystal—and even if that happens only rarely, it greatly increases the potential spread of S.T.D.s like H.I.V. and aids and syphilis.

Do we know what biological effects the drug has on the human immunodeficiency virus, or its physiological impact on the immune system?

There are now several studies going on which attempt to answer that question. One thing seems to be clear: crystal use compromises the immune system, and for people with H.I.V. this is particularly dangerous. People who take the drug rarely eat while they are on it, which also has a negative impact on the immune system. And there is some evidence to suggest that it interferes with some people with H.I.V. keeping to the complicated schedule of pills that they need to take each day.

Is the correlation between the drug’s use and increased instances of H.I.V. infection biological, then, or behavioral?

More behavioral. It clouds judgment, fuels the sex drive, and has been shown to make it less likely that people would use condoms or practice safe sex.

Crystal meth is thought of as a “gay drug” today, but was it always “gay”? What do you know of the history of its use in this country, from housewives to truck drivers, and how did it become “gay”?

No, it wasn’t always gay, and it’s not only gay now. During the Second World War, Air Force pilots (in the United States and Britain, but also Japanese kamikaze pilots) took the drug to stay alert, and it has often been said that Hitler was a speed addict. In America it was for a long time seen as a poor man’s alternative to cocaine—a much cheaper stimulant. It became a gay party drug for obvious reasons: it keeps you up, gets you sexually excited, and often makes people feel good about themselves at first because it acts as an antidepressant. But it is also incredibly addictive.
You talked with several men who said they never had unprotected anal sex before starting crystal meth. Did they continue to engage in risky sex even after being off the drug, as a sort of side effect?

Yes, like a side effect. There are people who just don’t practice safe sex; but most men I have spoken with do—or at least try to. The problem for many of them is that once in a while—maybe once a month or twice a year—they might take crystal, and that is when they aren’t as cautious as usual. It may happen rarely, but when it does the chances of becoming infected with H.I.V. or syphilis or another S.T.D. are greatly increased.

How does crystal meth compare with other recreational drugs? What other drugs are popular among gay populations, and do they have similar effects on H.I.V. infection?

Well, there are many drugs that gay men—and everybody else, for that matter—use often. Cocaine, Ecstasy, and poppers are often used as “party drugs.” No drug use is going to have a good effect on people who have compromised immune systems, which is the case with any H.I.V.-infected man or woman. But those that keep you up at great length and take away your drive to eat or drink seem to be especially dangerous. And, of those, crystal is the worst.

You report that recent surveys suggest that more than ten per cent of gay men in San Francisco and Los Angeles have used crystal meth in the past six months. In your interviews, did you get a sense from users that they understood the possible implications of the drug use?

Many do. Often they feel that they can do it once in a while—say, once a month or every few months. Kind of as a vacation from reality. And some do that, and have no problems. But because crystal is so addictive it’s a dangerous game to play.

What about the Internet? What role is it playing in the increase in H.I.V. among gay men?

The Internet makes it easy for people to meet for sex, and men and women in every possible combination use it for that purpose. But when you combine crystal, which we know lowers inhibitions, with sex among men—at least some of whom are already infected with H.I.V. (including some who do not even know it)—the danger increases demonstrably.

You talk about how the “growing medicalization of America”—that is, America’s increasing reliance on drugs as a panacea for health problems without regard to their possible consequences—might be contributing to H.I.V. complacency in the gay community. Is this the case?

My point is just that we take it for granted now that medicine plays a central—and, usually, a positive—role in the lives of many of us. Drugs for depression, high cholesterol, erectile dysfunction, and diabetes, just to name a few, have saved or improved millions of lives. That is perhaps nowhere more clear than with the antiretrovirals that have changed aids from a death sentence to a controllable disease. Yet, once people begin to feel that H.I.V. is not that dangerous, they also naturally let their guard down on issues like safe sex from time to time. And that creates a problem.

You report that after many years of decline the number of new H.I.V. diagnoses among gay men increased every year between 2000 and 2003, while remaining stable in the rest of the population. By what degree did it increase among gay men, and how significant is that increase epidemiologically?

The degree is large because the pool is small; that is, if ten more people get infected out of a thousand, that is one per cent, which is a significant problem. When you have an infectious disease that is spread sexually and one that lies latent for years, a small group of sexually active people can fuel a serious epidemic.

What about groups other than gays who are especially affected by H.I.V. and aids? According to the Centers for Disease Control, nearly half of the newly infected men are black. And you write about how the number of aids cases has remained high among minority women. Do we know what accounts for higher numbers among these groups?

Well, it’s complicated but very serious. Most public-health messages about aids are general: stay negative, protect your partner, etc. Many of these messages need to be tailored more specifically to certain groups. Many black men are simply not in the system that receives these warnings, and it’s become a very, very serious problem.

The New York City Department of Health has been criticized for being alarmist about the so-called superstrain of H.I.V. recently detected in a New York gay man, who now has aids. Much has been made of a new “supervirus.” Was this case mishandled, or did it serve as a sort of wake-up call?

Maybe a little of both. You can’t win if you are a public-health official when it comes to this sort of thing. In the
early days of the epidemic, many officials were accused of staying silent or complacent too long while the virus circulated widely in the gay community. So this time they decided to get the word out quickly. I think, yes, they jumped the gun. But perhaps a scare that is unnecessary is better than silence.

What surprised you about the man in question in the “supervirus” case was his age. You write that you could understand naïve youngsters engaging in unsafe sex, but not a man of forty who had lived through the eighties’ aids epidemic. Should we expect today’s youth to be naïve, or very well informed? Aren’t young gay men today better equipped with knowledge about H.I.V. and aids than forty-plus gay men were at the same age?

Many young men are well educated about aids and well equipped to protect themselves; many, however, are not. But, in either case, most twenty-year-olds I have met consider themselves immortal. They can’t possibly imagine what it is like to have entire communities of gay men dying for years—and that is what happened in the eighties in New York and San Francisco, among other cities.

You report on some people who point to other problems that may be contributing to the rise of H.I.V. among gays, such as sustained anti-gay attitudes in the country, and feelings of guilt among H.I.V.-negative gays who have to “closet” their negative status. Are these contributing to the problem?

Absolutely. One of the clear problems with crystal is that people take it to feel better. And gay people in this country have had a horrible time of it lately. The Bush Administration is openly anti-gay, and in November millions of Americans voted to deny gay men and lesbians the right to live legally as married couples. There is no way that can’t contribute to a sense of despair.

You have written extensively about the worldwide aids epidemic. Last year you reported on the aids crisis in Russia. How is the United States faring in the battle against H.I.V. and aids, and what does your recent reporting on the rise of H.I.V. in the gay community bode for this country?

In general we are doing far better. Yet we need to remember that education can’t just stop and that money needs to be invested not only in treatment but prevention. It’s a lesson we, unfortunately, have to learn again and again.

It seems we are fighting different aids and H.I.V. battles in different countries, and even within different populations of any given country. Given your knowledge of the subject, what is your greatest hope?

My greatest hope is that humans are capable of adapting and learning. But it’s not easy—it requires commitment and time and money. No scientist can solve that problem; it’s one for all of us.
Larry Kramer delivered a long and fiery speech at Cooper Union last Sunday night. That, of course, was nothing new. Kramer, the playwright who founded the activist group act up and was the signature voice of the age of aids, is famous for his fury: once, he and thousands of his supporters invaded St. Patrick’s Cathedral during Mass; another time, they wrapped Jesse Helms’s house in a giant yellow condom. Over the years, they hounded pharmaceutical companies and the government into developing and providing drugs and treatments.

In the early days of aids, straight people disliked Kramer for his aggressive honesty and gays ridiculed him for what they saw as his prissiness about sex, but now, at sixty-nine, he seems to have outlived the animosity of both groups. He has also outlived almost all of his friends. “It’s funny,” the playwright Tony Kushner said recently. “These days, audiences are fond of Larry. They seem wistful. Can you imagine that? Being wistful about Larry?”

Kramer surprises people who have seen him screeching on television or have read one of his radioactive e-mails. In conversation, he tends to speak so softly that one has to lean in to hear him. At Cooper Union, Kramer wore his usual uniform: overalls and a sweater with an American flag on it, over a red turtleneck. He looked stooped, old. He spoke for more than an hour, at the same lectern that Abraham Lincoln (who Kramer ceaselessly insists was gay) used when he addressed New Yorkers, in 1860. On Sunday night, the Great Hall was full; hundreds of people were turned away.

The speech, entitled “The Tragedy of Today’s Gays,” began with a dire assessment of the Presidential election. “I hope we all realize that, as of November 2nd, gay rights are officially dead,” Kramer said. “And that from here on we are going to be led even closer to the guillotine. Almost sixty million people whom we live and work with every day think we are immoral. ‘Moral values’ was at the top of many lists of why people supported George Bush. Not Iraq. Not the economy. Not terrorism. ‘Moral values.’ In case you need a translation, that means us.”

But Kramer has never been harder on others than he has been on homosexuals themselves. It is the main reason that he has occasionally been dismissed as a febrile modern version of Cotton Mather. “I know many people look to me for answers,” he went on. “Perhaps that is why many of you are here. You want answers? We’re living in pig shit, and it’s up to each one of us to figure out how to get out of it.” By pig shit, he meant, more or less, a heedless life of unprotected sex and crystal-meth addiction. “It takes hard work to behave like an adult,” he continued. “It takes discipline. You want it to be simple. It isn’t simple. Yes, it is. Grow up. Behave responsibly. Fight for your rights. Take care of yourself and each other. These are the answers. It takes courage to live.”

He went on, “Does it occur to you that we brought this plague of aids upon ourselves? I know I am getting into dangerous waters here, but it is time. With the cabal breathing even more murderously down our backs, it is time. And you are still doing it: you are still murdering each other…. From the very first moment we were told, in 1981, that the

suspected cause was a virus, gay men have refused to accept responsibility for choosing not to listen, and, starting in 1984, when we were told it definitely was a virus, this behavior turned murderous.”

A few weeks earlier, there had been a tribute to Kramer at the 92nd Street Y, produced by Kushner. On that evening, actors read from Kramer’s novel “Faggots,” from his plays “The Normal Heart” and “The Destiny of Me,” and from other works, including his prescient 1983 essay “1,112 and Counting,” in which he asked, incredulously, how many more people would have to die before gays got serious about aids. That was, roughly, seventy million infections ago.

“I guess if you live long enough people give up and accept you,” Kramer said that night, with something approaching giddiness. “I got invited to the National Cancer Institute, to a conference that is so high-level I don’t even understand the topics. And Harvard just called.”

Kramer understands, however, that acceptance doesn’t mean much, in the scheme of things, since it seems not to extend to gay people in general. “Nobody listens to us,” Kramer said at Cooper Union. “There is not a single person in Washington who will get us or give us anything but shit and more shit. I’m sorry. This is where we are now. Nowhere.”
San Francisco's Magnet center is hard to miss. It occupies a storefront directly across the street from Badlands, a city landmark of its kind, at Eighteenth and Castro Streets, perhaps the gayest address in the world. Magnet is a drop-in clinic for a community that has been besieged by health problems for nearly a quarter of a century—since the men of the Castro began to die of the plague.

Even today, with a million Americans infected with H.I.V. and half a million others already dead, many of the clinics and counselling facilities that focus on the health of gay men remain dreary places, largely hidden from view. Magnet is neither of those things. Its bright setting, modern furniture, and polished wood floors make it look far more like an art gallery than like a doctor's office. One needn't be sick to go there, nor is it necessary to make an appointment. Drop in any time, to be tested for syphilis, chlamydia, gonorrhea, or H.I.V. It also functions as what its director, Steven Gibson, calls a "hotel lobby for the people of the Castro, a place to talk, to worry, to smile, to cry," or, as Magnet's Web site puts it, to "cruise (online or real time)."

Last month, on one of the first genuinely warm nights of spring, the center held a small gathering called Tina's Cafe. The sidewalks of the Castro were filled with men. So were the bars and coffee shops; the Men's Room, the Midnight Sun, and even the "gay" Starbucks, on Eighteenth Street, were all bustling by 8 p.m., and a small crowd had begun drifting into Magnet. A new exhibition had been installed—a series of sexually suggestive pictures taken from the Internet. The visitors stared at the walls in awkward silence for a while, then took seats at tables covered with lollipops and M&M's. There was a bar with wine and soda in the back, where a d.j. was setting up his equipment. Soon, a tall man in a short dress appeared. His name was Michael Siever, and he wore a brunet wig, high-heeled pumps, and magenta stockings. "Welcome to Tina's Cafe," Siever told the crowd. "I am really glad you are here. We are going to talk about what's real tonight. About paranoia and..."
violence and anger and fear. About reality." A couple of dozen heads nodded in unison. "We are going to talk about what is happening to our world." Siever has the soothing voice of a psychotherapist, which he is. He is also the director of the Stonewall Project, a highly regarded counselling program. "Tonight, above all, we are here to talk about Tina."

Tina is crystal methamphetamine, a chemical stimulant that affects the central nervous system. It is hardly a new drug, and it has many other names: biker's coffee, crank, speed. It has also been called redneck cocaine, because it is available on the street, in bars, and on the Internet for less than the price of a good bottle of wine. Methamphetamine is a mood elevator, and is known to induce bursts of euphoria, increase alertness, and reduce fatigue. In slightly less concentrated forms, the drug has been used by truckers trying to drive through the night, by laborers struggling to finish an extra shift, and by many people seeking simply to lose weight. Crystal first gained popularity in the gay community of San Francisco in the nineteen-nineties, where it became the preferred fuel for all-night parties and a necessity for sexual marathons. Its reputation quickly spread. Crystal methamphetamine is highly addictive, but its allure is not hard to understand; the drug removes inhibitions, bolsters confidence, supercharges the libido, and heightens the intensity of sex. "The difference between sex with crystal and sex without it is like the difference between Technicolor and black-and-white," one man told me at Tina's Cafe. "Once you have sex with crystal, it's hard to imagine having it any other way." The first thing people on methamphetamine lose is their common sense; suddenly, anything goes, including unprotected anal sex with many different partners in a single night—which is among the most efficient ways to spread H.I.V. and other sexually transmitted diseases. In recent surveys, more than ten per cent of gay men in San Francisco and Los Angeles report having used the drug in the past six months; in New York, the figure is even higher.

After years of living in constant fear of AIDS, many gay men have chosen to resume sexual practices that are almost guaranteed to make them sick. In New York City, the rate of syphilis has increased by more than four hundred per cent in the past five years. Gay men account for virtually the entire rise. Between 1998 and 2000, fifteen per cent of the syphilis cases in Chicago could be attributed to gay men. Since 2001, that number has grown to sixty per cent. Look at the statistics closely and you will almost certainly find the drug. In one recent study, twenty-five per cent of those men who reported methamphetamine use in the previous month were infected with H.I.V. The drug appears to double the risk of infection (because it erases inhibitions but also, it seems, because of physiological changes that make the virus easier to transmit), and the risk climbs the more one uses it. Over the past several years, nearly every indicator of risky sexual activity has risen in the gay community. Perhaps for the first time since the beginning of the AIDS epidemic, the number of men who say they use condoms regularly is below fifty per cent; after many years of decline, the number of new H.I.V. diagnoses among gay men increased every year between 2000 and 2003, while remaining stable in the rest of the population.

In San Francisco, I spoke with several men about the thrills and the dangers of crystal methamphetamine. Their stories, often eerily similar, tend not to end happily. "I used to have the house and the Mercedes and the big job," a lawyer named Larry told me at Tina's Cafe. "Then I fell into crystal. Oh, my God, it was great. I felt young and powerful and wonderful. And the sex. I was having the type of sex I could have only fantasized about before." He sat for a moment and sipped from a can of Diet Coke. "Crystal destroyed my life," he said. "I sold everything I could put my hands on. What I didn't sell, I lost: my house, my career. The more I used it, the more I needed it. At one point, I broke into my own house to try and steal furniture. Crystal tells your brain to go back and get more, more, more. The logical side of your mind is saying, 'I can't keep doing this,' but you are still on your way to the dealer's house." Larry has been off methamphetamine for three
years, but he says the struggle begins anew every day. "Crystal motivates everything. The sex. The desire. Everything." He shook his head. "I wish I had never heard of it, but I can't say it wasn't great."

Twenty million people have died of AIDS, most of them in Africa, where the epidemic grows more devastating every year, as it does in places like China, Russia, and India. Ten thousand people die each day—seven every minute—and seventeen thousand more become infected. In America, however, the sense of crisis has passed. After increasing rapidly throughout the nineteen-eighties, the number of new cases peaked in 1993, and within two years so did the number of deaths. In 1996, when effective H.I.V. therapy became widely adopted, the incidence of AIDS began to fall dramatically. Few diseases without a cure have evolved as rapidly. In 1985, AIDS was considered so horrifying that Ryan White, a sweet-tempered boy from Indiana, wasn't even permitted to attend his seventh-grade class for fear that he could infect his schoolmates. Gay men were routinely turned away by terrified staffs at hospitals, and film crews even refused to work on stories that involved AIDS patients. These days, however, H.I.V. is often compared to diabetes—a chronic but largely manageable disease.

Yet AIDS has not disappeared in America; there are more than forty thousand new H.I.V. infections each year. (The numbers have remained remarkably high especially among black gay men, minority women, and drug addicts who share needles. What's new is the rise in infections in the gay communities in such cities as San Francisco and New York.) Nonetheless, AIDS has receded as a threat in the public consciousness, and as a cause for philanthropy or for political discourse. That is almost as true in the gay community as it is anywhere else. After all, many people have seen friends or lovers rise from what seemed like certain deathbeds once they received the proper medications. Those medicines transformed gay life, and, naturally, the new physical realities were accompanied by a tremendous change in attitudes about what H.I.V. meant. By the late nineties, there were thousands of men living with H.I.V. who were vigorous, healthy, and eager to reclaim the type of life they thought they had lost. As they began to gain weight and feel better, many returned to the kinetic night life that had virtually disappeared at the height of the epidemic, including all-night "circuit parties," which often include serial sexual encounters.

With bars in places like Chelsea and the Castro filling with healthy men, and the continual migration of new people in search of a more open life, some men began to wonder, What's so bad about H.I.V.? It's a treatable disease. Pharmaceutical companies ran ads depicting H.I.V.-positive men as rugged and virile. At first, such advertisements seemed necessary, to insure that people realized that the new treatments could help them return to a normal life. But some ads went far beyond that. Impossibly active men were shown climbing mountains or racing sailboats, and though the ads may have been unrealistic, they played into the growing medicalization of America. Pharmaceuticals have become a basic part of the lives of millions of people in the United States, who routinely take pills for depression, cholesterol, and blood pressure, to help pay attention in class, to sleep, and to cure sexual dysfunction. The fact that tens of thousands of people were undertaking a battery of anti-H.I.V. medications didn't seem unusual.

"It's hard to maintain your vigilance for twenty-five years," Michael Siever told me one day at the Stonewall offices. "What was my life once? You used to walk down the street and see death everywhere you looked. People with lesions on their faces, people on crutches and in wheelchairs, if they could even go outside. I went to memorial services every weekend. Always. This was a community of ghosts. And that is not true anymore. There is this cocktail, and it was like magic. Before that, AIDS was always in your face; you could never put it out of your mind, but after enough years you just want to forget. And now you can go somewhere and in the heat of sex—and I am not even talking about the drug part, just in the heat of sex—it's much easier to forget. I used
to have a button that said, 'If It Moves, Fondle It.' People miss those days and wish they were part of them, and the drug helps you get back to the place where all your concerns go out the window."

Crystal methamphetamine became popular among people in the gay community just at the moment when the drug cocktails for H.I.V. were starting to work, and when the Internet had begun to shape the way people interacted socially. "I was seeing a patient at one of the S.T.D. clinics one day," Jeffrey Klausner, who is the director of the Sexually Transmitted Diseases Prevention and Control Services of the San Francisco Department of Public Health, told me. "It was in the spring of '99, and we were starting to see a small increase in the number of syphilis cases in gay men: ten in 1998, and by the next spring there were already another ten. I asked this one guy how many sexual partners he had had in the past two months, which is something we always ask. And he said fourteen. And then I asked him how many he had had in the past year. And he said fourteen.

"That was a little odd," Klausner continued. "I said, 'Well, what happened two months ago?' The man replied, 'I got online.' "

Klausner is a tweedy sort of doctor; he dresses in khakis, blue blazer, and button-down shirt, and unabashedly conveys the image of a man who is by no means cool. "I didn't have a clue what he meant," he said. "Nothing. So he explained it. 'Well, I am a fifty-year-old, overweight, H.I.V.-positive man. I am balding; I'm not that attractive. But I can go online any time of the day and I can get a sexual hookup. I can go to this site on AOL and I can say I want to meet somebody now for sex. And that's all there is to it.' "

Recounting this story six years later, Klausner still looked mystified. "I asked him to explain. And he told me, 'I go online and put out my stats—if I am a top or a bottom, what I like to do. I am a top, I am H.I.V.-positive. So I will say, 'Does anyone want to be topped by an H.I.V.-positive guy?"'

Klausner continued to recall the conversation: "'I'll get five responses in half an hour. And then I will speak to them on the phone. If I like their voice, I will invite them over and look through my window. If I like what I see, then I will be home, and if not I can pretend I am gone. It's been great. I don't have to talk to anybody to do it. I don't have to go out of the house. I can get it like this,' he said, and snapped his fingers."

After hearing the story, Klausner asked his public-health investigators to include questions about that kind of activity in their routine interviews. Seven out of the next nine people they saw had met their most recent sexual partner online. "It turned out that crystal methamphetamine and the Internet were the perfect complements for high-risk sex," Klausner said. "Crystal washes away your inhibitions. Makes you feel good and want sex. And the Internet is there to respond to your whims. It's fast, it's easy, and it's always available."

Klausner and others embarked on studies that concentrated on the use of the Internet, on attitudes about AIDS, and on the role of methamphetamine in gay life. The results were hard to misinterpret: the Internet has turned out to be a higher-risk environment than any bar or bathhouse—men who meet online are more likely to use the drug, more likely to be infected with H.I.V., and less likely to use condoms.

Methamphetamine can be consumed in any number of ways: you can drink it, snort it, inject it, swallow it in a pill, take what is known as a "booty bump"—insert the drug like a suppository—or "hot-rail" it (a process in which you heat a glass bowl, put the powder in the glass, and inhale the vapors, which go straight to your lungs). "Methamphetamine has a nine-to-twelve-hour half-life,
which means that weekend warriors can start on Thursday and only dose five times to make it to Sunday evening," Steven Shoptaw, a psychologist with the U.C.L.A. Integrated Substance Abuse Programs, told me.

Shoptaw and his colleague Cathy Reback, a principal investigator at Friends Research Institute, who also works for the Van Ness Recovery House, in Los Angeles, have carried out some of the most comprehensive research on the effect of the drug on gay men. "You are going to be active," Shoptaw says. "Feeling sexy. The libido will be pushed and, with the advent of Viagra and other, similar drugs, you no longer have to worry about 'crystal dick' "—which had seemed like the one obvious drawback to the sexual experience that methamphetamine provides. Crystal methamphetamine constricts the blood vessels, which makes sustained erections difficult. Viagra reverses that effect. "So now you can go from Thursday to Sunday and have outrageous amounts of sex," Shoptaw said. "It's cheap—you can get a hit for twenty bucks that lasts a day. It is the perfect drug." Shoptaw added, "The issue about how a drug interacts with a culture also matters, because, if having that kind of sex is important, then this drug fits with the culture in a way that cocaine and alcohol don't."

The physical changes caused by methamphetamine are profound. The drug instantly increases the amount of at least three neurotransmitters in the brain: dopamine, serotonin, and norepinephrine. Those chemicals are released naturally by the body when we feel good, but crystal unlocks a constant flood of the substances, particularly dopamine. In contrast to cocaine, which is almost completely metabolized in the body, methamphetamine lasts much longer. As with all drugs, the bigger the rush the harder the crash. After long use, the effects diminish in intensity, and depression is common. Abusers forget to drink water, and can become dangerously dehydrated. The chemicals used to make the drug are so toxic that for those who smoke it there is the danger that their teeth can crumble and fall out. Severe anorexia and malnutrition are also risks. Methamphetamine can cause heart failure and stroke. All users, not just addicts, suffer some long-term damage to the brain; memory loss and paranoia are common.

"In other places with other people, H.I.V. is a different issue," Shoptaw told me. "But with gay men it is about the drugs. It's simply about methamphetamine. The data on that are so clear."

In Shoptaw's office at U.C.L.A., he and Reback showed me a slide that said almost everything one needed to know about the relationship between H.I.V. and methamphetamine use: it summarized a survey of how likely certain gay men were to be infected with H.I.V. If the men in the study said that they had used methamphetamine in the past six months, there was a low but significant chance that they would be infected. For men who used it once in a while, the figure was twenty-five per cent. When the researchers interviewed chronic users, the number climbed to forty per cent. Sixty per cent of users in outpatient treatment programs were infected, and for users in residential care the number is nearly ninety per cent.

"You know that slogan from the Clinton campaign?" Reback said. "We have paraphrased it many times: 'It's the drug, stupid.' When you are talking about H.I.V. infection among gay men, it's the drug."

I walked over to the Starbucks on Eighteenth Street with my laptop one afternoon and went online. There are dozens of sites devoted specifically to uniting men for the purposes of immediate, anonymous, and, often, drug-induced sex. The Web site Craig's List has unintentionally become a sexual superstore for men and women, straight or gay; there is m4m4sex.com and also manhunt.org, the current favorite in San Francisco. (There is hunkhunter.com and bigmuscle.com, among many, many others.) The sites were numbingly similar, and the advertisements on them
couldn't be more explicit. Statistics are usually invoked, and pictures of body parts provided (or sought) as proof. It almost makes the seventies, when throngs of men congregated in bathhouses and on the piers of the Village, seem innocent. Despite laws and regulations instituted at the height of the AIDS epidemic, sex clubs continue to exist in many cities; there is, for instance, the West Side Club, housed in an unexceptional-looking building in Chelsea, where men—both H.I.V.-negative and H.I.V.-positive—can have anonymous and, if they want, unprotected sex. Another club in New York admits only men with certain physical attributes; others demand that all clothing be checked at the entrance (except, apparently, boots). In San Francisco, clubs are legal, but most sexual encounters are not supposed to be permitted. They are, of course; why else go to a sex club? At least there you can put a box of condoms on the counter and some posters on the walls. Education and interventions are not easily transferred to cyberspace. "The Internet sucks you in," Tom Orr told me in San Francisco. Orr, a thirty-four-year-old native of Seattle, rewrites show tunes in a salacious, funny way (much like "Forbidden Broadway"), from a gay perspective. "On the Internet, you can be whoever you want to be. Smoke some crystal, get online, and there is nothing you won't or cannot do." He is trying to quit the drug. For the most part, he has been successful, he said, but there have been occasional lapses. At Tina's Cafe, for example, where he performed some of his songs, he mentioned a serious "Christmas binge." He said, "It's a constant temptation. It's everywhere in this town. Anyplace you swing your purse."

I went to the personals section of Craig's List and clicked on the link for "men seeking men." Then I typed the letters "PNP" into the search bar at the top of the page. ("PNP" stands for "party and play." It's the not very secret code that means you want sex and drugs.) "We call it ordering in," Orr had told me earlier. In less than a second, there were seven hundred and seventy-one entries on my list. (This was just for that day in the San Francisco Bay Area. For comparison's sake, I carried out the same search on the New York City version of the Web site and saw two hundred and twenty-one postings.) The first San Francisco listing said, "Preppy white bottom guy, coming to Castro wants to get fucked." There followed an extremely detailed list of the man's various attributes ("38, 5'8", 150, medium complexion, well built, 8 x 6 cut") and his desires (needs PNP). Another post said, "U.L.L.4 O. P.P.," which stands for "Up Late Looking for Other Partying People." Another said, "I'm a hot, down-to-earth, versatile black male and I'm looking for an erotic adventure. Not interested in predictable 'orifice by numbers' encounter, and tired of scripted narratives/verbal roles." He went on to say that he was "PNP friendly" and "poz" (H.I.V.-positive), and that he was hoping for something hot and unexpected. Immediately.

"I don't want to romanticize something that was often very hard and even dangerous," Jeff Whitty told me when I met him the following week in New York. Whitty wrote the Tony Award-winning musical "Avenue Q," and he has talked a lot about the dangers of crystal methamphetamine. "But I long for the days when people would actually cruise each other. I can't remember what I was reading—I think it was Gore Vidal's memoir, and he paints these pictures of being gay after the war, when you would follow someone for fifty blocks. It was a weird, funny ritual, but in a way it was actually more open. At least you could look at somebody, see how the person moved, interact. But that is now gone. Now we have the Internet when you want to hook up. You can get sex within minutes. Anonymous. No names. No commitments. No connections. Is that what we are really looking for?"

One of methamphetamine's most dangerous effects is the weakening of inhibitions gay men might have about unprotected anal intercourse; people are suddenly happy to be receptive partners—"bottoms." The argument is often made that heterosexuals engage in risky sex, too, and that, in any case, most gay men don't. But it takes only a small group to fuel an infectious epidemic.

"I don't think I can say what kind of life most gay men want," Whitty said. "But if they are doing
this on the Internet, with methamphetamine, and they are infected with H.I.V., then they are going to infect other people. I don't care what kind of sex anyone has. That's up to them. But we have a problem. And we need to start dealing with it a little more responsibly if we don't all want to die. How many times does that message need to be sent?"

On February 11th, the New York City Department of Health announced that a gay man who had repeatedly engaged in unprotected sex with many partners while using crystal methamphetamine was diagnosed with a remarkably aggressive strain of H.I.V.—a "supervirus"—that was resistant to essentially all normal medications. The diagnosis was made late last year, and within four months the man had progressed to AIDS—a process that can take a decade or more. The announcement, which caused a furor in the gay communities of New York and other cities, was a frightening reminder of the precarious lives of the millions who are infected with H.I.V. But it was little more than that. There is so far no evidence to suggest that this single case represents a greater threat; the announcement seemed to have much more to do with publicity, awareness, and fear at a time when public-health officials say that complacency in the gay community has become common. The man, whose name has been withheld, is in his mid-forties. He had been using crystal methamphetamine about once a month for five years but recently had started using it at least every week. Excessive use of crystal methamphetamine not only lowers your inhibitions but compromises the immune system, which is essential for any defense against H.I.V. Viral resistance is hardly new, nor is it a phenomenon restricted to H.I.V. Also, people who use H.I.V. medications need to take them at regular intervals. A weekend drug binge, when reality is banished, and even water is rarely consumed, seems unlikely to encourage such a regimen.

Still, it was the man's age that surprised me. I could understand that people who had not been alive to see men dying by the thousand in San Francisco, New York, and other cities might have to learn to exercise caution. But the average age of newly infected gay men in New York and San Francisco is nearly forty. The real problem lay not with naive youngsters but with those who had been aware of this epidemic virtually their entire adult lives. "You want to kill yourself?" Larry Kramer writes in his new book, "The Tragedy of Today's Gays." "Go kill yourself. I'm sorry. It takes hard work to behave like an adult. It takes discipline. . . . Grow up. Behave responsibly. Fight for your rights. Take care of yourself and each other." Kramer has been offering such advice for decades. How, in 2005, can people ignore it? What could motivate a person who has lived through the worst of the epidemic to cast off the safe-sex practices that have protected him for years?

"For a lot of people, this is like coming out of a really tough war," Daniel Carlson told me. Carlson is a thirty-five-year-old former marketing executive who two years ago started H.I.V. Forum, in New York, because he was concerned that gay men simply weren't confronting the central problems facing their community. "They want to deal with it all by running away," he said. "There is tremendous pain and there has been for years. The prevention message has been lost completely. It used to be simple: AIDS equals death. Now the world is murkier than that. Fatigue is genuine. But also gay culture is focussed on youth, and once you hit forty you are no longer that cute kid on the block, the pretty kid. You are not married. You don't have a partner, and you are trying to assess what you want out of life. There are many who are confused and unhappy, and you mate that with cultural norms that have moved away from safety and you have a pretty explosive situation."

There is also evidence to suggest that the resurgence of H.I.V. is a result of problems that go beyond the midlife crises of gay men who did not expect to be alive today. It is never easy to fashion a message that can change the behavior of a community—let alone a dispirited and often despised minority. "We knew from the first days of the epidemic that knowledge was necessary but not sufficient," Ron Stall, a professor of epidemiology at the University of Pittsburgh, told me. Stall
recently left the Centers for Disease Control, where he ran the Prevention Research Branch at the National Center for H.I.V., S.T.D., and T.B. Prevention. "If you want to demonize the gay man about his sexual behavior, then you might as well walk up to somebody who is smoking a cigarette and ask him if he knows it is dangerous, or ask somebody who is driving without a seatbelt. This is a basic phenomenon we see among humans—taking a risk because it is convenient in the short term, even if in the long term it is something none of us would do. After all, it's not just one cigarette that causes emphysema; it's making a poor choice for thirty years.

"The epidemic of crystal methamphetamine is real and it's serious," Stall continued. "But I suggest that everyone just stand back and ask, How is it that AIDS and substance abuse have been twin epidemics that have interacted and made each other worse? That question has bothered me from the beginning." For his research, Stall has drawn on data collected from the Urban Men's Health Study, one of the largest surveys taken of a gay population. He looked at mental-health issues such as depression, partner violence, and substance abuse. He also examined the extent to which the men in this study of nearly three thousand people reported having been sexually abused as children. "I was surprised to see the extent to which one epidemic was associated with the other," he said. "Depression, partner violence, substance abuse." He controlled the sample for race, class, level of education, and H.I.V. status. Then he and his colleagues cross-referenced the data from all of the categories and found that each category was associated with all the others. That means that there are at least four significant epidemics going on in gay communities in the United States, and that they are interacting and making one another worse. Stall refers to this phenomenon as "syndemics"—a syndrome of interacting epidemics. The higher the number of the epidemics that any particular man experienced, the more likely he was to have risky sex, and to test positive for H.I.V.

"This suggests that substance abuse is a thread in a larger tapestry," Stall told me. "And one shouldn't forget that crystal methamphetamine also acts—at first—as an antidepressant. People talk about 'Will and Grace' and how accepting America is now of homosexuality. That is simply not true. America has come a country mile, I agree. Still, in the state I just left"—Georgia, where the C.D.C. has its headquarters—"almost four out of every five adults recently voted to deny gay men and lesbians the right to even have a civil marriage. We have an awful lot more work to do."

So, of course, does the gay community, which many people feel has badly distorted the fundamental message of prevention, by subordinating it to the idea that there is nothing wrong with being H.I.V.-positive. I went to see a Bay Area psychologist named Walt Odets one morning in his sunny, well-tended house, on a quiet street not far from the Berkeley campus. For many years, his clients have been mainly gay men. He is fifty-eight but looks far younger. Odets is an uninfected gay man who readily admits that for him the pain of the epidemic has not dissipated. "I still hold an intuitive horror about the whole thing," he told me. "Sometimes I think of myself as a trauma victim. I had a partner who died in '92, and it is still a horror to me. But I can see that it depends on circumstances. Many people don't really care."

Odets believes that the gay community split in 1985, the moment a reliable H.I.V. test was available. "Before that day, everyone was in it together," he said. "Nobody knew who had it and everyone acknowledged that it was a horror. And then, in April of 1985, we started protecting people who had H.I.V. And we did that by normalizing infection—and we have done that all along. It has completely compromised prevention work, to the extent that when the AIDS Health Project, in San Francisco, put up a banner outside its facility that said 'Stay Healthy Stay Negative' the gay public was incensed. Men wrote in and said, 'I have H.I.V. and I am perfectly healthy. How dare you imply that I am not?' " While it has always been important to protect and support H.I.V.-infected men in the gay community, Odets argues that it has become difficult to teach men who test
negative how essential it is for them to remain uninfected. "This is not about making positive men feel good about themselves," Odets said. "It's about protecting H.I.V.-negative men." He told me that he had even conducted workshops where it was nearly impossible to shift the primary prevention message from supporting positive men to remaining uninfected. "There is just way too much guilt. Too much discomfort because what you are saying to a positive man is 'I don't want to be like you.'"

Daniel Carlson agrees. "There is some level of guilt about not living with the disease," he said. "About staying negative. People will say, 'Oh, look at you going around and glorifying your negative status.' I don't go around and say, 'Hey, I tested negative today, joy to the world.' And, believe me, when people test positive they do talk about it and they get support. People like me—we keep our mouths shut."

A few weeks ago, I spent an evening stuffing condoms and lubricant pouches into packets at the headquarters of Gay Men's Health Crisis, in New York. The organization, founded by Kramer and several friends in his Village apartment in 1982, has evolved considerably since then. It was formerly run by, and for, white men, but its president now is Ana Oliveira, who has spent much of her working life in the South Bronx. You are just as likely to see a Hispanic man or a black woman in the elevator as a white man from Chelsea or the Village. The condom-wrapping group meets periodically to prepare packets (two condoms, two pouches of lubricant) to hand out at discos or gay clubs or in communities like Fire Island—any place gay men might gather to have sex. The annual Black Party was held at Roseland in March, and a team from G.M.H.C. was there with a supply of condoms. The Black Party is one of many on the gay circuit where thousands of men meet to dance, to drink, and, sometimes, to engage in anonymous sex. The parties often last past dawn. A friend of mine who was there this year said that it was almost impossible to find a condom, or information about H.I.V., but that crystal methamphetamine was for sale everywhere and sexual activities ranged from "unbelievable to outrageous."

At G.M.H.C., six men sat at a ten-foot-long table in a conference room, sipping sodas and putting condoms into packages. They talked about the epidemic as they worked. Each had spent time in the past two years trying to persuade people to practice safe sex. It's not an easy task, but there are some signs of progress. "A year ago in the Barracuda"—a Chelsea club—"we couldn't even hand out condoms," Norman Candelario, a staff member at G.M.H.C., said. "It's better now. Not great. But better. Now we are asking why are people using crystal. And the answers are always body image, stigma, age. It's really self-esteem. A lot of these men are just lonely and depressed."

Murmurs of agreement circled the room. "So we go right at that," Timothy Kokott, one of the volunteers, said. "We talk to people about the problems, and I tell them it is absolutely O.K. to guard your negative status. This is our community, and we have seen too many people die in it. But we are not going to give up. And many of us never did give up. Yes, the crystal problem is real, and it's true that people don't protect themselves. We are going to have to change that." He stared silently at the back of his hands for a moment. "And we will. I absolutely believe we will."

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Distraught at meth epidemic's toll, gay activists mobilize to make a deadly drug 'uncool'

By David Crary
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NEW YORK – It's a Friday evening, traditional kickoff time for the party scene in New York's gay community, but the 75 men packed into a small room at a gay health center aren't in a partying mood.

Through a humbling 12-step program modeled after Alcoholics Anonymous, they are battling to kick their addiction to methamphetamine, and in doing so escape an epidemic that is roiling urban gay communities nationwide with disease, despair, embarrassment and anger.

Meth is an equal-opportunity menace – many thousands of men and women, gay and straight, have fallen prey to it in rural villages, placid suburbs and city slums. But gay leaders in New York, California and elsewhere bluntly acknowledge that their communities have distinctive problems with the drug, and an unavoidable responsibility to combat it.

"Years from now we'll look back, as gay men, and be pretty despondent that we popularized and glamorized this drug," said Dan Carlson, an ex-addict who has become one of New York's leading anti-meth campaigners.

"I'm not anti-partying or anti-sex," he said. "But how can we fight for our rights as a sexual minority if we don't establish what's right and wrong in our community, and look out for each other."

Crystal meth – which can be snorted, smoked or injected – has been a popular gay party drug on the West Coast for more than a decade, and in New York since the late 1990s. In many cities, however, gay activists and health officials were not quick to confront the fact that the drug, by curbing inhibitions and boosting energy, encourages unsafe multi-partner sex and thus increases the risk of HIV transmission.

In New York, alarm over meth intensified in February, when health officials reported a rare strain of highly resistant, rapidly progressing HIV in a gay man who regularly engaged in meth-fueled sex parties. But the tide began turning against the drug a year earlier, when gay activists held the first of several forums on the epidemic and an ex-addict named Peter Staley circulated posters with an eye-catching message: "Buy Crystal. Get HIV Free."

Staley, a bond trader-turned-AIDS activist, is guardedly optimistic that the forums and ad campaigns are helping stigmatize the drug.

"A year and a half ago, this was a whispered-about epidemic," he said. "If it came up, it was someone bragging about their wild weekend on meth, and no one had the courage to say, 'What the hell are you laughing about?'

"That's completely changed," Staley said. "When gay men ask a friend about it now, they're as likely to hear, 'That stuff destroys lives,' as they are to hear, 'Oh, you should try this; it's amazing.'"
One indicator that the anti-meth message is spreading is a surge of addicts seeking help at Crystal Meth Anonymous and other recovery programs.

Meth Anonymous started in New York six years ago with one weekly meeting, attended by a half-dozen men. It now offers 24 meetings a week, attended by anywhere from a dozen to more than 100 people.

Some of the men at the recent Friday meeting, clearly on edge, were just beginning their attempt to quit; others had been off meth for two years, yet still embraced the intensive group support in trying to stay sober.

The evening's speaker, a former flight attendant celebrating one year off meth, riveted the audience with a wrenching account of his unhappy youth, his descent into prolonged addiction, his years as a hustler getting paid for sex even as he contracted HIV and other diseases. "Darkness" was how he described his life at the nadir.

Afterward, two 38-year-old former addicts detailed their battles to quit meth two years ago.

Matthew, an Ohio native who now does freelance legal work, progressed over five years from using meth every few months to every weekend, struggling with his career, his relationships and a drinking problem. "I couldn't have felt any worse, depression-wise," he said. "There I was, 36 years old, without a game plan."

Frank, an advertising executive, started using meth at work, sometimes with his boss, eventually escalating to almost daily use. He got into the meth party scene, often engaged in unsafe sex and considers himself lucky not to have contracted HIV.

"For years, every time I had sex, I was on crystal," he said. "I had a lot of fun, and then it slowly, surely turned into not being fun. It was taking over my life."

The spiritual, abstinence-only philosophy of Meth Anonymous works for some men, but repels others. Some counselors espouse an alternative known as "harm reduction," cautioning users about meth's risks while encouraging addicts who can't quit to avoid overdoses, take care of their health and – to the extent possible – engage in safe sex even while high.

The Stonewall Project in San Francisco is one such program, inviting meth users to "deal with their crystal issues without any stipulations or guilt-laden finger pointing."

Staley, though agreeing that all avenues of treatment should be explored, is among the skeptics of the Stonewall approach.

"A culture of harm reduction, where the community is stifled from being able to stigmatize the drug, is very dangerous," he said.

Jean Malpas, a gay psychotherapist in New York, has been handling meth-related cases for four years; they now comprise half his practice. He won't condemn harm reduction, but says he has yet to encounter anyone who can use meth recreationally without developing an addiction.

"The behaviors associated with it are so strong," he said. "At some point, when Friday night comes along, they don't know what else to do."

Malpas believes the frankness of the anti-meth awareness campaigns has been invaluable in deglamorizing the drug, yet he sees potential pitfalls. "We don't want to create a split – the good and bad, the users and nonusers," he said. "It's important to build bridges, not divide."

Increased publicity about the gay meth epidemic comes at an awkward time for the national gay-rights movement as it pushes for same-sex marriage rights.

"There is anger at the opportunity this phenomenon is giving the rest of the world to associate the gay identity
with promiscuous sex, with out-of-control behavior," Malpas said. "We don't need additional opportunities to be perceived negatively."

Kathleen Watt, who runs the Van Ness addiction-recovery center in Los Angeles, believes some major gay advocacy groups have tried to play down the epidemic.

"They don't want to talk about it," she said. "They're afraid people are going to say, 'Why should we put money into HIV treatment when these guys are knowingly going out and having sex and infecting other people?''"

Matt Foreman, executive director of the National Gay and Lesbian Task Force, said some accounts of the gay meth problem had been "salacious" and "overjudgmental" – highlighting the role of promiscuous sex while underplaying the destructive addictiveness of meth for any user, gay or straight. He praised gay activists for taking the lead in fighting the epidemic, while noting that the debate is complicated because "sexual freedom has been a value of our community."

Foreman and other gay-rights leaders also note that even in the hardest-hit communities, most gay men don't use meth. Estimates have ranged from 10 percent or 20 percent of all gay men, and as high as 40 percent in San Francisco – by any measure a problem that can't be wished away.

"It would be irresponsible for us to look at a challenge and throw our hands up and walk away from it," said Winnie Stachelberg of the Human Rights Campaign, the largest national gay advocacy group.

Perry Halkitis, a New York University psychologist specializing in the study of HIV/AIDS and drugs, says the root cause of meth addiction for many gays is not sex or partying, but deeper problems of isolation and low self-esteem, particularly if they are HIV positive.

"Users are often experiencing mental health problems," he said. "You have this really vicious cycle – HIV, meth, depression."

Experts say many men in this category are experiencing "safe-sex fatigue" – they are tired of using condoms, believe medication can contain their HIV, and are emboldened by meth to forget their difficulties and engage in unprotected sex.

"Meth was the drug that would turn your head off and allow you to have the sex you thought you were missing out on," Kathleen Watt said. "There's not enough people talking about having a healthy sex life without meth, getting away from anonymous bathhouse sex."

At the Callen-Lorde health center, which serves New York's gay community, the staff wrestles constantly with cases involving meth and unsafe sex.

"Safer sex is not everybody's idea of a good time," said Callen-Lorde's executive director, Jay Laudato. "It diminishes trust; it sets a fearful expectation for your life. When you're high, you decide not to make the healthy choice – you think, 'Why should I?'"

The resulting addictions are often disastrous, Laudato said – men lose their jobs, their friends and, because of one alarming side effect of meth, even their teeth.

It's so frightening to see people lose everything and still value this drug," he said. "They'll say, 'Crystal is the only good thing in my life.'"

The current prevention campaigning tries to promote the concept of healthy, meth-free sex. Peter Staley's latest ads, for example, feature posters of buff male models, accompanied by the slogan, "Crystal Free and Sexy."

New York City's health department contributed $300,000 last year to support the activists' education campaigns. More money is coming this year.
"When gay men saw their peers' lives destroyed, it was like another HIV/AIDS plague," said Brett Larson, director of the city's office of lesbian and gay health. "This was something they weren't going to tolerate. The community has done an incredible job getting the word out."

One of the celebrities who enlisted in the campaign is John Cameron Mitchell, director and star of the hit film "Hedwig and the Angry Inch." He has hosted a forum addressing meth's role in increasing HIV transmissions.

"I've seen a lot of friends wasting away – they start to look like a ghost and can't even see it," he said. "What we need are intelligent scare tactics, to convince people the drug is uncool."

Such messages may not sway hard-core users, Mitchell said, but should be targeted at gays who might be tempted to sample meth, particularly newcomers to big cities.

"You have a lot of young gay men coming into the city – they were the nerds in high school, the wallflower, the ugly kid," he said. "They feel the city is the place to be sexy, to be a star, and they get a false burst of confidence with a drug like this."

Health officials and activists hope to expand access to treatment programs for meth users and develop better techniques for combatting an addiction that is considered extremely tough to break. Treatment experts say any effective program needs counselors who understand the specific issues faced by gay men.

"Some of these guys need support around the clock – when they're online, wanting to go out and hook up," said Watt. "You have to be able to support them from 10 at night to 4 in the morning."

Internet gay sex sites are a particular concern to anti-meth activists. Staley said at least one major site has been cooperative, displaying health messages amid the dating profiles. Other sites have been slow to help, and personal ads hinting at sex-and-meth parties still appear, though less often than a year ago, he said.

In California, West Hollywood Mayor John Duran has been discussing anti-meth strategies with other players in the gay sex industry – including pornographic filmmakers and sex club operators.

"We're at a crossroads on the meth epidemic," said Duran, who is gay and HIV-positive. "We've reached the point where enough people in the gay community have lost enough friends that it's reached a level of urgency."

"We didn't come through the AIDS epidemic, and the battles over gays in the military and gay marriage, to end up here, a community filled with drug addicts," he said. "We've fought too long and too hard to let this drug take us down."

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Peter Staley started using crystal methamphetamine five years ago, becoming a regular user and then an addict. Though the stimulant was not making the headlines it is today, Staley was not the only gay male in New York who used the popular party drug. He said many used meth—and still do use it—to break down their inhibitions, often leading to sex without a condom.

But nobody was talking about it.

So, last year, Staley, who kicked his meth habit in 2003, decided to talk about it very publicly. He dug into his own pocket to fund a $6,000 ad campaign addressing the meth-HIV connection. The ads appeared all over phone booths in Manhattan’s Chelsea neighborhood, which has a large gay presence. “Buy Meth, Get HIV Free” was the slogan emblazoned atop an image of a well-endowed, very fit man with a disco ball for a head and a Speedo as his only garment.

The ads touched off a wave of controversy, and Staley said that was precisely the point.

“The No. 1 weapon we have is gay men talking to other gay men about the problem,” Staley said. “In the ‘80s, if someone would try to have sex with another man without a condom, they’d get a lecture. Why can’t we have that same sticking-up for ourselves with this problem?”

Though the drug has been primarily a rural and West Coast problem, meth has also become popular among gay men in urban areas. Earlier this year, a New York man with a super strain of HIV admitted his role in spreading the disease during a meth-fueled orgy.

Coupled with what the Centers for Disease Control and Prevention estimates to be a 14 percent rise in HIV diagnoses among gay men since 1999, the increasing prevalence of meth use among men who have sex with men has raised alarm among gay men’s health specialists and activists. Now they are creating campaigns of their own, in hopes of raising awareness about the dangers of meth.

One such campaign shows four naked, smiling men holding signs to cover their private parts. The signs read: “Crystal Free & Sexy.” A community group called HIV Forum NYC created the ad with the help of Staley. The ad runs in periodicals like HIV Plus...
magazine.

A similar magazine ad called “Crystal Breaks” ran in a special issue on meth addiction in The Advocate, a gay magazine. The photo features a shirtless, muscled man staring provocatively out from one page; on the following page, the image is shattered into shards of glass. The text reads: “Crystal meth puts you three times more at risk for HIV.” The Chicago Crystal Meth Task Force, an organization led by the AIDS Foundation of Chicago and the Chicago Department of Health, created the campaign.

But not everyone agrees with this kind of approach even when they agree with the intent behind it. Dan Savage, a Seattle-based, nationally syndicated sex columnist, said campaigns like these send the wrong message.

“The ads are saying ‘I’m sexy and there are a lot of people who are doing meth that look like this but I’m not one of them, believe it or not.’ It doesn’t work,” Savage said. “You’re an idiot if you do crystal meth, and that should be the campaign.”

Gay Men’s Health Crisis in New York said they have eschewed scare tactics in favor educational methods.

Their “crystal cards,” which are brochures distributed in bars, clubs and community organizations, use the banner “Crystal: It’s dangerous. Know the risks.” The cards have firsthand accounts from gay men who have used the drug and suffered the consequences.

Meth use is even a problem among gay men in Utah, where Mormons dominate the population. “The gut reaction from folks here in Salt Lake City is to go to that negative place, those scare tactics, telling them they’re bad,” said Daniel Ferguson of the Utah AIDS Foundation.

Ferguson said the foundation looked to the kinder, gentler campaigns in cities like San Francisco, Los Angeles, New York and Seattle and borrowed their phrasing for its own anti-meth advertising campaign.

“In a conservative environment such as Utah, if you’ve been told all your life that gay is wrong and sinful, using that same philosophy won’t help,” Ferguson said. “If we vilify people, telling them they’re stupid because they’re using, it’s only going to drive them further down that hole.”

George Ayala, director of the Los Angeles Institute of Gay Men’s Health, worked with Gay Men’s Health Crisis to develop their influential anti-meth campaign. The philosophy behind it, he said, is "harm prevention."

“The extent to which we sensationalize crystal is the degree to which we stigmatize crystal," Ayala said. "And when we do that, we run the risk of creating disincentives for men to come in for services or to get info about the consequences of crystal use.”

Staley, however, thinks the truth, no matter how ugly, can set meth users free.

"The truth itself is very stigmatizing," Staley said. "Some people call that wagging your finger. But it's just gay men looking out for each other."
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