### Methamphetamine and Other Substance Use Trends among Street- and Venuerecruited MSM from 1999 to 2018

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Presented at "HIV and Meth in Los Angeles County: The Crisis Continues." May 22, 2019, Los Angeles, California.

#### **Acknowledgements**

Steve Shoptaw, Ph.D. Christine E. Grella, Ph.D. Jesse B. Fletcher, Ph.D.

The outreach workers who did the work, our participants and our funders.

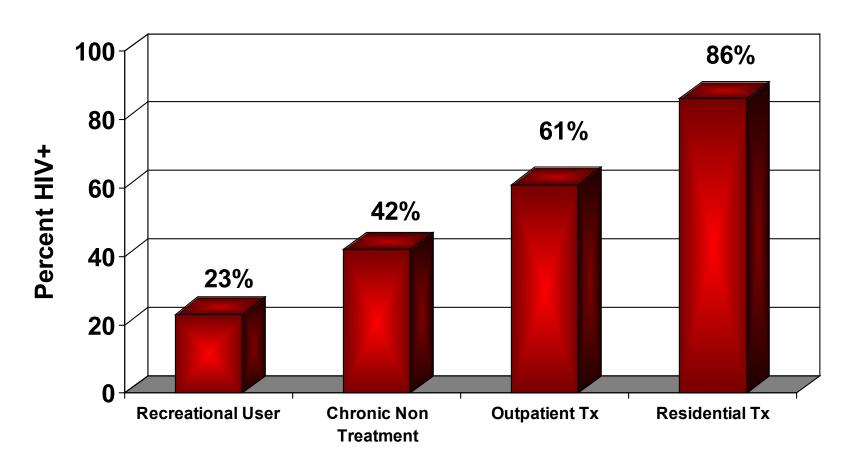
Funded by Los Angeles County,
Department of Public Health,
Division of HIV/STD Programs,
contracts #H204213, #H211853,
#H700861, #H001039, and the
City of West Hollywood,
Department of Human
Services, Social Services
Division.



#### MSM, Methamphetamine and HIV

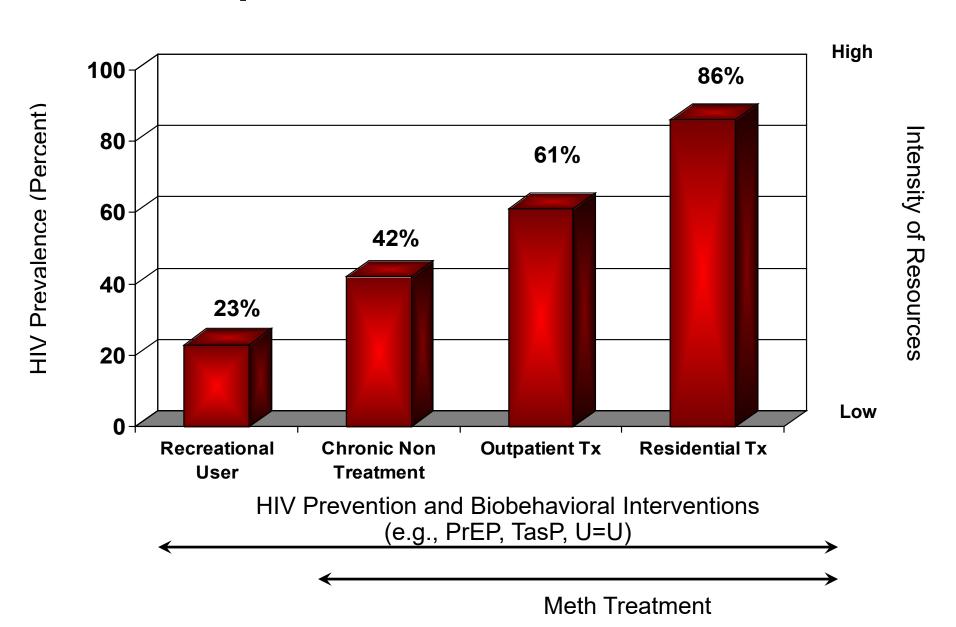
- In the United States, methamphetamine is commonly used by gay and bisexual men (and other men who have sex with men) in conjunction with sex (Semple et al., 2010; Halkitis et al., 2008; Shoptaw, 2006; Reback et al., 2013)
- Among MSM, there are strong associations between methamphetamine use, sexual risk behaviors, and HIV prevalence rates (Plankey et al., 2007; Shoptaw & Reback, 2006; Colfax et al., 2005; Reback, 1997; Molitor et al., 1998; Mattison et al., 2001; Mansergh et al., 2001; Reback et al., 2004)
  - Changes in sexual behaviors
  - Changes in decision-making processes
- Methamphetamine use *triples* HIV incidence in MSM (Buchacz et al., 2005; Plankey et al., 2007)
- HIV-positive methamphetamine users have lower rates of complete viral suppression than *former* methamphetamine users receiving same treatment (Ellis et al., 2003)

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

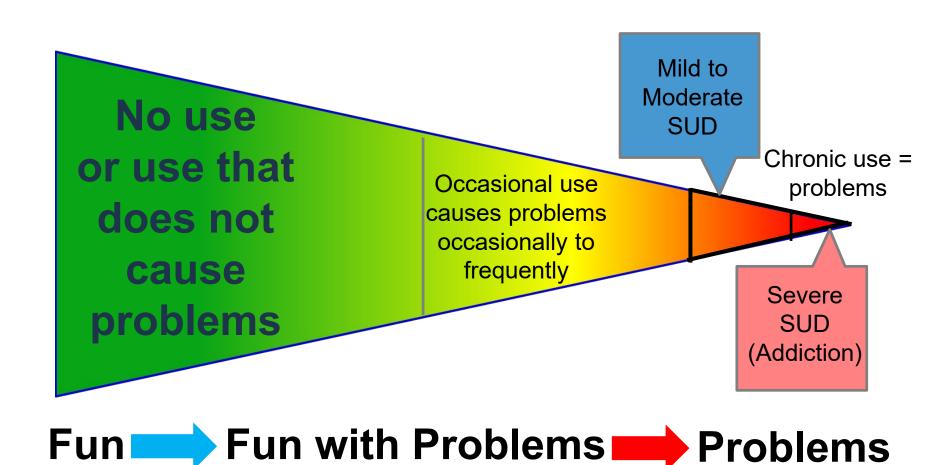


Shoptaw, S. & Reback, C.J. (2006). "Associations between Methamphetamine Use and HIV among Men Who Have Sex with Men: A Model for Guiding Public Policy," *Journal of Urban Health*, 83: 1151-1157.

#### Implications for Interventions



### **Definitions of a Spectrum:** Substance Use to Substance Use Disorder, Mild to Moderate to Severe



**Problems** 

#### **Objective**

- Track the methamphetamine use and other substance use trends;
- Among MSM in LAC;
- From January 1, 1999 through December 31, 2018 (three studies);
- Using a quasi time-space sampling methodology; and,
- Street- and venue-based outreach.

#### Design

#### Target Population

MSM who have used a substance (alcohol and/or other drugs) in the past 30 days

## Geographic Region

Hollywood and West Hollywood, California

#### Recruitment Strategy

Street- and venue-based outreach conducted from 11:00 AM to 1:00 AM; outreach staff were indigenous, culturally diverse, bilingual peers

#### Intervention Sites

Street corners, bus stops, alleys, parks, cruising areas, bars, bathhouses, sex clubs, abandoned buildings, expensive hotels, coffee houses, parking lots, fast food stands, minimarkets

#### **Intervention Model**

- Gifts were given to develop trust and aid with immediate needs lotion, comb and brush, deodorant, shampoo, toothpaste and toothbrush, lip balm, sunscreen, candy
- Contacts were made to establish trust and build rapport
   1-5 minutes; including greeting, outreach worker identification, risk reduction supplies, and referrals to HIV-related services, drug treatment, medical social and mental health services, needle exchange programs, food and shelter; contacts were successive and unlimited
- Encounters were made to introduce risk reduction strategies
   5-60 minutes; includes greeting, outreach worker identification, collect data on socio-demographics, HIV drug and sexual risks, assessment of other needs, risk reduction supplies, direct linked referral(s); encounters were successive and unlimited
- Referrals were made to assist immediate and long-term needs
   outreach worker transported participant to referred agency; if not interested in
   immediate service referrals were given in writing with name, address, phone
   number and name of contact person

#### **Methods**

- Data collected from January 1, 1999 through December 31, 2018
  - Study 1: January 1, 1999 December 31, 2007 (N = 11,375)
  - > Study 2: January 1, 2008 December 31, 2011 (N = 5,599)
  - Study 3: January 1, 2012 December 31, 2018 (N = 8,447)
- Data organized in 6-month periods (e.g., 1<sup>st</sup> half of 2003, 2<sup>nd</sup> half of 2003)
- Repeat visits, persons reporting no substance use, and those who did not identify as a MSM were deleted from database
- Analytical Sample of 25,421 Unique Encounters (first visits only)
  - → Total Encounters, New & Repeat = 40,281
    - → Less 10,886 Repeat/Duplicate ID#,
      - → Less 3,968 not MSM, and/or no substance use in past 30 days
- Basic frequencies were calculated using Stata (v. 13.1)

## Street- and Venue-based Strategies of Outreach

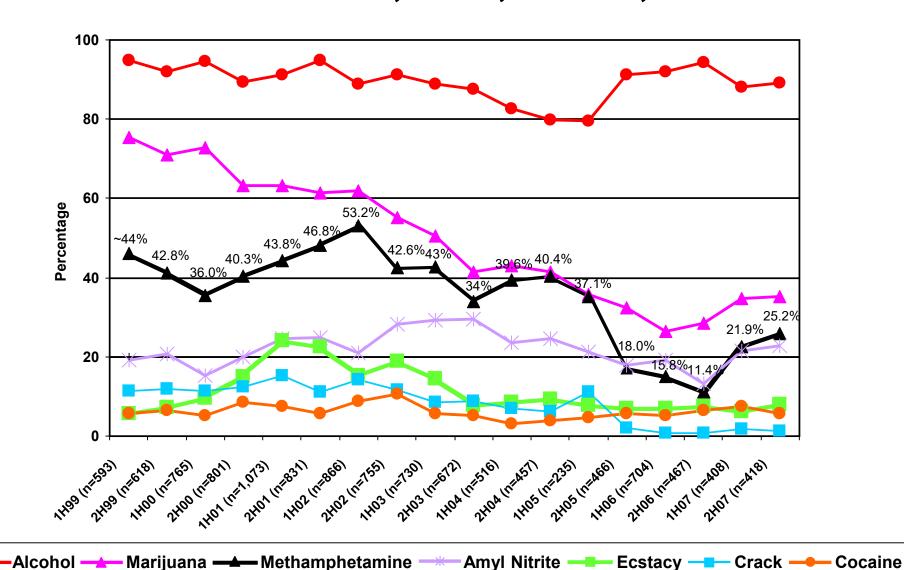
- Harm reduction
- Empower not enable
- Working with participants on their own agenda
- Being client-centered
- Being value clear
- Suspended judgment



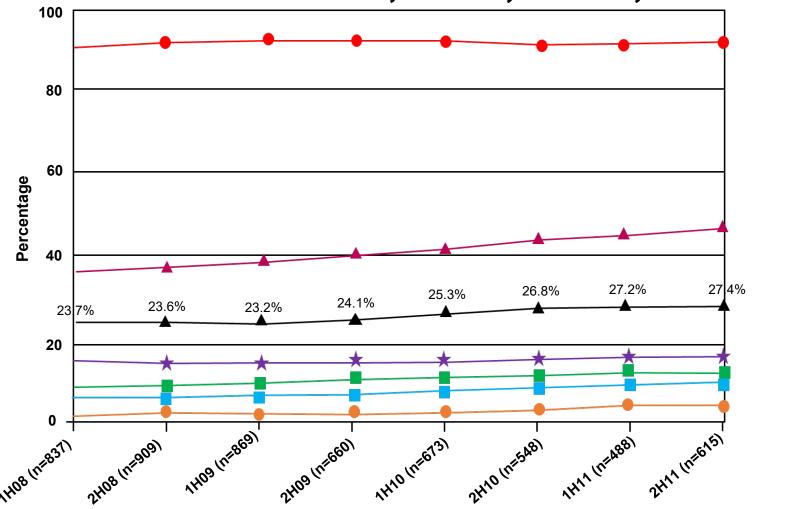
#### **Sociodemographic Characteristics**

Variable	Category	1999-2007 (11,375) M(SD) or %	2008-2011 (N=5,599) M(SD) or %	2012-2018 (N=8,447) M(SD) or %
Age		32.3 (7.7)	32.9 (8.2)	34.4 (10.0)
Race/ethnicity	Cauc/White	53.0	47.0	43.4
	Af Amer/Black	17.1	10.4	31.0
	Hispanic/Latin	21.8	31.7	14.9
	Multi/Other	8.1	10.9	10.7
Sexual ID	Gay	85.8	83.6	77.5
	Bisexual	14.2	15.9	22.2
	Heterosexual		0.5	0.2
<b>HIV Status</b>	Positive	20.7	13.4	9.1
	Negative	67.4	82.5	88.3
	DK/refused/missing	11.9	4.1	2.6

## Substance Use Trends January 1, 1999 – December 31, 2007; N = 11,375

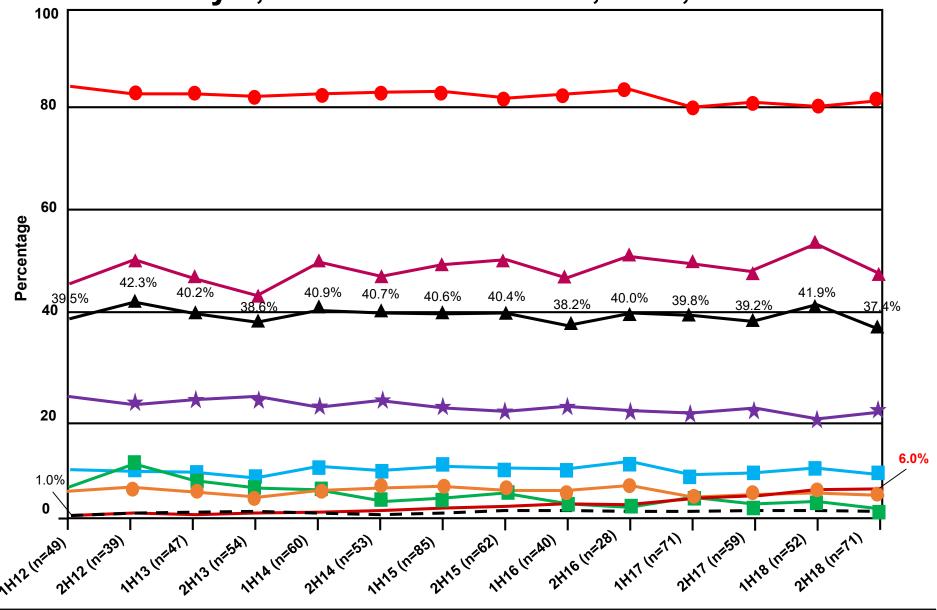


# Substance Use Trends January 1, 2008 to December 31, 2011; N = 5,599





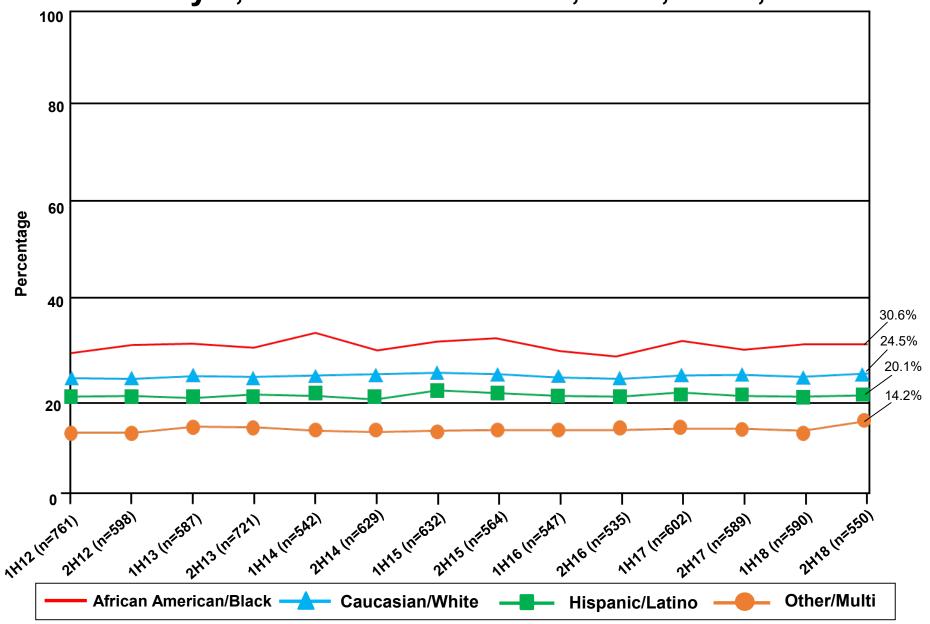
**Substance Use Trends** January 1, 2012 to December 31, 2018; N = 8,447 100 80 60 Percentage 40 30.2% 29.9% 29.7% 30.2% 28 4% 29.3% 29 3% 29.3% 29.3% 28.6% 28.7% 29.0% 28.3% 28.4% 20 0.8% 0 1H12 Int 2H12 Int 5881 3 Int 2H13 Int 2H14 Int 5421 1H15 Int 522 2H15 Int 5641 1H16 Int 5351 1H16 Int 5351 Int 6021 Int 5891 1H18 Int 5801 Alcohol — Marijuana — Methamphetamine — Amyl Nitrite — Ecstacy — Crack — Cocaine — Non-Heroin Opiate — Heroin Substance Use Trends among <u>HIV-positive</u> MSM January 1, 2012 to December 31, 2018; N = 770



Alcohol — Marijuana — Methamphetamine — Amyl Nitrite — Ecstacy — Crack — Cocaine — Non-Heroin Opiate — Heroin

Substance Use Trends among HIV-negative MSM January 1, 2012 to December 31, 2018; N = 7,460 100 80 60 Percentage 40 21.7% 21.7% 21.5% 21.6% 21.7% 20.8% 21.2% 20.9% 21.4% 21.1% 21 3% 20.5% 210% 20 0.6% Alcohol — Marijuana — Methamphetamine — Amyl Nitrite — Ecstacy — Crack — Cocaine — Non-Heroin Opiate — Heroin

## Methamphetamine Use Trends by Racial/Ethnic Identity January 1, 2012 to December 31, 2018; N = 8,447



#### **Summary and Conclusions**

- Methamphetamine continues to be the most frequently used substance among MSM following alcohol and marijuana.
- In Study 1, methamphetamine use was consistently high, between 33% and 53%, through June 2005, dipped for a 1.5 year period from July 2005 to December 2006, and increased again to 25% in 2H07. In Study 2 the increase continued from 24% in 1H08 to 27% in 2H11. In Study 3, the increase continued and stay high hovering at or just under 30% throughout the 7 year observation period.
- In Study 3, HIV-positive MSM consistently used methamphetamine at higher rates than HIV-negative MSM (rate of use doubled).
- Unlike previous years or in previous studies (data not shown), in Study 3, African American/Black MSM used at a higher rate than Caucasian/White or Hispanic/Latin MSM.
- Heroin use remained steady but, <u>non-heroin opiates (oxycotin, vicodin, hydrocodone, fentanyl, etc.)</u>, increased 400% from .08% in 1H12 to 4.5% in 2H18, and the increase was consistent and steady. Opioid use was higher among HIV-positive MSM than HIV-negative MSM.
- Substance use trends documented through street- and venue-based outreach is an ideal mechanism for tracking use among MSM and other populations.

#### Implication for Interventions

- Given the documented link between methamphetamine use, sexual risk behaviors, and HIV infection, there is a compelling need for ongoing methamphetamine and HIV prevention interventions to both HIV-positive and HIV-negative MSM.
- African American/Black, Caucasian/White and Hispanic/Latin MSM should all be targeted but with culturally responsive interventions.
- Behavioral interventions focused on reducing methamphetamine use should also focus on reducing sexual risk behaviors, and increasing PrEP, TasP and U=U strategies.
- The severe and rapid increase in opioid use demands a <u>Call-to-Action</u> among policy decision makers and community partners.
- <u>Naloxone saves lives</u>. Naloxone kits (and training on use) should be readily available to those who work with opioid users.
- Give users fentanyl test strips. Very sensitive test: High rate of false positives, but a false positive is far better than a false negative, lower rates of false negative.

#### Guiding Public Policy Reference:

Journal of Urban Health: Bulletin of the New York Academy of Medicine

doi:10.1007/s11524-006-9119-5

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# Associations between Methamphetamine Use and HIV among Men Who Have Sex with Men: A Model for Guiding Public Policy

Steven Shoptaw and Cathy J. Reback

#### Study 1 Reference:

Journal of Urban Health: Bulletin of the New York Academy of Medicine, Vol. 85, No. 6 doi:10.1007/s11524-008-9326-3 © 2008 The New York Academy of Medicine

# Methamphetamine Use Trends among Street-Recruited Gay and Bisexual Males, from 1999 to 2007

Cathy J. Reback, Steven Shoptaw, and Christine E. Grella

#### Study 2 Reference:

Drug and Alcohol Dependence 133 (2013) 262-265



Contents lists available at ScienceDirect

#### Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep



#### Short communication

Methamphetamine and other substance use trends among street-recruited men who have sex with men, from 2008 to 2011



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#### Thank you!

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