

Building Skills in Sexual Health Session #8

Talking about Meth Use, Chemsex, and Harm Reduction:

How to communicate compassionately with patients struggling with meth

April 21, 2023

**Kaydie Satein MD AAHIVS &
John Nusser MD, MS, FAAFP**

Faculty Physicians

Family Medicine SW WA Residency

Peace Health Southwest

Vancouver, WA

WELCOME!!!

Washington State Department of Health, the Washington Association for Community Health, and the Washington AIDS Education and Training Center are partnering to offer a monthly webinar series that will aid primary care health care professionals and organizations in Washington leverage the whole care team to address patients' sexual health.

Logistics

- This session is being recorded.
- Zoom Meeting.
 - We encourage you to have your cameras on.
 - Be mindful of background noise.
 - Unmute to ask questions or use Q/A.
- CE certificates – Please complete the evaluation.
- Evaluation.
 - For data reporting purposes.

Data Considerations

Data in this presentation offer a limited perspective of how systemic, social, and economic factors impact health. We recognize that racism, not race, creates and perpetuates health disparities.



To Learn More:

<https://www.cdc.gov/minorityhealth/racism-disparities>

Disclaimer

Funding for this presentation was made possible [in part, if applicable] by U1OHA29296 from the Human Resources and Services Administration HIV/AIDS Bureau. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. *Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.*



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Acknowledgements

- Our patients
- Toni Kempner, RN Multnomah Co. HIV Clinic
- Todd Korthuis, MD MPH OHSU
- Steven Shoptaw, PhD UCLA
- Mountain West AETC
- Lincoln Place case managers
- Peers



No conflicts of interest or relationships to disclose

We will discuss non-FDA approved treatments

Acknowledgment

Infectious diseases do not discriminate.



As part of our response to the HIV epidemic, we must elevate those groups who have been historically marginalized in our communities.

It is our responsibility to listen, recognize, and bring their experiences to the forefront.

Objectives

- Discuss challenges in communication with patients using meth
- Recognize the role of methamphetamine use in increasing HIV infections
- Practice discussing harm reduction techniques around meth use & chem sex
- (Share treatment pearls)
- (Convey what we might do differently)

Zoom polling question

On a scale of 1 – 5, how expert do you feel on caring for patients or clients that use methamphetamines?

- 1) Novice
- 2) Advanced beginner
- 3) Competent
- 4) Proficient
- 5) Expert

A story



Challenges in Compassion



<https://soc331.files.wordpress.com/2013/05/stigma.png>

Countering Stigma

Stigma: A negative stereotype that leads to prejudice & discrimination



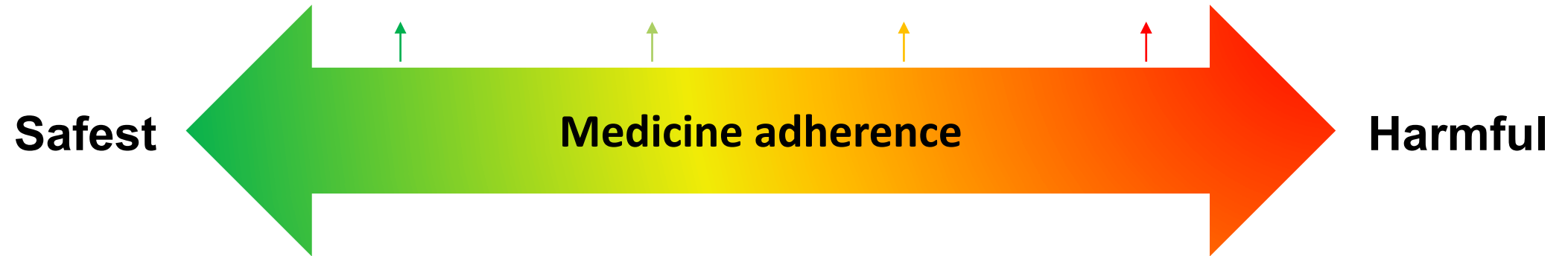
Cultural Humility

- “If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.” – Nelson Mandela
- “When you make an effort to speak another language, even if it’s just basic phrases, you are saying to them... I see you as a human being.” – Trevor Noah



Trevor Noah, *Born a Crime: Stories from a South African Childhood*

“Meet the patient where they are at”



Harm Reduction & IV Drug use



The Language of Harm Reduction

Getting Ready Checklist

- ✓ Environmental safety
- ✓ State of mind
- ✓ Clean equipment
- ✓ Clean dope (fentanyl test)
- ✓ Don't use alone!
- ✓ Never share equipment
- ✓ Always carry naloxone (yes, even for meth use!)



- Needle gauge, length and barrel size:
 - IM use 21 -23 gauge
 - IV use 27 - 31 gauge
 - Barrels should be 1cc or less
 - IM use 1/2-5/8 inch needle
 - IV use 5/16, 1/2, or 5/8 inch needle (TB or insulin syringe)
- Goal: Use a new needle/syringe every time

Harm Reduction in Rural Areas

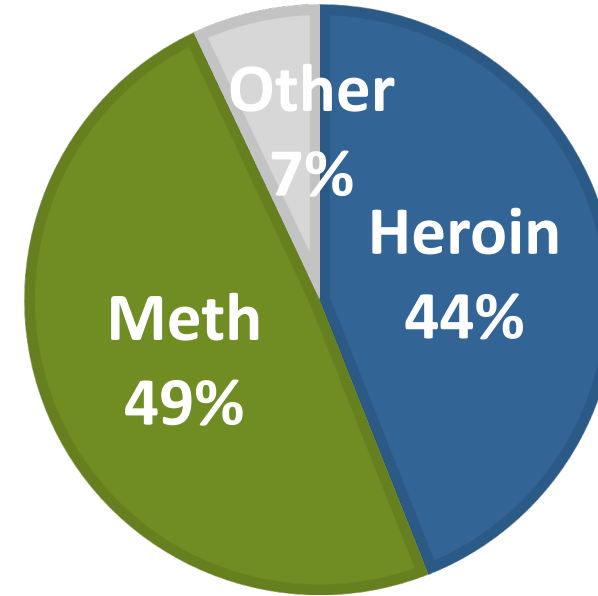
- **Needle exchange** – Great option if available locally
- **No local Needle exchange** – Secondary exchanges are often options
- *Email us if you are interested in establishing one*
- **Pharmacies** – Often a good source of needles, tho' caveats exist...

Law review: Burris et al. J Am Pharm Assoc. 2002;42(6S2):S13-8.

Folks who prefer meth may still have exposure to opioids.



Drug of choice



Past 30-day injection

50% injected heroin

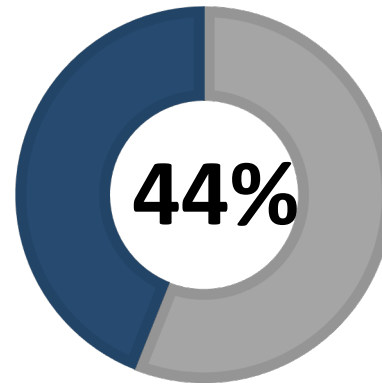
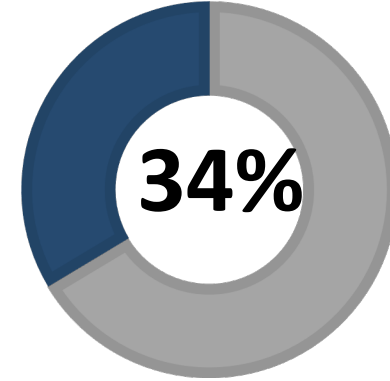
78% injected meth

**Almost half
have shared in
past 30 days**
(N = 125)



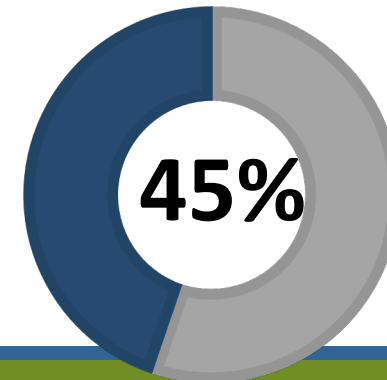
Past 30 days...

Used **needle** after
someone else



Used **cooker/cotton/water**
after someone else

Let someone else use
cooker/cotton/water
after using



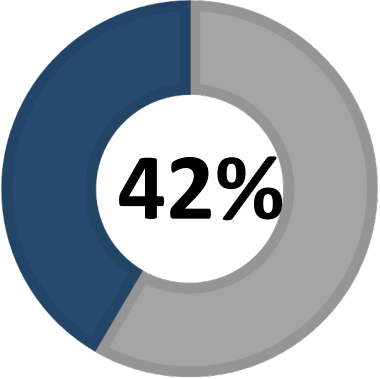
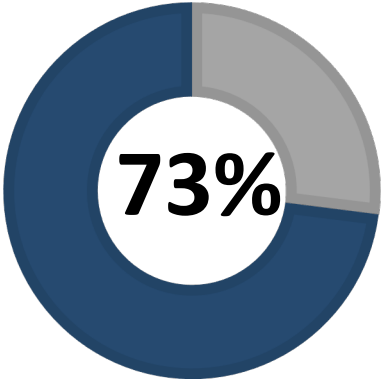
Most have witnessed
an overdose.

Less than a third have
naloxone.

(N=144)

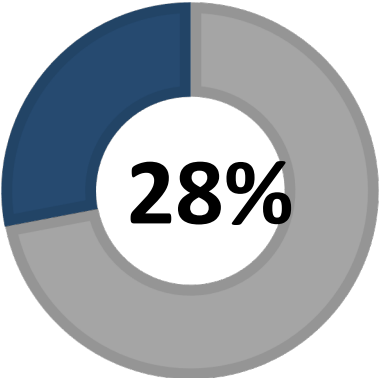


Ever witnessed an overdose



Ever overdosed

Currently have naloxone



Websites & Other resources

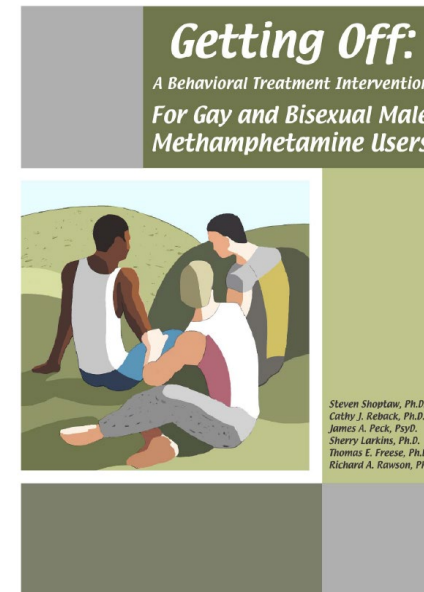
Tweaker.org



Other resources: www.catie.ca

- <http://www.talktofrank.com/drug/speed>

Harmreduction.org



Getting Off Right - a safety manual for IDU by the Harm Reduction Coalition

METH: EPIDEMIC, ADDICTION, AND PHYSIOLOGY

Meth stats

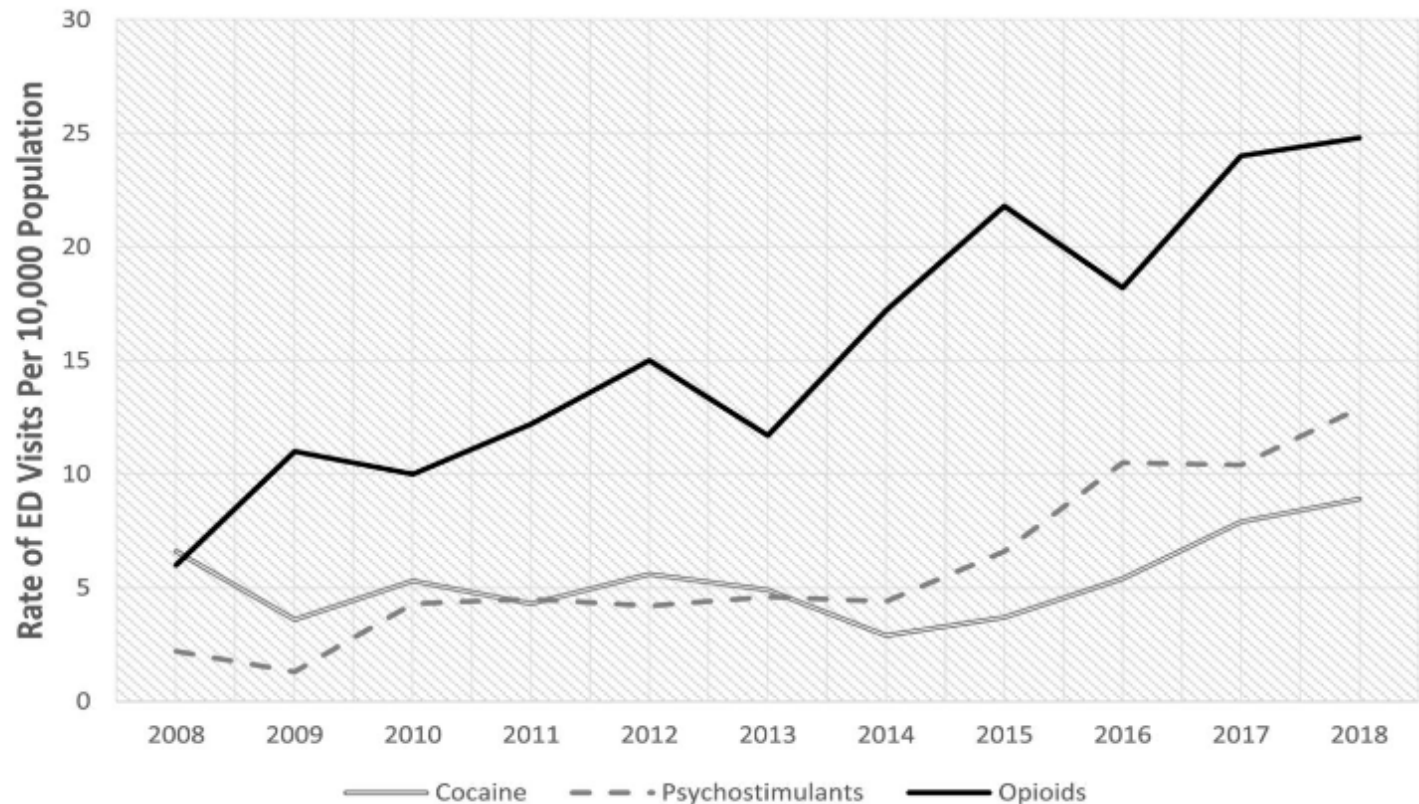
2 million used meth in 2019

55% of users have SUD!

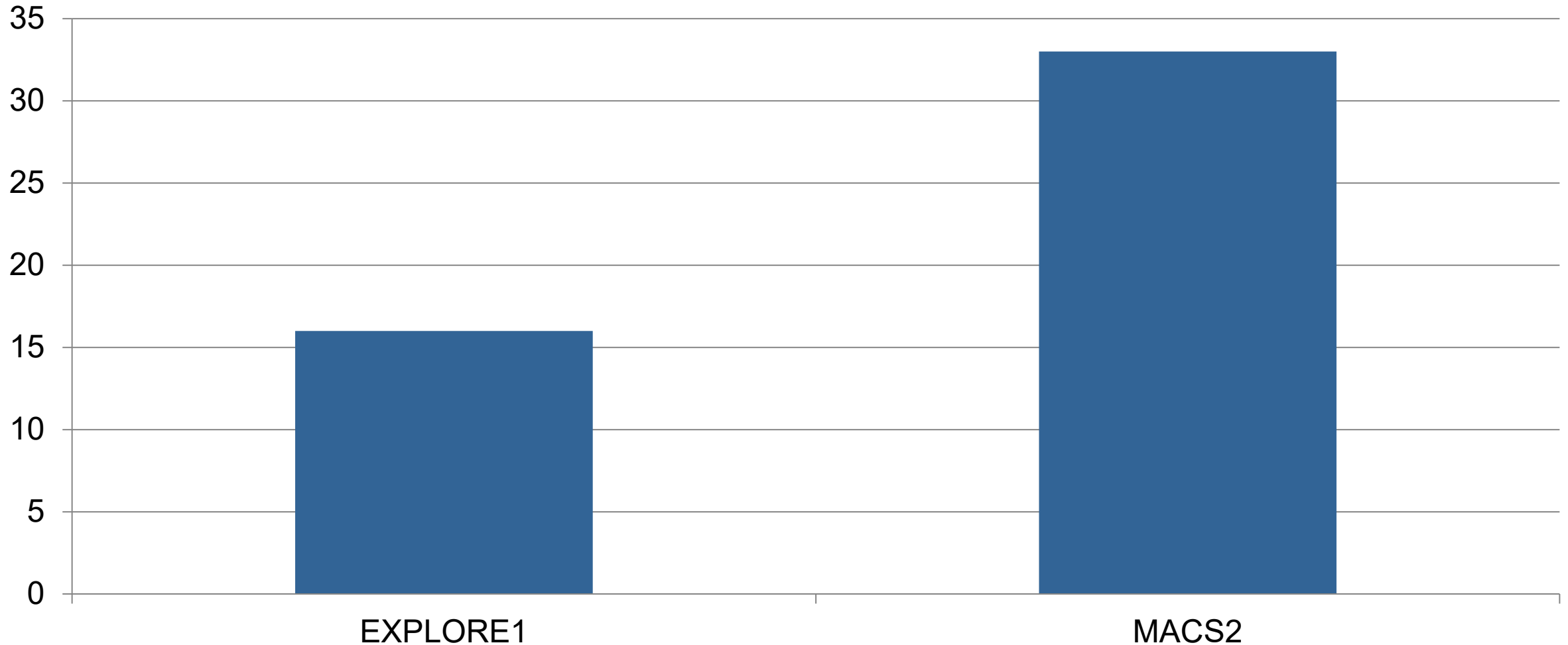
20% inject.

Meth use is increasing.

US ED Visits by Drug Class (excluding multiple drugs)



Methamphetamine Use, HIV Incidence in MSM: Attributable Fraction

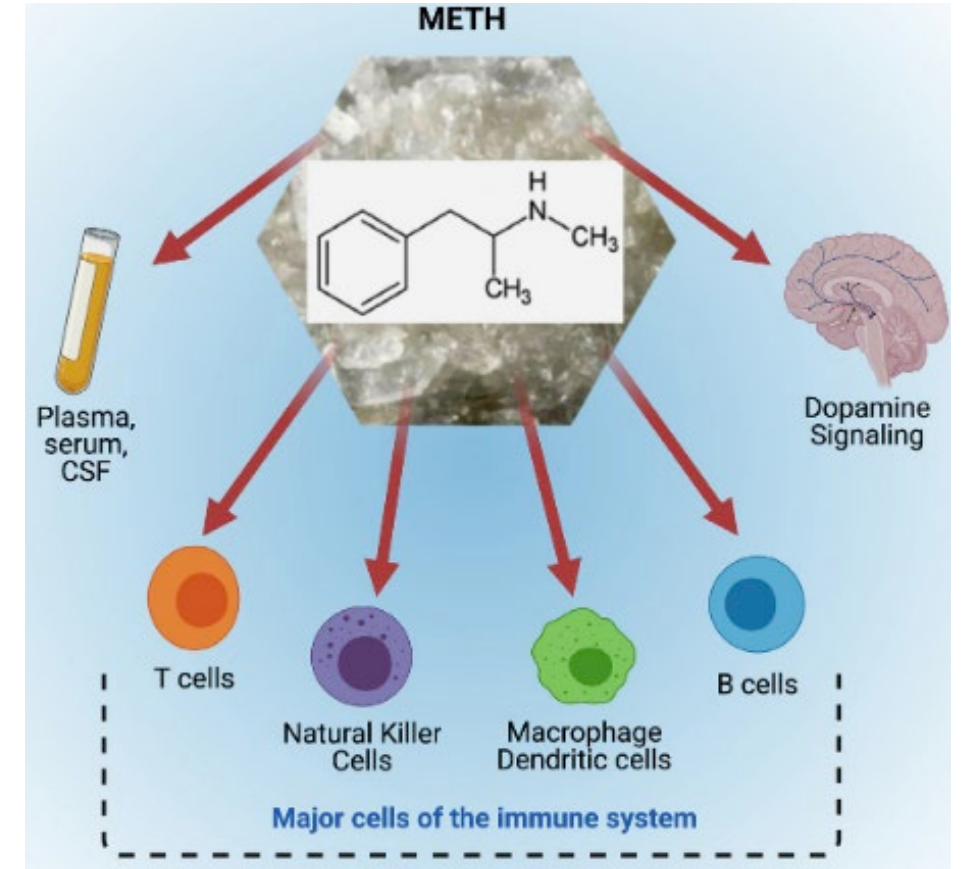


¹ Koblin et al., 2006, AIDS, 20: 731-739

² Ostrow et al., 2009, JAIDS, 51: 349-355

Many ways meth can increase HIV infection risk & worsen control

- Skin & mucosal breakdown
- Neuro cog effects make ART adherence challenging
- Meth directly affects immune system & T cells via inflammatory cytokines & oxidative stress, **favoring HIV replication**



Koblin et al., 2006, AIDS, 20: 731-739

Ostrow et al., 2009, JAIDS, 51: 349-355

Chem sex info from Ignacio Labayen de Inza; Fast Track Cities Conference, 20

Macur and Ciborowski, 2021, Current Neuropharmacology, 19: 2067-2076

Men who have
sex with men
& use meth
are at higher
risk of HIV.



Poppers (nitrates) & ED meds = danger



Image source: <https://www.verywellmind.com/what-are-poppers-22094>

Chemsex (sex w drugs) is associated with higher sexual risk activities

- Strong stimulants that enhance the sex drive
- Users feel invulnerable to harm
- Hook-up apps connect people who want “chemsex”
- Not uncommon in sex parties, bathhouses, etc.
- Associated with less barrier protection, more partners

Psychological reasons for: Chemsex / Party to Play / PTP

- It's (initially) fun and feels good
- Provides a sense of identity and belonging
- Boosts self-esteem & feelings of intimacy
- Addresses boredom, anxiety, & loneliness

Case Study

Joe is a 34-year old male coming to see you for an STI screening

- IVDU: Meth
- He frequents his local bathhouse every week. While there, he occasionally uses condoms. He uses meth when he has sex and is not interested in quitting meth.

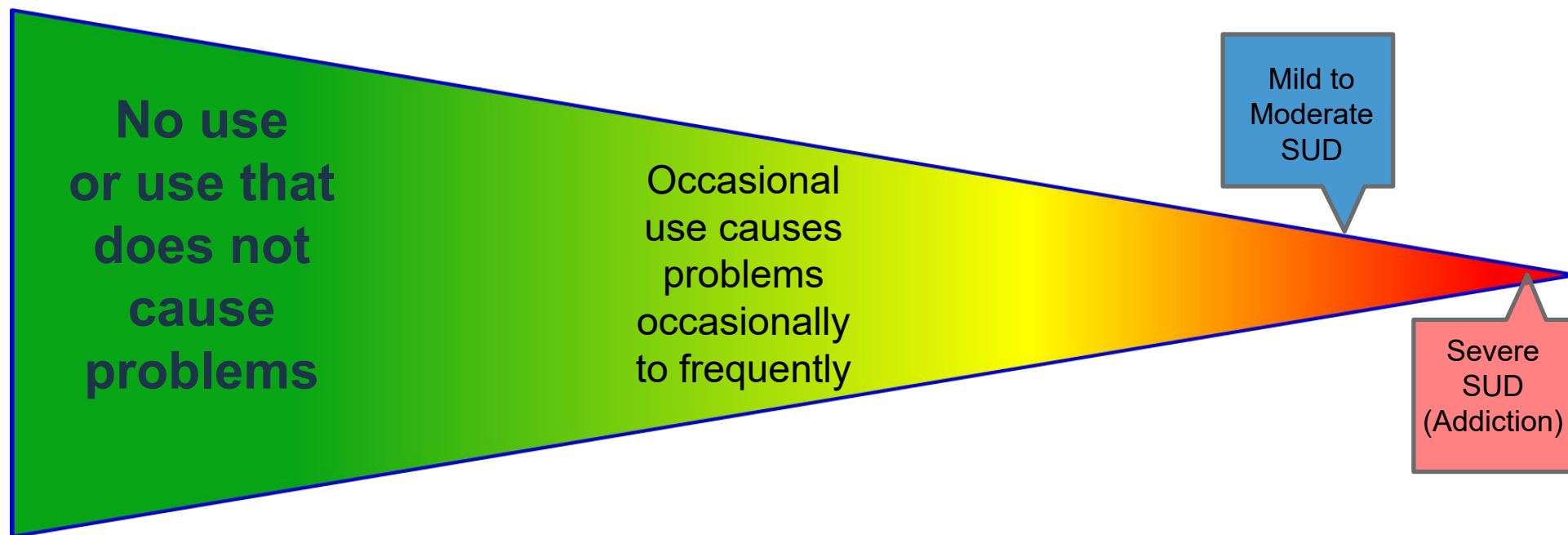
How would you approach a visit with Joe?

How would you address harm reduction with Joe?

What would a successful visit look like to you?

METH: EPIDEMIC, **ADDICTION**, AND PHYSIOLOGY

Definitions of a Spectrum: Drug Use to Drug Use Disorder, Mild to Moderate to Severe



Fun → Fun with Problems → Problems

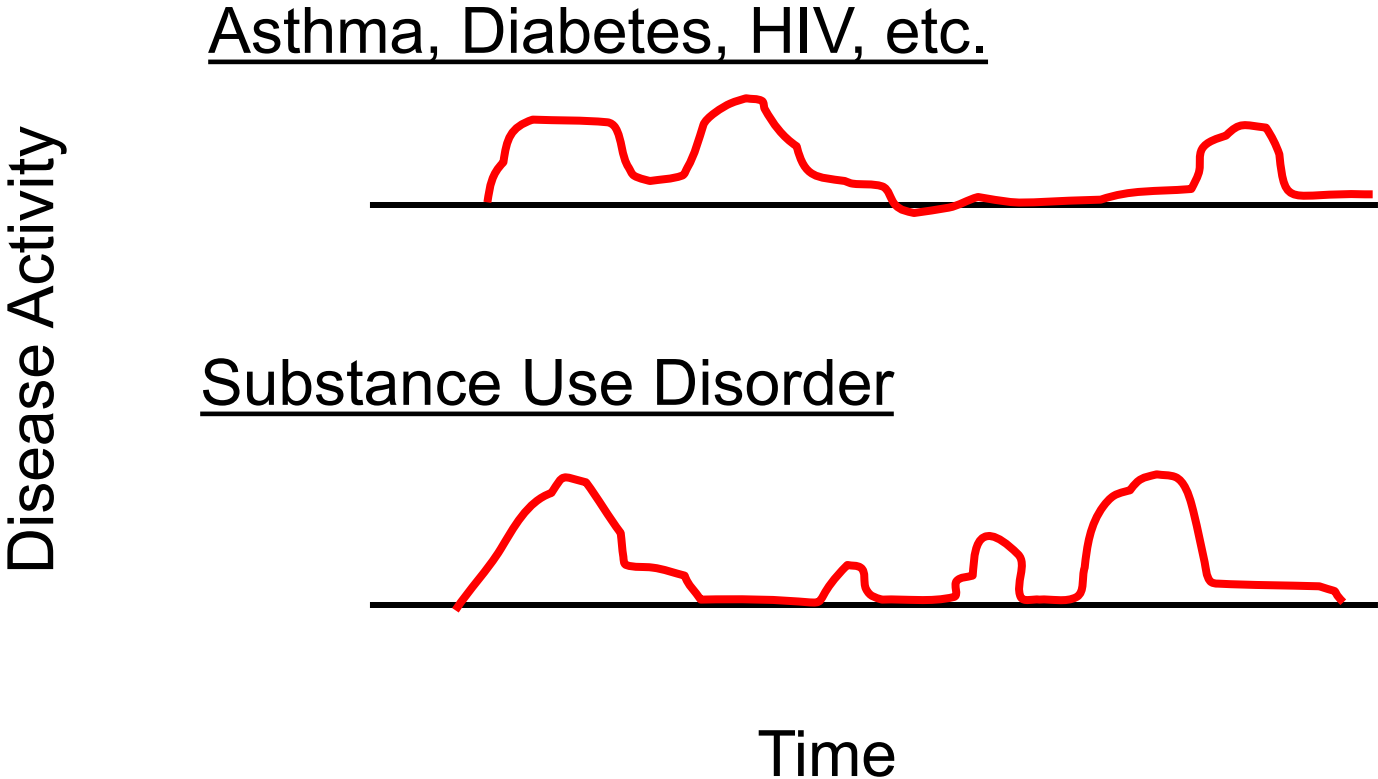
DSM-5 Definition: Stimulant Use Disorder

Maladaptive pattern of use, *clinically significant impairment or distress* and 2+ of the following in the same 12-month period:

1. Tolerance
2. Withdrawal
3. Used for longer periods than intended
4. Can't cut down or quit
5. Sig. time spent getting, using or recovering
6. Give up social, work or fun activities
7. Craving or a strong desire or urge to use a substance
8. Continued use despite knowledge of negative consequences
9. Failure to fulfill major role obligations
10. Use in physically hazardous situations
11. Continued use despite social and interpersonal problems

Mild = 2-3 criteria;
Moderate = 4-5 criteria;
Severe = 6+ criteria

Substance Use Disorder: A Chronic Illness

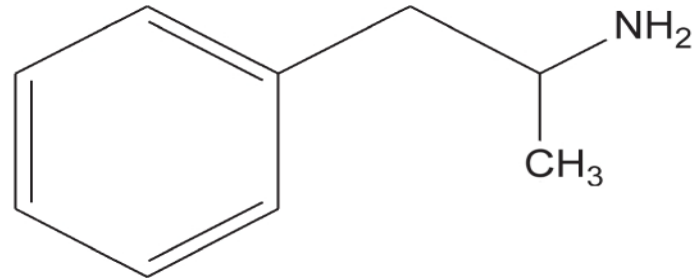


O'Connor, JAMA 1998; Lucas, JAIDS 2005

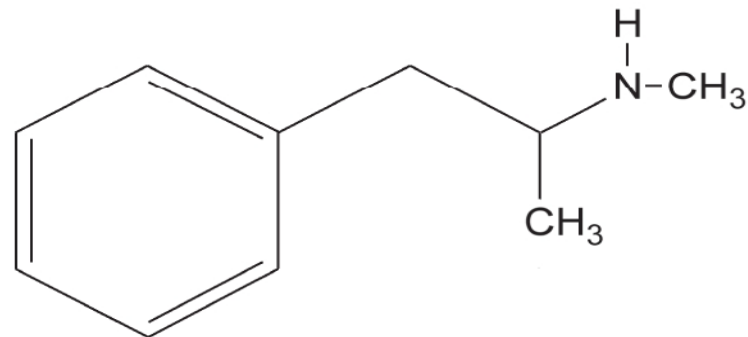
METH: EPIDEMIC, ADDICTION, AND **PHYSIOLOGY**

Methamphetamine Basics

Amphetamine



Methamphetamine



Kish, SJ [CMAJ](#). 2008 Jun 17; 178(13): 1679–1682.

Methamphetamine Basics

- *What's it called?*
 - Meth, crystal, crank, ice, speed, white
- *What is it?*
 - Stimulant (upper)
- *Why do people do it?*
 - Increased confidence, alertness, euphoria, lowered inhibitions
- *How is it used?*
 - PO, PR (booty bumping/boofing), snorting, **smoking**, **IV** (slamming, shooting up, mainlining)
- *What's it look like?*
 - Think fight or flight



Meth and the Body

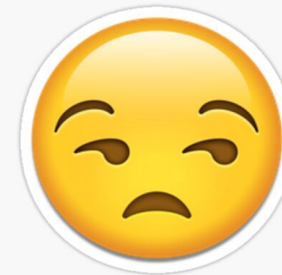
- **Activates sympathetic nervous system. Releases vast dopamine, & serotonin, norepinephrine. Very neurotoxic to dopamine and serotonin neurons.**
- Brain: **psychosis (27% heavy users)** inc. impulsivity, etc.
- Heart: cardiomyopathy, MI, arrhythmia,
- Teeth: decreased saliva (“meth mouth”)
- Nephro: AKI, rhabdo
- GI: gut ischemia, constipation, dec thirst & hunger
- GU: increased sex drive, delayed orgasm



Kish, SJ CMAJ. 2008 Jun 17; 178(13): 1679–1682.
<http://www.tweaker.org/body/index.html>

Withdrawal

- Withdrawal: irritability, depression, fatigue, hypersomnia
- Withdrawal symptoms can last 2 weeks.
- Cravings can persist for many months.
- Skin picking is common.
- Delayed depression is very common.



Chronic meth use and fear-based messaging

- People who use meth have an increase in risky behaviors, STIs, & HIV.
- People who use IV are at higher risk of abscess, endocarditis, etc.



Chronic meth use, cognition & hope-based messaging

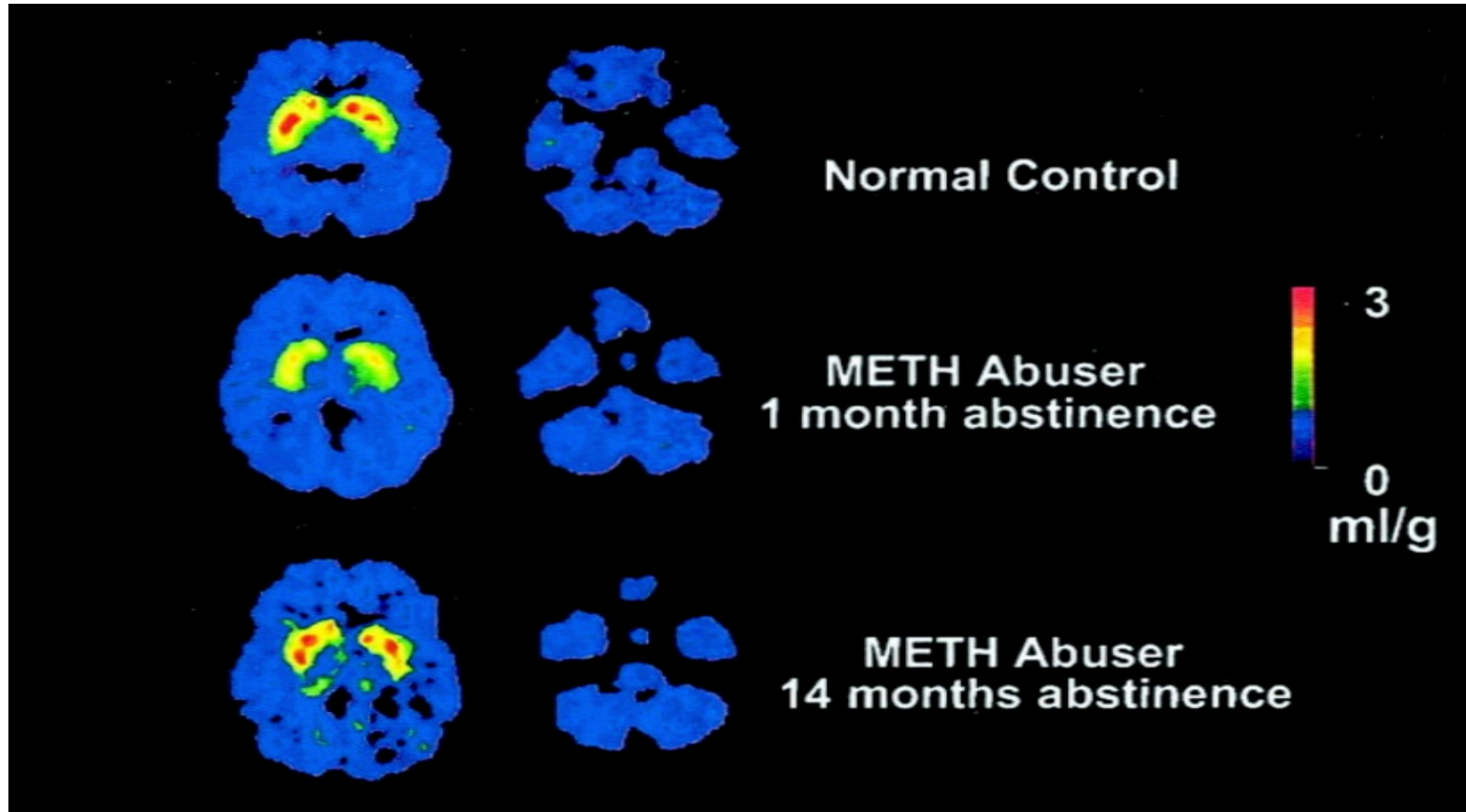
- Psychosis is not uncommon.
- Largest cognitive impairments due to meth are in episodic memory, executive function, and processing speed.
- Auditory memory is especially poor.
- Brain function & mood can improve significantly with time away from meth.
- This takes time.



Stuart et al. *J Subst Abuse Treat* 2020; 109: 61-79.

People Can Change

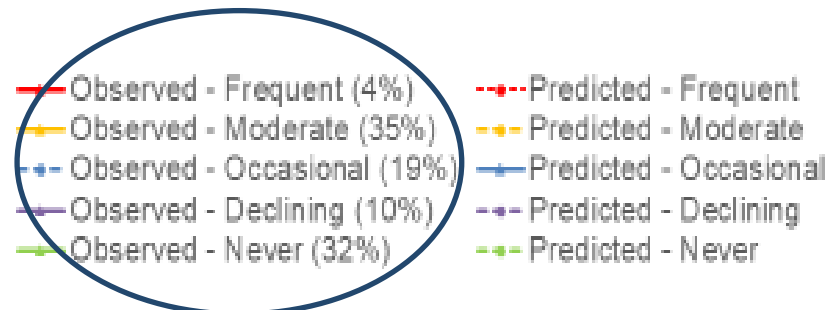
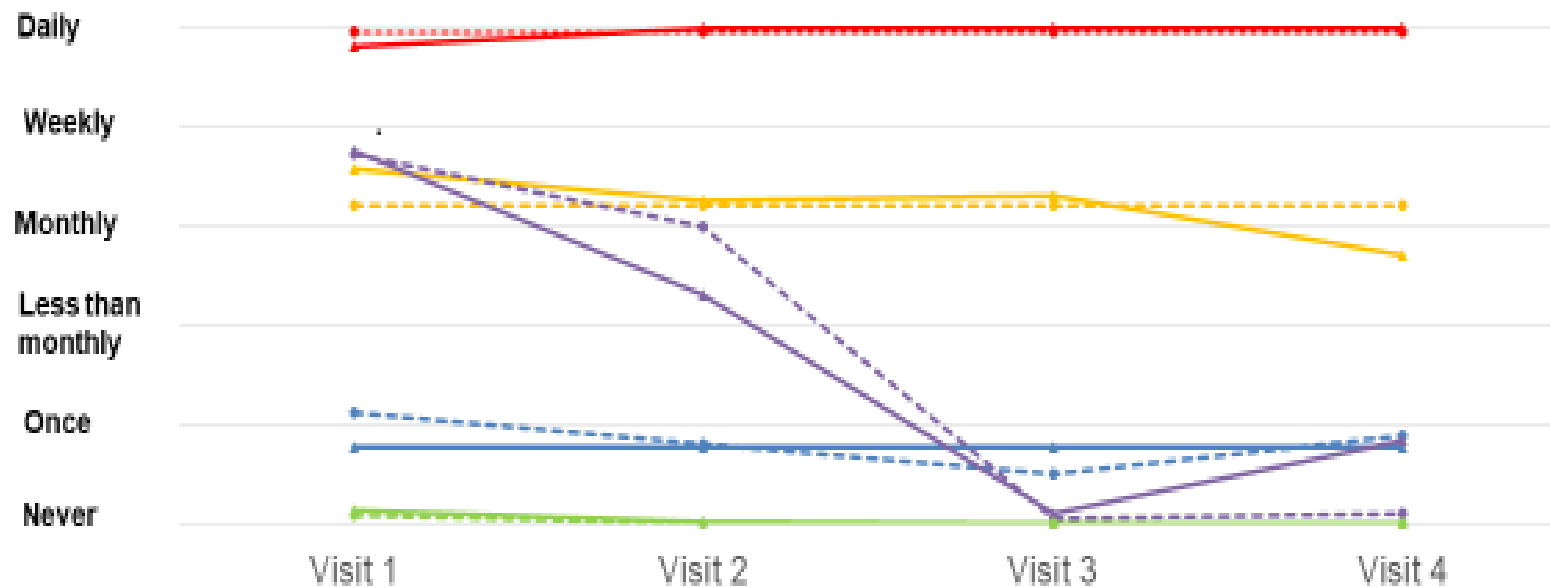
Recovery of Dopamine Transporters with Abstinent Methamphetamine User



Volkow *et al* (2001) *J Neurosci* 21:9414-8

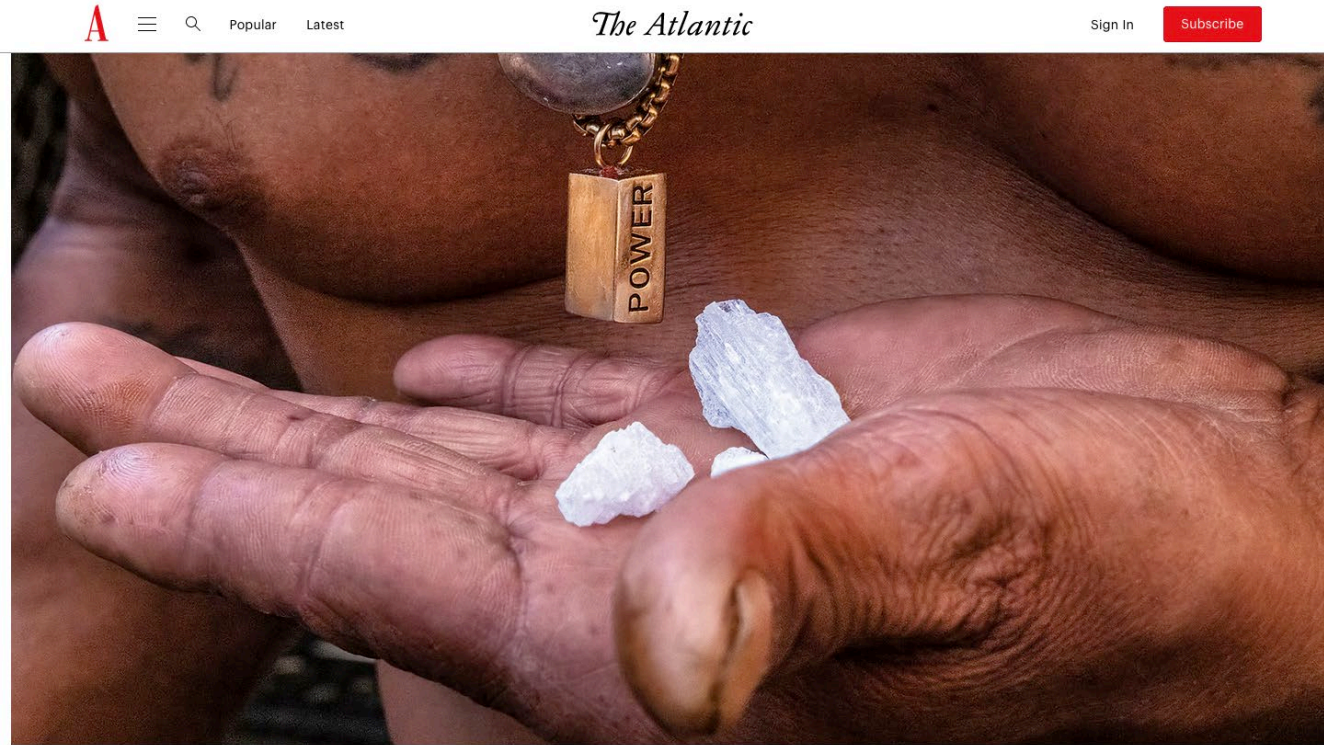
People use meth differently. That use can change.

Figure 1. Methamphetamine Use Trajectories based on Self-Reported Use in the Past 6 Months



Steven Shoptow

“I don’t know that I would even call it meth anymore.” Sam Quinones [Meth] “continues to have high purity, potency, reflecting high availability” DEA



A resident of Skid Row, in Los Angeles, holding crystal methamphetamine, in August 2021 (Rachel Bujalski for The Atlantic)



<https://www.theatlantic.com/magazine/archive/2021/11/the-new-meth/620174/>
<https://www.dea.gov/documents/2021/03/02/2020-national-drug-threat-assessment>

The evolution of methamphetamine

- Meth originally produced from ephedrine
- phenyl-2-propanone—P2P seen in 80's
- (2003 in PNW: more meth from Mexico: P2P)
- 2012 96% of meth made with P2P
- Newer: enantiomers separated: Inc. potency
- **Many associate new meth w/ incr. psychoses**



Quinones

TREATMENT PEARLS

Contingency management (CM) works well!

CM: Giving rewards/incentives for stimulus control.
Reimbursed by CMS, \$75 per pt in Wa per SAMHSA.



- D is a message of effect size (0.5 medium, 0.8 is large)
- $d=0.46$ (Benishek et al., 2014, *109*:1426-1436)
- $d=0.58$ (Dutra et al., 2008, *Am J Psychiatry* 165:179-187)
- $d=0.52$ (Griffith et al., 2000, *Drug Alc Dep* 58:55-66)
- $d=0.40$ (Prendergast et al., 2006, *Addiction* 101:1546-1560)

Behavioral Pearls

- Start with harm reduction.
- Brief MI can reduce sex risk behaviors in people using meth
- Contingency Management: THE most effective tool to reduce meth use among MSM.
- CBT is also effective.
- Can combine with meds.

Stuart et al. *J Subst Abuse Treat* 2020; 109: 61-79

Lee, Rawson. 2008. *Drug Alc Rev* 27:309-317.

Mausbach, Strathdee, Patterson. 2007 *Drug Alc Dep.* 87:249-257

Mausbach, Strathdee, Patterson. 2007 *Ann Beh Med.* 34:263-274



Medication Treatment Trials for Stimulants

(None FDA-Approved)

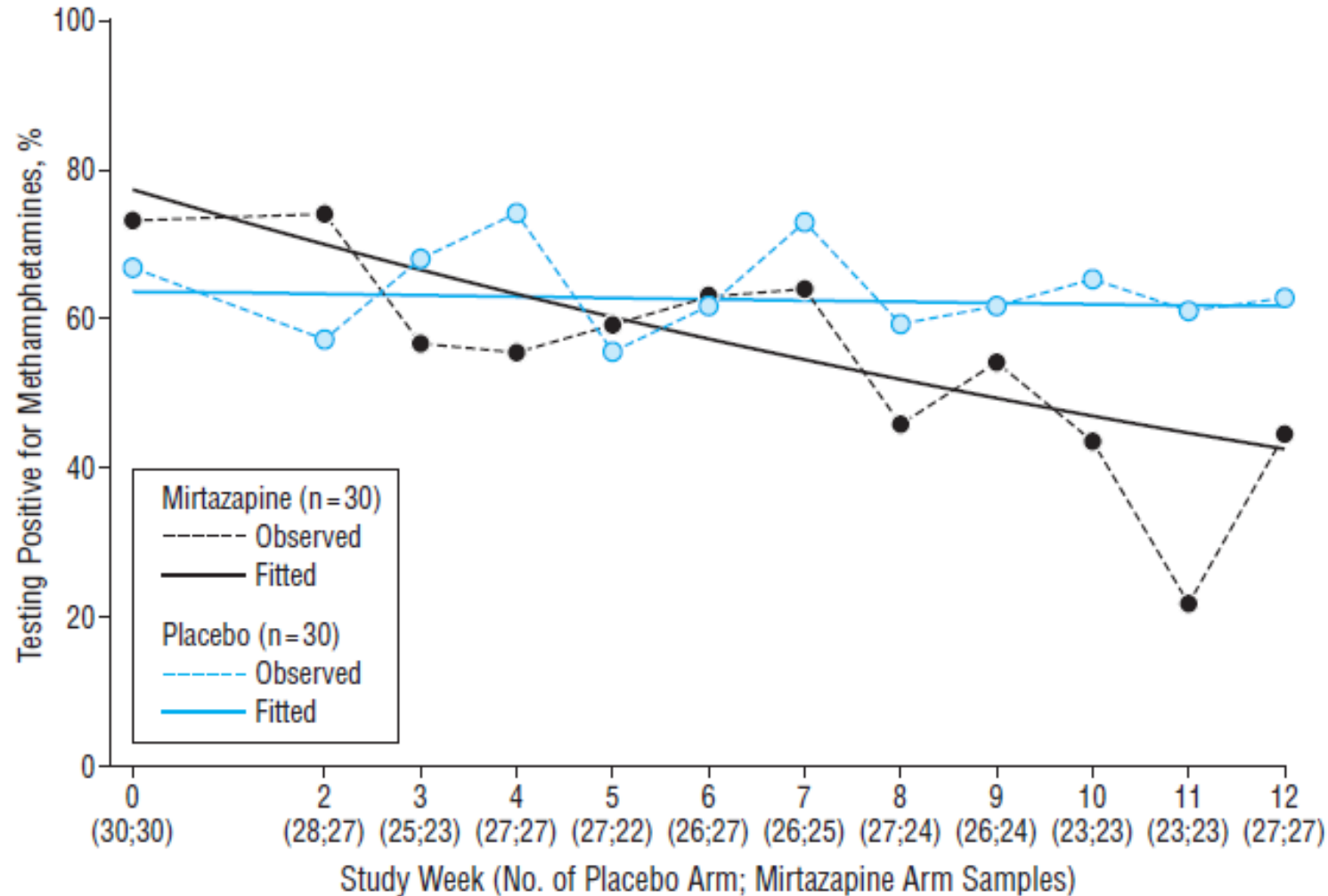
	Cocaine	Methamphetamines
Dextroamphetamine	+	+
Methylphenidate	-	-
Modafinil	+	+
Bupropion	-	++
Naltrexone	-	+/-
Mirtazapine	-	++
Topiramate	+	-
L-Dopa	-	-
Desipramine	-	-
Imipramine	-	-
Sertraline	-	-
Aripiprazole	-	-
Ondansetron	-	-

Moscynyska. 2021. Curr Neuropharmacol 19: 2077-2091 Recent med review

Naji et al. 2022. Drug Alcohol Depend 232:109295. Mirtazapine review



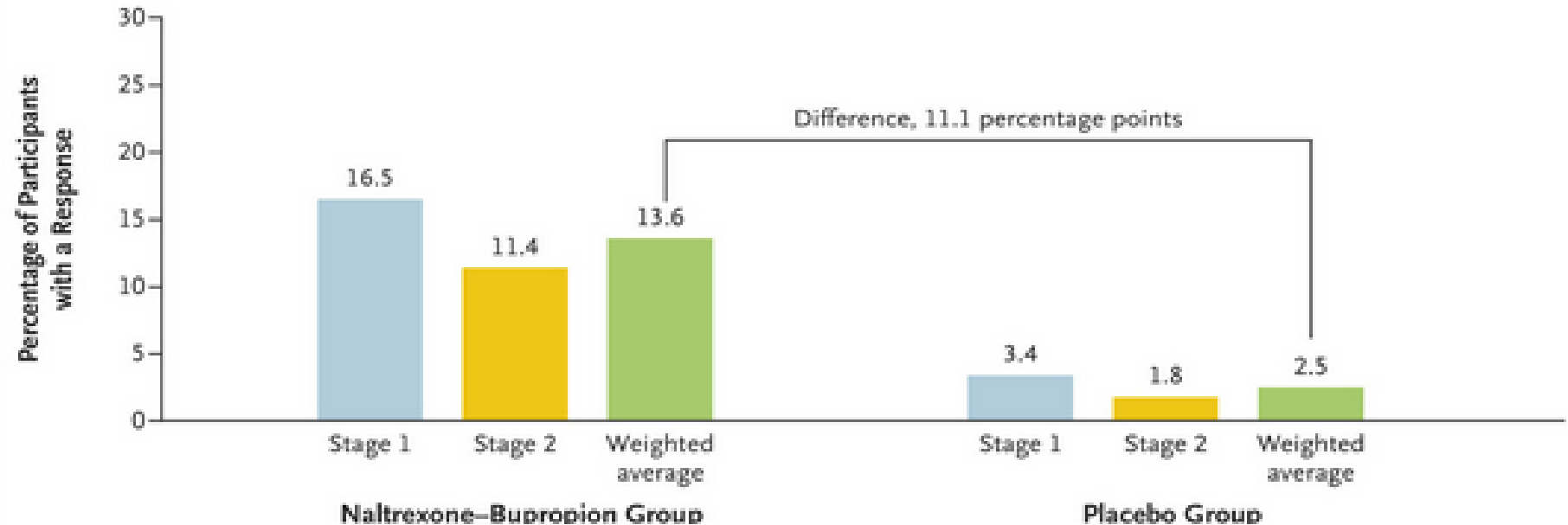
Pharmacotherapy for Stimulant Use: Mirtazapine 30 mg/day can decrease meth use



Colfax et al. *Archives Gen Psych*, 2011. 68(11): 1168-1175

Naltrexone IM and high dose bupropion help

- Multicenter trial, 12 week trial, N=403,
- 380 mg IM naltrexone plus 450 mg bupropion
- High adherence (70%) to bupropion encouraged with CM (\$3 a day)
- Success was defined as 3/4 neg urine drug screens.
- 16% vs 3.4 %
- NNT = 9



Primary Care Treatment Pearls

- Consider bupropion (XL 150mg qday, then increase to 450 mg qday) +/- naltrexone.
- If no contra-indications, can start mirtazapine at 15-30mg with goal of 30mg qhs.
- If patients are excited about a treatment option, use that optimism!
- Treat mental health conditions and other addictions.
- Treat CV risks aggressively.
- Consider STI screen, Hep A & B vaccination.
- Don't forget naloxone.
- To stay kind, be patient.



Objectives

- Discuss challenges in communication with patients using meth
- Recognize the role of methamphetamine use in increasing HIV infections
- Practice discussing harm reduction techniques around meth use & chem sex
- (Share treatment pearls)
- (Convey what we might do differently)

Acknowledgment

This Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,098,654 with 0% financed with non-governmental sources.

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