

BLUEPRINT

A Community Response to Crystal Meth



A Blueprint Guide to Supporting Black and Latino MSM Who Use Crystal Meth

October 2018

Executive Summary

We know that Black and Latino men who have sex with men (MSM) are using crystal methamphetamine (meth), and that there is limited guidance and resources specifically targeted for this community to reduce risk and promote safe use. Providers are often uninformed about this community using crystal meth in the first place, let alone know how to ask questions and engage to address risk. In this report, we explore and share the findings of a community provider assessment and conversations with Black and Latino MSM who use crystal meth to highlight the experiences, needs, and suggestions for resources to promote conversation and develop risk reduction tools in an informed way.

“Service providers must understand Harm Reduction and HIV, but they must know something about the history and culture of the communities they are serving. This moves beyond cultural competence, and toward a kind of cultural respect and literacy.”

—CHARLES STEPHENS, THE COUNTER NARRATIVE PROJECT

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Find more information on our website:

harmreduction.org/crystalmethblueprint

This project was supported with funding from Gilead to explore the intersections of crystal meth use among Black and Latino men who have sex with men (MSM) and develop guidance for best practices and resources to support health and wellbeing.

I. Overview

Harm Reduction Coalition partnered with BEAM (Black Emotional & Mental Health) Collective and the Counter Narrative Project (CNP) to learn more about crystal methamphetamine use among Black and Latino men who have sex with men (MSM)—including why they are using crystal meth, unmet health and social needs, and suggestions for resources and tools to stay healthy and safe. The information in this report include two primary sources: (a) survey data from social service and health providers across the country, and (b) narratives from Black and Latino MSM who use crystal meth. In April 2018, we conducted an online survey of 182 providers across 24 states, including health educators, medical assistants, social workers, program directors, and clinicians. The survey data provided us with a background of how informed they are about crystal meth use among Black and Latino MSM, how confident they are in discussing crystal meth use and risks, and what resources and tools would be useful to support their level of awareness and ability to have these discussions. The narratives from Black and Latino MSM who use crystal meth come from focus groups that were conducted online. Questions were developed after we analyzed the findings from the survey data to better understand the experiences of crystal meth use, talking to providers, where they seek information and resources, and what would be useful in a future toolkit. Next, we'll discuss what we learned about why and how Black and Latino MSM use crystal meth.

What is crystal methamphetamine?

Crystal methamphetamine (meth) is a synthetic illicit stimulant that affects the central nervous system (CNS) and has a crystalline-like appearance. It can act as an upper to make people feel more awake, active, sensitive, and sexual. People can use crystal meth a variety of ways, including injecting, snorting, smoking, and booty-bumping (i.e. administered in the rectum) and risks are related to the route of administration, experience and tolerance of the drug, and any co-occurring health conditions. Like other drugs, these risks are compounded by social determinants of health, including access to resources, housing, healthcare, social networks, and other aspects related to the person's sociocultural identities.

What crystal meth use looks like among Black & Latino men who have sex with men (MSM)

Why are people using crystal meth?

One word: sex. Black and Latino MSM overwhelmingly described crystal meth use as a tool to enhance a sexual experience and to promote connection and intimacy. Similar to what we knew before about crystal meth use in white MSM communities, it is used in the context of what we call "chemsex" or "Party and Play" or "parTy" which is using drugs during sex to enhance or improve the experience, releasing inhibition and having fun.

"When I was using [crystal meth], I used it for sex. If I wasn't having sex there wasn't a reason for me to use it." —BLACK, SOUTH (AGE 32)

Where and when are people using crystal meth?

There are a variety of places and contexts where people may be using crystal meth, and they're all tied to having sex. Whether it's at a house party with other people to a one-on-one encounter, Black and Latino MSM connect with each other in online spaces (such as hook-up sites like Grindr, Jackd, Scruff, and online forums) to meet up. A culture of sharing indicators—including phrases like "mild to wild" or "blowing clouds" or "do you parTy?," or use of emojis such as diamonds and clouds—to communicate interest in engaging in crystal meth use during sex.

"You can see it subtly on Grindr profiles or other online profiles: the phrase 'mild to wild' is a very good indicator that the person uses meth or is in the scene or diamond emojis (💎), those are another good indicator the person is into meth." —LATINO, WEST COAST (AGE 25)

How are people using crystal meth?

We heard that people use crystal meth in a variety of ways, and that for people who injected crystal meth there were a few key components to doing it safely. First, in group or one-on-one situations, someone may inject someone else if they aren't able to do it themselves and are referred to as the "administrators." We also heard that the most accessible and reliable source of syringes was from drug dealers and large chain pharmacies or "hood pharmacies" which gatekeep less around safer injection supplies.

What are the perceived risks of using crystal meth?

We usually talk a lot about health risks when we think about drug use, and safety is synonymous with harm reduction practices that reduce these health risks. **However, we learned that the top priority risks for Black and Latino MSM were social risks, including but not limited to:**

Looks and appearance. We heard that people had heard from others how meth was impacting their physical appearance (e.g. teeth, weight, sudden weight loss, skin, looking ill) and the impact that has on their social standing.

"Crystal meth it kinda messed me up... I'm a very attractive male so at the end of the day it's like when your friends take notice, when you're friends actually take notice of what you actually look like, what your face actually looks like, the marks on your face, your face looks dried out, you look sick, you look hungry, you're sweaty, your teeth start to look bad... I mean it definitely changes your appearance." —BLACK, SOUTH, (AGE 32)

"You might look hungry, you might have been up three or four days, it shows on you, it shows on your face... I know with me, my family members were like 'well your losing weight' and I was like wow... one of my key thing is feed your drug, eat and drink. If you're doing drugs, make sure you eat, make sure you drink water. That's the main thing, but crystal meth it kind surpasses all that because it has you on one track really, you don't really focus on what you need to focus on." —BLACK, SOUTH, (AGE 38)

Not being able to enjoy sex. We heard that sex was more wild and pleasurable, without inhibition and ability to connect with someone, and without crystal meth they didn't enjoy it as much.

"It is hard for people because they don't have the same sex as if they were sober. They not even have access to the same people if they were not using the drug or to the same spaces either. It is not even just meth. People use GHB of other variations of that drug to enhance their sex. It is a whole world on its own too and that is the big allure too. I realized wow my sex is going to turn really bland if I am not using this or I am not with these people."

—LATINO, WEST COAST, (AGE 25)

Situational risk. We heard from nearly everyone that they had shown up to a situation where they were going to use crystal meth and have sex that was different than their expectations, feeling a loss of control over the situation or uncertainty about how much they could trust the person or people around them.

"Always try to maintain control... don't go any place you're not familiar with. You can't trust everybody, but you can trust yourself so if it doesn't sound right, just don't do it. I've gone places with no ID, no wallet just the stuff I needed to make sure no one robs me for anything... And

I always watch, even though I might not pay attention totally 100%, I'm always watching people and I make sure that if I'm somewhere and someone is like 'Let me invite these people,' and sometimes its like imma invite one person and then they bring five people with them... What I always tell people is don't show up to places already high... and with meth, it's not like ecstasy... you know what you're doing, you just don't want to control it." —BLACK, SOUTH, (AGE 38)

Loss of control in the moment. Feeling an inability to manage emotions, including anger, to experiencing paranoia, hallucinations, and panic attacks when using.

"I have a temper when I'm sober, so [when using meth] the smallest thing will make me explode."

—BLACK, SOUTH, (AGE 32)

"[Before I started using] I wish I would have known that you may feel shit, but nothing's really fucking there, like you may feel shit crawling on you, and I messed up... messed up my body [from scratching] for this damn drug."

—BLACK, SOUTH (AGE 32)

"If you're paranoid, you're probably going to be super paranoid." —BLACK, SOUTH (AGE 38)

Loss of stability. Ongoing drug use could potentially lead to losing a job, housing, social relationships, and general community networks and ties.

"I have seen men, who look outwardly successful use it and seen how they lose everything (their house, their jobs, their security) due to their use... It is a really slippery slope and I have seen so many guys get lost and lose everything that I think it is way too much of a risk."

—LATINO, WEST COAST, (AGE 25)

Health risks. While secondary to the social risks, we did hear that people had experienced injection-related infections and for people who were HIV positive that there was some concern crystal meth impacted the efficacy of their medication and, in turn, their viral loads.

[Someone tried to administer it and they did not do it right] "I think it got stuck in my system... I did not fully feel it after two days, I started having a panic attack. I started having swelling of arms and I had panic attack. I took myself to the ER, and they just told me to put a hot compress on it and to stop using." After a while the symptoms went away on their own."

—LATINO, WEST COAST, (AGE 25)

"It's made it more wild and there are time where I question myself and I wonder, 'wow I would not have had these experiences, these sexual experiences, if I wasn't doing this, if I wasn't using meth.' It makes men want to have sex more and with more people."

—LATINO, WEST COAST, (AGE 25)

II. Provider Roles

Now that we have a foundational understanding of why Black and Latino MSM use crystal meth and some of the conditions and perceived risks, let's talk about what providers know, and who Black/Latino MSM would recommend having these discussions.

Non-clinical providers are more likely to, and more confident in, discussing crystal meth use.

We learned that the people who were most confident discussing crystal meth use tended to be people who were working in the field on a variety of both health and social issues (e.g. outreach workers, health educators, and case managers) versus clinical providers who were tasked with medical service provision. Two thirds (67%) of providers said they knew where to refer someone for support services related to harm reduction programs.

"[Doctors are] definitely not knowledgeable. I think it is new to more general physicians and the ones you just go to get a physical don't know much about it. The ones that I realized are a little bit more sensitive are the mental health providers, especially the ones specifically geared toward LGBTQ patients...they are the ones that don't make you feel stigma....cause I felt like I have been stigmatized for it." —BLACK, SOUTH (AGE 35)

"My case manager was very welcoming..."
—BLACK, SOUTH (AGE 32)

Providers are not asking about crystal meth use.

We learned that the majority of providers said they were unsure if Black and Latino MSM were using crystal meth. Only half (54%) of providers said they brought up drug use if it came up naturally in conversation.

"Even when I go to meetings that not something they ask me, like 'what other drugs have you done', It's never crystal meth. I think it's a new ki in the community, they are not really competent with that."
—BLACK, SOUTH (AGE 38)

"We need to stop separating. It's kind of like [meth] is separated from all the rest of them. Even with my own experience of going to the doctor, I was asked about every other drug except crystal meth, because you're assuming that because I have Black skin or my skin is darker that I don't have access to that."
—BLACK, SOUTH (AGE, 38)

There is room for more education about crystal meth use and the intersections with black and latino MSM.

Providers acknowledged they need to learn how to be more culturally competent and sensitive when working with Black and Latino MSM who use crystal meth in order to develop trust not to perpetuate stigma.

"The one time I was injected, where I had the negative reaction and went to the ER, I was waiting with everyone and I was talking to the doctor and told him straight up "I injected meth a couple of days ago and I am having this reaction" and I forget what he said, but he kind of made a joke out of it and was kind of "maybe you should stop using meth". And I get that, I understand that, but that comment and attitude is not helping me at all and it is making me feel really stupid right now in front of a lot of people."

—LATINO, WEST COAST (AGE 25)

Providers recognize that this is tied to other needs.

We heard that providers said that they didn't have information about the intersection of mental health and crystal meth use and resources for people experiencing homelessness/survival sex that may be related to why people are using crystal meth.

"The most compassionate thing to do is to ask to get to the root. Not making it about the drug use because when you make it about the drug use it goes back to that stigma and shame...It would be helpful if providers were aware of the higher possibility that Latino and Black men can experience barriers to access, like language barriers or knowledge of resources...I've seen some places offer bus tickets or vouchers. I think that is really good and providers should do that. If providers use questionnaires that they ask questions it would be useful to ask about income, to ask about job stability. I think asking about that is super important because when you don't have a job it can also be very depressing and creates a sense of being stalled. Feeling down and low about not having a job made me start using more and then in turn I would not be looking for jobs... providers should ask Black and Latino men about their prospects, how do they feel themselves and give them the option of come out of the scene"

—LATINO, WEST COAST (AGE, 25)

"Physicians need to ask more questions. Recently when I went to get PreP the physician asked me 'Is this a concern to you? (his crystal meth use)... Would you like to be connected to mental health services?' and I said 'yes' but was never connected. It is extremely important if they are going to be asking or connecting people to mental health resources they should actually follow up."
—LATINO, WEST COAST (AGE, 25)

Tips & Takeaways for Providers

FOR NON-CLINICAL PROVIDERS

- **Clinical providers can be intentional about asking Black and Latino MSM about crystal meth use.** Brush up on some of the reasons why people may use crystal meth and the cultural context for use (e.g. party and play, intimacy) to be more well-rounded.
- **Partner with providers who are already confident and have trust/rapport building skills.** Connect with your local harm reduction program, LGBTQ centers and providers, and other outreach teams that may connect with this community.

FOR PROVIDERS ASKING ABOUT CRYSTAL METH

- **Don't assume. Always include crystal meth on your list of drugs you ask about.** Because of the perception that crystal meth use is a “white people,” “strung out” drug, Black and Latino MSM who are using crystal meth even occasionally don't feel like there's space to talk about their needs with providers unless they bring it up themselves.

FOR EDUCATORS

- **Stigmatizing experiences perpetuate distrust.** The only way to move forward is to be open to learn more about diverse reasons Black and Latino use crystal meth, what purpose crystal meth has in their lives (provides opportunities to feel pleasure and have fun, allows them to connect to each other and experience intimacy without feeling shame) and ask them how they can support them/offer them referrals to other supportive services such as mental health or harm reduction services.

FOR INTERSECTIONS WITH MENTAL HEALTH OR HOMELESSNESS

- **Crystal meth use is complicated and is a symptom of other needs** including unmet mental health needs and sense of belonging / connection and self-worth, and housing security and social stability.
- **Providers need to build up a strong network of referral sources to address these other underlying issues** and support a warm hand off and follow up by building these partnerships where you know Black and Latino MSM who use crystal meth will be treated with respect.
- **Listen, refer, and follow up.** We heard that one of the key parts of developing trust and rapport is to “not let us fall through the cracks.” Following up on referrals is helpful to be sure that your participant is able to get the services they requested—and it also shows that you care.

III. Cultural Considerations Specific to the Black & Latino MSM community

It goes deeper than crystal meth, sex, and support services.

This is about the impact of racism and homophobia that contribute to internalized stigma and challenges with building intimacy without drugs. It is about filling attachment voids. Recognizing the specific role that crystal meth plays in the sexual experiences of Black and Latino men who have sex with men is an essential aspect of providing resources and services that meet their needs

"There is stigma around in the Black community about being gay, then there's stigma about being on drugs, there's stigma about HIV, there's stigma all around."
—BLACK, SOUTH (AGE, 38)

"Not only is it supper addicting, you have the component of sex, you have the component of... I mean I want to call it intimacy, but it is artificial too. It is not a real intimacy. We are seeking these momentary connections but they are based on the sex and the drugs. If the sex and the drugs aren't there then you don't really have that connection. I think a lot of guys get stuck because as gay/queer men it is hard for us to find acceptance. And I think there is a lot of lack of intimacy in general so I think a lot of guys get addicted to it and it becomes a crutch." —LATINO, WEST COAST (AGE, 26)

Ed Buck and Gemmel Moore

In 2017, reports that a well-known White politician named Ed Buck (age 63) was involved in a situation where a young Black man named Gemmel Moore (age 26) was invited to Buck's home and subsequently died of an overdose. Ed Buck runs in LGBTQ politician circles and has a history of donating to democratic campaigns. Gemmel Moore was a queer black man experiencing homelessness and engaging in escort work. The original charges brought forth to Ed Buck were dropped and recently have been re-opened as a result of advocacy on behalf of community members in Gemmel's community.

"Using meth... It is a lot of fun, but is not real. It is very momentary. I had a need for intimacy that was not fulfilled and I kept coming back. So I would tell myself to go to counseling. I think a lot of these guys need mental health services and community building. I think 'wow these guys are meeting, why can't this meeting be without the meth? Why not have sex parties without crystal?'" —LATINO, WEST COAST (AGE, 26)

Risks for Black and Latino MSM are unique because of power dynamics at the intersection of race and class.

Their bodies are fetishized by white men, which gives white men the opportunity to exercise their power and access to resources and drugs in unequal and potentially dangerous ways over black and Latino MSM.

"This makes me think of the story of Ed Buck. Ed Buck is a politician and his victim was a Black male gay sex worker. Ed Buck is this liberal democratic politician who helped fund the Hillary Clinton campaign. He is a White, known, respected LGBT politician and he was caught in this scandal [involving] a young Black male sex worker.... There was not that much media coverage and when I think of that I think all the times where White men have that power and that access to elicit men like myself."
—LATINO, WEST COAST (AGE, 26)

"It is very reflective of our social dynamics. I will say for myself that I had some memorable nights with white men and that is because they have their own homes, they have money and they usually have access to more partners... I don't identify as a sex worker but I feel what I am doing is very transactional as well. I realize is more likely for me to go to someone's house if they have a house, if they actually live in a nice house and they have drugs." —LATINO, WEST COAST (AGE, 26)

"What I've noticed in Atlanta, there's a lot of White dealers and White people that have access to the drugs, and they may use the Black gay males to like, make money or prostitute them in their own way... It's almost like the White person who has the drugs or the money or whatever is like the pimp and is pimping the Black guys a lot... you'll have someone invite you to a place and it's like, what's REALLY going on here?" —BLACK, SOUTH (AGE, 32)

"It's like the white guys here, they love Black boys and [crystal meth] is they only they'll be able to get them for free." —BLACK, SOUTH (AGE, 38)

Generally, people of color (POC) communities are under-resourced.

POC are disproportionately impacted by housing insecurity, job access, policing, health disparities, access to education, and access to culturally competent mental / behavioral health services. Further research should look at how crystal meth use has become a substitute for meaningful, loving, and vulnerable connection and attachment in male same gender loving singles and couples.

"Sometimes it's just mental issue... specially Black men, we don't have the support that we need, like that confidence. Not for someone to baby you along, but just someone to pick you up or mentor, someone you can look up to, like hope. To give us hope or just some things that are surrounded by us. We don't have that."

—BLACK, SOUTH (AGE 38)

"I think there is a difference in access to resources between white men and black and latino men, like stability and black and latino men have harder time, struggling with this reality. I have seen latino men who are immigrants and don't speak english fluently or they work more menial jobs, they are in their 30s or 40s and I think they are likely to get stuck in that scene. It is harder when you don't have resources or when you don't have that knowledge that you can go seek help."

—BLACK, SOUTH (AGE 35)

"We must not only focus on what we seek to reduce as in the context of reducing harm but also what we want to reinforce, inspire and build upon. What do we seek to proliferate and strengthen? Any programmatic or clinical response to supporting black gay men who use crystal meth must be built upon our joy and pleasure. We must build upon the things that we find most sacred and the things that inspire not only resilience but agency. Community based organizations should have affirming images and messages spread throughout their spaces. There should be quotes by Essex Hemphill and Joseph Beam on the walls, two important black gay artists that are critical figures in our movement history. There should be opportunities to not only share our most painful stories, but our most joyous and defiant ones as well. Service providers must understand Harm Reduction and HIV, but they must know something about the history and culture of the communities they are serving. This moves beyond cultural competence, and moves us toward a kind of cultural respect and literacy."

—CHARLES STEPHENS, THE COUNTER NARRATIVE PROJECT

IV. Guidance for Developing Resources

Focus on the facts and don't over-glamorize crystal meth.

Be pragmatic and real about what the risks are—including social risks—and how it's related to community. When talking about meth use be sensitive and aware that just the conversation is enough to be trigger. Check in with the person you are speaking with often, and know when to stop or change the conversation, and when to come back to the topic. One of the only places for resources is Tweaker.org. Something more practical and fact-based would be helpful.

Online community is critical.

People are connecting online for sex and drugs so put resources where people can find them (and already are accessing them). Examples include online forums, "Ask Me Anything" aka AMAs, and Facebook Live for informal information and to permeate social networks.

Consider web comics and memes as educational tools.

Short and sweet information and tips about how to stay safe while using crystal meth. Consider using already-used symbols to make [it] pop out (diamonds 💎, taglines and language / phrases, clouds ☁, etc.).

Remember, when engaging Black and Latino MSM, nothing about crystal meth without sex.

Avoid focusing on very drug-specific tips and tricks that don't consider the *where* and *why* we're using to begin with.

Accessible mental health resources ... for recreational users!

If folks want access to mental health treatment they feel they have to have severe mental health needs to get services. We need something in the in-between before it gets to that point.

Providers should engage from a full person approach.

Beyond recognizing that crystal meth use is linked to sex, there are a lot of other impacts on lives that are just as important. If you asked about job security, social relationships, and housing access as much as you asked about how many cigarettes a person smokes you'd get to understand more about the story—and destigmatize the process.

Like all the best harm reduction resources, centering the experience of people who use drugs to conceptualize and be part of the development of any guidance will be the most effective. Harm Reduction Coalition recommends that future opportunities to develop these types of materials should be given to Black and Latino MSM with experience using crystal meth to develop the most culturally relevant and impactful products.

"Healing Justice calls on us to recognize that mental health for Black gay men using meth means more than just clinical support, it means community and systemic level support as well. Our efforts to support our community have to advocate for decriminalization, the expansion of care models, and create spaces as well as art that help our communities process the shame and stigma the so called "war on drugs" has created for us. Anything less is only half the healing." —YOLO AKILI ROBINSON, FOUNDER

AND EXECUTIVE DIRECTOR OF BLACK EMOTIONAL MENTAL HEALTH COLLECTIVE (BEAM)

"We cannot consider the whole health of the gay Black and Latino community without acknowledging and addressing meth use and its impact of sex, relationships, and healing; meth is a public health issue and a community issue. Our first step is to bring it to the forefront and eliminate the taboo of this conversation."

—NATHANIEL CURRIE, DSW, MSW, LCSW

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