

Meth as a Driver of the HIV Epidemic

What can End the HIV Epidemic (EHE) jurisdictions do to address the disruptive role of Methamphetamine use in HIV prevention and care



Thursday, September 30th, 2021

12 – 1pm ET; 11am – 12pm CT;
10 – 11am MT; 9 – 10am PT



To Access Webinar: <https://targethiv.org/ta-org/tap-in>



Helping to End the HIV Epidemic by Addressing Substance Use Disorders (SUDs) in People with HIV

Insights from the Field and How to Access TA and Training

Funded by the Ending the HIV Epidemic Initiative

Thursday, February 25, 2021

1:00-2:30 pm ET – 12:00-1:30 pm CT – 11:00 am -12:30 pm MT – 10:00-11:30 am PT

A Project of  CAI



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Who We Are

Strengthen and support implementation of jurisdictions' Ending the HIV Epidemic (EHE) Plans to contribute to achievement of a reduction in new reported HIV cases by 75% by 2025

| Ending
| the
| HIV
| Epidemic



Technical Assistance Provider
innovation network

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Tip: Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org



TAP-in Webinar Partners



UC San Diego Health



The organizations shown here are partners with TAP-in for this webinar





POLL #1

Addressing Methamphetamine use in our community is crucial to help end the HIV epidemic.

- (1) Strongly disagree
- (2) Disagree
- (3) Neither agree nor disagree
- (4) Agree
- (5) Strongly agree



Introductions



**WHICH BEST DESCRIBES YOUR NUMBER ONE HIV
RELATED WORK ROLE?**

(CHOOSE ONE ONLY)

1. Health Department
2. Ryan White Planning
3. Council Member
4. Clinician
5. Case Manager
6. Linkage/Navigator
7. Social Worker
8. Administrator
9. Federal Government Staff
10. Other (write into chat)



Panel



Tom Donohoe

Professor of Family Medicine, David Geffen School of Medicine at UCLA, TAP Provider, TAP-in and PAETC-Los Angeles Area



Beth Rutkowski, MPH

Co-Director, SAMHSA-supported Pacific Southwest Addiction Technology Transfer Center



Jessica L Montoya, PhD

Assistant Professor of Psychiatry, UC San Diego, Psychologist at UC San Diego Owen Clinic, Leadership Trainee of the San Diego CFAR Ending the HIV Epidemic Scientific Working Group



Max Sepulveda, MPA

Managing Director of Harm Reduction Services, Housing Works



William Murphy

Project Director, TAP-in, CAI



Objectives

At the conclusion of this activity, participants will be able to:

1

Review the negative impact of methamphetamine (Meth) use on both HIV prevention and treatment programs

2

Discuss the epidemiology and biology of methamphetamine use in the context of Ending the HIV Epidemic (EHE) efforts

3

Review evidence-based interventions for Meth users, with a focus on harm reduction and contingency management

4

Access technical assistance (TA) for EHE jurisdictions implementing or considering local interventions for people who use Meth

Webinar Outline



Case Study Review



Role of Methamphetamines in the Fight Against HIV



Evidence Based Interventions



UC San Diego Health Experience



Role of Hook-up Apps and Methamphetamine Use



NYC Experience



Q&A



Case: EHE Jurisdiction A and Meth

EHE Jurisdiction A and their HIV planning body have been reviewing how Methamphetamine (Meth) is impacting their HIV epidemic. They recently had presentations from a Meth Task Force, a researcher, community providers, and a panel of people with HIV impacted by Meth.

They heard that Meth use is:

- Increasing in their community and is often the number one substance related to new syphilis and HIV cases.
- A major factor for people falling out of HIV care, and not being able to maintain an undetectable viral load when in care.
- Increasing among MSMs of color and homeless women.
- Impacting medication-assisted treatment (MAT) programs for opioids, as many people with HIV in those programs also use Meth.



POLL #2

I feel our jurisdiction is facing similar challenges to EHE Jurisdiction A's.

- a) Yes, 100%
- b) Yes, a lot 50-99%
- c) Yes, somewhat 25-49%
- d) Yes, a little <24%
- e) No
- f) Unsure



POLL #3

The intervention that has the most robust evidence for effectively treating stimulant use disorder is:

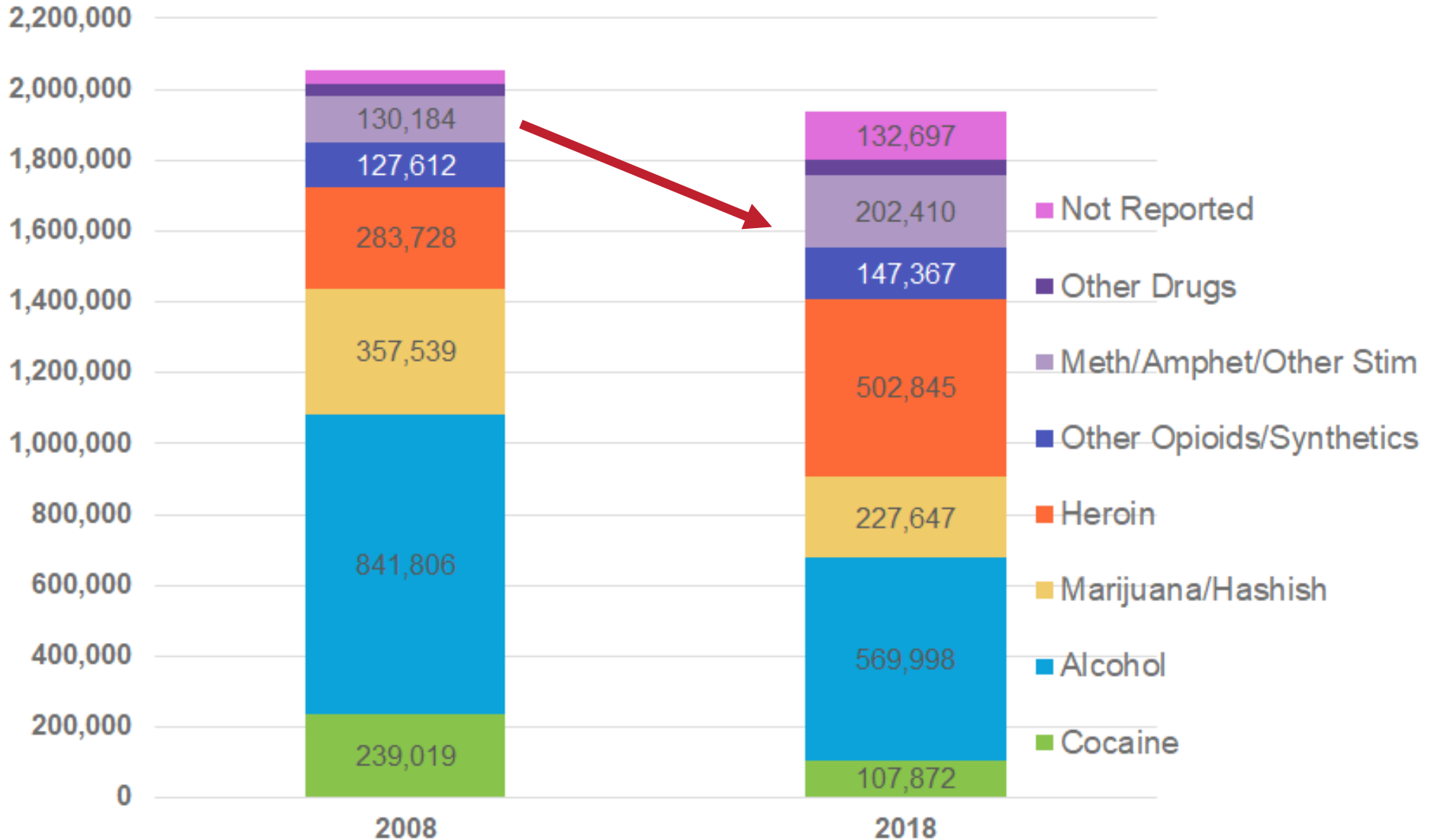
- a) An FDA-approved medication
- b) Contingency Management (CM)
- c) Cognitive Behavioral Therapy (CBT)
- d) Community Reinforcement Approach
- e) Exercise

The background features a collage of medical and technical imagery. On the left, there's a pinkish, textured circular shape. The central and right portions are dominated by various medical scans, including axial brain slices. Overlaid on these scans are white text elements: a vertical list of numbers (10000, 2240, 16824), a date '11/23 / 180', a name 'HROOKES', a study identifier 'STUDY 1', and a date '2 MA 18'. A scale bar labeled '5cm' and the letters 'RFP' are also visible. The overall color palette is a mix of blue, pink, and white on a dark background.

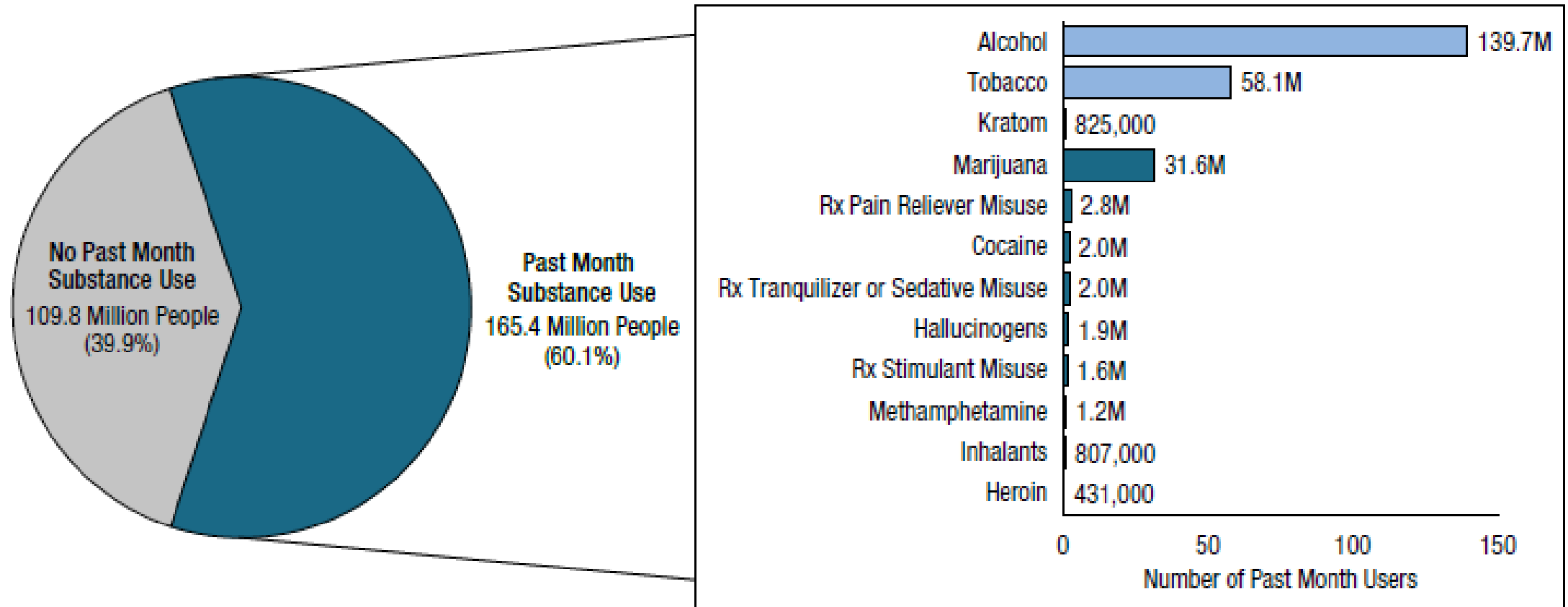
Beth Rutkowski, MPH

Co-Director, SAMHSA-
supported Pacific
Southwest Addiction
Technology Transfer
Center

Increases In Treatment Admissions Seen For Select Psychoactive Substances, 2008-2018



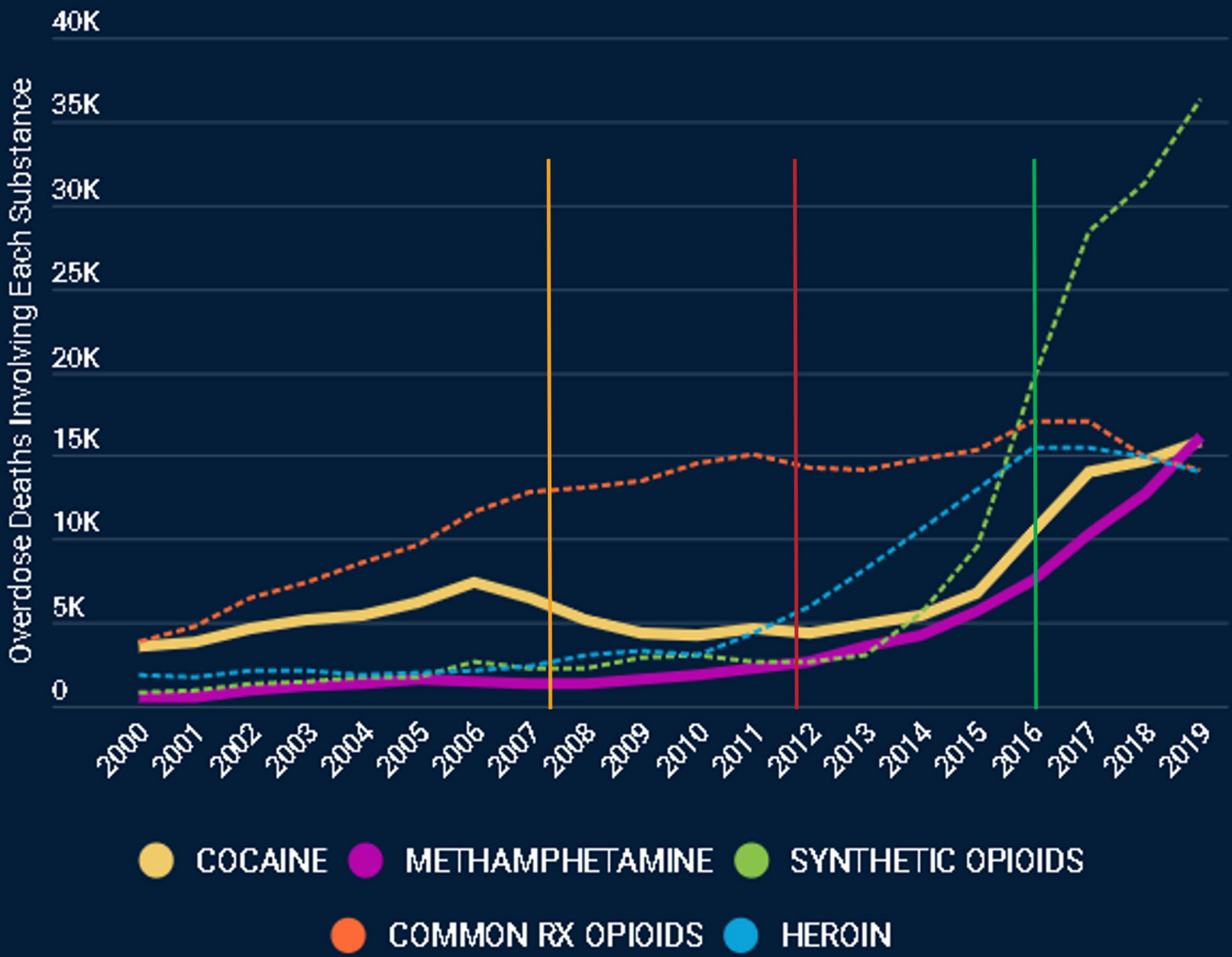
Numbers Of People Reporting Past Month Substance Use Among Those Aged 12 Or Older: 2019



Rx = prescription.

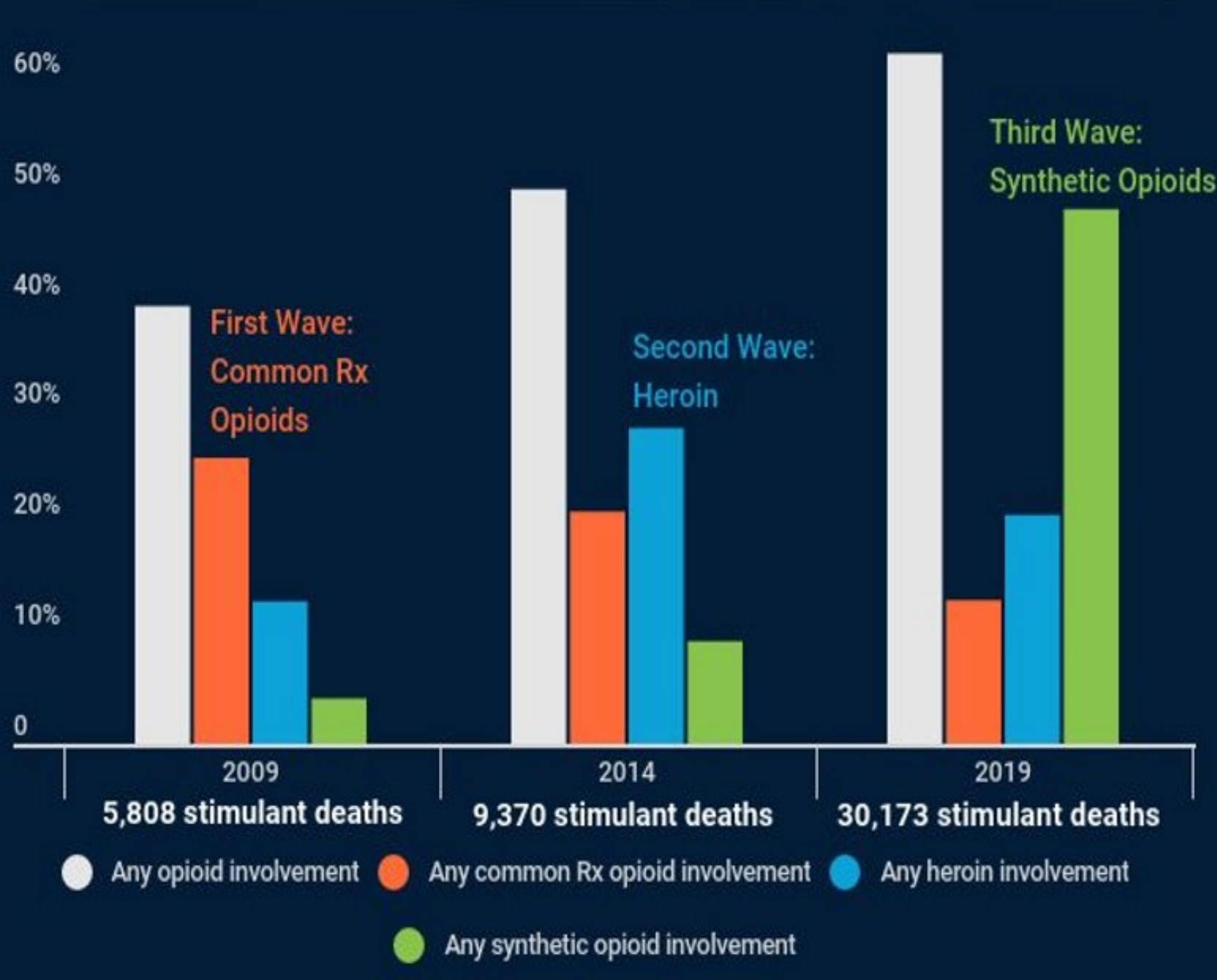
Note: Substance Use includes any illicit drug, kratom, alcohol, and tobacco use.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.



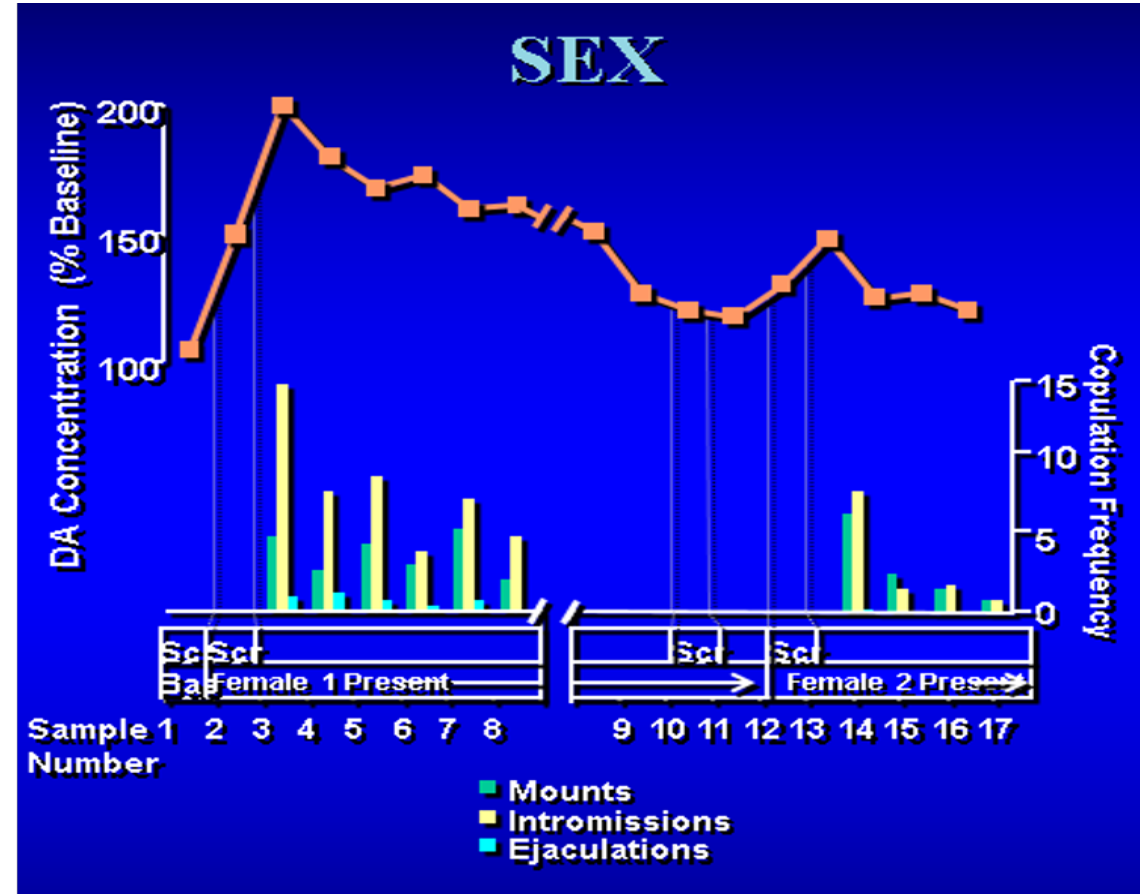
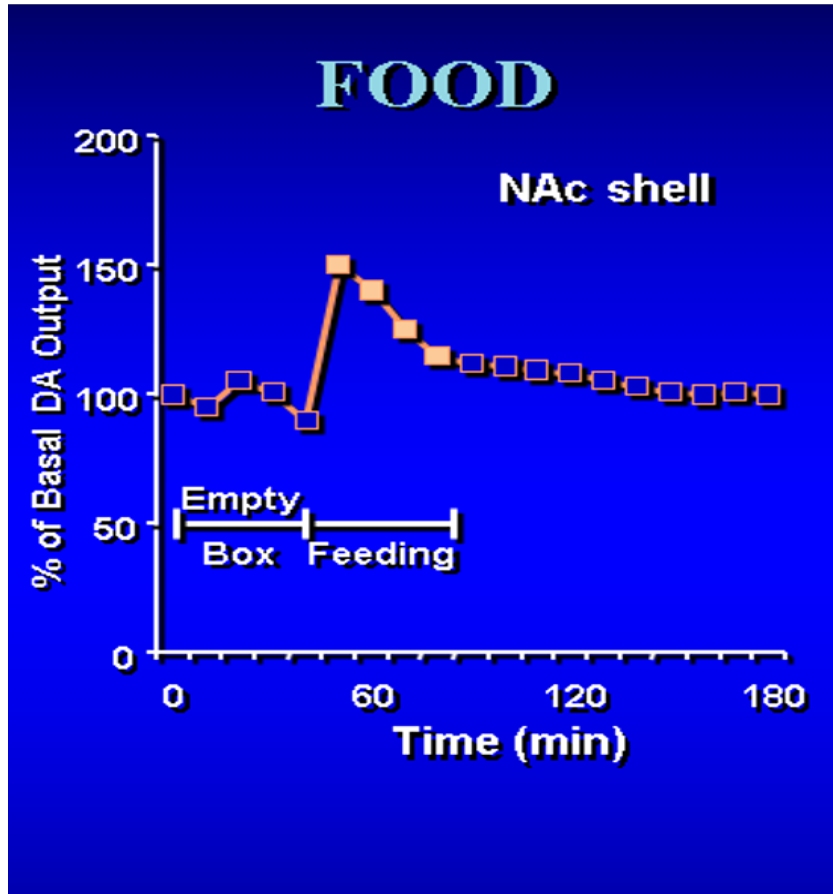
Stimulant Deaths Now Eclipse Deaths Involving Heroin or Rx Opioids

Categories not mutually exclusive; a single death may involve multiple substances.

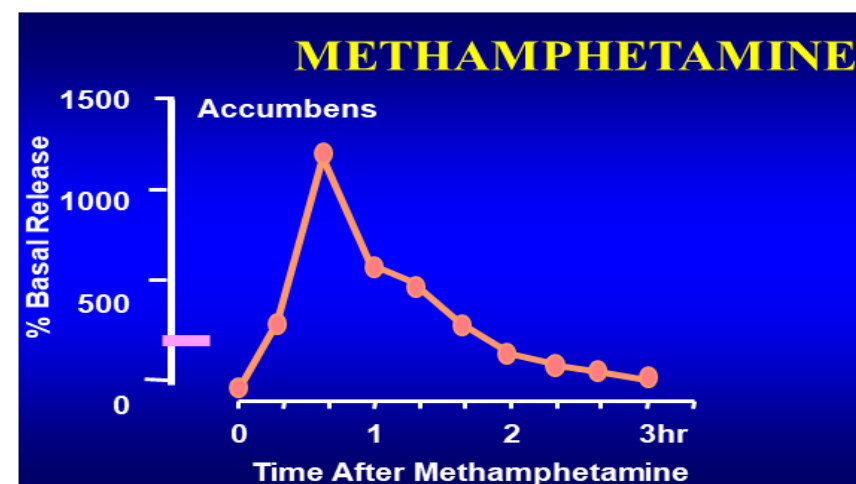
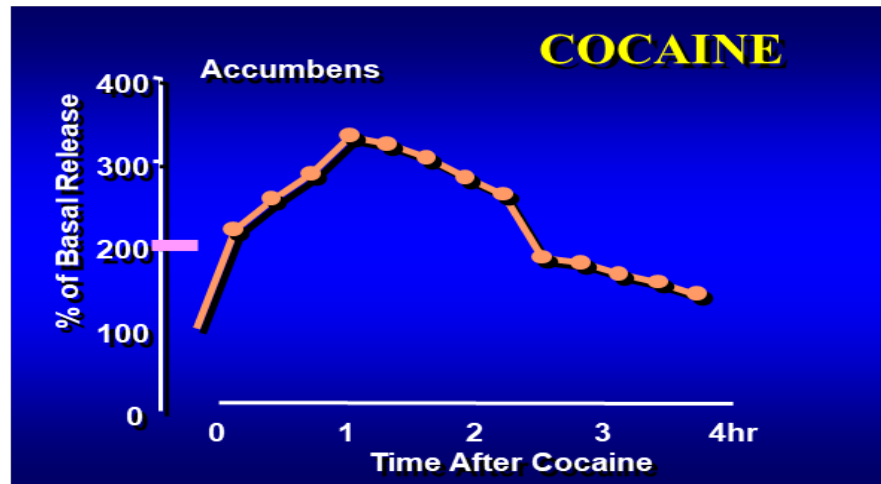
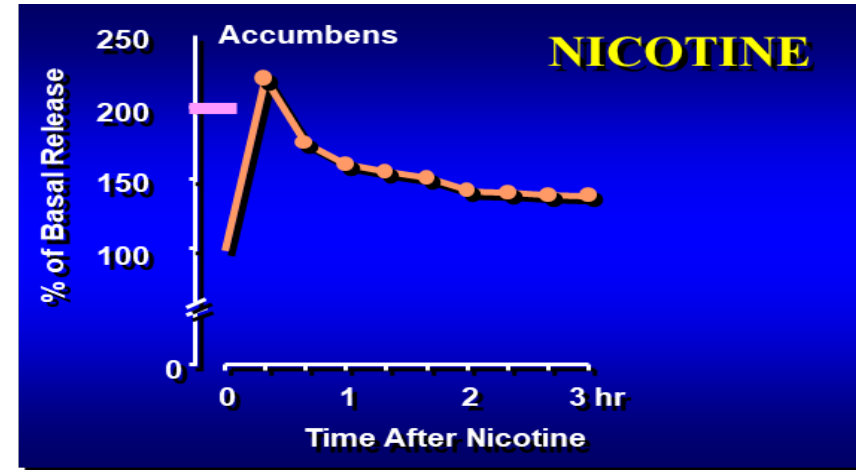
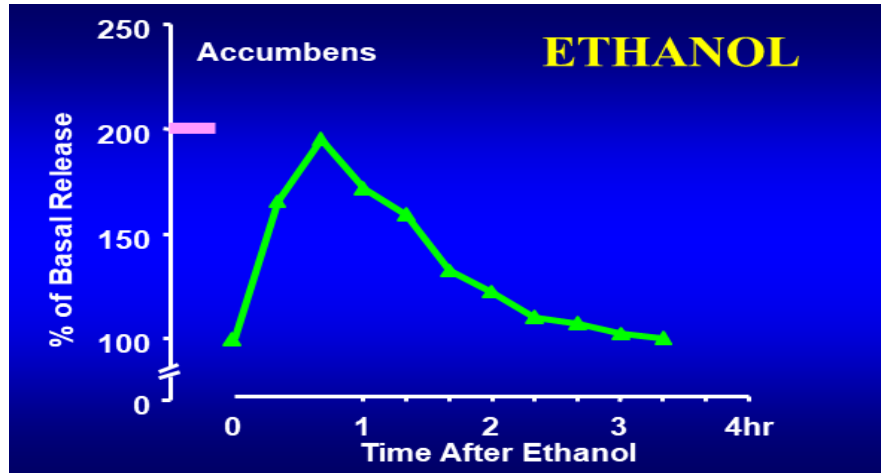


A Growing Percentage Of Stimulant-related Deaths That Also Involve Opioids

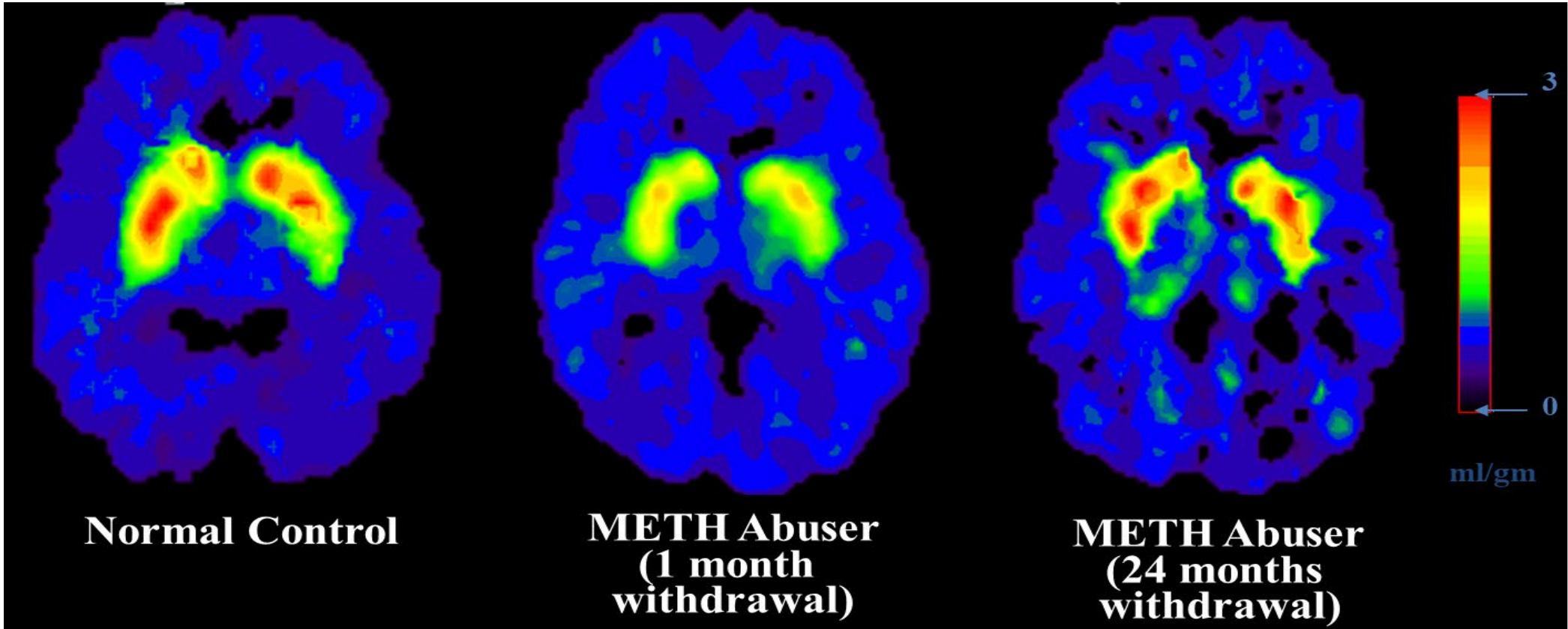
Natural Rewards Elevate Dopamine Levels



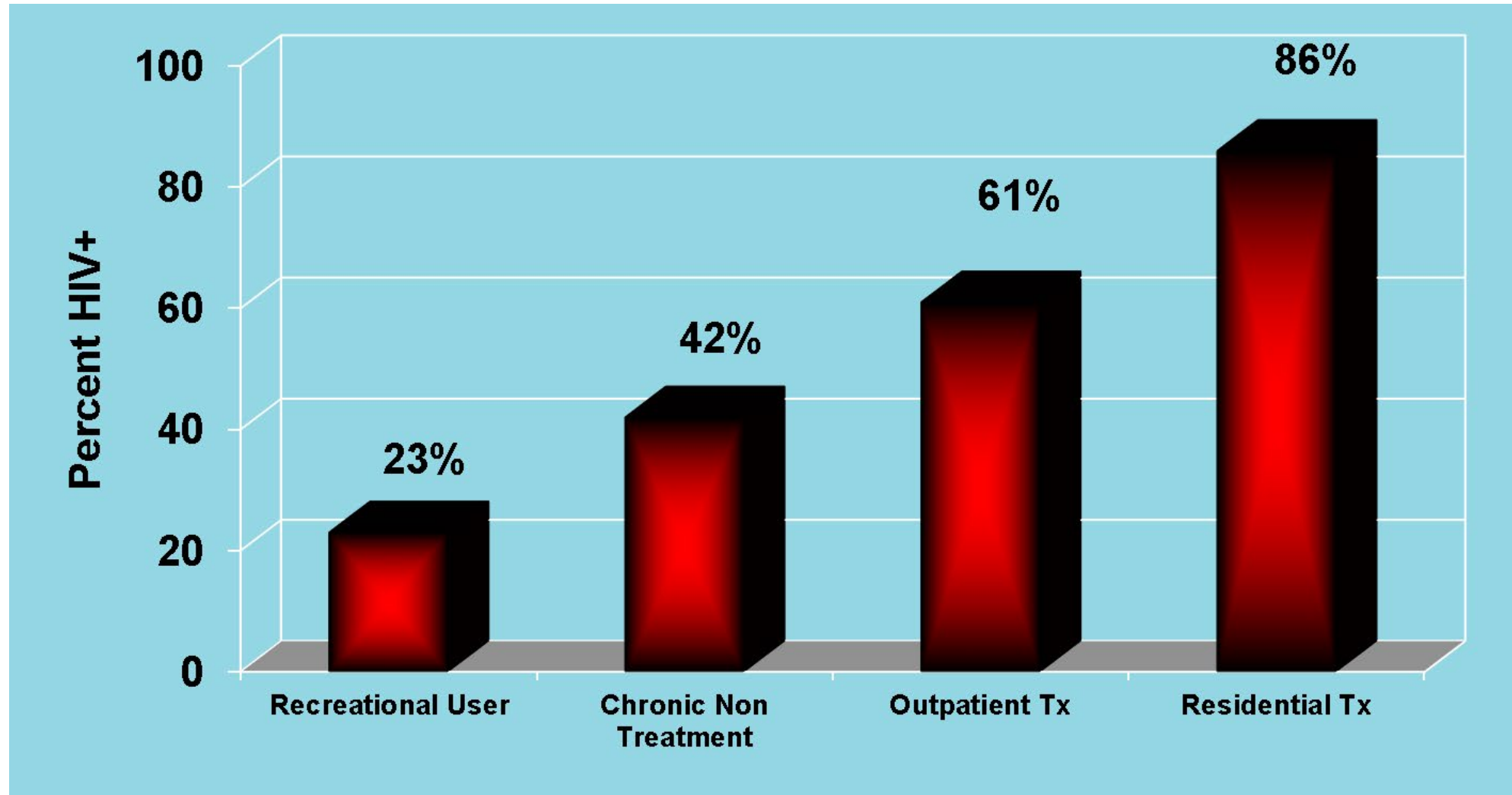
Effects Of Drugs on Dopamine Release



Partial Recovery of Brain Dopamine Transporters Following Protracted Abstinence



Methamphetamine And HIV in MSM: A Time-to-Response Association?



Shoptaw & Reback, 2006

Methamphetamine and Its Impact on HIV Transmission and Progression

Methamphetamine use:

- Lowers sexual inhibitions, impairs judgment, and provides energy and confidence to engage in sexual activity for long periods of time
- Causes erectile dysfunction
- Causes mucosal dryness
- Decreases adherence to HIV treatment and medical follow-up
- Increases HIV replication
- Accelerates progress of HIV-related dementia

The Effect of Methamphetamine On The Brain of A Person With HIV

HIV and meth are thought to have synergistic cognitive and neurological impacts.

In the presence of HIV, methamphetamine can cause:

- Even greater dopamine release and cellular damage
- Additive damage to the frontal cortex and basal ganglia
- Difficulty in adhering to antiretroviral regimen
- Deficits in attention/working memory, abstract decision-making, and psychomotor speed

Clinical Challenges Of Working With People With A Stimulant Use Disorder

Overdose death

Limited understanding of stimulant use disorder

Ambivalence about need to stop use

Impulsivity/poor judgement

Cognitive impairment and poor memory

Anhedonia

Hypersexuality

Violence and psychosis

Powerful Pavlovian trigger-craving response

Very poor retention in outpatient treatment

Elevated rates of psychiatric co-morbidity

Sleep disorders

Are There Medications For The Treatment Of Stimulant Use Disorder?

The short answer is NO

A few medicines have had positive results in clinical trials

To date, these medicines have not demonstrated reproducible results

Much more research is needed to determine the overall efficacy of these medicines

Behavioral Treatments for Individuals with a Stimulant Use Disorder

Contingency Management

Community Reinforcement Approach

Cognitive Behavioral Therapy/Relapse Prevention

Motivational Interviewing

Matrix Model

Exercise

Mindfulness

Contingency Management

- Based on pioneering work of Steven Higgins & colleagues at the University of Vermont
- Very powerful approach for achieving initial abstinence from numerous drugs of abuse
- Patients adhering to targeted behavior (i.e. drug abstinence, attendance, attending job training, etc) are positively reinforced

Contingency Management In Practice: Challenges

CM must be simple

- Easy to track target behaviors
- Little burden on the counselor or administrative staff (can't reward patients and punish staff)

CM must address staff resistance

- Patients should not have to be “paid” or “bribed”; recovery is the reward
- Motivation needs to come from within

Reframe CM as an engagement and retention technique along with traditional interventions and approaches

More (Recent) Evidence for Contingency Management as a Response to Stimulant Use

A 2020 systemic review of 27 studies found that contingency management has broad benefits in:

- Greater drug adherence
- Higher utilization of other treatments and medical services
- Reductions in risky sexual behavior

Recommendation: Outpatient programs that offer treatment to people with a methamphetamine use disorder should ***prioritize adoption and implementation of contingency management***

Jessica L Montoya, PhD

Assistant Professor of
Psychiatry, UC
San Diego, San Diego
Center for AIDS
Research (CFAR),
Psychologist at Owen
Clinic



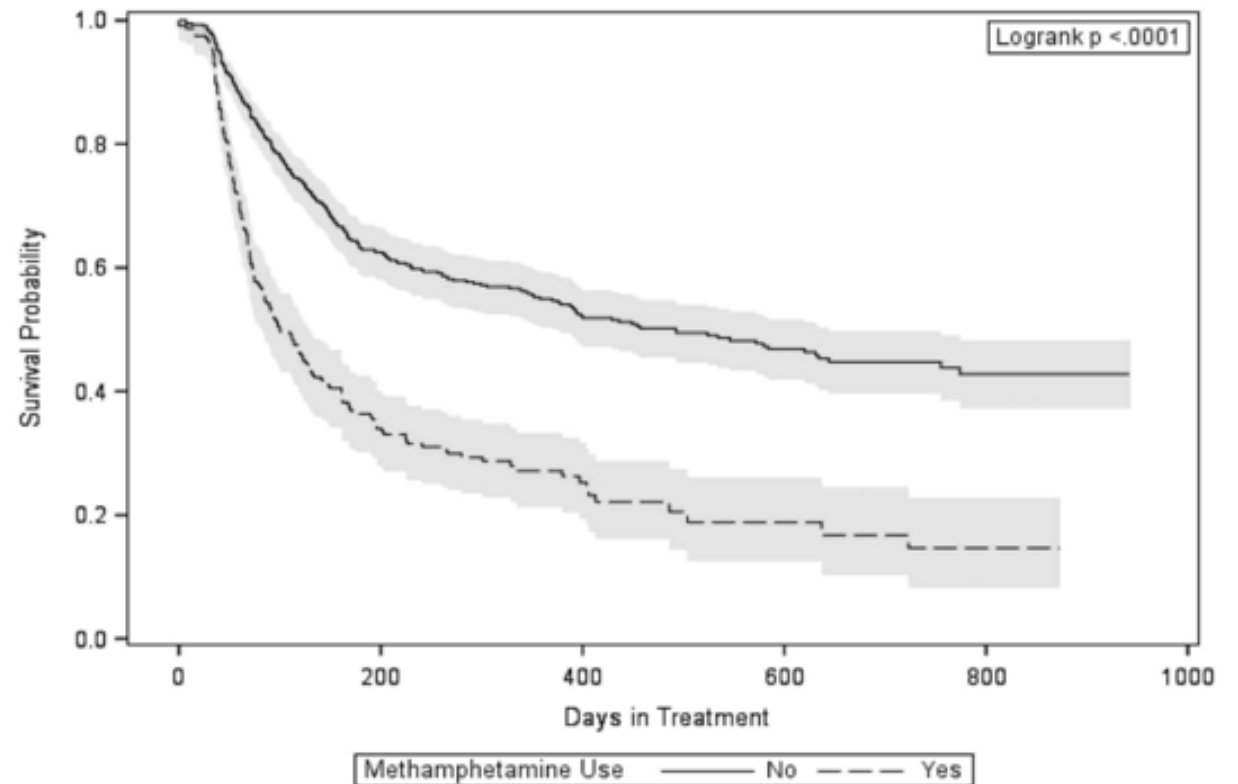
Methamphetamine disrupts retention on medication-assisted treatment (MAT)

Integrating substance use disorder services in HIV care settings promotes retention in HIV care

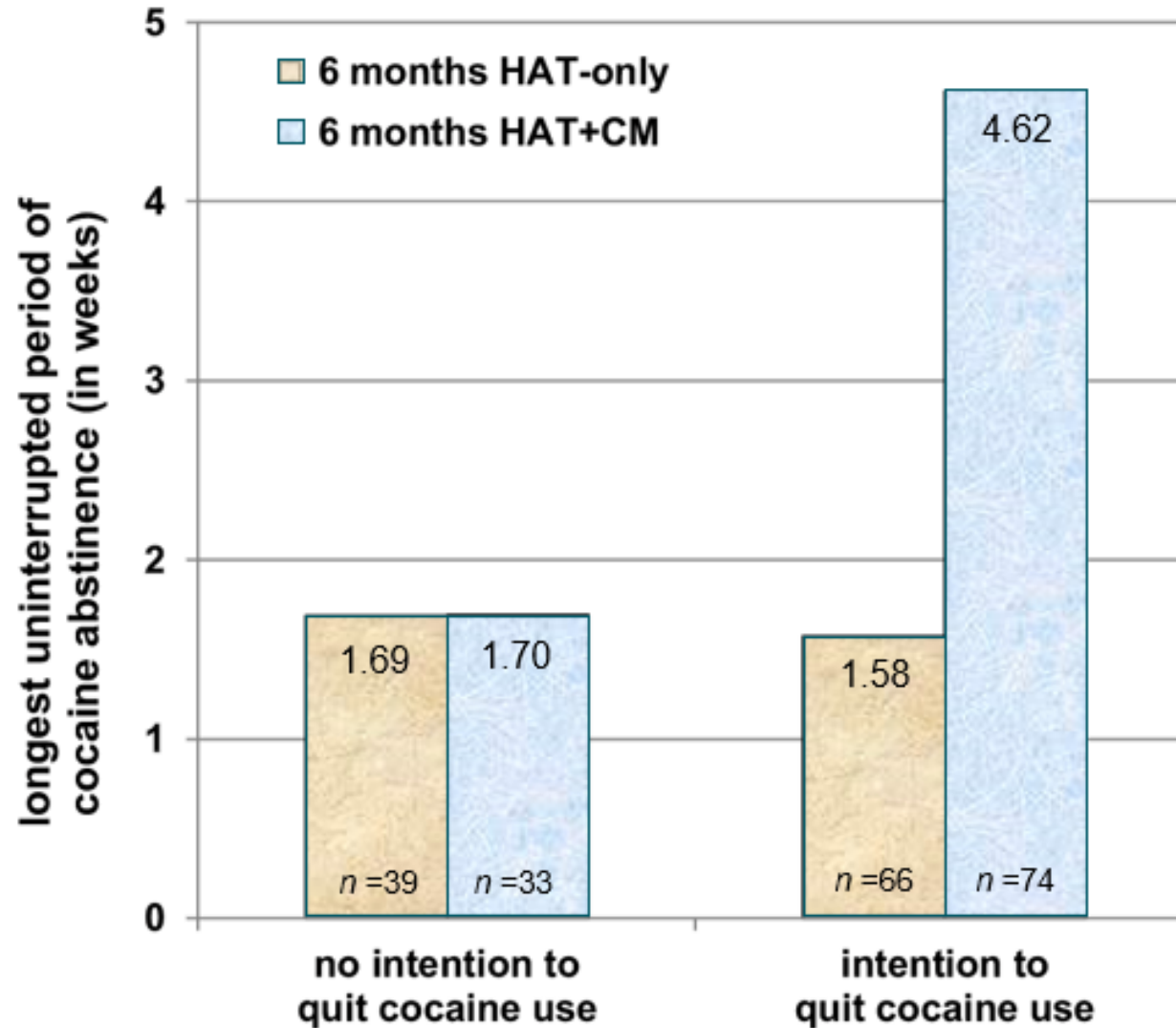
People with HIV who receive MAT for opioid use disorder have increased likelihood of viral suppression

Methamphetamine use disrupts MAT retention

Kaplan-Meier survival curves for time to discharge for methamphetamine users and non-users



MAT and Contingency Management



Implementation Involves Adaptation

Adaptation = modification to the intervention and/or implementation protocol

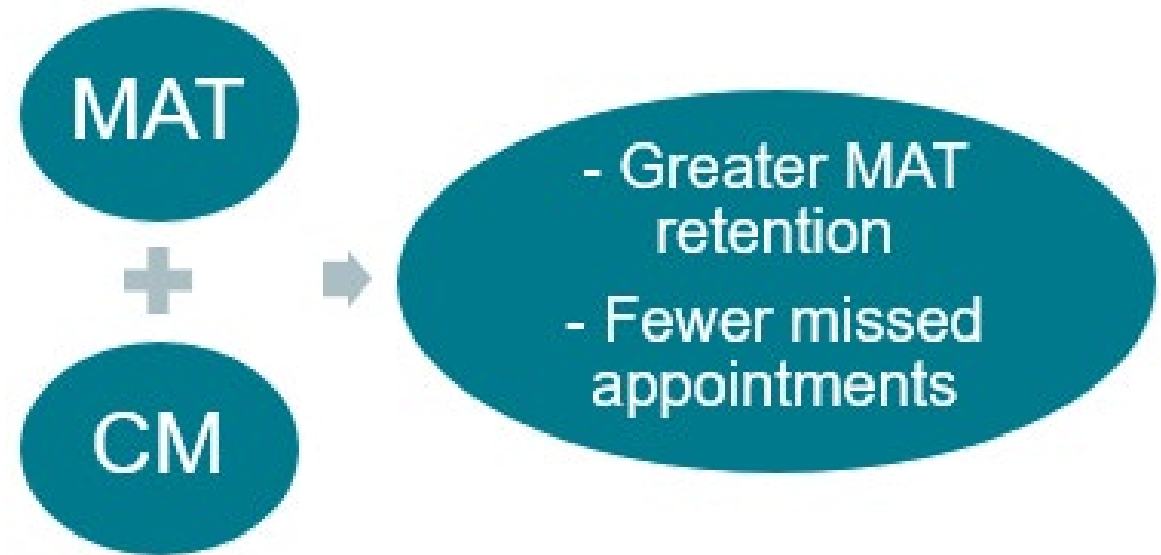
Framework for Reporting Adaptations and Modifications-Expanded (FRAME)

Constructs	Category examples
When was modification made?	Pre-implementation, implementation
What is modified?	Content, context, training
At what level of delivery?	Patient, clinician, clinic
What is the nature of the modification?	Shortening/lengthening, loosening structure
What is the anticipated impact of the adaptation?	Increase reach, retention, feasibility

Contingency Management (CM) as an Adjunct Treatment

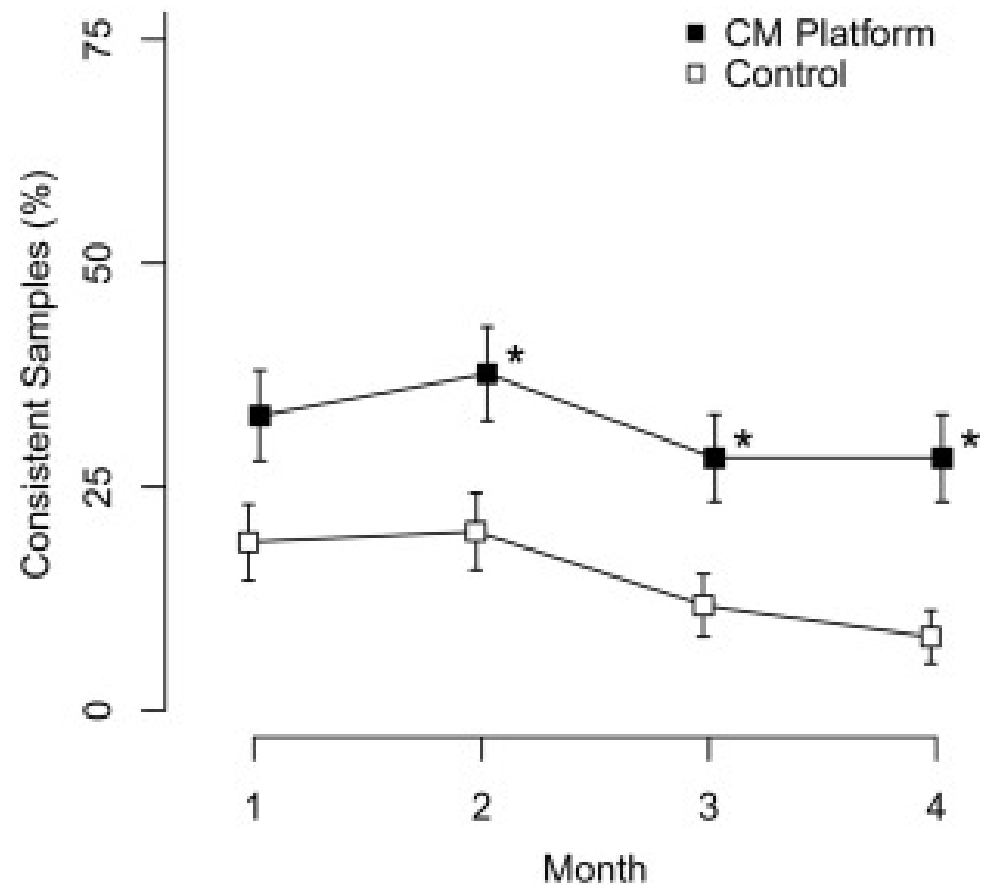
UC San Diego Owen Clinic – HIV care clinic

- Approximately **75%** of patients on MAT for opioid use disorder also use methamphetamine
- Retention rate on MAT is approximately **33%**
 - Of those not, approximately 90% also use methamphetamine



Smartphone-delivered Contingency Management

Smartphone-delivered CM associated with Greater Odds of Abstinence



Hybrid Type 1 Pilot Study

Hybrid Type 1 Pilot Study of contingency management, with a focus on the following outcomes:

Implementation Outcomes

Acceptability
Appropriateness
Feasibility

Service Outcomes

Effectiveness

Client Outcomes

Viral suppression



POLL #4

Our program reaches patients/clients through 'hook-up' Apps

- A. Yes
- B. No
- C. Maybe? I'm not sure

Hookup Apps for Sex and Meth



Scruff



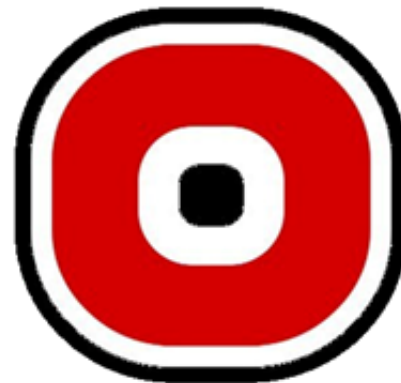
Grindr



Daddyhunt



WiX



Recon



A4A Radar

Hookup Apps for Sex and Meth

We need to talk about how Grindr is affecting gay men's mental health

I'm a gay psychiatrist. Here's why I went on Grindr to survey men.

By Jack Turban | Apr 4, 2018, 9:50am EDT



When I open the Grindr app on my smartphone, I see there's a 26-year-old man with tanned abs just 200 feet away. He's called "looking4now," and his profile explains that he wants sex at his place as soon as possible.

Scrolling down, I find 100 similar profiles within a one-mile radius of my apartment in Boston. I can filter them by body type, sexual position (top, bottom, or versatile), and HIV status.

As a gay psychiatrist who studies gender and sexuality, I'm thrilled with the huge strides we've made over the past decade to bring gay relationships into the mainstream. The

Most Happy

	% of Users Happy	Daily Usage (Minutes)
1. Calm	99% 😊	10
2. Google Calendar	99% 😊	3
3. Headspace	99% 😊	4
4. Insight Timer	99% 😊	20
5. The Weather	97% 😊	3
6. MyFitnessPal	97% 😊	8
7. Audible	97% 😊	8
8. Waze	96% 😊	19
9. Amazon Music	96% 😊	7
10. Podcasts	96% 😊	8
11. Kindle	96% 😊	26
12. Evernote	96% 😊	10
13. Spotify	95% 😊	9
14. Weather	95% 😊	2
15. Canvas	95% 😊	5

Most Unhappy

	% of Users Unhappy	Daily Usage (Minutes)
1. Grindr	77% 😞	61
2. Candy Crush Saga	71% 😞	46
3. Facebook	64% 😞	59
4. WeChat	62% 😞	97
5. Candy Crush	59% 😞	47
6. Reddit	58% 😞	56
7. Tweetbot	58% 😞	78
8. Weibo	57% 😞	73
9. Tinder	56% 😞	22
10. Subway Surf	56% 😞	32
11. Two Dots	53% 😞	34
12. Instagram	51% 😞	54
13. Snapchat	50% 😞	61
14. 1010!	45% 😞	35
15. Clash Royale	42% 😞	58

Mobile Apps and (Un)Happiness

Dating Apps and Their Sociodemographic and Psychosocial Correlates: A Systematic Review

[Ángel Castro*](#) and [Juan Ramón Barrada](#)

[▶ Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#) [Disclaimer](#)

This article has been [cited by](#) other articles in PMC.

Abstract

Go to:

The emergence and popularization of dating apps have changed the way people meet and interact with potential romantic and sexual partners. In parallel with the increased use of these applications, a remarkable scientific literature has developed. However, due to the recency of the phenomenon, some gaps in the existing research can be expected. Therefore, the objective of this study was to conduct a systematic review of the empirical research of the psychosocial content published in the last five years (2016–2020)

Hookup Apps: A Systematic Review

Hookup Apps vs. Recovery

Got Meth? There's an app for that



Sex and drugs: Popular gay dating app allows users to find more than a date

Despite Grindr's past efforts to address the selling and promoting of drugs on its app, those who use it say there's still a robust market for illicit substances.





SOCIAL NETWORKS

SAFE SPACES

RESOURCES

**Max
Sepulveda, MPA**

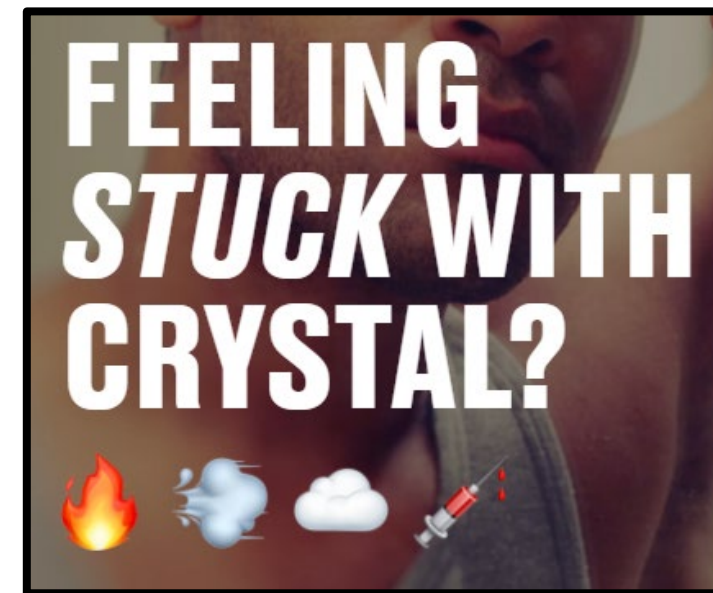
**Managing Director
of Harm Reduction
Services, Housing
Works**



Recharge

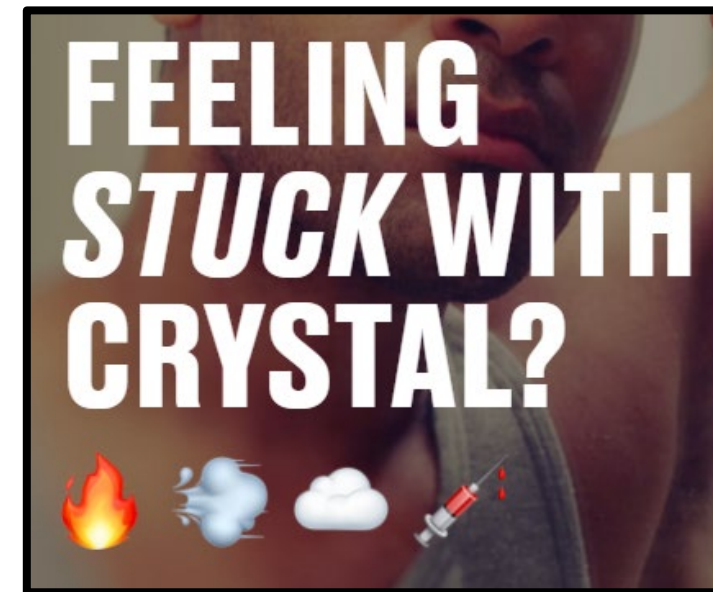
Who is Recharge For?

- Designed for HIV negative men who have sex with men and individuals of trans experience who have sex with men.
- We are committed to the practice of harm reduction, which means that you can continue to use meth while accessing services. Re-Charge will meet you where you are and help you reach your health and wellness goals.



What does Recharge do?

- Prevention program seeks to reduce new HIV infections and poor HIV treatment outcomes among New Yorkers who use Crystal Methamphetamine
- Clients are engaged through targeted outreach in the community
- Identified clients are provided with Health Education to reduce harms associated with Methamphetamine use, connected to clinical services, and provided linkage to services for case management and support services



Services Offered

**DO YOU NEED
A RE-CHARGE?**

RE-CHARGE A NEW HEALTH AND WELLNESS PROGRAM FOR USERS OF CRYSTAL METH

HIV Prevention

- PEP and PrEP Services

Psychiatric Services

- Medication and Pharmacotherapy
- Medication Assisted Treatment

Medical Services

- Connection to Primary Care
- STI Testing/Treatment

Benefits Navigation

- Connection to Benefits and Insurance.

Linkage to Services/Case Management

- 1 on 1 Substance Use Counseling
- Supplemental Mental Health Services (not intended to be long-term)
- Group Services (with limited capacity, 5 maximum)
- Acupuncture and Supportive Services
- Come down space for people to “come down” from crystal meth usage
- Overdose prevention services, with the inclusion of Fentanyl strips and Narcan dispensation
- Same day rapid HCV/HIV testing services

⚡ Re-Charge is an open, sex-positive, safe space. Learn about safer use and explore a strategy that works for you.

What makes our program unique?

Harm Reduction means “lowering the barriers needed to access care”.

This means...

- Providing access to program enrollment via walk-in or over the phone during business hours.
- Providing a space to engage someone honestly about their use and changes they wish to make in their life.
- We do not challenge the thoughts and feelings of a person, but allow them autonomy to feel, think and speak about the barriers and challenges they face through a radical non-judgmental lens.
- Work to focus on solutions, rather than symptomology.

What makes our program unique?

Harm Reduction means “lowering the barriers needed to access care”.

This means...

- We do not pathologize clients; we treat them as human beings and take a humanistic and client centered approach to their treatment.
- As addiction is a brain disease, we do not discourage nor promote substance use with those using, but rather discuss changes and alternative strategies to reduce harmful health outcomes associated with substance use.
- We acknowledge stigma plays a significant role in the access to services. We work to advocate against drug stigma users faced and challenges accessing Health and Social Services.

Poll #5

What is the best next step for your jurisdiction?

1. Hold planning council meeting on Meth and HIV
2. Explore possibility of contingency management interventions
3. Consider "safe spaces" and social networks for working with Meth users
4. Cross-train staff on HIV, Meth, and mental health
5. Other (write into chat)

Where to Get Help



Regional TAP-in Structure

3 regional hubs with a TA Lead and up to 3 Coaches assigned to each hub



A Project of  CAI





Addressing Meth in Your EHE Strategies

- Priority populations identified in the 47 EHE jurisdictions
 - Gay/MSM of color in 29 jurisdictions
 - Youth in 25 jurisdictions
 - Unstably housed/homeless in 8 jurisdictions
- Jurisdictions prioritizing these populations should be addressing meth use in their EHE strategies.
- TAP-in can help!



What We Can Do For You

- Develop a tailored jurisdictional TA plan
- Provide on demand technical assistance
- Assist in the development of a data dashboard
- Provide access to a pool TA providers
- Link to regional and national resources
- Facilitate peer to peer expert consultation
- Link you to additional training and resources



How to Request TA

Ending
the
HIV
Epidemic



Technical Assistance Provider
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CAI

Email: tap-in@caiglobal.org



Technical Assistance Provider
innovation network

Question & Answer





Closing and Evaluation

WE WANT TO HEAR FROM YOU!

In order to complete our evaluation, you must be registered for this webinar. If you have not registered, please register using the link in the chat. Thank you!

