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THE METH MENACE

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The problem is undisputed -- and overwhelming. The solution is unclear.

Health experts and policymakers are searching for ways to release crystal meth's stranglehold on Long Beach and urban and rural communities across the map.

Some say the solution requires more collaboration among providers of substance abuse and HIV prevention. Some contend it lies in treatment designed specifically to serve gay men. And others say it calls for increased awareness citywide.

One of the first legislative targets: expanding a California law that prohibits any retailer from selling a customer more than three packages of products, like many common cold medicines, containing pseudoephedrine, a main ingredient in crystal meth.

Senators Dianne Feinstein, D-Calif., and Jim Talent, R-Mo., have proposed legislation that would take this a step further, and clamp down on the drug nationwide.

The bill, which cleared the senate judiciary committee July 28, would put cold pills containing pseudoephedrine behind the pharmacy counter and restrict the amount a person can buy to 7.5 grams a month. It is modeled after a similar Oklahoma law that passed last year, and has since led to an 80 percent drop in meth lab seizures in that state. "We're trying to create a national standard," said Howard Gantman, spokesman for Feinstein. Expected to reach the Senate floor by September, the bill also calls for creating a national meth treatment center and authorizing \$43 million for enforcement, training, and research on the drug.

On the local level, the battle against the dangerous drug takes many different forms. Various health agencies in Long Beach have programs to tackle

crystal meth and its link to HIV and other STDs. The Comprehensive AIDS Resource Education (CARE) program at St. Mary Medical Center and the Gay and Lesbian Center have counseling services for addicts. Being Alive Long Beach, a coalition for people living with HIV and AIDS, and the Cal State Long Beach Center for Behavioral Research and Services provide condoms, counseling and referrals to users on the streets and in bars.

But the main element missing in Long Beach is leadership, said Steven Shoptaw, a UCLA-based psychologist and a pioneer in HIV and meth research. "There's no one with big guns coming in," he said.

Nettie DeAugustine, preventive health bureau manager at the Long Beach Health Department, agrees that the issue calls for more sharing of resources.

"We've all got bits and pieces of the research, but we really haven't addressed it together," she said. More collaboration among the agencies would reduce the risk of duplication of services and could also lead to more seamless referrals and a stronger support network for addicts, "where we operate as one big, healthy group of providers," DeAugustine added. Merrill L. Irving, director of programs at the Long Beach Gay and Lesbian Center, has teamed up with city activist John Kirby and HIV specialist Todd Stevens to design a task force that he hopes will do just that. The group would address the problem of crystal meth in Long Beach's gay community. "I know the statistics and know how closely tied (crystal meth) is to HIV," Irving said.

"There's a gap within our own programs. The mission would be to address what are the needs, what are the gaps." The task force would be made up of health providers, researchers, counselors and political leaders from agencies such as CARE, the health department, Redgate Memorial Recovery Center and the Center for Behavioral Research and Services, Kirby said. "We want former users, people in recovery, sensitive mental health workers, sensitive police officers ...," Kirby said. "We want moms and dads. We want kids whose moms are in jail because of this stuff. We want counselors who work with kids in high schools and middle schools. We want discharge planners from emergency rooms and hospitals." "Logical vehicle"

City Councilman Dan Baker called the Gay and Lesbian Center "an appropriate vehicle and a very logical vehicle for that type of leadership."

Baker has asked the health department to brief the council on crystal meth at its Aug. 16 City Council meeting. "I'm going to stress that the city plays a unified role in bringing service providers together," he said. "I'm going to have the health department brief the council on exactly the status of the crisis, their perception of what's happening in Long Beach, what they are doing and what we can do to address it," he said.

C.J. Derby, a longtime leader in Long Beach's gay community, wants to see an increase in citywide awareness of crystal meth, especially among gay men.

"I think a lot of people are in denial about how strong it is," Derby said.

"Our city needs to bring it out in every public venue it can, so that the addiction itself isn't hidden and so that recovery options aren't hidden.

Awareness could take the form of fliers, postcards or even billboards

addressing the problem, such as those that sprung up in New York in January 2004.

“Having billboards out there helps friends and families say, ‘This is a big problem,’ Derby said. “They would, therefore, be more likely to see signs and symptoms of people they love. For the family, it gives them cover and permission to bring up the subject. For an addict, it lets them know that this is a real problem, and they’re not only ones addicted.” Elizabeth Eastlund, substance abuse and mental health coordinator at the CARE program, has used an \$8,500 grant from the Kaiser Foundation to train six peer support counselors to work with crystal meth addicts and to launch a small social marketing campaign. The campaign consists of a series of postcards: “The doc says I have to stop using crystal if I want to survive, but speed and sex are the only pleasures I have left,” reads one. “Got HIV? Still Using Crystal?” says another.

The postcards will be distributed to bars and treatment agencies in the city. Eastlund is also the force behind the city’s first crystal meth awareness event, “Tina’s a Drag,” a play on a common nickname for meth. The show, set for Oct. 1, will include music, workshops, a drag show and information on recovery resources.

Gay-specific treatment

Also missing in the city is treatment specifically designed for gay men struggling to get off of meth, said Alyce Belford, administrator at Redgate. Patrick Piper, a behavioral interventions trainer who leads workshops on crystal meth and its role in the gay community, agreed. “A gay man is going to be a little reluctant to sit among a group of heterosexual counterparts and talk about using meth for three days and going onto the Internet and into bathhouses,” Piper said. Shoptaw and Cathy Reback, director of the prevention division of Van Ness Recovery House in Los Angeles, have studied thousands of gay men undergoing treatment for crystal meth addiction. They’ve found that gay men initially respond best to treatment that tackles cultural issues specifically suited to them.

“We use triggers that these guys can relate to: going to a circuit party, going to a bathhouse ...,” Reback said. “We don’t talk about Super Bowl Sunday, we talk about Halloween.” Jimmy Smith, a 39-year-old gay recovering crystal meth addict, undergoing treatment at Long Beach’s Redgate center, rejects the idea of gay-specific treatment, echoing sentiments shared by some addicts. “The world isn’t gay,” he said. “Being clean isn’t about sexuality; it’s about living with yourself.”

While Kathy Watt, executive director of Van Ness, doesn’t believe that all gay men need gay-specific treatment, she says it can be helpful for men those who used crystal meth for sexual enhancement.

Developing a healthy sexual life without meth is one of the core elements of

the treatment program at Van Ness, which is targeted toward gay, lesbian and transgender addicts.

“We all have the right to be sexual and if people don't have the tools to do that in the right way, they're not going to succeed,” Watt said.

Grueling process

More than any other drug, recovery from crystal meth is a grueling, slippery process, marked by anger, frustration and frequent relapse, said **Rebecca Kuhn**, an internal medicine doctor and HIV and AIDS specialist at CARE.

She described it bluntly, as said by one of her patients:

“The addiction is like having sex with a gorilla. You're only done when the gorilla's done.” Long-term studies show that the most important thing is that users get themselves into some kind of treatment, regardless of the philosophy, Shoptaw said.

“If somebody decides that they want to quit, they need to be able to access support immediately,” Piper said. But sometimes treatment is hard to get. Facilities are expensive, and those that aren't have waits as long as three months. Costs vary widely. Some centers can cost several thousand dollars, others provide free services. Certain patients, such as those with little income or those who are HIV-positive, are sometimes eligible for certain grants. But patients without insurance are often forced to wait for several months.

“The waiting list for in-house treatment is 9 miles long and people often don't have insurance ...,” Piper said. “There needs to be more treatment available, and we need to advocate to our funders that this is a need.”

Funding is a problem everywhere. HIV and AIDS treatment programs are feeling the effects of sharp budget cutbacks at the state and federal levels. The Center for Behavioral Research and Services at Cal State Long Beach does HIV and STD testing, outreach and research with a focus on substance abuse and health issues of the gay community. But with funding nearly halved in the past five years, the number of full-time employees has nosedived from 50 to 12. With more funding, the center could expand programs it already has, said Dennis Fisher, the center's director.

“We would have greatly expanded hours, we wouldn't have to close during part of the day and we would have more people in the field,” he said. “We would have wireless communication with the field staff and a fully operational Web site. And all of our computers wouldn't be completely obsolete.” Even as funding has dwindled, the demand for the program has grown.

“The bottom line is we're doing the best we can, and we'd like to be doing more,” Fisher said.

The Health Department and the CARE program haven't faced funding cuts, but officials there agree that funding is tight, especially with increasing demand.

“We're going to be seeing more and more people living with HIV, so how are we going to continue to serve with flat funding?” Eastlund said.

Despair, but hope

Having treated hundreds of HIV-positive crystal meth addicts, Kuhn has seen firsthand the scope of the problem and knows how tricky it is to treat.

Kuhn is known for a blunt, candid approach with her patients. When they look awful, she tells them. And in turn, they talk to her about bathhouses, sex parties and their drug-fueled lifestyles. She urges them to stop taking actions that would risk spreading HIV. And she tells them she won't judge them. She thinks there are problems deeper than just drugs and sex in the HIV community that lead to alienation and propel people toward drug use.

"We're dealing with a multilayered epidemic," Kuhn said. "There's a lack of something real to believe in, and a lack of hope. There's a lot of despair. We need to look at why someone would go out and have unprotected sex knowing they could be infecting other people."

"I said to one of my crystal meth sex addicts, 'Just answer one more question for me. Is this all there is?'" Kuhn said. "'Do you ever walk down the street, do you ever lie in your bed at night and think, is this all there is? All this sex and disease, is this all there is?'"

Kuhn also thinks the answer lies in a mobilized community response.

"It's a war," she said. "It's about shame. It's about the Internet. It's about HIV. It's about condoms. ..." she said. "I truly do believe that there are dots that haven't been connected yet ... psycho-social, spiritual, medical, recovery. ... We haven't figured out how to string them all together."

At a recent workshop in Long Beach, Piper warned service providers against creating hysteria and stigma about crystal meth in the gay community.

He showed a recent series of national headlines: "Health Officials Warn," said one. "Gay Men Feared," said another.

"I want to caution us from using these terms," he said. "I happen to be one of those people who believe that not all drug users are pathological freak-out people," he said.

Piper's main suggestion is to focus on solution, not dwell on the problem.

There has to be a shift in collective thinking away from stigma, Kuhn concurred: "I'd like to see more compassion and willingness for people to consider the possibility that this epidemic is more than just a bunch of guys in a corner, having sex. These guys sitting in the corner, these are the most precious guys I've ever met."

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-- Howard Gantman, spokesman for Sen. Dianne Feinstein, D-Calif., on a bill to create a national meth treatment center that authorizes \$43 million for enforcement, training, and research on the drug.

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