



Methamphetamine and Sex

Rhinos in Africa were almost decimated by poachers who were harvesting their horns as a purported aphrodisiac for the Asian market. Of course rhino horns are not really effective in increasing sexual desire, it is just a placebo effect, but it has cost thousands of rhinos their lives.

But now, in the form of an illegal drug, we finally have a real aphrodisiac. Methamphetamine. And it is costing many of our children, spouses and parents their lives as they become enslaved to the sexually stimulating properties of methamphetamine. The power methamphetamine has over their lives is strongly related to its sexual affects.

Methamphetamine causes an incredible appetite for sex. It increases desire for sex, and in the short term increases performance as ejaculation is delayed and the experience lasts longer. Inhibitions are decreased and opportunities are expanded in the sex for dope economy that arises as a subculture in our communities.

After longer term use however, sexual performance is dependent on the intoxicated state. As neural changes occur in the pleasure centers of the brain, addicts are not able to have sex unless they are high. They may have the desire, but they are unable to perform sexually unless they are intoxicated. And that will keep them using methamphetamine for a long, long time.

With continued use of methamphetamine, in association with prolonged and frequent sexual activity, sexual performance is greatly impaired by methamphetamine. This condition is known as "Crystal Dick" in the parlance of the street, and is associated with continued desire for sex, but inability to maintain an erection. Addicts commonly employ Viagra or other erectile dysfunction treatments to maintain sexual performance, but in time these too become ineffective.

Adolescent sexual activity is especially associated with methamphetamine use. Teens who use methamphetamine are 11 X more likely to have had sexual intercourse, 8 X more likely to have multiple partners and 6 X times more likely to have sex before age 13 than those who do not use meth (Springer 2007). These levels of sexual activity are much higher than those associated with other drugs of abuse.

The risk of sexually transmitted disease is obvious. More than 90% of adult methamphetamine addicts carry at least one sexually transmitted disease. The risk of HIV transmission is vastly increased by concurrent methamphetamine abuse as addicts commonly fail to use condoms and often engage in anonymous sex. This is true in both homosexual and heterosexual populations (Schwarcz 2007 Purcell 2006).

The explosion of sexually transmitted disease affects the entire population, not just those who deliberately expose themselves to these diseases. The burden of HIV is particularly linked to the promiscuous behavior of methamphetamine addicted individuals. Our national preoccupation with sex has inevitably progressed to a national public health disaster.

Purcell DW et al 2006 Unprotected sexual behavior among heterosexual HIV positive injection drug using men: associates by partner type and partner serostatus. J Urban Health 83:656-68.

Schwarcz S et al 2007 Prevalence of HIV infection and predictors of high transmission sexual risk behaviors among men who have sex with men, Am J Public Health 97:1067-75.

Springer AE et al 2007 Methamphetamine use and sexual risk behaviors in U S high school students: Findings from a national risk behavior survey. Prev. Sci 8:103-13.