

# Promoting the Health of People Who Use Meth and Other Drugs

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## DISCLOSURE

- The O'Neill Institute/Georgetown University receives grant/financial support from **Gilead Sciences**
- The views expressed here are my own, and not necessarily those of Georgetown University, Gilead Sciences, or any others

## STRUCTURE OF THE PRESENTATION

1. Background the O'Neill Institute
2. Overview of the US HIV Epidemic
3. O'Neill Institute Work with Latinx Gay and Bisexual Men
4. Methamphetamine Use in the US and Its Impact on HIV
5. Promoting the Health of People Who Use Meth and Other Drugs on the Path to Ending the HIV Epidemic

## SECTION 1

# Overview of the O'Neill Institute

# THEMATIC AREAS

WE WORK AT THE INTERSECTIONS OF HEALTH AND LAW

<b>FOOD + DRUG LAW</b>	Supporting the development of effective food and drug laws, including regulation of food, drugs, biologics, and tobacco
<b>GLOBAL HEALTH POLICY AND POLITICS</b>	Focusing comparatively and internationally at the intersection of public health law and governance
<b>HEALTH + HUMAN RIGHTS</b>	Examining the relationship of international human rights law and health outcomes, in particular the impact of litigation
<b>LAW OF INTERNATIONAL DEVELOPMENT</b>	Serving as a hub for innovative solutions to development challenges and works to mentor and train the next generation of international development law leaders.

# THEMATIC AREAS

WE WORK AT THE INTERSECTIONS OF HEALTH AND LAW

<b>INFECTIOUS DISEASES</b>	Focusing on legal, regulatory, and policy responses to infectious diseases including HIV, Hepatitis C, and tuberculosis.
<b>ADDICTION AND PUBLIC POLICY</b>	Advancing a public health approach to substance use disorders, including the opioid epidemic, through policies, practices, and regulations that promote evidence based treatment and recovery.
<b>OTHER THEMATIC AREAS</b>	Non-communicable diseases, healthcare

# OUR APPROACH

## INTEGRATING SCHOLARSHIP, POLICY, AND PRACTICE

### RIGOROUS RESEARCH. PRACTICAL IMPACT.

Scholarship, policy and practice are inextricably intertwined—and solutions may begin or end in any one area. Our unique approach transforms ideas into solutions that have an impact on the worlds' health:



# INFECTIOUS DISEASE INITIATIVES

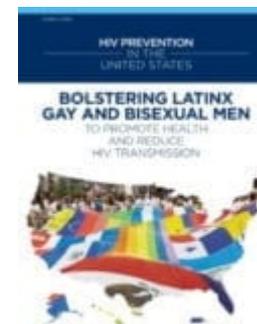
## NATIONAL HIV/AIDS INITIATIVE

We disseminate our work in a variety of formats:

**Issue Briefs:** documents that synthesize relevant research, summarize key issues, and offer policy recommendations

**Big Ideas Briefs:** shorter (generally 4-6 pages) documents, typically less comprehensive and about a focused issue or policy idea

**Quick Takes:** 2-page infographics intended to briefly convey factual information for quick reviews



## SECTION 2

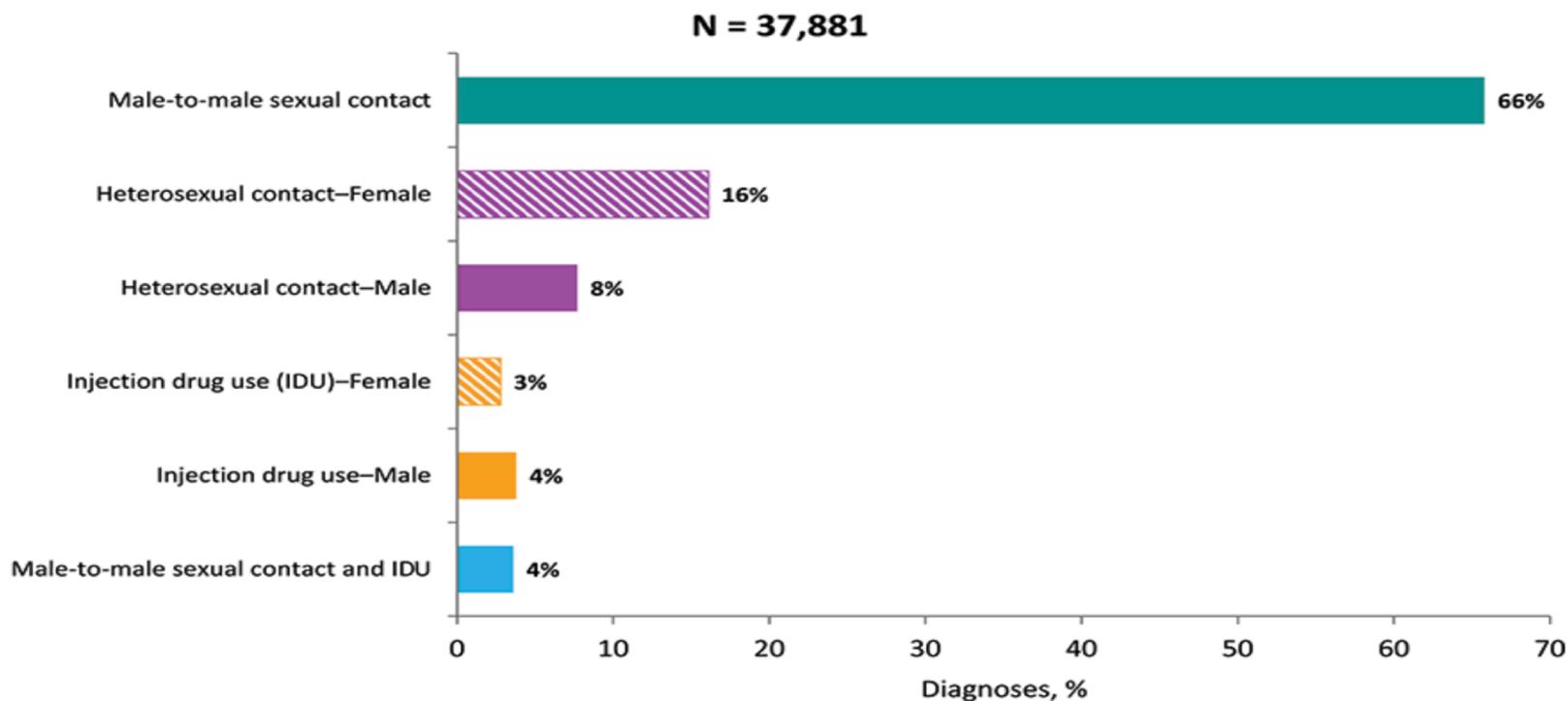
# Overview of the US HIV Epidemic

# THE HIV EPIDEMIC IN THE US

The US has the most serious epidemic among developed nations.

- Approximately 1.1 million Americans living with HIV and about 39,000 new infections per year.
- From 2008-2014, the number of new HIV infections declined by 18%, and viral suppression within the Ryan White HIV/AIDS Program is up in all groups examined along lines of race, gender, risk group. The progress, however, has been uneven. Surveillance data also indicate progress may have stalled in recent years.
- HIV is heavily concentrated among gay and bisexual men, Black Americans, Latinx Americans, Black women, transgender women, and people who inject drugs (Other highly impacted groups in specific communities.)
- Southern US is disproportionately impacted: Half of new HIV diagnoses occur in the South, but South contains only 38% of the US population.

**Figure 6. Percentages of Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2018—United States and 6 Dependent Areas**



From 2014 to 2018, the annual number of diagnosed HIV infections attributed to injection drug use increased.

Source: Centers for Disease Control and Prevention. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/content/diagnoses.html>.

## SECTION 3

# O'Neill Institute Work with Latinx Gay and Bisexual Men

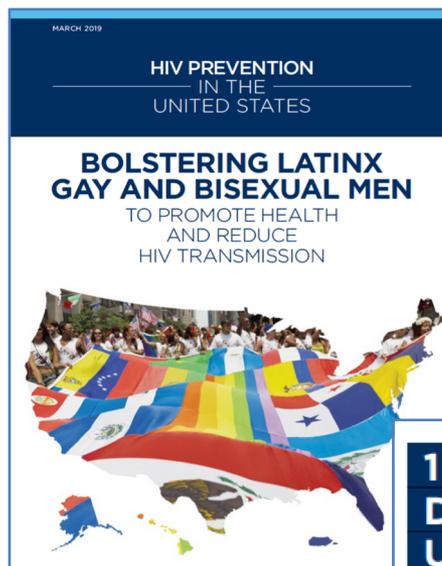
## HOW THE O'NEILL INSTITUTE GOT INVOLVED

The HIV Policy Project at the O'Neill Institute examines critical and emerging issues in HIV prevention.

We work closely with Latinx gay and bisexual men from across the US.

- **February 2018:** Collaborated with Bienestar Human Services to hold a consultation meeting in Washington DC focused on reducing HIV infections and supporting engagement in HIV care among Latinx gay and bisexual men
- **October-November 2018:** Conference calls with Latinx leaders
- **December 2018:** Second consultation meeting in Los Angeles focused on developing a community-led call to action
- February 2019: Release of *National Call to Action: Addressing the HIV crisis among Latinx gay and bisexual men and other men who have sex with men in the United States* (signed on by over 100 individuals and organizations)
- **March 2019:** Release of O'Neill Institute policy brief, *Bolstering Latinx gay and bisexual men to promote health and reduce HIV transmission*

# HIV Policy Project



**1 IN 5 NEW HIV  
DIAGNOSES IN THE  
US** IN 2017 WERE  
AMONG LATINX GAY  
AND BISEXUAL MEN.  
HIV DIAGNOSES  
AMONG THESE MEN  
INCREASED BY 12%  
FROM 2012-2016.

## Four policy actions that can have a big impact

- Support governmental responses to HIV that focus on the prevention and care needs of Latinx gay and bisexual men
- Address the social determinants of Latinx gay and bisexual men's health
- Support immigrants and migrants, including when providing HIV services
- Cultivate and support emerging Latinx leaders

# National Call To Action

Publicly denounce any anti-immigrant initiatives/laws. Develop action plans to ensure access to services for Latinx gay and bisexual men regardless of immigration status.

Include targets for Latinx gay and bisexual men and other men who have sex with men across **ALL** indicators in the *National HIV/AIDS Strategy (NHAS)* update.

Prioritize the HIV prevention and treatment needs of Latinx gay and bisexual men in the *End the Epidemic Initiative*.

Direct increases in domestic HIV funding to Latinx gay and bisexual men's prevention programs that include PrEP and PEP.

# National Call To Action

Increase funding for the Ryan White HIV/AIDS Program and support Medicaid and Marketplace reforms that advance universal health coverage.

Create guidelines for state and local HIV planning bodies that address recruitment, engagement, retention, and leadership development practices that ensure the full participation of Latinx gay and bisexual men.

Fund comprehensive (one-stop-shop) stigma-free, culturally/linguistically competent, evidence-informed and rights-based programs that include HIV/STI testing, prevention, care and treatment, mental health, substance use, legal and other support services

Meaningfully support the leadership development in the HIV sector for Latinx gay and bisexual men.

## SECTION 4

# Methamphetamine Use in the US and Its Impact on HIV

# METHAMPHETAMINE IN THE US

Meth use is a significant public health concern that is often ignored.

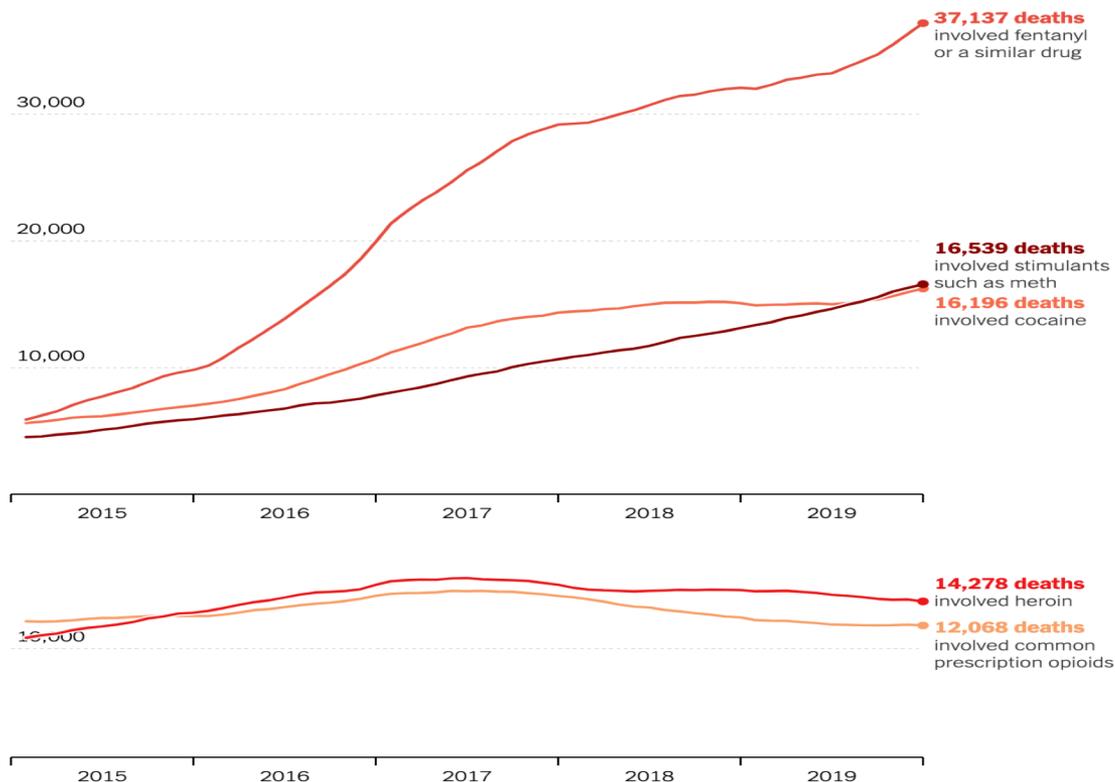
- Meth is a highly addictive stimulant drug that can be snorted, smoked, ingested, or injected.
- Approximately 1.6 million people in the US reported using meth in the past year, and 774,000 reported using it in the past month.
- **Meth use is increasing:** An estimated 964,000 people aged 12 or older had a methamphetamine use disorder in 2017, compared with 684,000 people in 2016.

# METHAMPHETAMINE IN THE US

Meth use is a significant public health concern that is often ignored.

- **Overdose deaths involving meth are increasing, including in Texas:** According to NIDA's National Drug Early Warning System (NDEWS), overdose deaths from the category of drugs that includes meth increased by 7.5 times from 2007 to 2017. In 2017, 5 of the 12 NDEWS sites reported increases in meth overdose deaths: Washington, Colorado, Texas, Florida, and Georgia.
- In 2017, about 15% of all drug overdose deaths involved the methamphetamine category, and 50% of those deaths involved an opioid.
- Unlike with opioids, there is no way to reverse the effects of a meth overdose, and there is no medication to treat meth use and the cravings it creates.

# Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Categories are not mutually exclusive. Deaths often involve multiple drugs. A small portion of the increase in deaths attributable to a specific drug may be due to improved cause-of-death reporting.

Source: Centers for Disease Control and Prevention

Data from the Centers for Disease Control and Prevention reported in Katz J, et al. In shadow of pandemic, U.S. drug overdose deaths resurge to record. *The New York Times*. July 15, 2020.

<https://www.nytimes.com/interactive/2020/07/15/upshot/drug-overdose-deaths.html>.

# Surge in Drug Overdoses amid COVID-19 Crisis

Emerging evidence suggests that **continued isolation, economic devastation, and disruptions to the drug trade** in recent months are fueling alarming spikes in drug overdoses.

- Nationally, suspected overdoses from all drugs jumped 18% in March 2020, 29% in April 2020 and 42% in May 2020, compared to the same months from last year.

## Monthly overdoses grew dramatically during the pandemic

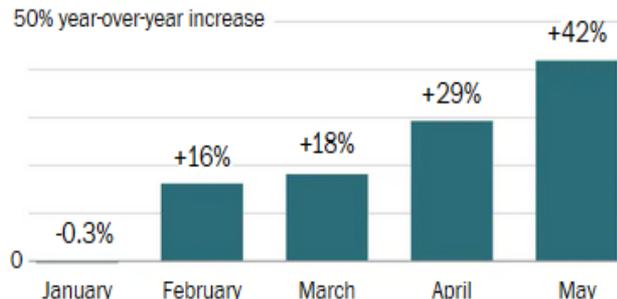
For every 10 suspected overdoses reported to ODMAP in May 2019 ...



... 14 overdoses were reported in May 2020.



Overdoses increased up to 42% per month during the pandemic, as compared to the same months in 2019.



Note: Percent growth references the 1,201 agencies reporting to ODMAP by January 2019.

Data from the Overdose Detection Mapping Application Program reported in Wen W and Long H. 'Cries for help': Drug overdoses are soaring during the coronavirus pandemic. *The Washington Post*. July 1, 2020.

<https://www.washingtonpost.com/health/2020/07/01/coronavirus-drug-overdose/>.

# METHAMPHETAMINE AND HIV IN THE US

Meth use is a major factor contributing to the HIV epidemic in the US.

- **Meth use is common among MSM in the US:** 10-27% of MSM have been estimated to use meth in the past 12 months across different studies.
- MSM use meth for different reasons: enhance sex (e.g., can increase anal sensation for receptive partner), facilitate sexual marathons, lower inhibitions, remove feelings of shame or guilt associated with gay sex
- **Meth use among Black and Latinx gay and bisexual men is growing.**
- **Meth use is associated with risk for HIV and STIs among MSM:** Meth and other drugs like cocaine, GHB/GBL, and ketamine are associated with "chemsex", i.e., the use of drugs before or during sex to facilitate, enhance, prolong and sustain the experience. MSM are more likely to engage in condomless anal sex and to have sex with multiple partners.

# METHAMPHETAMINE AND HIV IN THE US

Meth use is a major factor contributing to the HIV epidemic in the US.

- **MSM who inject drugs are at risk for HIV infection from both sexual and injection-related.**
- Nerlander and colleagues at CDC conducted a study to examine whether HIV acquisition among MSM who inject meth is facilitated by sexual versus injection risk. They found that the association between meth as primary drug injected and HIV infection was in part explained by the number of condomless anal sex partners.
- In the study, syringe sharing did not mediate the association between primary drug injected and HIV infection, and MSM who primarily injected meth were less likely to report injection-related risk behaviors, such as syringe sharing, number of sharing partners, and frequent injection, compared to MSM who primarily injected other drugs.

# METHAMPHETAMINE AND HIV IN THE US

MSM who use meth can benefit from pre-exposure prophylaxis (PrEP) and HIV prevention services.

- **Efforts are needed to increase access and adherence to PrEP among MSM who use meth.**
- McMahon and colleagues found that MSM and transgender people (TG) who use meth experience stigma on multiple levels (e.g. individual, community, institutional) and that stigma is related to their various marginalized identities. This stigma is a barrier to PrEP engagement across the continuum.
- The study identified that stigma was a reason MSM/TG who use meth avoid HIV testing. It noted the importance of accessing PrEP in locations where MSM/TG who use methamphetamine are not stigmatized and have culturally competent health providers. Stigma led many MSM/TG not to disclose information to providers, which can decrease access to PrEP.

# METHAMPHETAMINE AND HIV IN THE US

Meth use and sexual risk behaviors among Latinx MSM in El Paso, Texas

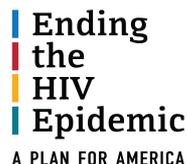
- Loza and colleagues conducted a study with 100 men who use meth, of whom 19 were MSM.
- Among men who use meth, MSM reported engaging in higher HIV risk behaviors compared to non MSM: MSM reported a higher median number of sex partners, were more likely to report being the receptive partner in anal sex, more likely to report engaging in transactional sex, and more likely to report having an HIV diagnosis.
- The study reveals that Latinx MSM who use meth are a high-risk group for HIV and suggests a need for tailored interventions.

## SECTION 5

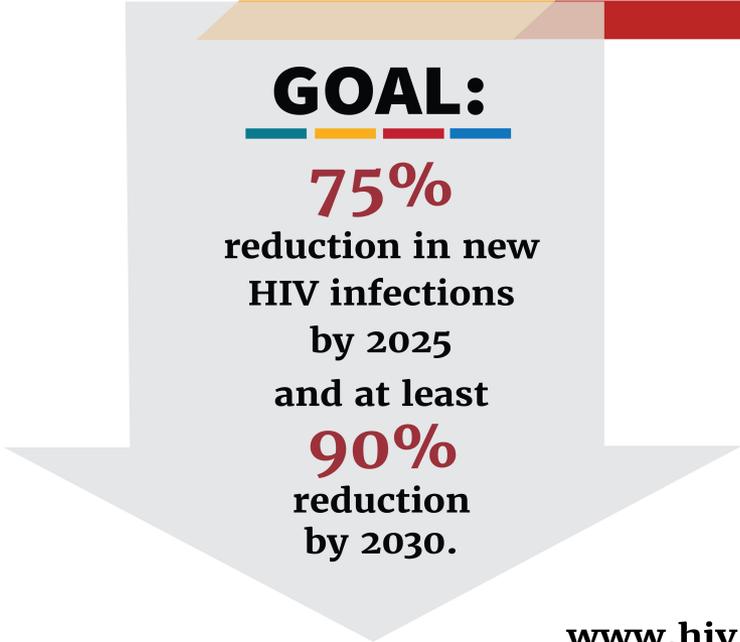
# Promoting the Health of People Who Use Meth and Other Drugs on the Path to Ending the HIV Epidemic

# ADDRESSING HIV AND DRUG USE

The O'Neill Institute convened a consultation meeting in February 2020 focused on HIV and drug use epidemics. The goal was to understand issues and opportunities for promoting the health of people who use drugs as part of the Ending the HIV Epidemic (EHE) Initiative.



Ending  
the  
HIV  
Epidemic  
A PLAN FOR AMERICA



**GOAL:**  
**75%**  
reduction in new  
HIV infections  
by 2025  
and at least  
**90%**  
reduction  
by 2030.



[www.hiv.gov](http://www.hiv.gov)

# THE EHE INITIATIVE FOCUSES ON FOUR KEY STRATEGIES

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



**Diagnose** all people with HIV as early as possible after infection.

**Treat** the infection rapidly and effectively to achieve sustained viral suppression.



**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



# THE EHE INITIATIVE HAS A GEORGRAPHIC AND POPULATION FOCUS

The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



### Geographical Selection:

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses\* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

\*2016-2017 data

Ending  
the  
HIV  
Epidemic

[www.HIV.gov](http://www.HIV.gov)

# ADDRESSING HIV AND DRUG USE

Topics that the February 2020 consultation meeting considered included:

1. Policy levers and barriers for offering meaningful access to syringe services programs (SSPs) and health services for people who use drugs
2. Building and sustaining broad public support for effective services for people who use drugs, and
3. Identifying ways to expand successful programs and identifying metrics of sufficient scale

Participants included people who currently or previously used drugs, medical and non-medical providers, public health and legal researchers, federal and state policy and program staff, and representatives from HIV and harm reductions organizations (e.g., NASTAD, AIDS United, South AIDS Coalition, South Carolina HIV Council, San Francisco AIDS Foundation, Community Education Group, Harm Reduction Coalition, Pennsylvania Harm Education Coalition, Baltimore Harm Reduction Coalition, HIPS, Poderosos, Philadelphia Drug Users Union).

# ADDRESSING HIV AND DRUG USE

Takeaways from the February 2020 consultation meeting:

- People who use meth and other drugs must be a focus of HIV efforts.
- Major gaps remain in both urban and rural areas in access to comprehensive community-based programs to address drug use, HIV, and other STIs.
- Efforts are needed to address meth use among Black and Latinx MSM and to adopt HIV prevention approaches for these populations.
- HIV and harm reduction organizations should collaborate to meet the needs of people who use meth and other drugs.
- Addressing stigma and other social determinants of health (e.g., poverty, housing, criminalization, immigration) is critical.
- Contingency management, a drug treatment approach that rewards positive behaviors, has been found to be a successful intervention for people who use meth.
- Jurisdictions should consider expanding access to contingency management and syringe services programs (SSPs) as well as implementing medically-supervised overdose prevention services.

## ADDRESSING HIV AND DRUG USE

PROP, the Positive Reinforcement Opportunity Project, is a contingency management intervention developed by the San Francisco AIDS Foundation.

- PROP provides structured community, counseling, referrals and support for gay, bisexual, and transgender men and other men who have sex with men, and transgender women interested in addressing their use of meth or cocaine.
- Participants in PROP receive:
  - Incentives for non-reactive urine tests for stimulants,
  - Non-judgmental harm reduction counseling regardless of test results,
  - Weekly group sessions with snacks and coffee, and
  - Social support from peers.
- Any and all goals are supported.
- PROP is effective for people who use meth: in one year of the PROP program, 63% of participants stopped using meth entirely, and another 19% reduced their use.

# QUESTIONS?

THANK YOU!