Creating a Status Neutral Crystal Methamphetamine Harm Reduction Program

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Crystal Meth & MSM

Researching the link between meth and sex:
- Exploring sexuality
- Managing feelings of sexuality

Managing mental health: use is linked to a number of social and emotional factors.
- Use of meth to "escape", help with confidence, and cope with mood. (Nakamura et al 2009)
- Social isolation, emotional stressors, and housing concerns (Mimiaga et al 2010; Nakamura et al 2009)
- Depression
  - Use of meth to manage symptoms of mental health issues including depression and anxiety (Fontaine and Dacus 2007)
  - Depression in meth users high regardless of HIV status (Bousman et al 2011)

Meth & other drugs
- Relationship with alcohol (Forrest et al 2010; Mayer et al 2014; Mimiaga et al 2008 & 2009)
- Marijuana, cocaine/crack, and club drugs*

*(CDC 2014; Carrico et al 2014; Das et al 2010; Forrest et al 2010; Halkitis et al 2009; Mayer et al 2014; Mimiaga et al 2010; Vaccher et al 2016)

Crystal Meth & HIV+ MSM

Meth use higher in HIV+

- Reported highest meth use (16%) among all other MSM groups. (CDC 2014)
- More likely to report use over HIV- (CDC 2014; Nanin et al. 2006)

Sexual Risk Behaviors

- Unprotected sex with non-main/causal partners (CDC 2014; Forrest et al 2010; Halkitis et al 2009)
  - Similar status HIV+ individuals (Bousman et al 2011; Vaccher et al 2016)
- Higher than HIV- individuals (Bousman et al 2011; CDC 2014)

Implications for HIV care and treatment

- Risk of advancing infection and complicating treatment (Bousman et al 2011; Halkitis et al 2009)
- Interference with ability to care for self or HIV (Mimiaga et al 2008; Mayer et al 2014)

Crystal Meth Use & NYC MSM by Race/Ethnicity
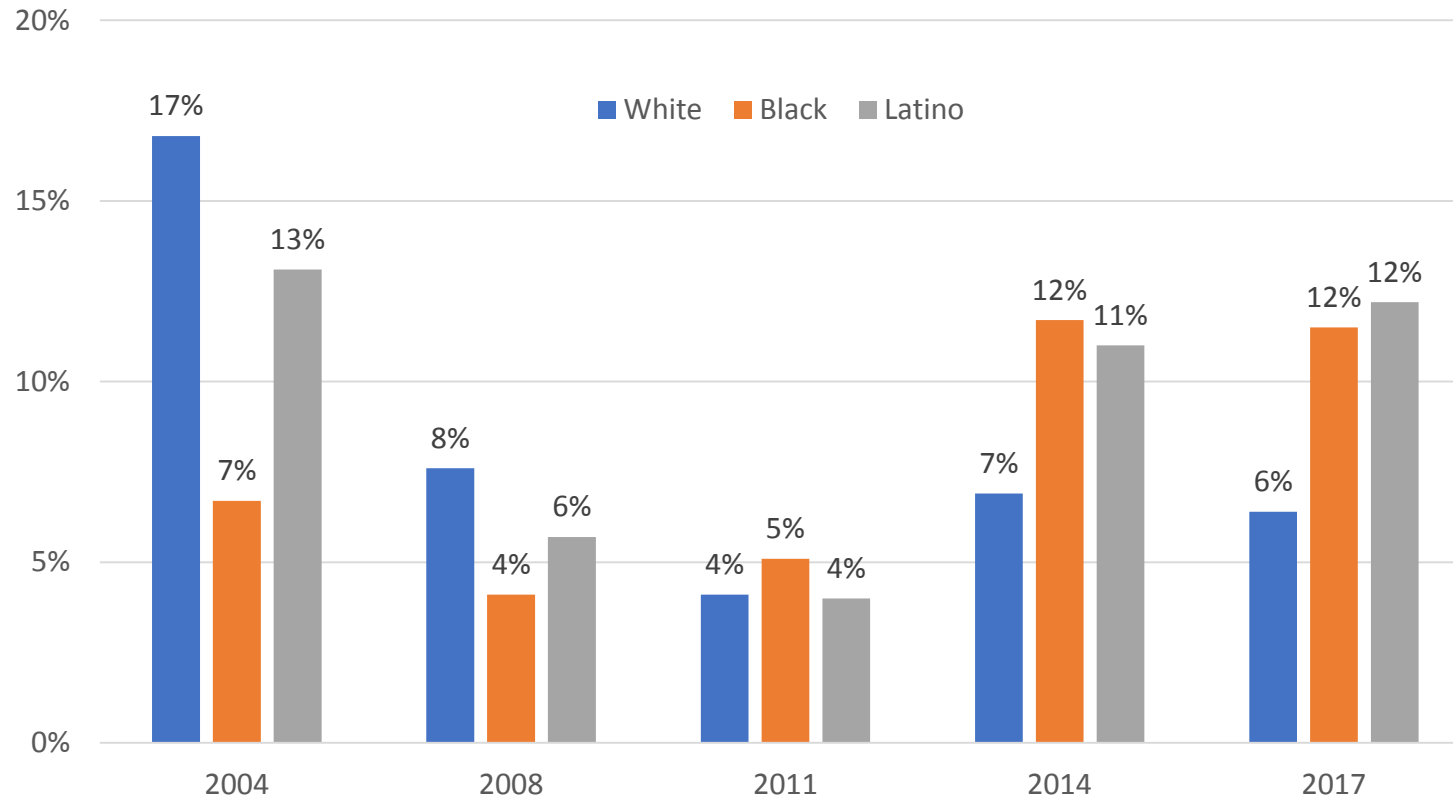
Self-reported crystal meth use among men who reported having sex with another man in the past 12 months.
Source: National HIV Behavioral Surveillance study (CDC)

NYS: Ending the Epidemic (EtE)

- Announced in 2014—plan to reduce HIV infection statewide by 2020

- Reduce the rate of HIV progression to AIDS by 50%

- Blueprint outlines **pillars**:

  - Identifying undiagnosed persons and linking to care
  - Link and retain persons diagnosed to care to ensure viral suppression
  - Provide access to PrEP for high risk populations
  - Implement recommendations in support of decreasing new infections and disease progression

Crystal Meth Harm Reduction (MTH)

- Category 7 of NYC area response to the ETE Blueprint

- Goals among crystal methamphetamine using New Yorkers
    - Reduce new HIV infections
    - Improve HIV treatment outcomes
    - Provide health education
    - Reduce harms associated with use
    - Offer support services and individual counseling
    - Link to clinical services for PrEP/PEP, HIV treatment, HCV testing/treatment, MAT
    - Connect to treatment services for depression, anxiety, and psychosis

Harm Reduction Services (HRM)

- Ryan White Part A: Substance Abuse Treatment Services—Outpatient service
  - Focused on promoting harm reduction methods and substance use counseling
  - Mental health counseling or referral for counseling
  - Buprenorphine treatment
  - Auricular acupuncture
- Certified Alcohol and Substance Abuse Counselors (CASAC), licensed social workers, certified peers
- CBOs, outpatient hospital settings, syringe exchange programs
- DOHMH staff provide technical assistance on best practices and program implementation

Meeting the Needs

HIV Prevention Education (CDC 2014; Mimiaga et al 2008)

- HIV facts (Burgess et al 2016)
- Negotiating safer sex and implementing safer practices
- Role of PrEP/PEP (Vaccher et al 2016)

Harm Reduction (Carrico et al 2014; Mimiaga et al 2010)

- Pharmacologic Intervention (Das et al 2010; Elkashef et al 2008)
- Safer injection / access to clean needles
- Safer use methods

Focus on mental health (Das et al 2010; Burgess et al 2016)

- Motivating behavioral changes (Anderson et al 2015; Reback and Shoptaw 2014)
- Individual/group counseling (Carrico et al 2014; Mimiaga et al 2008)

Meeting the Needs

Importance of counseling & social support

- Social support networks & activities
- Providing safe space to share experiences and learn
- Best practices for care
- Use of peers (Burgess et al 2016)
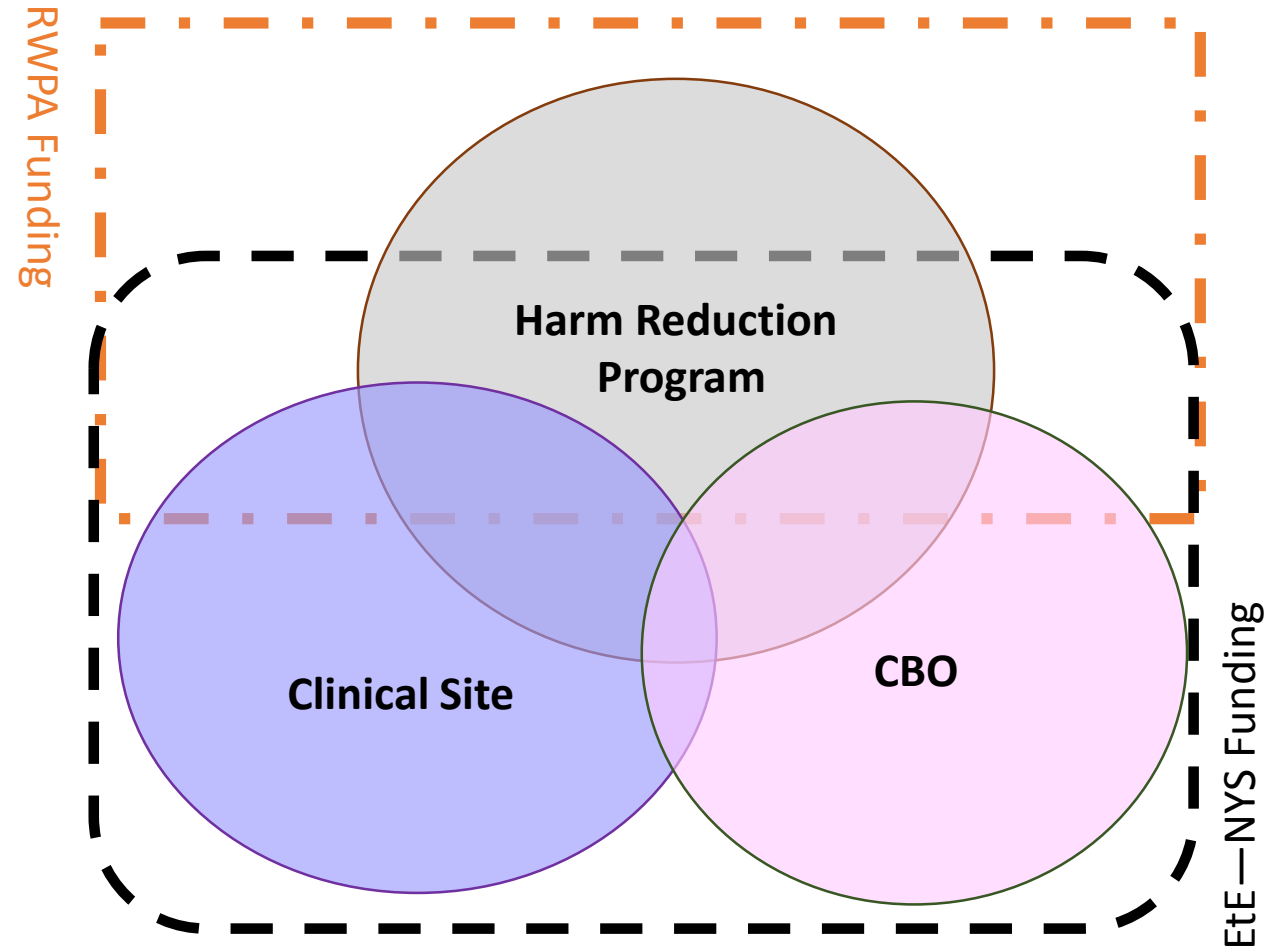
Additional Aspects:

- Addressing co-occurring disorders (Halkitis 2009)
- Non-adherence & relapse (Burgess at el 2016; Johnson et al 2007; Shoptaw et al 2005)
- Benefits of online and text technology (Burgess at el 2016; Reback et al 2015)

Building on RWPA

- Designed to meet the goals of the ETE blueprint

- Allows for easy integration into current agency services

- Encourages utilization of external partnerships and other grant funded resources
  - Particularly existing RWPA services

- Emerges from existing harm reduction foundations
  - Program forms & intake assessments
  - Service descriptions and data entry processes
  - Similarly or currently trained staff
  - Comparable training requirements / resources
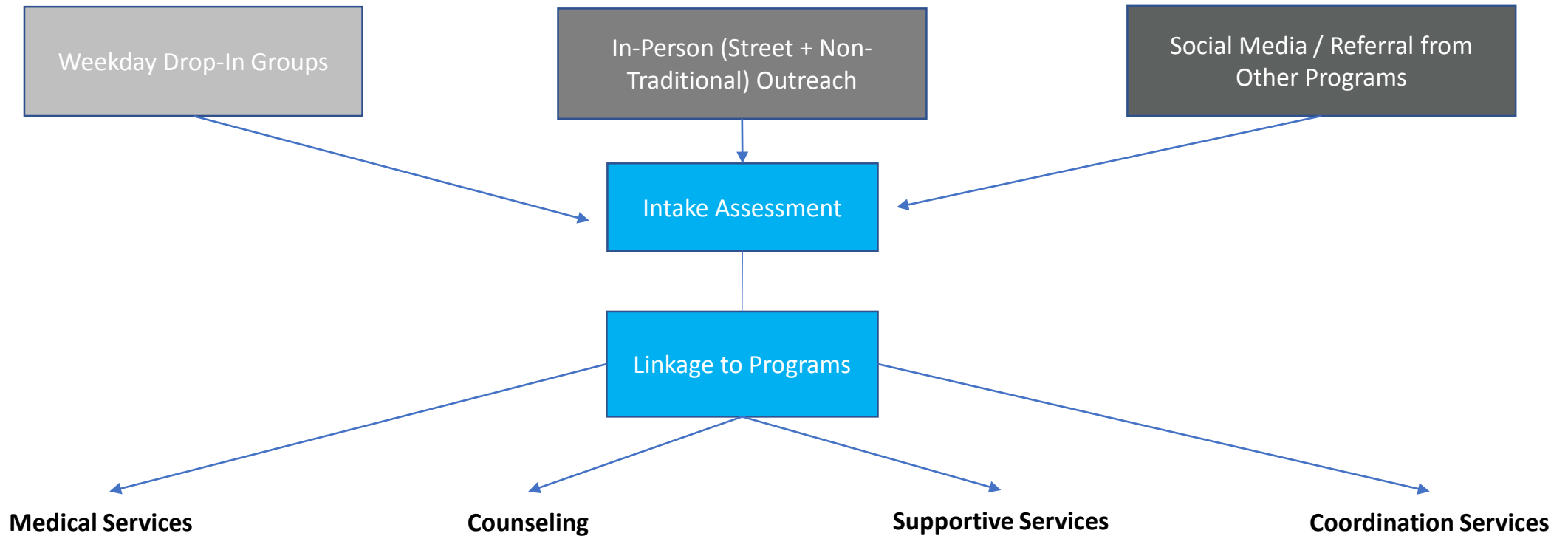
A Status-Neutral Approach

- Two agency sites
  - Clinical services
  - Outreach / supportive services
- Two funding streams
- Complementary services

Service Aspects

Target Population	HIV-/+ active meth users (inclusive of additional use of hard substances, alcohol, and tobacco) focusing on MSM, men of color, transgender women
HIV Focus	ARV adherence, PrEP& PEP for clients and partners, sexual harm reduction, health education
Medical Components	Medical care on-site, referrals for care, medication adherence (PrEP/PEP/ARV), medication assisted treatment (MAT)
Social Support Components	Benefits navigation, substance use counseling, group counseling, risk reduction education, overdose prevention training, trauma informed evidence based interventions, therapeutic activities such as auricular acupuncture
Outreach Efforts & Focus Areas	Drop-in groups, areas of known drug use, non-traditional sites (e.g. sex clubs, bars, sex parties, kiki balls), health fairs and neighborhood events

Service Flow

Weekday Drop-In Groups

In-Person (Street + Non-Traditional) Outreach

Social Media / Referral from Other Programs

Intake Assessment

Linkage to Programs

Medical Services

Counseling

Supportive Services

Coordination Services

Utilization of Resources

- Utilization of various resources within agency:
  - RWPA services
  - Housing programs
  - Health care programming (e.g. health home, care coordination programs)
- Connecting & Collaborating with partners
  - Referrals from other harm reduction agencies
  - Work with other externally funded harm reduction programs focused on injection drug use and HIV prevention
  - Ensuring best practices and innovative harm reduction methods
- Meeting specific needs
  - Unstably housed
  - Immigration concerns
  - Skills building

Services Delivery Summary*

Social Support Services	% of Clients
Individual Counseling	79.3%
Group Counseling	29.6%
Health Education	35.8%
Linkage to Services	21.2%

Medical Services (n=74)	% of clients
Initial Medical Visit	18.9%
Vaccination	10.8%
STI Treatment	25.7%
PrEP Prescription/Dispensation	21.6%
PrEP Linkage	10.8%
Medication Assisted Treatment	13.5%

*Data pertains to ReCHARGE program as of Fall 2018.

Characteristics of Clients (N=179)

- Male (97.2%)
- Under Age 40 (59.8%)
- Gay/bisexual (88.3%)
- Unemployed or out of the workforce (73.2%)
- Living below the federal poverty level (67.0%)
- Race/ethnicity:
  - Black (27.4%)
  - Latinx (31.8%)
- Unstably or temporarily housed (41%)
- Most clients are insured (82%)

Drug Use Among Clients* (n=179)

- Crystal Meth Use
  - 91.6% have recently used
  - 57.3% use 1 to 6 times a week
  - The majority smoke meth
  - 59.6% of HIV+ clients inject meth
- Severe substance use disorder at intake (82.1%)
- Poly drug use:
  - Cocaine / Crack (22%)
  - GHB (49%)
  - Prescription drugs (8.4%)

Future of MTH

- Feedback from clients and provider agencies
  - New service types: therapeutic activities, workforce development, and overdose prevention training

- Development and integration of quality improvement methods
  - Improvement planning and service goal setting
  - Quality indicator measures for evaluation

- New Initiatives:
  - Development of ER protocols for meth overdose
  - Expansion of service area and priority populations

Thank You

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