

Feds Ignore Gay Crystal Meth Crisis;

Prometa Therapy Shows Promise in Curbing Meth Cravings

Crystal meth addiction "is like having sex with a gorilla. You're only done when the gorilla's done," Rebecca Kuhn, an HIV/AIDS specialist, told the *Long Beach Press-Telegram* last year for their excellent series, "The Meth Menace."

Scanning the White House drug policy Web site, it appears that drug czar John P. Walters understands the methamphetamine phenomenon nationwide: Approximately 1.4 million people reported using meth in the past year. But what Walters clearly missed is the big gorilla in the room—the HIV/STD and mental health epidemic crystal meth is creating in the gay community.

"Today we have to learn that meth is both a problem on the preventative side and the supply side," Walters said at an Aug. 1 news conference in North Carolina, *The Associated Press* reported. He advocated restrictions on over-the-counter cold medications with ingredients used to make meth in make-shift labs, tightening the U.S. borders to shut down drug trafficking from super-labs in California and Mexico, expanding random, voluntary drug testing in schools, and augmenting treatment for addicts.

Last June 28, the drug czar office's Dr. Bertha Madras testified before the House Availability and Effectiveness of Programs to Treat Victims of the Methamphetamine Epidemic subcommittee, saying that President Bush's FYI 2007 budget included a request for \$1.67 billion for the Substance Abuse Prevention and Treatment Block grant. The office also recently launched major campaigns targeting youth and the Hispanic community, according to their Web site, www.whitehousedrugpolicy.gov.

But the drug czar appears to have virtually ignored the gay community. In 1997, the office's publication *Pulse Check*, which tracks national trends in drug abuse, reported "considerable use" in Seattle's "gay community, and meth is found in many gay bars or clubs in the area. The Seattle source notes the dangerous upward trend in unprotected sex and intravenous use of methamphetamine in the gay community, where HIV seroprevalence rates are already close to 50."

But by 2004, there are few to no references to "gays" and crystal meth. In *Pulse Check's* 2004 "Snap shot" of Los Angeles, the only indication that gays use meth is the final note under marketing: "Web sites that focus on male-to-male sex sell methamphetamine online."



White House drug czar John P. Walters (left).



Additionally, in the California Prevention Plan, gays (and lesbians) ranked fifteenth out of 16 groups, just above "general population." The HIV-infected were listed eighth.

Meanwhile, there is evidence in the gay community that meth addiction is intertwined with sexuality and the spread of STDs such as HIV and syphilis. A study by University of California San Francisco revealed, for instance, that meth use by HIV-positive people quadruples the risk of unprotected insertive sex with an HIV-negative person or a person of unknown status, increases the risk of transmitting drug-resistant strains of HIV, and raises the risk of having unsafe sex with a partner of unknown status if used with Viagra, according to Dr. Dan Bowers from an article in *HIV Plus* magazine posted on www.lifeformeth.com.

Additionally, studies presented at the 2004 National STD Prevention Conference indicated that "recreational use of the impotence drug Viagra and crystal methamphetamine appear

to be 'fueling' increases in the number of syphilis, HIV and other sexually transmitted disease cases among men who have sex with men," Kaiser Family.org quoted the *Atlanta Journal Constitution* as reporting.

New studies also indicate that meth is different from other drugs: It radically changes brain chemistry. The National Institute of Drug Abuse notes that, in contrast to cocaine, "which is quickly removed and almost completely metabolized in the body, methamphetamine has a much longer duration of action and a larger percentage of the drug remains unchanged in the body. This results in methamphetamine being present in the brain longer, which ultimately leads to prolonged stimulant effects." Chronic meth use can lead to heart problems, irreversible, stroke-producing damage to small blood vessels in the brain, (sometimes death if an overdose is not quickly treated), violent rages, intense paranoia, anxiety, confusion, insomnia, hallucinations, progressive social and occupational

deterioration, and psychotic symptoms that can sometimes persist for months or years after use has ceased, NIDA reports. (For more information, visit www.nida.nih.gov.)

But meth heads don't care—they crave that dopamine fix. As Don McVinnay of New York's Harm Reduction Institute explained at the First National Conference on Methamphetamine, HIV, and Hepatitis last August in Salt Lake City, while cocaine produces dopamine levels 400 percent of basal release levels to the pleasure/reward center of the brain, methamphetamine boosts dopamine release by up to 1,500 percent.

"There is definite evidence that prolonged exposure to drug abuse causes changes in the brain," says Dr. Matt Torrington, medical director of Matrix Institute's Narcotic Treatment Program and of the Prometa Center in Santa Monica. "By way of analogy, you get 85 cents for eating, \$2 for sleeping, \$10 for having sex, but meth pays \$1,000."

Torrington has had a high success rate using Prometa, a new treatment that combines two drugs already approved by the Food and Drug Administration, as a "biologic" intervention to stop meth cravings.

"I've personally treated over 100 patients and 99 percent of them have experienced a dramatic reduction or elimination of craving," Torrington told *IN*. He emphasized that, "recovery from addiction requires a combination of biologic, psychological, and social changes. All three are needed for success. My patients who have not been able to remain abstinent usually say it's because I didn't do the other stuff."

Prometa, currently undergoing a protocol at UCLA, is the first biological intervention to rapidly halt cravings and "create an opportunity" for psychological and social changes.

"Prometa is part of a balanced breakfast. It is not a balanced breakfast," Torrington said. "Prometa is not the solution. Prometa can be part of the solution. But we haven't had anything to help people stop craving. So when they start trying to do their psychological and social change, their brain is saying: 'Get meth or die Get meth or die Get meth or die Get meth or die Get meth or die.' That's why Prometa's so good."

Unfortunately, Prometa does not appear to be on drug czar Walter's radar.

For more information on Prometa, go to www.prometainfo.com. The Prometa Center also participates in low-cost programs through www.enddependence.org.