

Pre-Exposure Prophylaxis (PrEP) Use Among Cisgender Men Who Have Sex With Men (MSM) and Use Methamphetamine

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Methamphetamine is Associated with HIV Risk Among MSM in King County

~16% of new HIV infections are associated with meth

5x as likely to have HIV diagnosis

Prevalence in MSM who inject drugs and use meth is 40%-45%

Buskin, IAS 2015, Abstract MOPEC491.

Public Health - Seattle & King County HIV/AIDS Epidemiology Report 2017



Pre-exposure Prophylaxis (PrEP)

Pre-exposure prophylaxis =

HIV-negative people taking HIV medications before getting exposed to prevent them from getting HIV infection



Daily oral tenofovir-emtricitabine (Truvada) is currently the only medication FDA-approved for PrEP



Formative Work

PrEP use limited among MSM who use methamphetamine

- Gay City pilot project (2013-15) = 2%
- Gay City safety net clinic (2015) = 8%
- WA State PrEP DAP (2014-15) = 1%

October 2015 – April 2017: 2 surveys & 4 focus groups

- surveys recruited by NEON peer educators
- purposively sampled peers as key informants



Baseline Survey (N=221)

Heard of PrEP = 213 (97%)

Insured = 214 (97%)

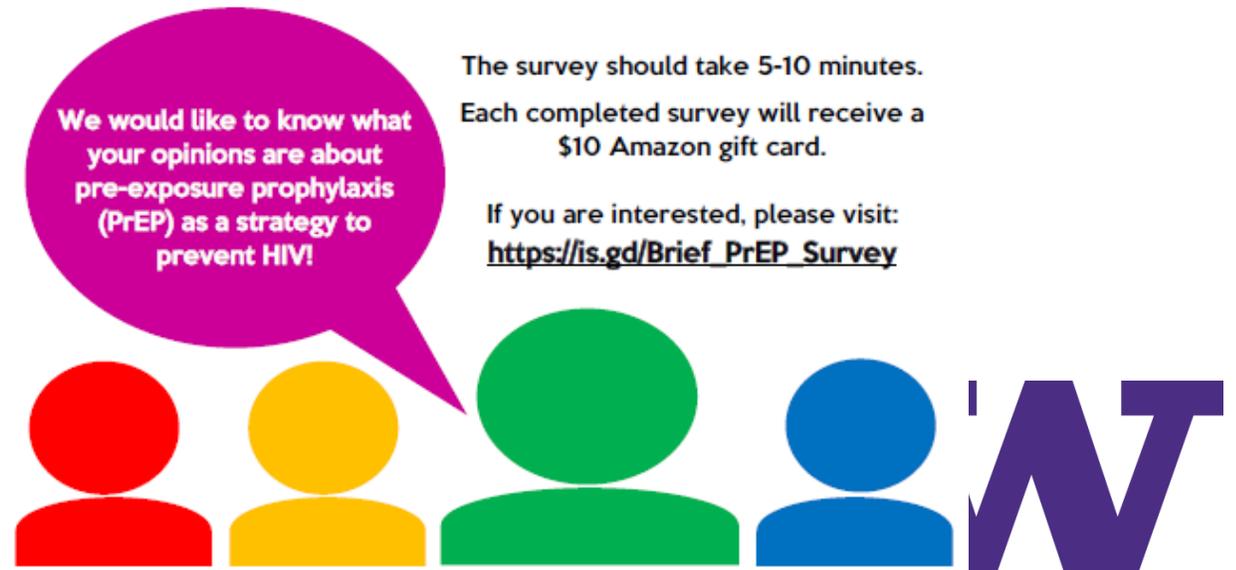
Know where to get PrEP = 192 (93%)

Used PrEP = 7 (3%)

We would like to know what your opinions are about pre-exposure prophylaxis (PrEP) as a strategy to prevent HIV!

The survey should take 5-10 minutes.
Each completed survey will receive a \$10 Amazon gift card.

If you are interested, please visit:
https://is.gd/Brief_PrEP_Survey



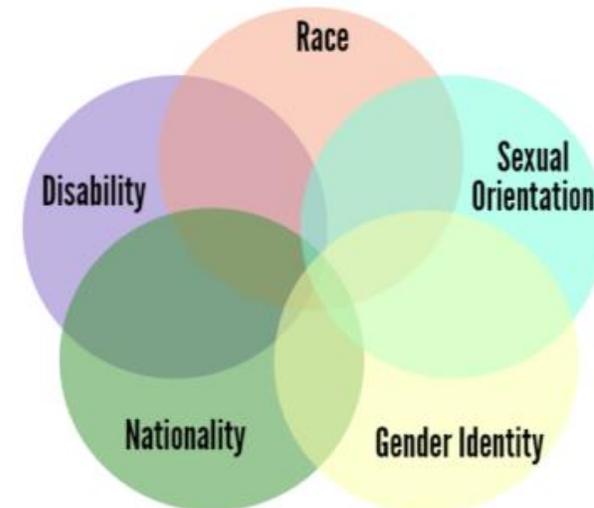
Focus Group Findings: Barriers

Stigma

Associated with multiple marginalized identities
Barrier to PrEP engagement across the continuum

Methamphetamine

Competing priorities
Myopia
Difficulty making appointments
Planning (“losing days”)



Stigma as a Barrier to Disclosure to Provider

“I make sure my doctor doesn’t know that I use meth.... They don’t need to know that. I would never admit to it. Because if you do, I mean there’s all sorts of consequences.” (Focus Group #1, Participant #1)

“Stigma. I guess when PrEP is such a specifically used drug... especially if they are gay and IV drug users and all that, they may not want to tell their physician that they want to use PrEP because they have that idea that they’re looking at them like, you’re a drug-using man whore.” (Focus Group #2, Participant #3)



Focus Group Findings: Suggestions

- > Try to reach younger MSM, before initiating meth
- > Increase HIV testing
- > Accurate information, especially how to afford PrEP
- > Provide PrEP in other settings (e.g., bathhouse)
- > Identify non-judgmental providers
- > Support PrEP adherence and persistence (e.g., reminders)



PrEP Use Among Participants of NHBS 2017

CDC National HIV Behavioral Surveillance (NHBS) survey

- 3 cycles: MSM, PWID, heterosexuals (adding transwomen)
- Added 5 questions re: meth + PrEP to local questionnaires
- Three sites: Seattle, WA; Portland, OR; and Denver, CO

Compared PrEP awareness, use, reasons for not using it, and challenges to using it

- MSM who used meth in past 12 months vs MSM who did not, but met other adapted PrEP criteria



Demographic Characteristics (n=881)

Characteristics †	Methamphetamine Use in Past Year (n=88)		No Methamphetamine Use in Past Year (n=793)		P-value
	n	(%)	n	(%)	
Site					
Denver	25	28%	299	38%	.007
Portland	20	23%	240	30%	
Seattle	43	49%	254	32%	
Age (median, IQR)	32	(28-38)	32	(26-41)	.91
Sexual identity					<.001
Heterosexual or "straight"	5	6%	2	0%	
Homosexual or Gay	64	73%	670	84%	
Bisexual	19	22%	119	15%	
Race					.50
American Indian or Alaska Native	1	1%	24	3%	
Asian	1	1%	28	4%	
Black or African-American	6	7%	51	6%	
Native Hawaiian or Other Pacific Islander	1	1%	7	1%	
White	61	69%	584	74%	
Multiracial	13	15%	80	10%	
Ethnicity					
Not Hispanic/Latinx	79	90%	625	79%	
Hispanic/Latinx	8	9%	167	21%	



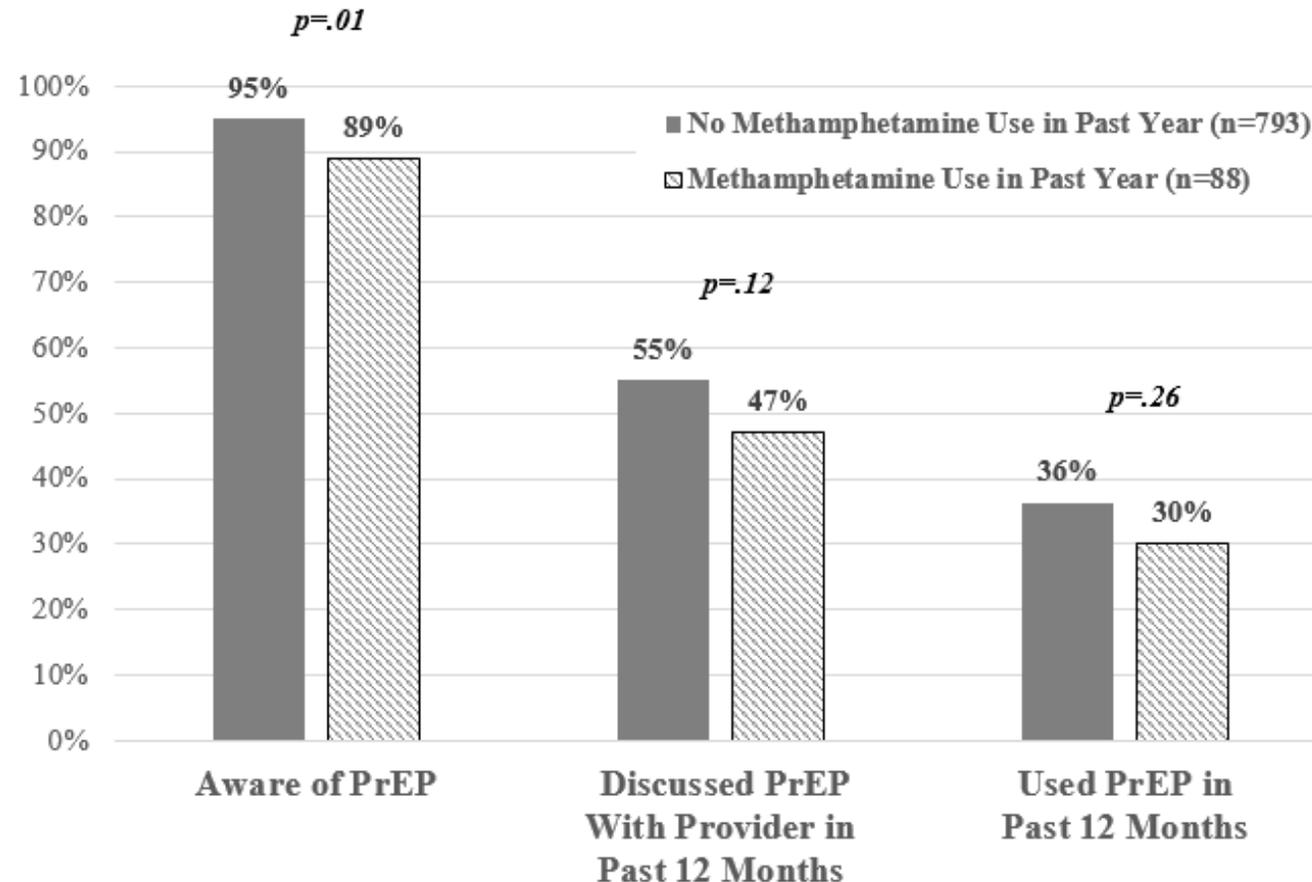
Demographic Characteristics (n=881)

Characteristics [†]	Methamphetamine Use in Past Year (n=88)		No Methamphetamine Use in Past Year (n=793)		P-value
	n	(%)	n	(%)	
Highest Level of Education Completed					<.001
< 12 Grade 12	7	8%	5	1%	
Grade 12 or GED	25	28%	124	16%	
Some college, AA, or Tech	38	43%	254	32%	
Bachelors degree	16	18%	261	33%	
Any post-grad	2	2%	149	19%	
Homeless					<.001
Homeless in past year	31	35%	34	4%	
Health insurance					.044
Currently have health insurance	70	80%	692	87%	

[†]There were 2 missing values for sexual identity and ethnicity and 24 missing values for race.



PrEP Awareness, Discussions with Providers, and Use in Past 12 Months by Meth Use (n=881)



Reasons for Not Using PrEP (n=525)

Multiple Answer Options Permitted[†]

Reasons Participants Were Not Using PrEP	Participants Who Had Used Methamphetamine in the Past 12 Months (n=52)		Participants Who Had Not Used Methamphetamine in the Past 12 Months (n=473)		P-value
	n	%	n	%	
I don't think my risk for HIV is high enough to be on PrEP	27	54%	233	51%	.68
I worry about the side effects	21	42%	220	48%	.40
I am not sure it would prevent me from getting HIV	19	38%	89	19%	.002
I don't think I can afford it	18	36%	168	37%	.92
I don't know enough about PrEP	17	34%	138	30%	.57
I don't know where to get PrEP	15	30%	127	28%	.73
I would need to take a pill every day	13	26%	120	26%	.98
Seeing a provider every 3 months is too much trouble	10	20%	70	15%	.39
Other reasons(s)	8	15%	93	20%	.47
I worry about being judged for using PrEP	7	14%	35	8%	.12



NHBS Analysis: Next Steps

Increased PrEP education among MSM (e.g., safety, efficacy, how to afford it).

Better understand perception of low risk among MSM who meet PrEP eligibility criteria.

Assess PrEP use in other samples of MSM who use methamphetamine.



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