

Methamphetamine Use and HIV, STD, and Hepatitis Risks

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Objectives

- Define recent trends in meth use in the Great Lakes Region.
- Describe reasons for using meth and patterns of use.
- Identify behaviors associated with meth use that put users at risk for HIV and other STDs.

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True or False?

Limiting access to over-the-counter pseudoephedrine has decreased methamphetamine use.

True

False

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Methamphetamine Lab Seizures in the Great Lakes Region, 2004-2008

Year	Seizures
2004	1,668
2005	1,367
2006	960
2007	792
2008*	732

Source: National Seizure System
* Data run Nov 2008 - therefore 2008 data incomplete

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Meth Lab Seizures 2000 & 2005

Total of All Meth Clandestine Laboratory Incidents Including Labs, Dumpsites, Chem/Glass/Equipment
Calendar Year 2000

Source: National Clandestine Laboratory Database
Lab# - 9397 / All States Reporting
Dates: 01/01/2000 - 12/31/2000

Total of All Meth Clandestine Laboratory Incidents Including Labs, Dumpsites, Chem/Glass/Equipment
Calendar Year 2005

Source: National Clandestine Laboratory Database
Lab# - 9397 / All States Reporting
Dates: 01/01/2005 - 12/31/2005

2000	2005
WI = 26	WI = 55
IL = 127	IL = 931

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Meth Lab Seizures 2008

Total of All Meth Clandestine Laboratory Incidents Including Labs, Dumpsites, Chem/Glass/Equipment
Calendar Year 2008

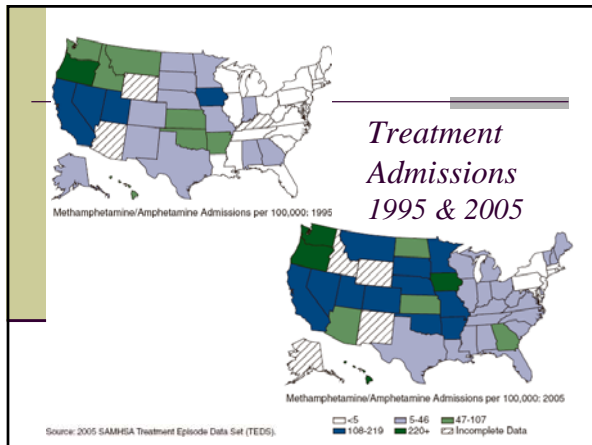
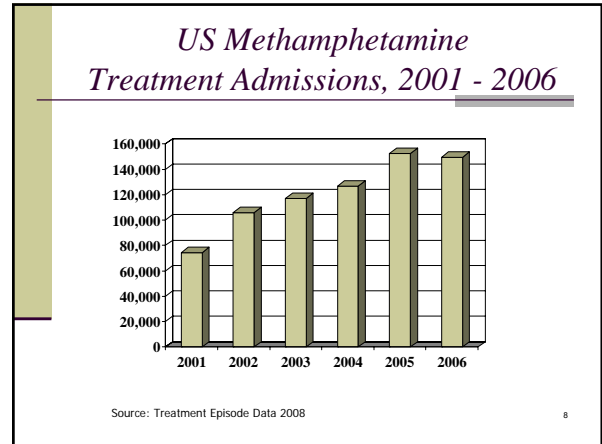
Source: National Clandestine Laboratory Database
Total: 6,783
Dates: 01/01/2008 - 12/31/2008
Map last updated March 2009

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Where's the Meth?

- 99% of Illinois counties report meth use
- Chief drug threat to Illinois rural counties
- Increasing prevalence in Chicago
- Chicago a distribution center
- Western Wisconsin (Iowa and Minnesota)
- Madison in small quantities
- Not a big problem in Milwaukee

Source: Drug Enforcement Administration Fact Sheets 2008



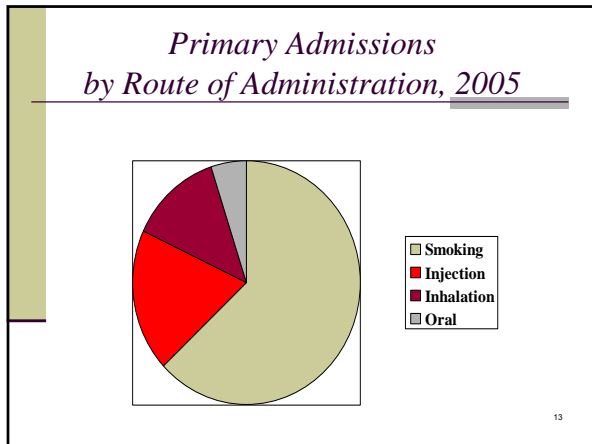
Is methamphetamine a problem in this region?

- Increasing distribution from outside
- Less prevalent than alcohol and cocaine
- Diverse populations
 - Men who have sex with men
 - Women
 - Teens
 - Rural working class

Meth 101

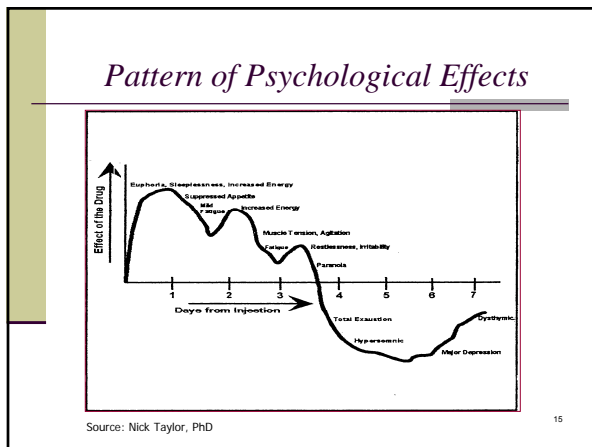
- speed, crank, crystal, glass, ice, tina, 222
- powder or crystals
- easy to "cook"
- increasingly supplied by Mexican poly-drug trafficking organizations

How is meth used?



How does meth act in the body?

- Acts on nervous system
- Excessive dopamine release (pleasure)
- Epinephrine and NE release
- Damages nerve endings in brain



Signs and Symptoms

<p>PHYSICAL</p> <ul style="list-style-type: none"> ■ ↑ HR ■ ↑ BP ■ Dilated pupils ■ Genital lacerations ■ Underweight ■ Skin lesions ■ Dental disease 	<p>BEHAVIORAL</p> <ul style="list-style-type: none"> ■ Irritability ■ Depression ■ Rapid speech ■ Fleeting focus ■ Cognitive loss ■ Sleep disorders
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Who is using?

- Primarily young adult white males and females
- Female treatment admissions around 45%
- Men who have sex with men
- Appears that youth usage may have peaked and be decreasing

The attraction...

It is a Friday afternoon and you feel exhausted, a little depressed, and you are concerned about having the energy to have sexual fun with your partner this weekend.

You are looking for a product that's not too expensive to make you feel better so you can enjoy your weekend.

Which product would be most appealing ?

- A. Increases your alertness and energy
- B. Increases your sexual excitement and stamina
- C. Makes you feel self confident; keeps you from feeling depressed; and produces weight loss

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Reasons for Use – Functional

<p><u>Women</u></p> <ul style="list-style-type: none"> ■ Multiple roles ■ Weight control ■ Depression 		<p><u>Men</u></p> <ul style="list-style-type: none"> ■ Jobs \$\$\$ ■ Sexual enhancement ■ Attention deficit
<p><u>Men and Women</u></p> <ul style="list-style-type: none"> ■ Energy!! ■ Confidence ■ Less expensive 		


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Reasons for Use - Recreational

- The HIGH
 - Sexual Arousal and Stamina
 - Party Longer
(Binge for Days)

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Patterns of Use



- Vary over time
- Functional
 - Sporadic
 - Low dose
- Recreational
 - weekends => "chipping"
- Addiction & obsession
 - daily use
 - punctuated by binges

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HIV, Hepatitis, and STD Risks

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HIV and STD Trends

- HIV prevalence for MSM who use meth ranges from 23% to 86%
 - Meth users 3x more likely to become HIV+
- Methamphetamine injectors 4x more likely to become HIV+ (than non-injecting users)
 - 1.7 x more likely diagnosed w/ gonorrhea
 - 1.9 x more likely diagnosed w/ chlamydia
 - 4.9 x more likely diagnosed w/ syphilis

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Factors that ↑ HIV/STD Risk

- Injection practices
- Sexual behavior
- Beliefs about risk and stigma

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Injection Risks – Case 1

John started using meth with co-workers during extended shifts on oil rigs. He started injecting when he quit work to make 4 times more money cooking and selling meth. He mostly sold to his own drug injection network and learned about preventing HIV from his tattoo artist. He provided clean syringes, cottons, and spoons for his entire network.

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John’s HIV risk was:

- A. low because he never shared syringes and only partied with people he knew
- B. high because he and his drug network shared rinse water
- C. high because it is difficult to maintain safe injection practices after being up several days and being high

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“I never used after anybody without rinsing it out with bleach. I shared with my husband without, he’s the only one that I shared with. Maybe I did with other people. *You know you get high, you get spun out, you don’t know what you’re doing.* At one time...I was up for 23 days. *You don’t know if you’re being safe.* You figure after a couple of days being up – even not doing drugs – your thinking is not very clear. And then being spun out on top of it – it’s just too much.”

39 y-o female IDU

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“Hidden” Injection Risks

- Share dissolved drugs to split evenly
 - **Share water**
 - Share cotton
 - Share spoon
- Meth IDU who shared rinse water were 22 times more likely to get HBV than drug users who did not (Koester, 2004)

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*Injection Risks - Case 2
Drug Injecting Network*

Trish is an attractive 40 year-old white mother of 2 living in an outlying town. She started injecting meth over 20 years ago with her mother and brother. She now is making good money supplying crystal methamphetamine to other users.

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Trish believes her HIV risk is lower now because...

- A. nobody in her drug network has HIV
- B. as the dealer, she uses the syringe first and then passes it on
- C. she uses a clean syringe every time

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Injection Risks – Limited Syringe Availability

- Small town
- Paranoia
- Binges run longer than “planned”



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High Risk Injection Behaviors

- Inconsistent syringe hygiene – confusion reigns
- Reuse “own” syringe multiple times
- Syringes run out when thinking is clouded
- Sharing rinse water not seen as risky
- Women and new injectors may not have control over their injection practices

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Drug-Induced Sexual Risks

- Enhanced arousal for many
- “Crystal dick” and Viagra
- Enhanced stamina – prolonged sex
- Multiple partners
- Anal sex

NO report of condom use

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“When you do speed everything shrinks up.... It’s hard to get going, to get it working right, but once you do then you can just keep going for hours... you can’t get enough, it’s a weird thing. It’s hard to get going but once you get going it kind of takes that speed high and the action of having sex gives you the same kind of euphoria that you get shooting speed and so that’s why you keep having sex for hours, y’know. It’s kind of nice.”

(51 y-o male who has used most of his life)

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Socially-Induced Sexual Risks

- Transactional sex
 - Women & teens trading sex for drugs
 - Encouraged to engage in risky beh
 - Power disparities and obsession with drug

NO report of condom use

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“Meth users? No protection, ever, ever, ever, no protection. And personally too, I've never had protection. You just think at the time what you want and it's the drug, that's all, that's the whole idea. Get to the drug any way you can. And if you don't have any money, do whatever you can. It's no longer trading stereos, and all that. Sex, that's what the men basically want and that's what the girl has so they trade.”
(49 y-o woman with long history of use)

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- ### *Beliefs and Stigma*
- HIV does not exist in rural areas
 - HIV/STD testing cannot be confidential in small towns
 - There is too much stigma attached to drug use and HIV+ status to risk asking for treatment or getting tested
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- ### *What can YOU do?*
- Drug treatment may provide one of the only opportunities to detect HIV/STD
 - Conduct thorough sexual and injection history
 - Provide testing on site or ensure that testing is completed
 - System to link to care
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- ### *Summary*
- Methamphetamine users are at heightened risk for HIV and hepatitis from sharing syringes or drug works including water with infected users.
 - Methamphetamine users are at heightened risk for HIV and other STDs from prolonged unprotected sex with an infected partner.
 - Drug treatment provides an excellent opportunity to identify risk behaviors and test for HIV and other STDs.
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Thank You!

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