

## Understanding Crystal Methamphetamine Use among Men Who Have Sex with Men

**T**he use of crystal methamphetamine (meth) is on the rise among men who have sex with men (MSM). In New York City (NYC), the proportion of MSM who reported past-year meth use increased from 4.3% in 2011 to 9.5% in 2017, with use in 2017 highest among Latino and Black men.<sup>1</sup> Recent data are limited: In the U.S. in 2021 and 2022, an estimated 5.3% of gay-identified men used meth in the past year.<sup>2</sup>

Meth is a powerful stimulant that can enhance sexual pleasure, and use is more common among MSM.<sup>3</sup> People may use meth and other drugs for days at a time,<sup>4</sup> going without sleep, nourishment, or self-care.

People who use meth may have difficulty controlling their use<sup>5</sup> and can experience social isolation,<sup>5</sup> mental-health issues,<sup>6</sup> and harms to physical health,<sup>7</sup> including increased risk of acquiring HIV.<sup>8</sup> Efforts to help people

abstain from meth use are limited by a lack of effective behavioral therapies or medications to treat dependence.<sup>9</sup>

We conducted in-depth, qualitative interviews with 28 cisgender MSM who were actively using meth. The study aimed to understand how meth affects the social and sexual lives of men who use it; how men might reduce potential physical- and mental-health harms associated with use; and how service providers can support people who use.

This report uses participant quotes to summarize themes that emerged from the interviews and concludes with recommendations for service providers.

### Sex on Meth

For many participants, using meth increased sexual desire and pleasure. One man described his first experience smoking the drug:

“My body was sexually aroused... and I could go as long as I want... From the first time that person just sucked on my nipples, my toes curled. All of my senses were being touched at a scale of ten.”

Meth allowed men to be disinhibited during sex with other men.

“What crystal meth does, it allows you to do the things that you’re not able to consciously do sober. You may want to do these things sober, but you may not want to be judged, or you may not want to be looked at differently. And when you’re on crystal meth, you just get this ‘I don’t care’ attitude and you just do whatever you want.”

### Using Meth to Cope with Stigma

Participants described how meth use helped them escape the effects of stigma related to having sex with men.

“I think for gay men especially, we kind of have like this kind of gay stigma, like gay sex stigma, in their heads, and [sex on meth] kind of just takes that away. It just feels normal... Like it just doesn’t feel awkward.”

“I end up turning to it when I’m feeling at a really low point, and I feel like I need to use that to kind of bring me back up and, by the same token, also gratify me sexually... As a gay man, you know, facing a good bit of discrimination... when it comes to points in time like that, that’s when I get that urge.”

## Condoms and PrEP

Using meth made it difficult for some men to maintain an erection, which can contribute to a norm of condomless sex (i.e., “barebacking”) that could create opportunities for transmission of HIV and other sexually transmitted infections (STIs).

“When I first was doing it, I would not have sex without a condom... Eventually I got into the same sort of mindset or the culture of it that says barebacking.”

“When you smoke, even if you get hard, you don’t get hard enough [to use a condom]... That’s why I was asking the doctor for PrEP” (pre-exposure prophylaxis).

Some HIV-negative men described how the availability of PrEP to prevent HIV had made sex on meth more appealing and pleasurable by greatly reducing the fear of getting HIV.

“I think [meth use] is even bigger now because of the added sexual freedom [from PrEP]... That’s what everybody is so excited about: ‘Oh, wow, this is great! Finally, I can have the most amazing sex!’”

“I take a [PrEP] pill and there’s just too much fun to be had. I’m not going to stop, you know... The part that’s hard for me is that last summer I had the best sex of my whole entire life.”

## The Harms of Meth Use

Participants described experiencing mental distress, physical damage, and social isolation related to meth use.

“They don’t tell you the ugly: how this stuff will affect your body and have you in your room flipping out because you’re looking for the high... If I knew it would do that to me, I would’ve never touched that shit, ever.”

“It’s got to mess up your lungs, your brain. You know, I don’t sleep, so it’s got to do something bad for you.”

“It’s really easy to become unreliable. You start to go into your own little world and... the outside just doesn’t exist anymore.”

## Managing Meth Use

Participants reflected on the difficulty of abstaining from or managing meth use.

“Now I’m at a point where I want to give this drug up but it’s so damned difficult... I think about all the negative things, and I do think about if I know all these things what makes me keep coming back? I can’t answer that question.”

Many men wanted to continue using meth for the time being. Some tried to use less to limit the harms of use. One man recalled thinking:

“‘If I’m going to do this drug, I got to learn how to control myself on it.’ So, I had to train myself on how to balance out doing the drugs and keeping my normal life... I still indulge with crystal meth but it’s not like how I used to when I first started... I think about yesterday and tomorrow before I get high.”

**Data source:** In 2017, we interviewed 28 cisgender men who have sex with men (MSM) in NYC who reported using meth in the past six months. We recruited participants through referrals from an evaluation<sup>10</sup> of the NYC Health Department’s Home Test Giveaway that asked recipients about recent meth use; by distributing study flyers at programs for LGBTQ New Yorkers and in public places where MSM congregate; by posting about the study on Craigslist; and by reaching out to people active on sex hook-up sites who indicated an interest in crystal meth. The interview was available in English and Spanish.

Participants were 22 to 70 years old and diverse in ethnicity and race (25% Latino; 43% Black; 25% White; and 7% Middle Eastern or Multiracial).<sup>\*</sup> Frequency of meth use ranged from more than weekly to less than monthly. As is typical with qualitative methods, study findings describe the range of participants’ experiences with and understandings of crystal meth but may not represent the broader population of MSM in NYC who use meth.

<sup>\*</sup>For this study, Latino includes people who answered yes when asked “Do you identify as Latino?” regardless of how they identified their race. Black, White, and Middle Eastern or Multiracial racial categories exclude those who identified as Latino.

## The Context of Sex Work

Some men received money or drugs for having sex on meth or were in relationships with older men who funded their drug use and lifestyle. One Black man recalled how at age 22 an older White man paid to watch him have group sex and gave him a hit of meth to make him feel more comfortable.

“I never smoked a cigarette, never did any weed. Then I was introduced to crystal meth, and that’s how I started.”

## The Experiences of Black Men

Participants perceived an increase in use among Black men. One Black man said when he started using a decade before:

“It was mostly White guys... [Then] a lot more Black guys started going to the parties or whatever and now it’s like a whole gang of Black guys that do it... A lot of people are becoming a lot more accepting of it.”

One man had attended a support group that encouraged abstinence but found it difficult to relate to others in the group due to social or economic differences.

“I’m Black, they’re White. They’re discriminated against, but not as much as I am. They could order as much Tina [meth] as they want. I was limited [financially]... The sky was the limit with them. A lot of them would be high for like two weeks.”

## Disclosing Meth Use to Others

The stigma attached to meth made men reluctant to tell friends, family, and service providers about their use, in part because they feared poor treatment.

“If you’re smart, you keep it private for as long as you can because... it really does affect how people look at you.”

“I try to avoid the subject as much as possible only because they [providers] really do treat you differently. Especially if you’re in an emergency room or something, forget about it. Like if they need to draw blood, they want the largest gauge [needle] possible and they want to make you remember it.”

## Medical Care and Counseling

Participants differed in whether to discuss meth use with providers. Many said they would not tell a medical provider they used meth, while others appreciated when professionals offered concern or practical advice.

“You know, she just wanted to leave me with one little nugget. She’s like, ‘Okay, this guy’s... not going to decrease his use. I’m just going to tell him just to take care of his teeth.’ That was so sweet.”

Many men wanted an opportunity to process their use in a nonjudgmental environment. One described what a supportive counseling program could look like:

“I’m not here to tell you what not to do... Let’s just talk about it’... Some people might have mental health issues. Some people might have stability issues. Some people might have trauma-abuse issues. Some people might have just I’m-a-gay-man-I’m-alone-in-the-city issues.”

**Health equity** is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices such as discrimination based on race/ethnicity and other identities. For more information, visit the Centers for Disease Control and Prevention’s [Health Equity](#) page.

## Recommendations



### To support clients who use meth, we encourage medical, mental-health, social-work, counseling, and case-management professionals to:

- Create a space that encourages clients to discuss their meth use by showing concern for their well-being while avoiding judging or stigmatizing them.
- Do not assume people who use meth have chaotic lives; some use the drug occasionally without it consuming their lives.
- Take a harm-reduction approach<sup>11</sup> that can help clients manage their use or reduce its negative consequences.
  - Encourage clients to use less often or in smaller amounts.
  - Assist those who are ready to reduce or stop their meth use to get services that can help.
  - Promote the use of HIV PrEP and HIV and STI testing and treatment to protect sexual health.
- Address factors that may encourage clients to use meth, including mental health issues; experiences of trauma, racism, or homophobia; and financial insecurity that can lead to having sex for money, drugs, or housing.
  - Link clients to other services and programs with experience supporting people who use meth.
- Host group-counseling sessions specifically for Latino and Black clients or other demographic groups, which may make it easier for participants to relate to others' experiences and feel supported.

Various programs in NYC support people who use meth to explore safer use, sexual health, and options for reducing their use. Find more information at [recharge.support](https://recharge.support), [gmhc.org](https://gmhc.org), [callen-lorde.org](https://callen-lorde.org), [apicha.org](https://apicha.org), and [gaycenter.org](https://gaycenter.org).

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