

HIV and Substance Abuse

AZID Conference

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Official Title

- From Chaos through
Chronicity to Kairos:
HIV and Chemical
Dependency Recovery

Integrated Prevention Services for HIV
Infection, Viral Hepatitis, Sexually
Transmitted Diseases, and Tuberculosis
for Persons Who Use Drugs Illicitly:
Summary Guidance from CDC and the
U.S. Department of Health and Human
Services

Recommendations and Reports

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Scenario...Suicide attempt Meth dependence.
Entered a 30 day hospital based program, and
his partner of 3 years attended the family
recovery component..and they both entered the
gay/lesbian aftercare program for a year.
Neither knew at the time of this incident that
they were both HIV positive. The partner
learned first, testing with his family physician,
and the “client” tested when he entered sex
addiction treatment 6-months into his initial
chemical dependency recovery.

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Phoenix EMA

2005 HIV/AIDS-Care Assessment Project

**Prepared for Ryan White HIV Health
Services Planning Council**

June 2005

Revised October 2005

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Sampling

The sample was designed to represent all PLWH/A who are over 18 in the Phoenix EMA. PLWH/A are recruited based on a stratified random sample plan shown in Table **Error! No text of specified style in document.-1**. The stratification is based on a matrix which includes ethnicity, risk group, and gender. It also includes special need populations. Most special need populations such as substance users, recently incarcerated, or severely mentally ill are accounted for “by chance” when participants are recruited using the stratified random sampling protocol. Every member of certain populations such as out-of-care, transgendered, undocumented, youth, and Native American participants are recruited because there are too few in the population to require any selection criteria.

A stratified random sample is used to assure that different populations have sufficient sample size for analysis. Consequently women-of-childbearing age, heterosexuals, IDUs, youth, Native American, and transgender are over-sampled relative to their proportion in the population of PLWH/A in the Phoenix EMA. While they are weighted back to their population proportion in the analysis of all PLWH/A, this sampling strategy allows more accurate subpopulation analysis.

Table Error! No text of specified style in document.-1 Sample Quotas by Ethnicity and Gender

	White		Black		Latino		
	Male	Female	Male	Female	Male	Female	TOTAL
MSM	50	NA	50	NA	70	NA	170
MSM/IDUs	40	NA	20	NA	30	NA	90
IDUs	30	25	50	45	20	25	195
Heterosexual	20	20	20	30	20	20	130
TOTAL	140	45	140	75	140	45	585

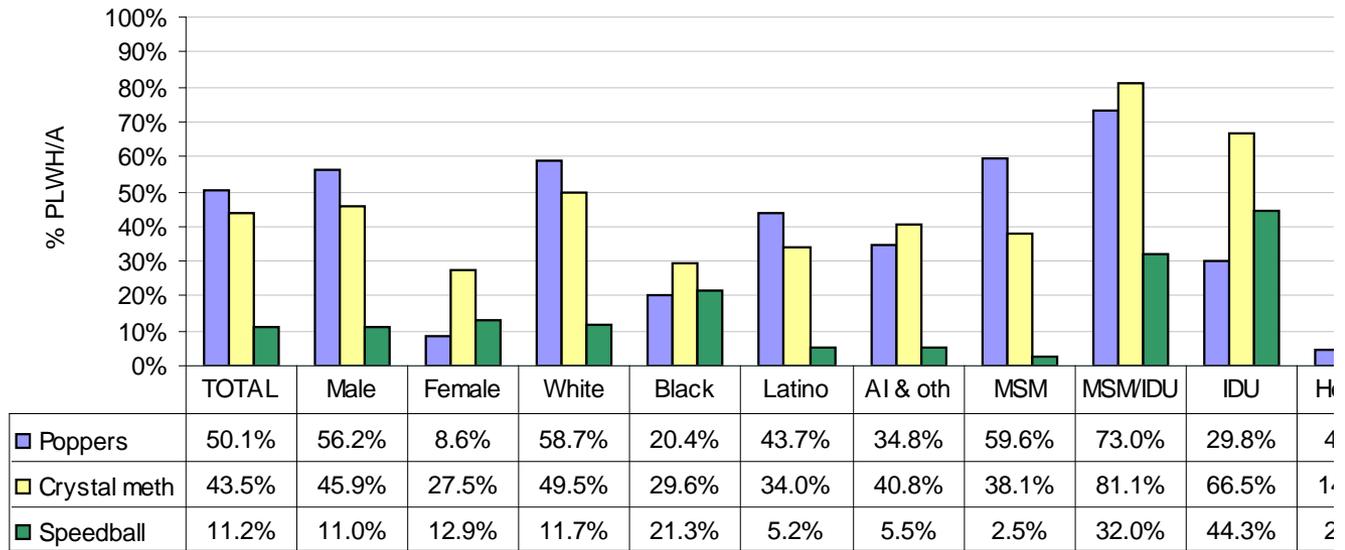
Poppers, Crystal Meth, and Speedball

The heroin/cocaine combination known as a 'speedball', and crystal methamphetamine are stimulants, and poppers and various alkyl nitrites are used as inhalants. All are related to risky sexual behavior. Crystal meth and speedball are highly addictive. The pharmacological impact is less certain, but they are suspected of compromising the immune system, making users more

vulnerable to infection through behavioral and physiological factors. As seen in Figure 4-5:

- Half the PLWH/A report ever using poppers, and use is much higher among the MSM and MSM/IDUs populations.
- Reflecting the large representation of MSM in the White population who were surveyed, popper use is also high in the White population. This is consistent with its use as a muscle relaxant used during anal sex.
- Because poppers are associated with MSM sexual behavior, female use is low (9%).
- Over 40% of PLWH/A report using crystal meth. Men, particularly MSM/IDUs show a much higher use than females. Largely due to the significant female composition of Blacks and Latinos, these populations show lower use than other ethnic populations.
- Speedball has relatively low use, with 11% indicating that they ever used the combination of heroin and cocaine together. However, it has significantly higher than average use among Blacks (21%), MSM/IDUs (32%), and IDUs (44%).

Figure Error! No text of specified style in document.-1 Poppers, Crystal Meth, and Speedball – Ever Used



Three simultaneous epidemics with different needs:

1. One is a maturing epidemic populated largely by white, gay men with a serious chronic HIV disease that requires extensive medical monitoring and adherence to a difficult medical regimen. These men are more likely to have access to insurance and Medicaid. They tend to be educated, system savvy, and be strong self advocates.
2. Second is an epidemic among the more recently infected who frequently have serious co-morbidities with their HIV infection including homelessness and mental illness.
3. The third epidemic is illicit drug use by PLWH/A.

- The 2010 San Francisco HIV Prevention Plan outlines six “drivers”—factors that contribute to a substantial portion of new HIV infections, especially among MSM and MSM who inject drugs. These drivers are crack/cocaine use, heavy alcohol use, methamphetamine (meth) use, poppers use, gonorrhea, and multiple partners (see the text box below and the table on the following page).⁹ Because these drivers have been shown to be linked directly and independently to new HIV infections among MSM, programs to reduce these drivers have the potential to prevent new HIV infections in this community.

The HPPC developed the following criteria to help define and identify drivers.

*To be a driver of HIV in San Francisco, an issue must meet **BOTH** of the following criteria:*

- 1. Have at least 10% prevalence among one of the highest prevalence populations (MSM, IDU, TFMS).*
- 2. Be an independent factor for HIV, making a person in a high-prevalence population at least two times more likely to contract HIV compared to someone who is not affected by the driver.*

Overarching factors such as racism, homophobia, poverty, social isolation, and lack of access to health care create an environment in which certain individuals or communities become more prone to experiencing a driver, thus increasing risk for acquiring HIV. While these contextual factors are not proximal enough to the point of HIV infection to be identified as drivers, they must not be overlooked.

Driver	Prevalence of Driver Among MSM in San Francisco
Cocaine and crack use	25% used cocaine in the past 12 months*
Heavy alcohol use	52% had 5 or more drinks in one sitting on at least one occasion in the prior 30 days*
Methamphetamine (meth) use	13% use methamphetamine in the past 12 months*
Poppers	19% used poppers in the past 12 months*

* National HIV Behavioral Surveillance Survey, 2008.

**Kent et al 2005. Clin Infect Dis 41(1):67-74.

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Questions?