WHERE THERE’S SMOKE THERE’S FIRE:
The Impact of Meth on HIV & Latinx Gay & Bi Men & MSM

New Date

LIVE WEBINAR
August 12th | 1:30 - 3:30 pm Central Time
https://tinyurl.com/AT-2020-Series

Learn why meth overdoses have spiked nationwide in recent months due to continued isolation, economic devastation and disruptions to the drug trade.

Oscar Lopez
Event Organizer & CEO
Poderosos

Rick Prieto
Manager
Harm Reduction Programs
Poderosos

Jeffrey S. Crowley
Distinguished Scholar
O’Neill Institute
Georgetown Law

Sean E. Bland
Senior Associate
O’Neill Institute
Georgetown Law
WHERE THERE’S SMOKE THERE’S FIRE:

THE IMPACT OF METH ON HIV & LATINX GAY & BI MEN & MSM*

Oscar Raul Lopez
CEO and Lead Capacity Building Provider
and
Rick Prieto
Harm Reduction Manager
Poderosos.org
OBJECTIVES

1. Discuss the health risks for **men who have sex with men (MSM)** with use of methamphetamine.

2. Discuss the scope of the crystal meth epidemic and its impact on HIV prevention with Latinx MSM.

3. Discuss **meth** use as a tool to enhance a sexual experience and for promoting connection and intimacy.

4. Discuss the lack of access to culturally competent mental and behavioral health services for MSM.

5. Discuss the lessons learned from working with Latinx MSM who use meth.
WE KNOW THAT LATINX MEN WHO HAVE SEX WITH MEN (MSM) ARE USING METHAMPHETAMINE (METH) AND THAT THERE IS LIMITED GUIDANCE AND RESOURCES SPECIFICALLY TARGETED FOR THIS COMMUNITY TO REDUCE RISK AND PROMOTE SAFER USE.

PROVIDERS ARE OFTEN UNINFORMED ABOUT THIS COMMUNITY USING METH IN THE FIRST PLACE, LET ALONE KNOW HOW TO ASK QUESTIONS AND HOW TO Engage M eth users to address risk. WE WILL EXPLORE CONVERSATIONS WITH LATINX MSM WHO USE METH TO HIGHLIGHT THEIR EXPERIENCES, NEEDS AND SUGGESTIONS FOR RESOURCES TO PROMOTE CONVERSATION AND DEVELOP RISK REDUCTION TOOLS IN AN INFORMED WAY.

BACKGROUND

SERVICE PROVIDERS MUST UNDERSTAND HARM REDUCTION, HIV RISK BEHAVIORS AS WELL AS THE HISTORY AND CULTURE OF THE COMMUNITIES THEY ARE SERVING. THIS MOVES BEYOND CULTURAL COMPETENCE AND TOWARDS CULTURAL RESPECT AND LITERACY.
WHAT IS METH?

METHAMPHETAMINE (METH) IS A POWERFUL, HIGHLY ADDICTIVE STIMULANT THAT AFFECTS THE CENTRAL NERVOUS SYSTEM.

METHAMPHETAMINE IS A FORM OF THE DRUG THAT LOOKS LIKE GLASS FRAGMENTS OR SHINY, BLUISH-WHITE ROCKS. IT IS CHEMICALLY SIMILAR TO AMPHETAMINE, A DRUG USED TO TREAT ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD) AND NARCOLEPSY, A SLEEP DISORDER.

OTHER COMMON NAMES FOR METHAMPHETAMINE INCLUDE: CRYSTAL, ICE, METH, TINA, AND SPEED. IT CAN ACT AS AN UPPER TO MAKE PEOPLE FEEL MORE AWAKE, ACTIVE, SKIN-SENSITIVE, AND SEXUAL.

LIKE OTHER DRUGS, THESE RISKS ARE COMPOUNDED BY SOCIAL DETERMINANTS OF HEALTH, INCLUDING ACCESS TO RESOURCES, HOUSING, HEALTHCARE, EMPLOYMENT, SOCIAL NETWORKS, AND OTHER ASPECTS RELATED TO THE PERSON’S SOCIOCULTURAL IDENTITIES.
METH CAN BE SMOKED, INJECTED (SLAMMED), SWALLOWED (PARACHUTES), OR INSERTED RECTALLY BUT USERS MUST LET THE METH DISSOLVE BEFORE THEY START HAVING ANAL SEX BECAUSE DURING SEX METH SHARDS MAY CAUSE TEARS TO THE ANUS OR THE INSERTING PENIS.

SHARING INJECTING EQUIPMENT INCREASES THE RISK OF TRANSMISSION OF BLOOD BORNE VIRUSES LIKE HEPATITIS B OR C, TETANUS AND HIV.

IT'S HARD TO KNOW HOW LONG A HIGH WILL LAST, BECAUSE IT ALL DEPENDS ON THE STRENGTH OF THE BATCH, HOW MUCH YOU HAVE TAKEN, YOUR TOLERANCE TO IT AND HOW YOU'VE TAKEN IT. USERS NEED TO BE CAREFUL NOT TO GET TOO IMPATIENT AND DOUBLING UP THEIR DOSE BEFORE THE FIRST ONE HITS.
THOUGH THE EFFECT OF METH ABUSE IS NOT AS RAPID AS THE EFFECTS OF ABUSE OF HEROIN OR PAINKILLERS, IT TAKES A VERY VISIBLE TOLL ON USERS AFTER JUST A FEW MONTHS OF REGULAR INGESTION. WHETHER THE DRUG IS SNORTED OR INJECTED, OBSERVERS WILL BEGIN TO NOTICE:

- EXTREME WEIGHT LOSS
- POOR SKIN, NAIL, AND SCALP HEALTH
- SORES AND SCABS
- EXTREME MOOD SWINGS AND IRRITABILITY
- MULTIPLE DAYS/NIGHTS WITHOUT SLEEP

BINGES CAN LAST FOR DAYS AT A TIME, AND BY THE END OF THEM, THE USER MAY BE SURLY AND AGGRESSIVE. THEIR OVERALL PERSONALITY MAY CHANGE AS WELL AS THEIR APPEARANCE,

IN A FEW SHORT MONTHS, AN INDIVIDUAL WHO CONSISTENTLY USES METH MAY BECOME PHYSICALLY AND BEHAVIORALLY A COMPLETELY DIFFERENT PERSON.

SHORT TERM EFFECTS & HEALTH RISKS FROM METH USE

**SHORT TERM EFFECTS**

- INCREASED CONFIDENCE AND MOTIVATION
- FEELINGS OF EUPHORIA
- REDUCED INHIBITIONS
- DILATED PUPILS
- DRY OR PASTY MOUTH
- INCREASED HEART RATE
- REDUCED APPETITE
- EXCESS SWEATING
- INCREASED LIBIDO
- ERECTION LOSS
- DAMAGED NASAL PASSAGES CAUSING NOSE BLEEDS IF SNORTED
- INABILITY TO SLEEP
METH USE CAN RESULT IN SIGNIFICANT PHYSICAL AND MENTAL HEALTH EFFECTS INCLUDING, BUT NOT LIMITED TO, CARDIOVASCULAR/CEREBROVASCULAR DYSFUNCTION AND MORTALITY, DEPRESSION, ANXIETY, COGNITIVE DEFICITS, PSYCHOSIS, VIOLENCE, AND SUICIDE IDEATION.

IN FACT, SUICIDE HAS BEEN ESTIMATED TO ACCOUNT FOR 18.2% OF ALL METHAMPHETAMINE-RELATED DEATHS AND APPROXIMATELY 1/3 OF ADULTS ADDICTED TO METH REPORTING HAVING ATTEMPTED SUICIDE ONE OR MORE TIMES.

DESPITE THESE NEGATIVE HEALTH EFFECTS, METH USE MAY BE REINFORCED BY ALLEVIATING OR REMOVING UNCOMFORTABLE OR AVERSIVE STATES WITHIN THE BODY. THIS PRINCIPLE IS KNOWN AS NEGATIVE REINFORCEMENT.

THUS, INDIVIDUALS CONTINUE TO USE METH DESPITE NEGATIVE CONSEQUENCES TO ALLEVIATE STATES OR SENSATIONS ASSOCIATED WITH NEGATIVE MOODS STATES, TENSION, AROUSAL, CRAVING, AND WITHDRAWAL.

THESE UNCOMFORTABLE STATES ARE OFTEN A RESULT OF PROLONGED METH USE ITSELF BUT MAY ALSO BE PRE-EXISTING CONDITIONS WHICH METH CAN BE A MALADAPTIVE COPING MECHANISM TO DEAL WITH.

Slide source:
IN ADDITION TO THE SOCIAL, EMOTIONAL, AND BEHAVIORAL ISSUES THAT REGULAR USE OF METH CAN CAUSE, IT CAN LAY WASTE TO PHYSICAL HEALTH.

PEOPLE WHO USE THE DRUG REGULARLY OFTEN DEAL WITH:

- “METH MOUTH” (DAMAGED TEETH AND GUMS)
- LIVER DAMAGE
- KIDNEY DAMAGE
- HIGH BODY TEMPERATURE, WHICH CAN LEAD TO BRAIN DAMAGE
- RAPID HEART RATE, ARRHYTHMIA, AND OTHER CARDIAC ISSUES THAT CAN LEAD TO STROKE

THESE ISSUES CAN WORK TOGETHER TO CONTRIBUTE TO SUDDEN DEATH, AND IF CRYSTAL METH IS USED IN CONJUNCTION WITH OTHER DRUGS (E.G., HEROIN, ALCOHOL, ETC.) OR IF NEEDLES ARE USED AS A METHOD OF INGESTION, MORE RISKS ARISE, AND THE RISK OF DEATH INCREASES AS WELL.

METH PSYCHOSIS - PSYCHOTIC SYMPTOMS AND SYNDROMES ARE FREQUENTLY EXPERIENCED AMONG MSM WHO USE METH, WITH RECENT ESTIMATES OF UP TO APPROXIMATELY 40% OF USERS AFFECTED.
UPDATE: COVID-19 AND HIDDEN EPIDEMICS

All hope that border closings and city shutdowns would disrupt drug trafficking during the pandemic has vanished as it is clear that the opposite is happening. Crystal meth, in particular, is as readily available and potent as ever before. Rural areas in the Deep South are perfect areas for meth labs as they are often isolated and hard to reach.

Making matters worse, many treatment centers, drug courts and recovery programs have been forced to close or significantly scale back during shutdowns.

With plunging revenue for services and little financial relief from the government, some now teeter on the brink of financial collapse.

Even before the pandemic, the nation’s infrastructure for helping people with substance use disorders was underfunded and inadequate.

Without government intervention, local officials and drug policy experts warn, overdoses and deaths will continue to climb during the pandemic and the existing system will be inundated.

Source:
(https://www.washingtonpost.com/health/2020/07/01/coronavirus-drug-overdose/)
PREVALENCE OF METH USE AMONG MSM HAS BEEN SHOWN TO BE 20 TIMES THAT OF THE GENERAL POPULATION, WITH AN ESTIMATED 10–25% OF MSM REPORTING USE OF METH IN THE CONTEXT OF SEXUAL BEHAVIOR IN THE PAST SIX MONTHS. (OLDENBURG, ET AL, 2016)

EPIDEMIOLOGIC STUDIES AMONG U.S. MSM OVER THE PAST FIVE YEARS DEMONSTRATE THAT THE PREVALENCE OF PROBLEMATIC METH USE HAS REMAINED STEADY. METH REMAINS AFFORDABLE, SIMPLE TO MANUFACTURE, AND READILY AVAILABLE, MAINTAINING A BROAD AND NEGATIVE HEALTH IMPACT NATIONWIDE. (MIMIAGA, ET AL, 2019)

MSM METH USERS REPORTED A DECREASED ABILITY TO ENJOY OTHER LIFE ACTIVITIES THAT DID NOT INVOLVE DRUG USE. FOR MANY OF THE MEN, THIS LED TO THEIR SEEING CONTINUED METH USE AS THE ONLY WAY TO EXPERIENCE PLEASURE. FURTHER, PROBLEMATIC METH USE IS A COMPLEX AND TREATMENT-RESISTANT PROBLEM. (MIMIAGA, ET AL, 2019)

Sources:

HIV Among Latinx Gay & Bisexual Men in the U.S.

Among all U.S. Latinx people living with HIV, only 59% received HIV medical care, 49% were retained in HIV care, and 50% had a suppressed viral load.

26% of all new HIV diagnoses are in the Latinx community; of those, 78% are among gay and bisexual men. New HIV infections are in this group are increasing, with the greatest increase occurring in young men, ages 25-34 (a 22% increase 2012-2016).

Geographically, rising diagnoses of HIV among Latinx gay and bisexual men are mainly localized in six states – Arizona, California, Florida, Illinois, New York, and Texas – and Puerto Rico.

METH PREVALENCE AMONG HIV+ LATINX MSM

- Meth use is linked to an increase in sexual partners. MSM who report having four or more male partners are twice as likely to contract HIV in comparison with MSM who report fewer partners.

- Among MSM living with HIV in the United States, meth rates are reported between 23-35% and 20% among Latinos.

- Latinos represent 17% of the US population but account for 21% of people living with HIV and 24% of all new HIV infections.

- Men account for 88% of Latino HIV diagnoses.

- In cities along the US-Mexico border, MSM represent the majority of HIV cases (66%)

The statistics for this slide were provided by the following source:

WHY MSM ARE USING METH

Most MSM use meth for enhancement of sex. These same men will bring others into the fold.

Meth is used to enhance sexual experience and to promote connection and intimacy. “Chex,” “Party and Play” or “PnP” are terms used to refer to using drugs during sex to enhance or improve the experience, release inhibitions, and have fun.

MSM using online hook-up apps will use certain phrases to solicit meth or to identify other men who also use it. Examples include:

• “mild to wild,” “blowing clouds,” “do you parTy?” They may promote themselves discretely with the use of a capital T or emojis such as diamonds.

For sex, it may start with smoking or snorting meth but can quickly escalate to ingestion via “parachutes”, booty bumps and/or injection.
WHY ARE LATINO MSM USING CRYSTAL METH? TWO WORDS: **SEX AND INTIMACY**.

“When I was using Tina, I used it for sex. If I wasn’t having sex, there wasn’t a reason for me to use it.” — Latino MSM, South Texas (Age 22)

“It is hard for guys cause they don’t have the same sex when not partying. They can’t even get the same quality of guys when they aren’t partying. Sex is really boring without T.” — Latino MSM, South Texas, (Age 27)

“It made it more wild and there are times where I question myself and I wonder, ‘Wow I would not have tried that or gone that far if I wasn’t partying. It makes me want to have sex more and with more people. It’s like what you see in porn.” — Latino MSM, South Texas, (Age 24)
Sexual pleasure is enhanced on crystal meth because it influences dopamine, a neurotransmitter in the brain that activates a pleasure center. "What happens with crystal and the dopamine is that one particular aspect of sex gets very exaggerated, which is the aggressive, sort of animalistic kind of sex," Dr. Steven Lee, psychiatrist and author of Overcoming Crystal Meth Addiction.

The disinhibitory nature of meth makes it an appealing tool for aiding sex. Many use it to enhance senses, increase energy and stamina, increase confidence, and reduce anxiety, making sex more fulfilling.

While MSM report having erection issues, with the availability of over the counter and prescription male enhancement meds, erections are a non-issue. Multi hour erections and multi hour intercourse are another plus for sex and meth being combined.

For many MSM who experience discomfort or shame when engaging in penetrative anal sex, meth allows the user to feel uninhibited. Users report feeling sexy and desirous of penetration when high and for many being able to engage in and derive pleasure from something that they have grown up understanding was a shameful act, or a non-masculine act is freeing and worth the risk.

The disinhibitory nature of meth makes it an appealing tool to aid sexual activities. MSM interviewed reported using them to enhance senses, increase energy and stamina, increase confidence, and reduce anxiety, making sex more fulfilling.
SITUATIONAL RISK.

WE HEARD FROM NEARLY EVERY MALE INTERVIEWED THAT THEY HAD SHOWN UP FOR A HOOK UP WHERE THEY WERE GOING TO PNP AND WERE SURPRISED TO FIND MORE THAN ONE PERSON WAITING FOR THEM. THEY OFTEN FELT A LOSS OF CONTROL BUT DIDN’T WANT TO LEAVE EVEN WHEN THEY WEREN’T SURE HOW MUCH THEY COULD TRUST THE PERSON OR PEOPLE AROUND THEM.

“I DON’T CARRY ANYTHING WITH ME THAT CAN BE STOLEN. I’VE GONE PLACES WITH NO ID, NO WALLET JUST SOME TINA BUT NOT TOO MUCH OR IT WILL ALL GET USED.”-LATINO, SOUTH TEXAS (AGE 31)

ONGOING DRUG USE CAN POTENTIALLY LEAD TO LOSING A JOB, HOUSING, SOCIAL RELATIONSHIPS, AND GENERAL COMMUNITY NETWORKS AND TIES. AND YET THE DESIRE FOR ENHANCED SEX IS SO STRONG IT IS OFTEN TO HARD TO IGNORE.
THE IMPACT ON HIV VIRAL SUPPRESSION

A 2019 STUDY FUNDED BY THE NATIONAL INSTITUTE ON DRUG ABUSE SURVEYING CLINICIANS, NONPROFITS AND AIDS SERVICE ORGANIZATIONS AMONG OTHERS FOUND CRYSTAL METH TO BE THE SUBSTANCE CONTRIBUTING MOST TO NEGATIVE OUTCOMES IN HIV VIRAL SUPPRESSION AMONG HIV POSITIVE INDIVIDUALS OVER ALL OTHER DRUGS.

THE FOLLOWING THREE SLIDES REVEAL THE UNIQUE IMPACT METH HAS ON LINKAGE TO CARE, MEDICAL ADHERENCE, HOUSING, AND OTHER KEY FACTORS RELATED TO HIV OUTCOMES NATIONWIDE AND IN TEXAS.
National Results of Prevalence among PLWH Who Are Not Virally Suppressed

### National Averages of Negative Impact for HIV Outcomes

#### Individual-Level Negative Impact: National Averages

<table>
<thead>
<tr>
<th>Negative impact on individuals with HIV who are not virally suppressed(^a,b)</th>
<th>Cannabis Use Disorder</th>
<th>Binge Drinking</th>
<th>Alcohol Use Disorder</th>
<th>Cocaine Use Disorder</th>
<th>Opioid Use Disorder</th>
<th>Meth. Use Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being linked to HIV care</td>
<td>1.0</td>
<td>1.6</td>
<td>2.0</td>
<td>2.0</td>
<td>2.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Being retained in HIV care</td>
<td>1.0</td>
<td>1.6</td>
<td>2.1</td>
<td>2.1</td>
<td>2.3</td>
<td>2.5</td>
</tr>
<tr>
<td>Being prescribed HIV medications</td>
<td>0.8</td>
<td>1.3</td>
<td>1.6</td>
<td>1.7</td>
<td>1.9</td>
<td>2.1</td>
</tr>
<tr>
<td>Being virally suppressed</td>
<td>0.9</td>
<td>1.6</td>
<td>2.0</td>
<td>2.1</td>
<td>2.2</td>
<td>2.5</td>
</tr>
<tr>
<td>Having stable housing</td>
<td>1.1</td>
<td>1.6</td>
<td>2.1</td>
<td>2.2</td>
<td>2.4</td>
<td>2.6</td>
</tr>
<tr>
<td>Having a reliable mode of transportation</td>
<td>1.0</td>
<td>1.6</td>
<td>1.9</td>
<td>1.9</td>
<td>2.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Being employed</td>
<td>1.4</td>
<td>1.7</td>
<td>2.2</td>
<td>2.3</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Having a strong social support system</td>
<td>0.9</td>
<td>1.6</td>
<td>2.0</td>
<td>2.0</td>
<td>2.2</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Individual-level negative impact(^c)</strong></td>
<td><strong>8.2</strong></td>
<td><strong>12.6</strong></td>
<td><strong>16.0</strong></td>
<td><strong>16.3</strong></td>
<td><strong>17.7</strong></td>
<td><strong>19.3</strong></td>
</tr>
</tbody>
</table>

\(^a\) All items rated on a scale of 0 'No negative impact' to 3 'A Major Negative Impact'.

\(^b\) Only participants who responded to the prevalence and the eight negative impact items are included in this analysis.

\(^c\) Methamphetamine Use Disorder: N = 646; Opioid Use Disorder: N = 652; Cocaine Use Disorder: N = 667; Alcohol Use Disorder: N = 663; Binge Drinking: N = 662; Cannabis Use Disorder: N = 666.

The total negative impact is the sum of the eight items above. The minimum possible total negative impact is 0; the maximum is 24.

Texas Results: Negative Impact for HIV Outcomes

Population-Level Negative Impact
The population-level negative impact is calculated by multiplying the estimated prevalence by the individual-level negative impact. The population-level negative impact ranges from a minimum of 0 to a maximum of 2400. The population-level negative impact will be 0 if the use disorder has a prevalence of 0% among individuals with HIV who are not virally suppressed in the given area or if the individual-level negative impact is 0. The population-level negative impact will be 2400 if the prevalence among individuals with HIV who are not virally suppressed is 100% and the individual-level negative impact is 24.

A 2015 review paper by Ryan Colby Passaro and associates touches on how meth may increase rates of HIV infection based on studies with animal models.

One of the most intriguing is a mouse study, which showed that methamphetamine upregulated the HIV-1 coreceptors, CXCR4 and CCR5, not only on CD4+ cells, but on monocytes, macrophages, dendritic cells, and, to some extent, astrocytes.

Cat and rhesus monkey data implicated this CD4 effect on CXCR4 and CCR5 as well. But the drug also implicated in other cellular pathways – all of which serve to make immune cells more vulnerable to HIV attack.

These findings support the observation that methamphetamine users with the HIV frequently have higher viral loads than nonusers because of their drug use and because they have fallen out of care.


METH AND HIV: DECREASES IN IMMUNE RESPONSES AND VIRAL SUPPRESSION
Meth Impacting T-Cells & HIV Immune Response

A February 2020 study finds Meth enhances HIV-1 Replication

"We found that Meth enhanced HIV-1 replication through an IL-1β positive auto-regulatory loop. By blocking IL-1 signaling using IL-1RA, we observed dose dependent decreased HIV-1 replication after Meth treatment.

These results support the involvement of an IL-1β auto-regulatory loop in Meth mediated enhanced HIV-1 replication. Our results indicate that increased levels of IL-1β directly contribute to Meth mediated increased HIV-1 replication in CD4+ T-cells.

Based on our results, it appears that Meth mediated increased IL-1β expression acts to prime cells to be more susceptible to infection with HIV-1."

A significant consequence of HIV infection is HIV-associated neurocognitive disorders (HAND), with 15–55% of PLWH developing HAND, even in the presence of ART.
(Cysique and Brew, 2011; Heaton et al., 2011, 2015; Harezlak et al., 2011)

HAND is a spectrum of disorders that includes attention deficits, impaired overall executive function, motor function, working memory, learning, earning, and speed of information processing and dementia.
(Saylor et al., 2016)

While neurons do not become infected with HIV, they are affected by viral proteins, inflammatory mediators, and neurotoxins chronically produced in the HIV-infected CNS, as well antiretrovirals, all of which contribute to neuronal damage and loss, and the development of HAND.

Meth contributes to H.A.N.D by compromising the integrity of the blood-brain barrier and facilitates processes linked to neuronal damage (see figure on next slide).
Meth contributes to HAND by compromising the integrity of the Blood-Brain Barrier and facilitates processes linked to Neuronal damage.

Source:

WHY ISN'T IT GETTING THE MEDIA ATTENTION THAT OPIATE ADDICTION AND OVERDOSES ARE RECEIVING? BECAUSE CRYSTAL METH KILLS ITS USERS FAR MORE SLOWLY AND BECAUSE WHO IT IS KILLING.

THE CDC REPORTS THAT THE USE OF METH HAS INCREASED 250% PERCENT SINCE 2011. THE CDC ALSO REPORTS THAT FATAL COCAINE RELATED OVERDOSES INCREASED 27% A YEAR, ON AVERAGE, BETWEEN 2012 AND 2018. DEATHS LINKED TO PSYCHOSTIMULANTS INCLUDING METH ROSE 30% DURING THE SAME PERIOD, A NEARLY FIVE-FOLD INCREASE. MANY DRUGS USERS INJECT BOTH OPIOIDS AND STIMULANTS.


UNLIKE OPIOIDS, THERE IS NO PROVEN MEDICAL TREATMENT FOR METH ADDICTION.

FLEMING, TAYLOR ET AL. “STIMULANT SAFE SUPPLY: A POTENTIAL OPPORTUNITY TO RESPOND TO THE OVERDOSE EPIDEMIC.” HARM REDUCTION JOURNAL VOL. 17, 1 6. 10 JAN. 2020, DOI:10.1186/s12954-019-0351-1
"WE CAN DO THERAPY AND THAT SORT OF THING, BUT WE DON’T HAVE A MAGIC PILL," SAID JANE MAXWELL, WHO RESEARCHES DRUG ABUSE AT THE UNIVERSITY OF TEXAS AT AUSTIN.

MAXWELL HAS DOCUMENTED A METH SPIKE IN TEXAS THAT INCLUDES A RISE IN DEATHS, TREATMENT-CENTER ADMISSIONS, POISON-CENTER CALLS AND TOXICOLOGY LAB SUBMISSIONS. SHE HAS STATED THAT SHE BELIEVES METH IS DRIVING AN UPTICK IN HIV CASES.

PODEROSOS HAS SEEN NOTABLE INCREASES AMONG MEN WHO HAVE SEX WITH MEN (MSM) TESTING FOR HIV AND STI’S WHO REPORT METH USE AS A RISK FACTOR FOR UNPROTECTED SEX.

ADDITIONALLY, OUR ONLINE OUTREACH EFFORTS SHOW A DRAMATIC INCREASE IN THE AVAILABILITY OF METH AND HOW IT IS BEING CONSUMED.

WE ARE ENCOUNTERING GROWING NUMBERS OF YOUNG MSM WHO ARE EXCHANGING SEX FOR METH DUE TO POVERTY, NEED FOR INTIMACY, OR DESIRE FOR UNINHIBITED SEX WHICH PUT THEM IN VULNERABLE, HIGH-RISK SITUATIONS.

UNINHIBITED SEX MAY INCLUDE NOT USING CONDOMS, MORE THAN ONE PARTNER, GROUP SEX, DOUBLE PENETRATION, ONGOING SEX FOR MULTIPLE DAYS, BEING VIDEO TAPE, EXCHANGING SEX FOR MONEY, HOUSING, MORE METH.

UNLIKE LARGE METROPOLITAN AREAS, PRE-EXPOSURE PROPHYLAXIS (PREP) IS NOT WIDELY AVAILABLE ACROSS ALL OF TEXAS AND MANY STILL DO NOT KNOW IT IS AVAILABLE AND AFFORDABLE. LACK OF AVAILABILITY OF PREP IS PRIMARILY DUE TO HOMOPHOBIA AND LACK OF TRAINING ON BEHALF OF MEDICAL PROVIDERS.
WE USUALLY TALK A LOT ABOUT HEALTH RISKS WHEN WE THINK ABOUT DRUG USE, HOWEVER, WE LEARNED THAT THE TOP PRIORITY RISKS FOR LATINO MSM WERE SOCIAL RISKS, INCLUDING BUT NOT LIMITED TO:

**Looks and Appearance.** We heard from users that meth was impacting their physical appearance (e.g. weight loss, skin infections, looking ill) and the impact their appearance has on their social standing.

“CRYSTAL METH MESSED ME UP... AT THE END OF THE DAY IT’S LIKE WHEN YOUR FRIENDS TAKE NOTICE, WHEN YOU’RE FRIENDS ACTUALLY TAKE NOTICE OF WHAT YOU ACTUALLY LOOK LIKE, WHAT YOUR FACE ACTUALLY LOOKS LIKE, THE MARKS ON YOUR FACE, YOUR FACE LOOKS DRIED OUT, YOU LOOK SICK, YOU’RE SWEATY, YOUR TEETH START TO LOOK BAD... I MEAN IT DEFINITELY CHANGES YOUR APPEARANCE.”
— Latino, MSM, South Texas (age 32)

**Situational Risk.** We heard from nearly everyone that they had shown up to a situation where they were going to use crystal meth and have sex that was different than their expectations, feeling a loss of control over the situation or uncertainty about how much they could trust the person or people around them.

**Loss of Stability.** Ongoing meth use often leads to losing a job, housing, social relationships, and general community networks and ties.

**Not being able to enjoy sex.** We heard from those interviewed that sex was “more wild and pleasurable,” without inhibition and every encounter felt like a connection, even when there wasn’t one. Without meth, users reported sex as boring and that “they didn’t enjoy it as much.”
AN IMPORTANT THING TO REMEMBER IF WE ARE TO DE-STIGMATIZE THIS ISSUE IS THAT NOT ALL PEOPLE WHO USE METH ARE ADDICTS. IN FACT, DRUG USE IS NOT INHERENTLY PROBLEMATIC AS THERE ARE PEOPLE WHO CAN USE IN MODERATION AND RECREATIONALLY.

THAT BEING SAID, METH USE IS SO WIDESPREAD THAT MANY PEOPLE HAVE REPORTED HOW EVEN SERVICE PROVIDERS, OUTREACH WORKERS AND OTHER PUBLIC HEALTH WORKERS ARE PARTYING AND HOOKING UP WITH WOULD-BE CLIENTS.

WE NEED TO BE VIGILANT ABOUT TALKING OPENLY ABOUT DRUGS AND SEX AND BE NON-JUDGMENTAL IN OUR APPROACH.

THROUGH OUR EXPERIENCE WORKING NATIONALLY WITH HARM REDUCTION PROGRAMS, WE HAVE SEEN THAT THEIR MARKETING AND PROGRAMMING DON’T ALWAYS CORRESPOND TO THE REALITY OF THEIR SERVICES WHERE THERE IS A LACK OF IMAGERY IN COUNSELING AND TESTING ROOMS THAT COMMUNICATE OPEN MINDEDNESS TO DRUG USE. THE ORGANIZATIONAL CULTURE OF MANY AGENCIES DOES NOT ALLOW FOR EMPLOYEES TO FEEL SAFE TO REPORT TO THEIR SUPERVISORS THAT THEY ARE HAVING ISSUES WITH SUBSTANCE USE FOR FEAR OF LOSING THEIR JOB. WE CAN ALL BENEFIT FROM MORE TRAINING IN HARM REDUCTION FOR OUR STAFF.
It goes deeper than crystal meth, sex, and support services. This is about the impact of racism and homophobia that contribute to internalized stigma and challenges with building intimacy without drugs. It is about filling attachment voids.

Risks for Latino MSM are unique because of power dynamics at the intersection of race and class.

Generally, people of color (POC) communities are under-resourced.

POC are disproportionately impacted by housing insecurity, job access, policing, health disparities, access to education, and access to culturally competent mental/behavioral health services. Further research should look at how crystal meth use has become a substitute for meaningful, loving, and vulnerable connection and attachment in male same gender loving singles and couples.

Another barrier to at-risk men accessing services include a lack of understanding by providers of LGBTQ+ sexual proclivities & culture as it is a population with unique competency requirements:

MSM meth users require that providers account for overlapping issues of sexual addiction, institutionalized homophobia, infectious disease as well as chemical dependency.
FOR MEDICAL AND NON-MEDICAL PROVIDERS — CLINICAL PROVIDERS SHOULD BE INTENTIONAL ABOUT ASKING LATINO MSM ABOUT CRYSTAL METH USE. BRUSH UP ON SOME OF THE REASONS WHY PEOPLE MAY USE METH AND THE CULTURAL CONTEXT FOR USE (E.G. PARTY AND PLAY, INTIMACY) TO BE MORE WELL-ROUNDED. — PARTNER WITH PROVIDERS WHO ARE ALREADY CONFIDENT AND HAVE TRUST/ RAPPORT BUILDING SKILLS. CONNECT WITH YOUR LOCAL HARM REDUCTION PROGRAMS, HIV SERVICES OR LGBTQ CENTERS AND PROVIDERS, AND OTHER OUTREACH TEAMS THAT MAY CONNECT WITH THIS COMMUNITY.

FOR PROVIDERS ASKING ABOUT CRYSTAL METH — DON’T ASSUME. ALWAYS INCLUDE CRYSTAL METH ON YOUR LIST OF DRUGS YOU ASK ABOUT. BECAUSE OF THE PERCEPTION THAT CRYSTAL METH USE IS A “WHITE PEOPLE,” “STRUNG OUT” DRUG, LATINO MSM WHO ARE USING CRYSTAL METH EVEN OCCASIONALLY DON’T FEEL LIKE THERE’S SPACE TO TALK ABOUT THEIR NEEDS WITH PROVIDERS UNLESS THEY BRING IT UP THEMSELVES.

FOR EDUCATORS — STIGMATIZING EXPERIENCES PERPETUATE DISTRUST. THE ONLY WAY TO MOVE FORWARD IS TO BE OPEN TO LEARN MORE ABOUT DIVERSE REASONS LATINO MSM USE CRYSTAL METH, WHAT PURPOSE CRYSTAL METH HAS IN THEIR LIVES (PROVIDES OPPORTUNITIES TO FEEL PLEASURE AND HAVE FUN, ALLOWS THEM TO CONNECT TO EACH OTHER AND EXPERIENCE INTIMACY WITHOUT FEELING SHAME) AND ASK THEM HOW THEY CAN SUPPORT THEM/OFFER THEM REFERRALS TO OTHER SUPPORTIVE SERVICES SUCH AS MENTAL HEALTH OR HARM REDUCTION SERVICES.
A December 2019 study published in Journal of the International AIDS Society illustrates the success of a randomized controlled trial of a positive affect intervention to reduce HIV viral load among sexual minority men who use methamphetamine.

**Methods:** Conducted in San Francisco, this Phase II randomized controlled trial tested the efficacy of a positive affect intervention for boosting and extending the effectiveness of community-based contingency management (CM) for stimulant abstinence to achieve more durable reductions in HIV viral load.

All individual positive affect intervention and attention-control sessions were delivered during three months of community-based CM where participants received financial incentives for stimulant abstinence. The 5-session positive affect intervention was designed to provide skills for managing stimulant withdrawal symptoms as well as sensitize individuals to natural sources of reward. The attention-control condition consisted of neutral writing exercises and self-report measures.

**Conclusions:** Delivering a positive affect intervention during community-based CM with sexual minority men who use methamphetamine achieved durable and clinically meaningful reductions in HIV viral load that were paralleled by increases in positive affect and decreases in stimulant use.

FOR INTERSECTIONS WITH MENTAL HEALTH OR HOMELESSNESS — CRYSTAL METH USE IS COMPLICATED AND IS A SYMPTOM OF OTHER NEEDS INCLUDING UNMET MENTAL HEALTH NEEDS AND SENSE OF BELONGING/ CONNECTION AND SELF-WORTH, AS WELL AS HOUSING SECURITY AND SOCIAL STABILITY.

PROVIDERS NEED TO BUILD UP A STRONG NETWORK OF REFERRAL SOURCES TO ADDRESS THESE OTHER UNDERLYING ISSUES AND SUPPORT A WARM HAND OFF AND FOLLOW UP BY BUILDING THESE PARTNERSHIPS WHERE YOU KNOW LATINO MSM WHO USE CRYSTAL METH WILL BE TREATED WITH RESPECT.

LISTEN, REFER, AND FOLLOW UP. WE HEARD THAT ONE OF THE KEY PARTS OF DEVELOPING TRUST AND RAPPORT IS TO “NOT LET US FALL THROUGH THE CRACKS.” FOLLOWING UP ON REFERRALS IS HELPFUL TO BE SURE THAT YOUR PARTICIPANT CAN GET THE SERVICES THEY REQUESTED—AND IT ALSO SHOWS THAT YOU CARE.

BE CULTURALLY RESPECTFUL AND LITERATE. AMONG LATINO PROVIDERS, MACHISMO, HOMOPHOBIA AND FAITH ARE OFTEN AT ODDS WITH HOW “MSM LIVE/LOVE” AS WELL AS WITH “MSM + METH USE CULTURE.” WHICH IS IMPORTANT TO UNDERSTAND BECAUSE PROVIDERS MIGHT NOT BE HOMOPHOBIC... BUT THEIR UPBRINGING IS OFTEN AT ODDS WITH CULTURALLY UNDERSTANDING THE NEEDS OF MSM METH USERS... WITH THIS TARGET POPULATION ITS IMPORTANT TO MOVE TOWARD A KIND OF CULTURAL RESPECT AND LITERACY WHO WE ARE IS OFTEN AS ODDS WITH OUR SERVICE PROVISION TO DRUG USERS AND MSM. CONDUCTING SELF ANALYSIS AND WORKING WITH EXPERIENCED MENTORS WHO CAN SERVE AS A SOUNDING BOARD MAY PROVE VERY HELPFUL.
METH CAUSES
a more aggressive sex drive, making us more susceptible to HIV and other sexually transmitted infections.

If you PrEP, know your tricks and treat them well.
1. Get tested every 3 months to know your HIV/STI status.
2. Use a lot of lube whether you top or bottom.
3. Get on PrEP, stay on PrEP and tell others about PrEP.
4. If you are HIV positive, get and stay in HIV specialized care.

To talk to someone who can tell you how to protect yourself or party safer, ask for:

Or call the Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline: 1-800-662-HELP (8457).
It's free, confidential, and available 24/7.

METH INCITA
que tengamos actos sexuales más agresivos y nos hace ser más susceptibles a contraer VIH y ETS.

Si usas PrEP, entonces ten en mente lo siguiente.
1. Debes de hacerte la prueba de VIH/ETS, cada tres meses para saber tu estado de salud.
2. Usa una sonda lubricante que sea adecuada para tu cuerpo. Sé activo o pasivo.
3. Empieza a usar PrEP, continúa usando PrEP y dile a los demás acerca del uso de PrEP.
4. Si eres VIH positivo, obtén y permanece en atención de cuidados médicos especializados en VIH.

Para más información de cómo protegerse de una forma más segura pregunta por:

O comunícate a la Administración de Salud Mental y Abuso de Sustancias de EJUS. (SAMHSA) sus siglas en inglés, o llama a la línea de ayuda 800-662-HELP (8457). Las llamadas son gratuitas en inglés o español, son gratis y confidenciales 24/7.
IT TOOK MANY YEARS OF VOMITING UP ALL THE FILTH I’D BEEN TAUGHT ABOUT MYSELF, AND HALF-BELIEVED, BEFORE I WAS ABLE TO WALK ON THE EARTH AS THOUGH I HAD A RIGHT TO BE HERE.

- JAMES BALDWIN
FOR ADDITIONAL SUPPORT

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From the Borderlands to Washington, DC

PODEROSOS.ORG

OSCAR LOPEZ – OLOPEZ@PODEROSOS.ORG
RICK PRIETO – RPRIETO@PODEROSOS.ORG

PHONE: 202-524-8900

FACEBOOK.COM/PODEROSOSBORDERLAND