# Crystal Methamphetamine Abuse Disorder Amongst LGBTQ+ Men in West Hollywood

Final Paper

Lane Janger and Lo Story Moon Lankford

Antioch University, Los Angeles

# Crystal Methamphetamine:<br>Abuse Disorder Amongst LGBTQ+ Men in West Hollywood

Living as part of the LGBTQ+ community in Los Angeles, it's hard not to notice the impact and destructive powers of the highly addictive drug Crystal Methamphetamine (aka Crystal Meth, or Meth), which is also commonly referred to by its users within the Men sleeping with Men (MSM) community as "Tina." It can be smoked, injected, swallowed, snorted, or inserted into the anus. Part of why meth is so prevalent amongst gay men is because the charged release of serotonin, dopamine, and norepenenphrine caused by the drug not only creates a temporary lowering of inhibitions, a boost to one's self esteem, and a feeling of societal and self-acceptance, but it also creates energy, euphoria and enhanced sexual libido (Green & Halkitis, 2006, pg. 6). In the West Hollywood neighborhood which acts as a hub for the MSM community, the combination of sex and substance is called 'pnp' (party & play). Meth is also commonly used with other party drugs such as GHB, Ketamine, and Ecstasy. Although internationally this substance affects many different cross-sections of different nations and communities (UNODC Report, pg. 1), within the LQGTQ+ community it is primarily seen amongst MSM.

According to the national Substance Abuse and Mental Health Services (SAMHS), Methamphetamine Use Disorder occurs when "someone experiences clinically significant impairment caused by the recurrent use of methamphetamine, including health problems, physical withdrawal, persistent or increasing use, and failure to meet major responsibilities at work, school, or home" (Medley et al., 2015). Not only does meth's rampant use hurt many of the individuals within the community, it also hurts the community on every level. Its use affects relationships, friendships, employment, crime, homelessness, and the spread of HIV

and other STI's, as well as individuals' physical and mental health. Meth use causes or worsens such mental health issues as depression, memory loss, aggression, psychotic behavior and physical health issues including cardiovascular and nervous system problems, malnutrition, and dental problems (NIDH, 2019). Secrecy and legality make specific statistics related to usage in Los Angeles difficult to calculate, so the statistics here are from urban environments, both nationally and internationally.

Besides being the planet's most seized and 2nd most abused drug (UNODC Report, pg. XIV), over 14.7 million people (5.4 percent of the population) have tried methamphetamine at least once. The use of meth seemingly has no racial, economic or class lines, however it is 5 to 10 times more common among urban gay or bisexual men than amongst the general U.S. population (NIDH, 2019). While incidence amongst white people and people of color are similar, people of color are more often overlooked for healthcare and shelter needs caused by their disorder. According to a 2016-2017 (U.S) National Survey on Drug Use and Health, approximately 684,000 people aged 12 or older had a methamphetamine use disorder (Ahrnsbrak, Bose, Hedden, Lipari, Park-Lee, 2016). This is approximately 2.3% of the population. Of that 2.3 %, those in the sexual minority (LGBTQ+) surveyed 4 times more likely to be users (Medley et al., 2015). This means out of the nearly 700,000 people afflicted with this disorder, over 500,000 are members of the LGBTQ+ population. Given that Los Angeles is only 2nd to New York in terms of its LGBTQ+ population at 590,000 (Newport, Gates 2015), and that access to the illicit product in Southern California is easier and less expensive (due to its proximity to Mexico and other manufacturing hotspots), the active MSM in Los Angeles have a lot to worry about.

In terms of age statistic within the MSM community, the majority of users were age 25 and up. In the survey, approximately 9,000 adolescents aged 12 to 17, 65,000 young adults aged 18 to 25 and ***594,000 adults aged 26 or older*** were current Methamphetamine users (Ahrnsbrak, Bose, Hedden, Lipari & Park-Lee, 2016). These numbers seem to reflect a few important aspects of this epidemic. For one, a person could infer from these numbers the highly addictive nature of the substance in that many more members of the community are starting than stopping use of the drug. These results also suggest the substance attracts older MSM. Why might older men who "know better" take a liking to such a substance? Could it be the result of attitudes toward the first generation of elderly gay men? Because of the AIDS crisis, we are now seeing - for the first time! - a generation of elderly gay men. Could it be a feeling of invisibility that contributes to their experimenting with this substance? It seems much research still needs to be done on this new subsection of the LGBTQ+ population.

In looking at solutions, there are several complications seen by the authors of this paper, who are both entrenched not only in the LGBTQ+ community, but also the Los Angeles recovery/addiction community. For one, having looked at much of the research, it seems that journalism regarding the epidemic and within the LGBTQ+ community often paints a clearer picture of the problem than government and peer-reviewed psychological journals. Not only is there a lack of understanding related to the social issues, but also a huge discrepancy related to incidence. While national studies suggest the disorder affects approximately 2.3% of the population nationally, other studies suggest incidence in cities with large gay populations could be as high as 18% (Hoenigal et al, 2017). What might account for this discrepancy? Perhaps it's the secrecy and shame surrounding this particular substance. How does a community receive the appropriate funding when the number of users is not accurately estimated? Where

is the research that compares the likeliness of disclosing a meth addiction versus alcohol or other substances?

Another reason meth use may increase in cities with large MSM communities is likely related to the way gay men meet. Websites and apps have become the most common way for men to participate in 'pnp.' One only needs to scroll through Grindr, the most well-known MSM hook up app, to see the many diamond-shaped and cloud emojis, and numerous references to clouds, parties, darts and points (i.e. getting straight to the point), which are all code for meth use, either smoking or intravenous. Because meth users become more uninhibited, they are often more encouraging of strangers and first timers. Someone struggling to meet partners might be tempted to accept an invitation to use. People with money often use free drugs to entice young men into bad choices. Additionally, those who are in recovery can easily be triggered by invitations to use.

It is not uncommon for users to move from gainfully employed homeowners or apartment leaseholders, to unemployed participants in criminal behavior and/or homelessness. This change not only affects the entire LGBTQ+ population but also the city as a whole. There are violent crimes, sexual assault crimes, or other crimes related to consent that are directly the result of meth use. How does one give consent when they are unconscious?

In looking at the impact on the community, issues related to HIV and other STIs must be addressed. Because of lowered inhibitions, raised libidos, longer sexual encounters, compromised safe sex practices, number of partners, length of sessions and the likelihood of anal tearing during penetration, the spread of STIs and HIV becomes more likely. Lack of money and health insurance, and shame and embarrassment among users creates an inability to

get appropriate healthcare, which further exacerbates these issues and places additional burdens on HIV service providers.

Although there are all sorts of non-profit and for-profit recovery resources available for those with Methamphetamine Abuse Disorder, Los Angeles seems to be lacking in primary prevention resources and a basic willingness to solve the root problem. Because so much of the recovery help available is for profit, many of those who are most qualified to solve the problem have no incentive in that they would lose out on profits for their effort. Additionally, because the LGBTQ+ is an oppressed community, national funds earmarked for recovery are more often used for the opioid crisis, which affects more members of non-oppressed communities. It is worth noting that Methamphetamine Use Disorder is not specifically addressed in the DSM-5 and it is instead lumped together with amphetamine-type substances as a subcategory of stimulants (American Psychiatric Association, 2013, pg. 561). One might wonder if this drug had the same effect on a different community whether it might be addressed more comprehensively in diagnostic manuals. Finally, with such a low percentage of positive outcomes for long-term recovery (less than 6%), it seems like the best possibility for hindering this epidemic is educational resources for those who have not yet tried the substance, and social and educational programming focused on reducing shame, internalized homophobia and promoting well-being specific to the communities and individual needs in Los Angeles.

In order to hinder the methamphetamine epidemic, and create positive outcomes as described above, further ecological analysis becomes necessary. Since the mid 1990s, Crystal Methamphetamine and Crystal Methamphetamine disorders (MAD) have had an enormous impact on the LGBTQ+ male population at every level of the ecological metaphor - individual, macro, meso and micro (DFW, 2019). The individual is the meth user, or another individual

directly affected by the user. The meth user can experience such mental health issues as suicidal ideation, depression, anxiety or paranoia (Leamon et al, 2010). In the case of couples with only one meth user, physical or mental health issues for the non-user can develop as a result. For instance, injuries or trauma from meth-induced psychotic symptoms could occur, or depression could develop from the unwanted/unexpected end of the relationship (Sloane, 2019). The user may not only have an impact on another singular individual, but most likely will create issues at the micro-level.

The micro-level consists of direct contact between the individual and the people or places in their environment, including family, friends and neighbors (Nelson & Prilleltensky, 2010). MAD disrupts close friendships, intimate relationships and family support networks. In LGBTQ+ communities and/or enclaves, community members and friends often act as their own family support system, and individuals with MAD may upset those family networks/systems (Kelly, Carpiano, Easterbook, Parsons, 2012). MAD is prevalent amongst LGBTQ+ men (MSM) who have toxic shame caused by or resulting in HIV, trauma, sex addiction and aging challenges (Kurtz, 2019). These individuals often isolate from those closest to them as their addiction progresses.

Meso-level of analysis examines the institutions and other structures affected by MAD including neighborhood, community organizations, enclave social activities/networks, education systems, spiritual organizations, local businesses, workplaces and interactions between these systems (Nelson & Prilleltensky, 2010). Users often isolate or become ostracized from their social organizations, friend groups, spiritual groups, social groups and work associates. The macro-level consists of larger cultural values and legislative policies (Nelson & Prilleltensky, 2010). The individual may become lost at a community level, and

homelessness and criminal behavior can happen amongst crystal meth users. Because of this, the West Hollywood community sometimes sees MAD behavior as a criminal rather than disease-based behavior (Garriott, 2015).

Once you understand the different levels within the ecological system, the next concept that needs to be studied is how these systems are interconnected. In the same way any family members' negative or positive behavior can cause a change in the entire family system (Kerr, 2015), interdependence acts similarly within communities. A change in any aspect, or at any level of the ecological systems mentioned above, can cause a ripple effect on the entire system (Nelson & Prilleltensky, 2010). For instance, individual meth users are more likely to contract or spread HIV (Ornstein, 2005). The Los Angeles LGBT Center located in Hollywood reported that individual patients that used meth were five times more likely to contract HIV (Ornstein, 2005). Similarly, Lisa Richardson and Lee Romney reported in the *Los Angeles Times* that "In Los Angeles County last year, a third of all people recently diagnosed with HIV reported using methamphetamine. The majority of those people are believed to be men who have sex with men" (Ornstein, 2005, para. 5). The use of meth combined with an HIV diagnosis has burdened the West Hollywood healthcare system, and by doing so, burdens the local government. The problem recently got so bad that West Hollywood mayor John D'Amico (along with city managers and council members) accused the CEO of Grindr, a popular hook-up app in the MSM community, of facilitating the illegal sales of meth (Wehoville, 2016). So not only are individuals, partners, families, healthcare systems and governments affected, but so are businesses.

As all of these changes within the ecological system are occurring, so must the cycling of resources. Education, intervention, prevention, recovery and HIV resources must be shifted

constantly so that the area that is best suited to reduce incidence and improve education and health can be found (CWH, 2019). Given the link between HIV and Crystal Meth use, in order to help the most individuals, families and groups affected, West Hollywood HIV providers, mental health providers, and drug recovery experts/centers have needed to shift resources and combine funding to make these collaborations possible (Ornstein, 2005).

While governments and organizations are cycling their resources, they are also causing a ripple effect within the system, which makes adaptation necessary. Those suffering with MAD, and those personally affected by users at the micro-level - like family members, family-like community members, and co-workers - must adapt. Family members, friends and co-workers may not understand what's causing a meth users behavior, or if they do, they may not know how to help the individual. They often have a need for support as well. Adaptation for the meth user means getting the proper physical and mental health care. Individual therapy is crucial for the user, and support groups are also effective (Recovery Village, 2019). At the meso-level, it is organizations such as the Los Angeles LGBT Center that not only provide a sense of community during recovery, but also are able to refer those at the individual and micro-level toward the appropriate healthcare providers and services. At the macro-level there is federal funding and grants to support these health and treatment centers (SAMHSA, 2019). Building or shifting resources usually requires both social capital and money, as well as government officials and activists advocating for those dollars.

In looking at what created the crystal meth epidemic as we now know it within every ecological level of the LGBTQ+ community, understanding its succession helps tell the story. In Craig Sloane's article *The Perfect Storm*, Sloane writes about the late 1990s and early 2000s as the time that followed the worst part of the AIDS crisis. During this time, the LGBTQ+

men's community also saw the reemergence of not only the gay club scene, but also of circuit parties, sex parties, and poz parties. During this same time crystal meth also became the most widely used illegal drug for LGBTQ+ men (Sloane, 2019). This timing additionally coincides with the emergence of the Mexican Cartels distribution hitting its stride. These drug trafficking organizations built labs and manufactured product in California while at the same time smaller home labs began springing up all over the United States in kitchens and apartments (DFW, 2019). In so much as illegal drug supply requires demand, it seems this crisis began at an individual and micro-level. Although every level of the ecosystem was greatly impacted, it seems as though crystal meth had the greatest impact at the individual and micro-level. At the meso and macro-level methamphetamine use was still considered a daunting challenge and a horrendous problem. It is the micro and individual level however who suffered a personal toll. Millions of users and those close to them were impacted by loss of friends and family members, loss of life, loss of career, loss of happiness, loss of shelter, loss of health and loss of sanity.

Succession also took place during the rise of online hook up app culture. NBC reported, "The rise of gay dating sites in the 1990s, such as early entrants Manhunt and Adam4Adam, provided gay men with new ways to connect. But over time, digital platforms geared toward LGBTQ men have also created a more convenient way for gay and bi men — a population that disproportionately uses illicit substances due to social stigma, discrimination and other minority stressors — to find drugs, and for drug dealers to find them" (Lourenco, 2018). Drug and alcohol use have been associated with risky sexual behavior in many studies among MSM, with 46% of HIV-positive-unaware individuals reporting that they binge drink and 10% of HIV-positive-unaware MSM reporting non injection meth use (CDC, 2016b). The rise of hook

up apps allowed an ease in users being able to find each other, and even after app companies worked to eliminate conversations about drug use on their platforms, users fooled the system by using emojis and code words to find each other.

"Grindr users discreetly reference crystal meth by putting a diamond emoji in their profile, and snowflake emojis are used to get the attention of those looking to purchase cocaine," wrote NBC (2018, para. 2). In one study, 45% of participants reported that they have seen code words used in online apps 'very often.' The study showed that meth use is rampant among the MSM community and the data revealed that the majority of parTy and play (the capital T refers to the street name – Tina – for meth) text was related to meth, coded using words such as high, cold, ice cubes, dew, ice, pull and spray (Boonchutima & Kongchan, 2016). "The issue with drugs has been a gay community plague since the '80s, but in the modern era, you don't need a guy who knows a guy," Derrick Anderson, a Grindr user from Chicago, said. "All you need to do is open up your app and look for that capital 'T.'" Jermaine Jones, a substance abuse researcher in Columbia University's psychiatry department, said that the combination of gay men's disproportionate drug use and Grindr's reputation as a PNP platform led him to use the app to recruit participants for a meth addiction study.

According to data from the U.S. Department of Health and Human Services, 1.4 million people in the U.S. used methamphetamines in 2016, and gay men use the drug at double the rate of the general population (Lourenco, 2018). In late 2016, LGBTQ blog WEHOville reported that its two-month study of gay dating apps (including Scruff, Mister X and Surge) proved that only Grindr is lax in its allowance of meth sales on its platform. After the report, Grindr censored a few well-known words, but nearly two years later the trend continues. According to NBC, under U.S. law, "Grindr is not required to do anything when it comes to

moderating drug-related content on its app. Like all websites and apps, the gay dating platform is protected by Section 230 of the Communications Decency Act of 1996. The legislation, passed in the early days of the internet, is known as one of the most important tech industry laws" (Loucerno, 2018).

"Dating apps have no liability for any content that is posted on their platform by a third party," Kai Falkenberg, a law professor at Columbia University, explained. "Any moderation that these sites are currently doing, they are doing it for the benefit of their business model but not out of any legal obligation" (Loucerno, 2018). While they may not have a legal obligation, they certainly have a moral one. While censoring drug content on dating apps won't solve the problem, it would certainly help to curb an issue that it helps perpetuate. "Grindr could be a trigger for someone struggling with sobriety, especially in the early stages of recovery," NBC explained. "If that's the case, they need to remove those apps from their phone and make a commitment that they won't go on Grindr" (Loucerno, 2018). While research is limited, a 2017 study in Thailand concluded that gay dating apps, "significantly increased motivational substance use through messaging from their counterparts. Persuasion through dating significantly influenced people toward accepting a substance use invitation, with a 77% invitation success rate," the report stated. "Substance use was also linked with unprotected sex, potentially enhancing the transmission of sexually transmitted infections." Less use of the apps leads to less exposure.

In following the succession as described above, one might ask why there has been so little progress in stopping the crisis over time. A survey done by the Los Angeles LGBT Center in Hollywood found that "meth is so pervasive that 71% of gay and bisexual men who were surveyed said they have been asked to try crystal meth" (Stanger, 2017). While succession

patterns show the US government started tightening regulations on ephedrine, a pharmaceutical precursor used to make crystal meth in the 1980s, so also began the illegal labs and cartel production of meth as we know it today (History.com Editors, 2017). Although the AIDS crisis may have slowed meth's spread in the LGBTQ+ community in the early nineties, the development of HIV medical preventions, namely antiretroviral therapy (ART) changed that (Sloane, 2019). With this new era of medical breakthroughs came a new era of sexual freedom in the LGBTQ+ men's community (DFW, 2019). It wasn't just the return of the gay club scene, but also of circuit parties, sex parties, and *poz parties* (Kurtz, 2005). During this time in the mid-nineties, meth became the most widely used illegal drug for LGBTQ+ men (Sloane, 2019). LGBTQ+ men's newly perceived sense of safety about having condomless sex, plus meth's association with sexual activity, combined with the internet making sexual connections easier, brought an even bigger wave of methamphetamine use to the new millennium (Stanger, 2017).

For years, prevention for Meth and MAD were legal or recovery/treatment-based (NIDA, 2019). Not only did these ameliorative interventions not stop the crisis, but havoc ensued due to the association between Meth and the spread of HIV on the communities and healthcare systems, especially in LGBTQ+ neighborhoods such as West Hollywood (Ornstein, 2005).

Today, the LGBTQ+ community has arrived at a time when they need to stop asking how to put a Band-Aid on the problem, and instead truly prevent it. For years the LGBTQ+ community has tried Ameliorative interventions to reduce incidence, with limited success. Protective factors including coping skills, self-esteem and support systems may be addressed but systemic issues are forgotten (Nelson & Prilleltensky, 2010, p. 156). Ten years ago, it was

thought that the new LGBTQ+ community of aging men, who suffered deep losses during the AIDS crisis, was at greatest risk for MAD (Specter, 2005). While this population is still a concern, there is now similar concern about use among LGBTQ+ teens and young adults (Parsons, Kelly, & Weiser, 2007). Since it is not the AIDS epidemic or loss that is motivating youth, it must be considered that there is a deeper root cause, which has not been addressed. One challenge facing both the aging and youth communities is that they have both suffered with toxic shame, internalized oppression, and/or marginalization in a white, male-dominated, heterosexist culture (Stuart, 2019). Without transformative social change and interventions, well-being outcomes, liberation and equality are not possible (Nelson & Prilleltensky, 2010 p.176). Ameliorative interventions can perhaps reduce incidence, and create well-being for some, but without transformative intervention the problem remains unsolved in the LGBTQ+ men's community.

"Prevention is the reduction in the incidence or onset of a disorder in a population. (It) is a concept that emphasizes the promotion of well-being and the prevention of psychosocial problems" (Nelson & Prilleltensky, 2010, p.85). In order to understand how to use prevention as a conceptual tool in reducing the incidence of MAD in West Hollywood, and creating transformative interventions, each of the three types of prevention - primary, secondary and tertiary - need to be addressed.

Primary prevention is crucial for the simple reason that one does not become addicted to a substance that they have never tried. Primary prevention, in this case, means research into the root cause of meth use, and finding research-based ways to educate would-be users at a systemic level. Basically, finding ways to stop a person who may not yet even identify as part of the LGBTQ+ men's community. One controversial method of primary prevention has been

fear-based ad campaigns intended to create anxiety for both users and non-users. A study of Montana Meth Project billboards indicated that this particular type of ad statistically does not work. The researchers of this study, however, strongly encourage continued research to see what type of campaigns will work (Anderson, 2010). Part of primary prevention would be making sure this research happens. One alternative possibility would be ad campaigns that share knowledge and resources rather than fear.

At a secondary prevention level, understanding there is a statistically larger incidence of LGBTQ+ meth/drug addicts in gay neighborhoods is helpful in creating appropriate anti-methamphetamine advertising campaigns, plus creating community-based education, awareness programs, and support groups which all have access to the best West Hollywood resources. At a tertiary level, vigilant and methodical ameliorative intervention efforts must always continue, with an understanding that primary and secondary interventions are of equal importance.

It is sad that perhaps the best prevention of MAD in the past three decades was a deadly disease – AIDS (Sloane, 2019). While there have been incredible strides toward curing and preventing AIDS/HIV, the law of interdependence caused an unfortunate ripple effect – worsening of MAD. Had a more holistic approach been taken when meth first became popular in gay communities, perhaps the greater crisis may have been prevented. If a medical cure or magic pill were possible for MAD, that cure would need to work holistically. MAD affects a person physically, mentally, socially, emotionally and sometimes spiritually, so if the cure does not work on each level, whatever personal hardship caused the user to become an addict in the first place would still remain. Again, to have a transformative intervention, the battle must be fought on every front. Physical and mental health would be crucial in secondary and tertiary

interventions at all ecological levels. Socially, it is mostly at the micro and meso-level where someone struggling with addiction needs help to avoid isolation and promote feeling a part of a community. Emotionally we need to think across every prevention and ecological level. What is the root emotional cause of meth use? What are the feelings and mental health challenges of those affected? How are those problems addressed at home and within the community? Although statistics are difficult for success with programs that are based on anonymity, AA and other 12 step programs that focus on spiritual growth have helped millions and should always be at least considered in a holistic approach to MAD and prevention.

A small group intervention at the micro level would include local support groups for meth users and those directly impacted by their use. Loved ones are often forgotten about in support settings, as the focus shifts primarily to the user. Long term support for loved ones - friends, family, co-workers and partners - is essential in helping users feel less isolated as their support system gets the support they need to carry on supporting the user. Creation of local safe spaces is also important. Many times drug and alcohol programs and rehabs can be judgmental and only work on a cold turkey quitting approach. Harm reduction is an important tool in helping users ease out of a situation they wish to change, and safe spaces that offer a place to go and a sense of community as those facing addiction struggle to change their life. Creation of volunteer-based education programs and empowerment educational tools for users and loved ones are also crucial.

At a meso-level, we can create ways to connect different local organizations so they can work together to create awareness and reduce stigma. We can develop community-wide resource centers helping those with MAD with harm-reduction and offer shelter, bathrooms and recovery programs. They could also host meet-ups, group therapy nights and/or a

mentoring program where those who are sober can be matched with those working to overcome their addiction.

In looking at a targeted social intervention to reduce incidence of MAD amongst LGBTQ+ men at a macro-level, education and awareness become the conceptual tools. For Primary Prevention, media campaigns offering resources and education beginning at a young age are important. A 2016 NIDA publication states, “Abundant research in psychology, human development, and other fields has shown that events and circumstances early in peoples’ lives influence future decisions, life events, and life circumstances—or what is called the life course trajectory” (NIDA, 2016). If you holistically improve the lives of those who have not had any introduction or access to methamphetamine, you drastically reduce the chances they would pick it up in the first place. As mentioned above, this is a battle that needs to be fought on physical, emotional, social and spiritual levels. Additionally, it has to be addressed at a systemic level, which means resources must go toward research, education, policy-making, and awareness. Although primary prevention would not be targeted, it would be crucial that it is accessible to school age youth and those in society who may be marginalized. Education programs through this intervention would not just address methamphetamine and alcohol/drug misuse, but also address social issues such as toxic shame, mental health stigma, bullying, racism, sexism, gender identity and homophobia. It would be a curriculum equally focused on building self-esteem and sense of community. To do this work, social capital would be needed, and part of the intervention would be finding visionary leaders for social movements, connection to politicians, building coalitions with other potential ally organizations (i.e. HIV, drug/alcohol education and recovery organization, local schools, etc.), advocating for the decriminalizing of alcohol and drug abuse disorders, and creating general empowerment

education tools for the marginalized public at large. An important part of this intervention would be remaining vigilant even if incidence is reduced, so new surges in use can be prevented.

To end addiction and to create community and social well-being, society itself needs to change. Privilege, liberation, and equality must always be the principles the community collectively strives for. Social movements must cause actual movement. For those trying to solve problems related to meth and other addictions, it is sometimes hard to remove the specific substance from the equation. Those of us who would like to rid the planet of methamphetamine, and save all those suffering with MAD are susceptible to tunnel vision. In their book Community Psychology, Nelson and Prilleltenky write about individuals, groups and coalitions seeing themselves as part of a broader movement for social change. They write: "The guiding vision is one of a society free of racism, sexism, heterosexism, poverty, violence, and environmental degradation, a society which celebrates diversity, shares the wealth, and practices equality, peace, sustainability and preservation of the natural environment" (Nelson & Prilleltensky, 2010, p186). It seems possible if this particular vision was ever achieved, it might also go a long way toward solving methamphetamine-use issues and addiction disorders. Perhaps that's all the prevention we need.

References

Ahrnsbrak, R, Bose J., Hedden, S., Lipari R., Park-Lee, E., (2016) *Key Substance Use and Mental Health Indicators in the United States*: Results from the 2016 National Survey on Drug Use and Health Retrieved at: https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC

Anderson D. M. (2010). *Does information matter? The effect of the Meth Project on meth use among youths.* Journal of health economics, 29(5), 732–742 doi:10.1016/j.jhealeco.2010.06.005

Centers for Disease Control and Prevention, (2016b). HIV infection risk, prevention, and testing behaviors among men who have sex with men: National HIV Behavioral Surveillance, 20 US cities, 2014. HIV Surveillance Special Report, 15. Retrieved from https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-hssr-nhbs-msm-2014.pdf

City of West Hollywood (CWH), 2019, *HIV Zero Strategic Plan*, Retrieved from https://www.weho.org/home/showdocument?id=31123

DFW, 2019, *History of Methamphetamine*, Foundation for a Drug-Free World, retrieved at: https://www.drugfreeworld.org/drugfacts/crystalmeth/history-of-methamphetamine.html

Garriott W. *You Can Always Tell Who's Using Meth": Methamphetamine addiction and the semiotics of criminal difference*. In: Raikhel E, Garriott W, editors. Addiction Trajectories. Durham and London: Duke University Press; 2013. pp. 213–237

Green, A. I., & Halkitis, P. N. (2006). *Crystal methamphetamine and sexual sociality in an urban gay subculture: An elective affinity.* Culture, Health & Sexuality, 8(4), 317–333. https://doi-org.antioch.idm.oclc.org/10.1080/13691050600783320

History.com Editors (2017) *History of Meth*, A&E Television Networks, Retrieved at: https://www.history.com/topics/crime/history-of-meth

Hoenigl, M., Chaillon, A., Moore, D., Morris, S., Smith, D., Little, S., 2017, Clear Links between Starting Methamphetamine and Increasing Sexual Risk Behavior: a cohort study among Men who have Sex with Men, HHS Public Manuscript, retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4788567/

Kelly, B. Carpiano, R., Easterbrook, A., Parsons, J., (2012*), Sex and the Community: Implications of neighborhoods and Social Networks for Sexual Risk Behavior Amongst Urban Gay Men*, Sociology of Health and Illness, Retrieved at: https://onlinelibrary.wiley.com/doi/full/10.1111/j.1467-9566.2011.01446.x

Kerr, Michael E. *One Family's Story: A Primer on Bowen Theory*. The Bowen Center for the Study of the Family. 2000. http://www.thebowencenter.org

Kurtz, S.P. AIDS Behave (2005) *Post-Circuit Blues*: *Motivations and Consequences of Crystal Meth Use Among Gay Men in Miami*, Springer, Retrieved at: https://link.springer.com/article/10.1007/s10461-005-1682-3#citeas

Leamon, M. H., Flower, K., Salo, R. E., Nordahl, T. E., Kranzler, H. R., & Galloway, G. P. (2010). *Methamphetamine and Paranoia: The Methamphetamine Experience Questionnaire*. The American journal on addictions, 19(2), 155–168. doi:10.1111/j.1521-0391.2009.00014.x

Lourenco, Denio, (2018) Sex and drugs: Popular gay dating app allows users to find more than a date. *NBC News* https://www.nbcnews.com/feature/nbc-out/sex-drugs-popular-gay-dating-app-allows-users-find-more-n896081

Medley, G., Lipari, R., Bose, J., Cribb, D, Kroutil, L., McHenry, G. 2015 *Sexual Orientation and Estimates of Adult Substance Use and Mental Health*: Results from the 2015 National Survey on Drug Use and Health SAMHSA/NSDUH Data Review Retrieved from: https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm

MentalHelp.net, (2019) *Meth Addiction and Mental Health Problems*, Retrieved at: https://www.mentalhelp.net/substance-abuse/meth/mental-effects/

National Institute on Drug Abuse (NIDA). (2019) *Methamphetamine Overview*, Retrieved from https://www.drugabuse.gov/publications/methamphetamine/overview

Nelson, G., Prilleltensky I. (2010) *Community Psychology; In Pursuit of Liberation and Well-Being* (2nd Edition), Palgrave-Macmillan

Newport, F,. Gates, G, (2015) *San Francisco Metro Area Ranks Highest in LGBT Percentage*, Gallup. Retrieved at: https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt percentage.aspx?utm_source=Social%20Issues&utm_medium= newsfeed&utm_campaign=tiles

NIDA (2019) *Addiction and the Criminal Justice System*, Retrieved at: https://report.nih.gov/NIHfactsheets/ViewFactsheet.aspx?csid=22

NIDA. (2016, March 9). *Principles of Substance Abuse Prevention for Early Childhood* Retrieved from: https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood

Ornstein, C., (2005) *Meth Use by HIV-Positive Men Rising*, Los Angeles Times. Retrieved at: https://www.latimes.com/archives/la-xpm-2005-jan-19-me-meth19-story.html

Parsons, J. T., Kelly, B. C., & Weiser, J. D. (2007). *Initiation into methamphetamine use for young gay and bisexual men.* Drug and alcohol dependence, 90(2-3), 135–144. doi:10.1016/j.drugalcdep.2007.02.017

SAMHSA (2019), *Grants*, Retrieved at https://www.samhsa.gov/grants

Sloane, C., 2019, *The Perfect Storm*: Gay Men, Crystal Meth and Sex Cultural Considerations for Gay Affirming Treatment, Retrieved at: https://assets.speakcdn.com/assets/2416/craig_sloane_-_naadac_handouts.pdf

Specter, Michael, (2005), *Higher Risk: Crystal meth, the internet and dangerous choice about,* Retrieved at: https://www.newyorker.com/magazine/2005/05/23/higher-risk

Stanger, Louise (2017), *The Changing Face of Meth*, Life, Retrieved at: https://www.huffpost.com/entry/the-changing-face-of-meth_b_58b849d9e4b051155b4f8c7d

Stuart, David (2019) *Chemsex: origins of the word, a history of the phenomenon and a respect to the culture*, Drugs and Alcohol Today, Vol. 19 Issue: 1, pp.3-10, https://doi.org/10.1108/DAT-10-2018-0058

Substance Abuse and Mental Health Services Administration. (2017). *Results from the 2016 National Survey on Drug Use and Health*: Detailed Tables (HHS Publication No. SMA

17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available at: https://www.samhsa.gov/data/report/results-2016-national-survey-drug-use-and-health-detailed-tables

The Recovery Village (2019) *10 Tips to Help Family Members of Addicts Cope*, The Recovery Village at Umatilla, LLC https://www.therecoveryvillage.com/family-friend-portal/tips-help-cope/#gref

United Nations Office on Drugs and Crime. *World drug report 20016*. http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf

Wehoville Staff Writer (2013) *WeHo Mayor and Council Members to Address Grindr Meth Issue*, WHMC (the West Hollywood Media Company), Retrieved at: https://www.wehoville.com/2016/10/03/weho-mayor-council-members-address-grindr-meth-issue/ WHMC (the West Hollywood Media Company)

Whitfield, D. L., Kattari, S. K., Walls, N. E., & Al-Tayyib, A. (2017). Grindr, Scruff, and on the Hunt: Predictors of Condomless Anal Sex, Internet Use, and Mobile Application Use Among Men Who Have Sex With Men. *American Journal of Men's Health*, 775–784. https://doi.org/10.1177/1557988316687843

Young, R., Meyer, I. (2005), *The Trouble With "MSM" and "WSW": Erasure of the Sexual-Minority Person in Public Health Discourse.* American Journal of Public Health. Retrieved at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449332/