news

Meth Addiction Not New

BY SHAWN LIPENSKI

Crystal meth is the party drug of the moment, but it's not new, as I learned at Science and Response: The First National Conference on Methamphetamine, HIV and Hepatitis in August in Salt Lake City. The conference, organized by the Harm Reduction Project and the Harm Reduction Coalition, was intended to provide an opportunity for diverse experts in various fields to gather for two days of information sharing. Numerous studies have shown that HIV transmission rates are higher among those who use crystal methamphetamine than among those who don't use the drug.

The conference was surrounded with controversy from the beginning — mostly generated from the office of Rep. Mark E. Souder (R-IN). A week before the conference he fired off a letter to conference sponsor Secretary Michael O. Leavitt from the Department of Health and Human Services stating: "…the so called 'harm reduction' ideology promoted at the HHS-sponsored conference is that we should not be fighting a 'war on drugs' but rather limiting drugs' harmful effects."

In his letter, Souder demanded an official explanation of the HHS decision to sponsor the conference, a list of all HHS employees attending along with their contact information in order to "conduct interviews," and "all documents relating to" HHS "involvement with the conference." He further accused Secretary Leavitt of being primarily responsible for the lack of a federal strategy for dealing with the meth epidemic and of "supporting the very people who advocate relaxed drug laws."

America has an odd obsession with wars: The War on Drugs, The War on Terrorism, etc. These so-called declared "wars" are proving to be highly ineffective. So now, we have to rethink this "War on Drugs." Healthcare professionals, prevention specialists and activists are looking for other, more effective ways to minimize the harm to ourselves and our peers.

When you hear the word methamphetamine you may think of "Tina," "Crystal," or "Speed." but even legal drugs have nicknames. Cigarettes are called smokes and alcohol has the nickname of booze and my personal favorite – hooch. Just like alcoholism and tobacco addiction, the methamphetamine crisis is not something new. Americans have been obsessed with stimulants since the coffee trend of the 1790's. To prove our obsession, we now have coffee bars on every other block in our cities and towns. Whenever we examine current drug problems in our country we have to look back and ask, "how did this happen?"

Looking back on America's long history we can't point the finger at "tweakers" in urban cities and rural youth. We need to look at these long patterns of addiction and examine methamphetamine use during the last century.

Methamphetamine has been available in the United States since 1932, and over 200 million methamphetamine tablets were distributed to American soldiers during World War II: five meth tablets were included in each soldier's field kit. As early as 1950, the University of Maryland acknowledged a large percentage of the students on its campus had a meth addiction. In 1958, 3.5 billion tablets of legal methamphetamine were produced in the United States. While soldiers were becoming addicted to methamphetamines overseas, women at home were using these prescribed tablets as anti-depressants and miracle weight loss remedies. The use of methamphetamines continued throughout the 60s and 70s.

Today, we hear news reports of the "methamphetamine epidemic" in cities across the nation. Maybe we shouldn't be labeling them as outbreaks but as a continuation of patterns from our history.

Statistically, known methamphetamine use in Vermont is very low compared to other states in the nation. Unfortunately, other rural states like West Virginia are seeing a significant rise in methamphetamine use — and (no surprise) a higher rate of newly reported HIV infections. I am hoping Vermont will never see the harms of crystal meth but the fact is, use of the drug is spreading across the United States quicker that anyone can control it.▼

If you or anyone you know is concerned about their drug use you can call The Drug and Alcohol National Referral Hotline at 1-800-662-4357.

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Katrina & AIDS

WASHINGTON, D.C. — Many of the 32,000 people living with HIV/AIDS in or from Louisiana, Alabama, and Mississippi are now at risk of serious illness caused by interruptions in their medical treatments as well as by exposure to water-borne pathogens, according to a press release from the National Association of People with AIDS (NAPWA). Further, they say, the federal Department of Health and Human Services has yet (as of press time) to announce a plan to guarantee HIV-positive evacuees access to antiretroviral medication and medical care.

"People living with HIV who stop antiretroviral therapy against medical advice can and will get very sick, and some will die," according to Academy of HIV Medicine President Dr. Howard Grossman. "HHS has long considered HIV treatment a high-priority, and now they must do everything in their power to ensure Katrina survivors have continued access to medicine and care."

Community-based organizations have been told by Health Resources and Services Administration staff that no provision has been made for emergency flexibility of Ryan White CARE Act funds to allow neighboring states to care for HIV-positive Katrina survivors. "Organizations in neighboring states are providing care and treatment for evacuees, even without identified financial resources," reports Terje Anderson, NAPWA's executive director.

"AIDS Drug Assistance Programs (ADAPs) in affected states are starting to get HIV medications to evacuees," he adds. "But even before this disaster, Alabama's ADAP had more than 500 people on a waiting list, and the rest of the affected and neighboring states were already filled to capacity."

Diagnosing HIV-positive Katrina survivors who don't know their status is another urgent public health need. "People with damaged immune systems are far more likely to suffer from dysentery, tuberculosis, specific pneumonias and diseases caused by exposure to pathogen-laden flood waters," according to Julie Davids, executive director of the Community HIV/AIDS Mobilization Project. "And medical personnel may not realize that one in four HIV-positive people in our country don't know they are infected."

A CDC study cited by the Black AIDS institute showed the infection rate among gay and bisexual black men is even higher, at 46 percent, and two thirds of the infected black men in the study did not know they were infected. "Thus, the risks for Katrina survivors remaining unaware of their HIV status are serious and enormous," Davids concluded. She urged the CDC to "step up efforts to provide an adequate supply of rapid HIV testing kits to community organizations throughout the region and around the country to ensure that counseling and testing are available for evacuees near and far from the disaster and educate providers about how to recognize infections in immune-suppressed people."

"People living with HIV/AIDS who have been evacuated from New Orleans or elsewhere are going to need housing and transportation to get to medical appointments. The affected states will need new medical and social service facilities," observes Damon Dozier, the congressional liaison for the National Minority AIDS Council. ▼

Johnson Leaves AIDS Project of Southern VT

BRATTLEBORO – It's been six years since Glenn Johnson arrived in Vermont to work as an HIV prevention specialist at the AIDS Project of Southern Vermont. It's time, he says, for him to take a break.

It's not, he says, because funding priorities for prevention have changed his job. In fact, "Funding priorities from the CDC align well with my work," he says, empowering members of the community through activities and weaving HIV prevention messages into them. "It isn't without its frustrations, especially under the Bush administration. It has not made the job any easier." Despite that, the Southern Vermont AIDS Project's prevention funding was doubled last year by the Vermont Department of Health.

He is leaving, he insists, because he needs to "rest and recharge" before taking on some other activist challenge.

Sue Bell, the director of the AIDS Project of Southern Vermont, agrees that his successor will have big shoes to fill. "We are grateful to Glenn; he has brought us to a wonderful spot with his leadership in prevention, especially in the Empowerment Project. Glenn connected us to the national Empowerment model, which has proven successful in many different places. That connection has broadened our vision and made us more effective."

The agency is casting a wide net and had already received a resume from "someone who is temporarily in Romania," Bell said. While Bell hopes to hire someone before Johnson leaves, there will be continuity in the program through the activities of Alex Potter, who began working with the newsletter and social activities for the agency in April.

And that is the highlight, Johnson says, of his time at APSV, the success his program had in the last round of CDC funding administered by the Department of Health. "I will miss the people, the AIDS activists, it's an amazing community."

The hardest part of the last six years has been "dealing with gay oppression, from the overt sources like the Bush administration to the unchallenged assumptions of people who would think of themselves as liberals, to the internalized gay oppression of our own community." He adds, Vermont has been a great place to learn how to be a gay activist.

Johnson, who attended Vassar College and graduated in 1994 with a B.A. in Creative Writing and Social Activism from UMass-Amherst, would be quite a catch for any organization: he says he loves to write grants. But he's in no hurry to take on another cause right away. After October 6, he will be "resting and recharging my batteries" at home in Greenfield, Massachusetts.

Oh, and did we mention that he's single? ▼