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COMMUNITY, EXPERTS MEET ON DRUG MENACE

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``Crystal meth is the devil. And I hate it. I will get that out of the way first."

With that, Matt Seyden started his speech on his spiraling journey into the dark, desperate world of crystal methamphetamine, and his slow struggle to pull himself out of the drug's stranglehold.

``The self that I was before crystal meth is gone," he said, adding, ``It is incomprehensible demoralization. It is hopelessness that I have no words for." Nearly 200 people packed a meeting room at St. Mary Medical Center for a forum on the dangers of crystal meth, its ties to HIV and the actions that need to be taken to address what doctors, health experts and researchers have called an epidemic.

Hosted by the Comprehensive AIDS Resource and Education program and the Long Beach Department of Health and Human Services, the forum, dubbed Meth 101, was an attempt by a group of local drug and AIDS treatment agencies to educate residents and to seek community input on ways to combat the drug. It was also the city's first collaborative approach to find solutions to the problem.

Experts will use insight from the forum to draft a list of recommended solutions. Andrew Signey, director of CARE, said he expects to bring that plan to the City Council in about two months.

More than 12 million people nationwide have used meth, and about 1.5 million use the stimulant regularly, according to the 2003 National Survey on Drug Use and Health.

``This is a multi-disciplinary problem requiring a multidisciplinary solution," said Nettie DeAugustine, preventive health bureau manager at the Long Beach Health Department.

As the program drew to a close, Elizabeth Eastlund, substance abuse and mental health coordinator at CARE and one of the forum's main organizers, said she could already see patterns in comments from the audience.

Funding is critical, she said, adding that people were talking about social marketing and different models of treatment.

People also talked about deglamorizing the drug and making it "less cool." Eastlund pointed to the importance of alternatives for those who are resistant to 12-step programs.

"There's got to be more compassion," she said. "And we've got to take the judgment out of the people we're treating."

When used, crystal meth releases a flood of dopamine to the brain, causing a euphoric adrenaline rush and a high that can last as long as 12 hours.

It releases what Dr. **Rebecca Kuhn**, internist and HIV specialist, called a pleasure juice, but over time, she said, "you get this depletion." With that comes a host of medical complications. Among them: accelerated heart beat, elevated blood pressure, hypertension, chest pain, irreversible damage to vessels in the brain, severe muscle breakdown, depression, psychosis, skin abscesses, cellulitis and erectile dysfunction.

Sherry Larkins, a substance abuse researcher at UCLA, spoke on the drug's link to HIV and other sexually transmitted diseases.

"It's well-documented that people just don't engage in the same level of high-risk behavior off the drug as on the drug," she said.

Her team has performed research that shows that as the use of the drug increases, so does the likelihood of getting HIV.

Research also has shown that by stopping meth use, people reduce their risky sexual behaviors and their chances of infection.

"Drug treatment works big time for HIV prevention," Larkins said.

Monica Weil, director of the Long Beach Services for Tarzana Treatment Centers, said that the problem transcends the gay community. Treatment providers need to be candid with addicts about sexual behaviors, sexual abuse and trauma.

"The heartbreak for clinicians of this disease is that it lowers impulse control and heightens sexual activity," she said. "It spreads the increase of HIV, and we in the field have to watch people die and that just kills us."

The Long Beach Department of Health and Human Services started making the connection between meth and HIV when they became aware of a syphilis outbreak in the community in 2000. A high percentage of those diagnosed with syphilis were using meth, health workers noticed. And the drug was prompting high-risk sexual behavior and a complacency about that behavior, DeAugustine said.

Meth use has risen steadily since.

For Seyden, every day is still a struggle.

"There's a thing that recovering tweakers call spinning," Seyden said as he spoke. "I'm spinning right now. Talking about it makes me feel like I'm reliving it."

His advice: to gently try to get people into a 12-step program, and to build a support system to prevent relapse.

"It's taken away my sense of self-esteem," he said. "It's altered my mind; it's altered my health; it's altered my sense of communication. It is truly frightening to be in this place of my life now."