



Northwest (HHS Region 10)

**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC presents:

# Perceptions and Experiences of Substance Use Treatment Among Men Who Have Sex with Men Who Use Crystal Methamphetamine



**Adam Viera, MPH, PHD Student**  
**Yale University School of Public Health**



# ATTC Network

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LANGUAGE MATTERS.

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**PEOPLE FIRST.**

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Certificates of Attendance are available for live viewers!



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Your certificate will be emailed within a week to the address you registered with.



## Adam Viera, MPH, PHD Student

- Student at Yale University School of Public Health, Department of Social and Behavioral Sciences.
- Major project(s)
  - *Research on interventions to address substance use and related health issues, including HIV, hepatitis C, and overdose.*



# Perceptions and Experiences of Substance Use Treatment among MSM Who Use Crystal Methamphetamine

Adam Viera, MPH

Yale University School of Public Health  
Center for Interdisciplinary Research on AIDS

Yale SCHOOL OF  
PUBLIC HEALTH



3/25/2020

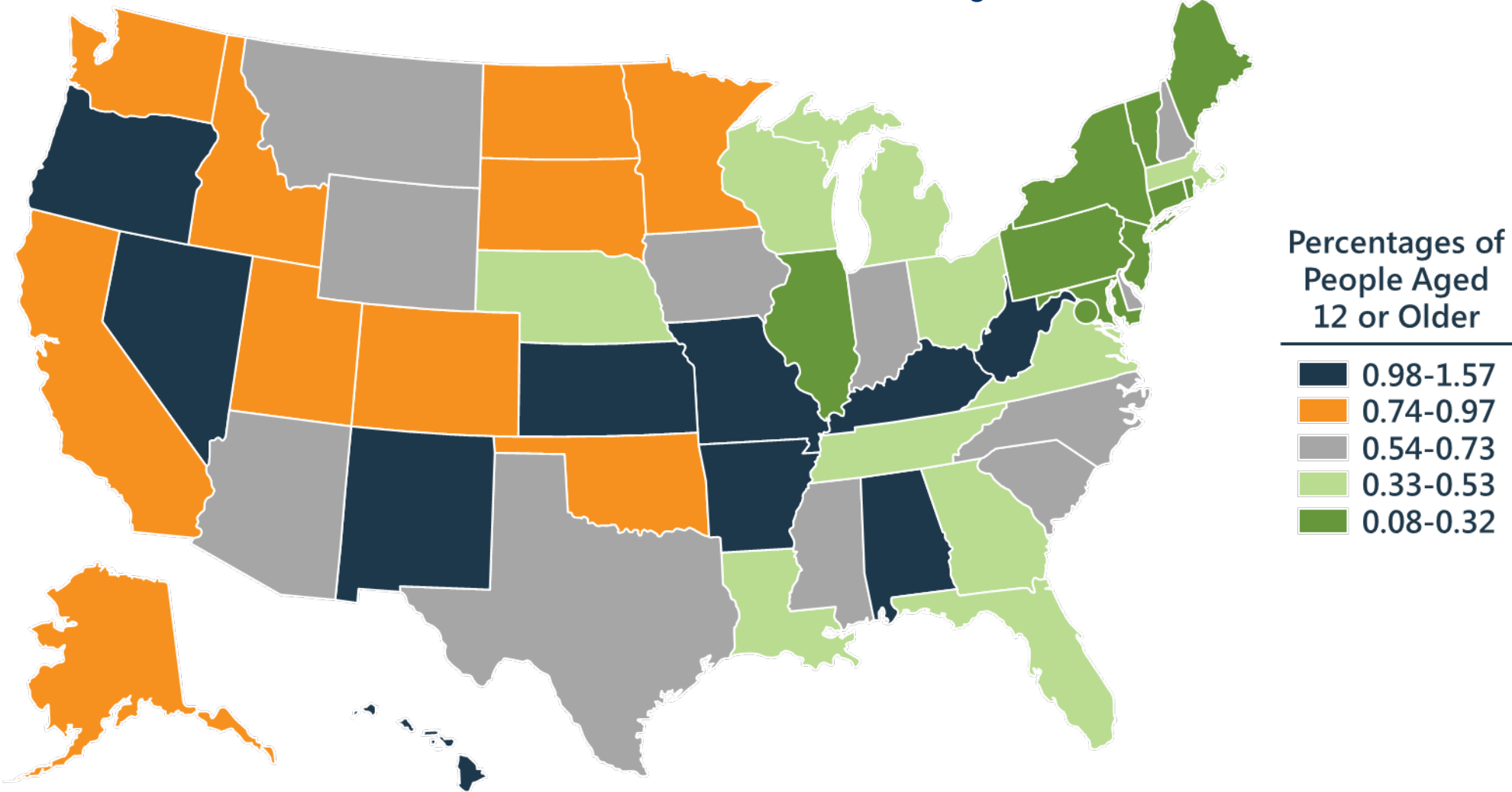


cira

Center for Interdisciplinary Research on AIDS

# The Problem- Meth Use by State

PAST YEAR, POOLED 2016-2017 NSDUH, 12+

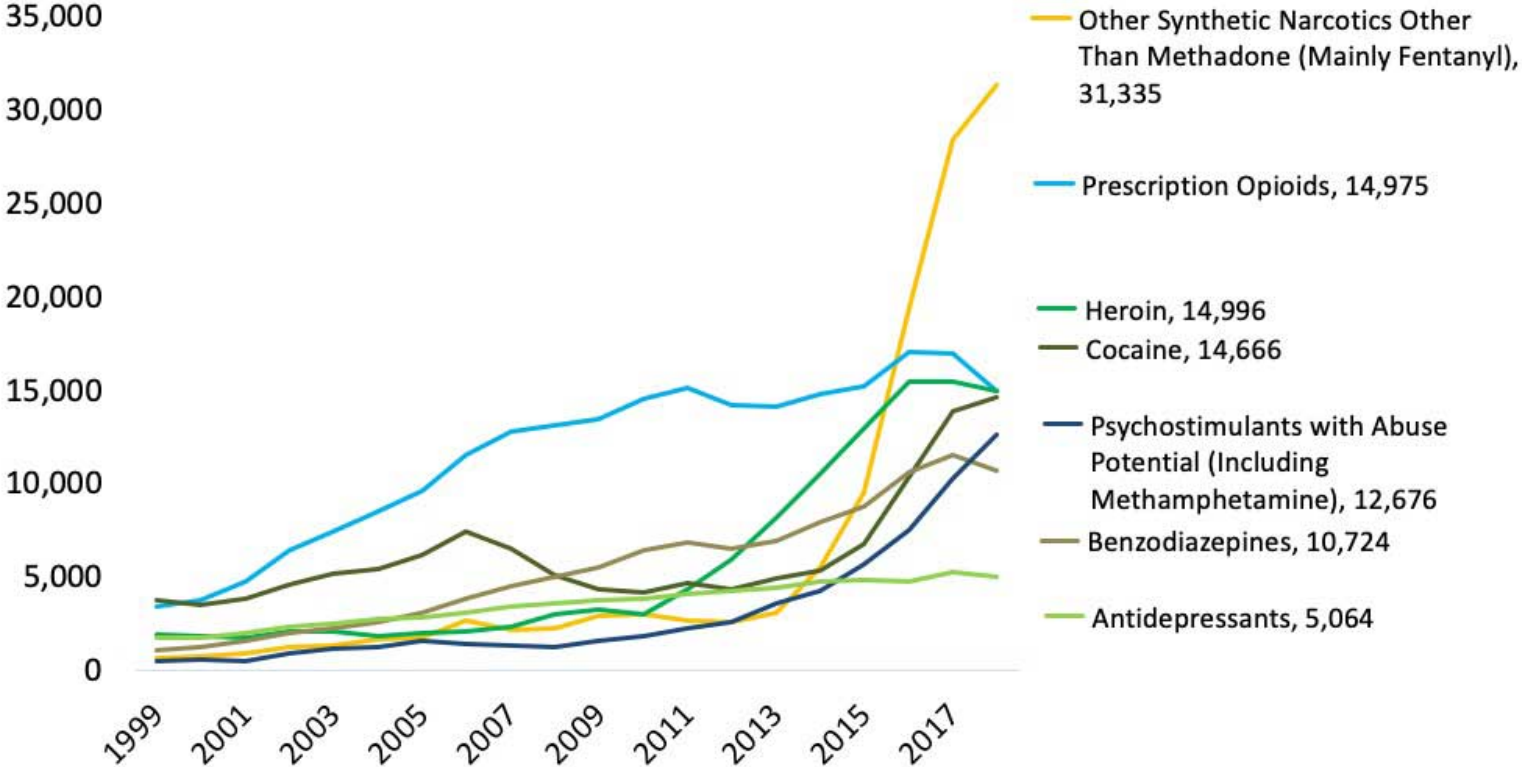


Differences in colors across states do not indicate significant differences in estimates.



# The Problem- Meth and Overdose

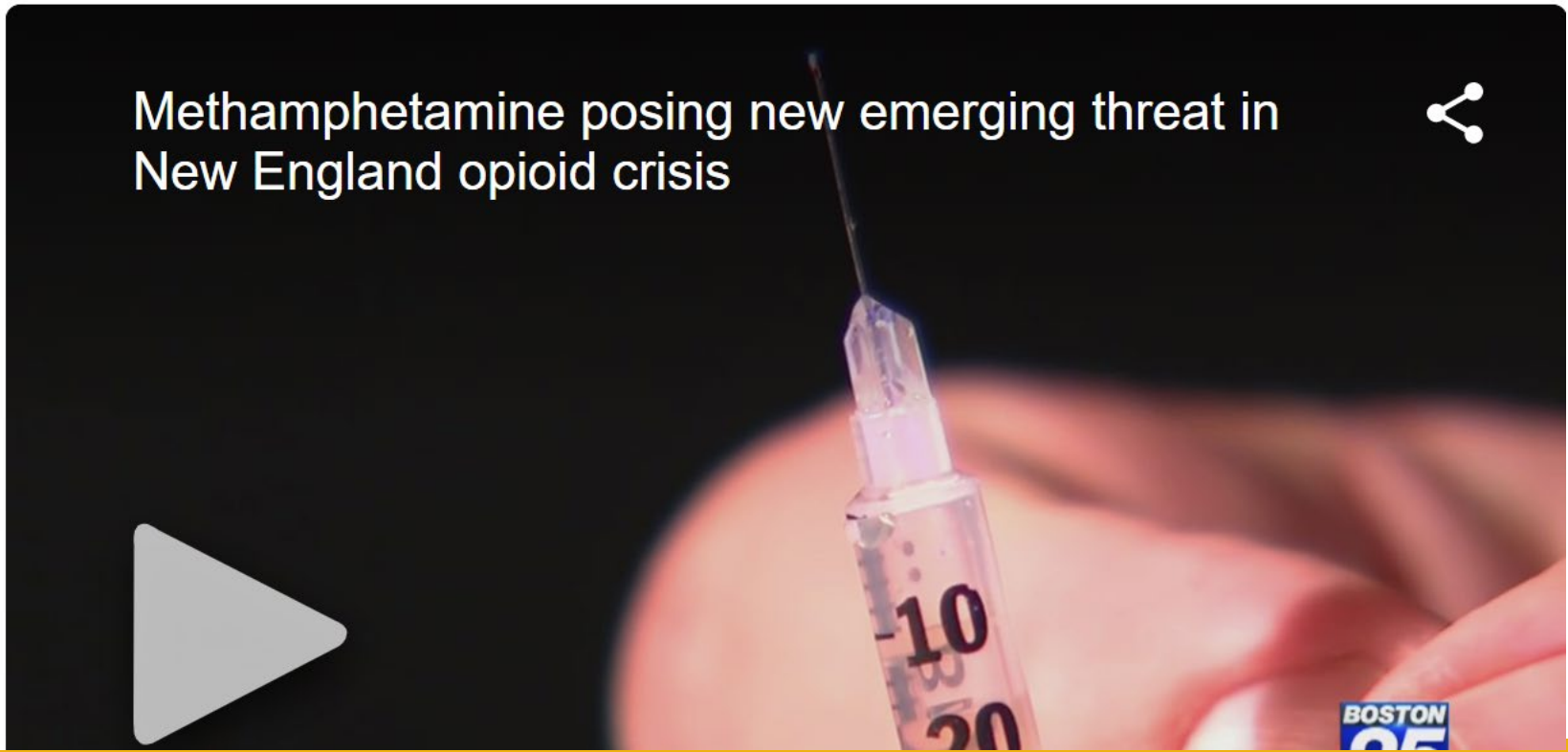
Figure 2. National Drug Overdose Deaths Number Among All Ages, 1999-2018



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released January, 2019

# The Problem- Meth Use in New England

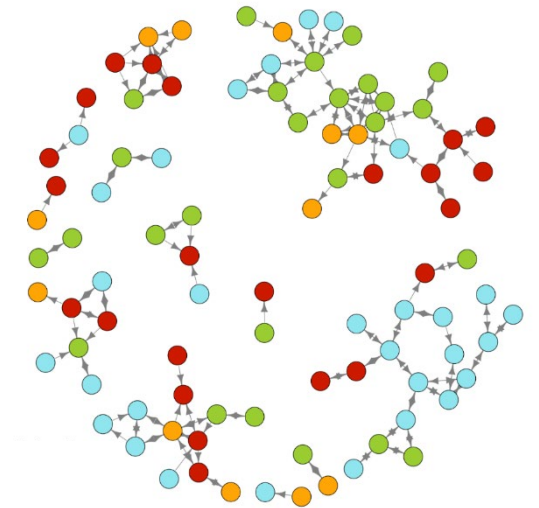
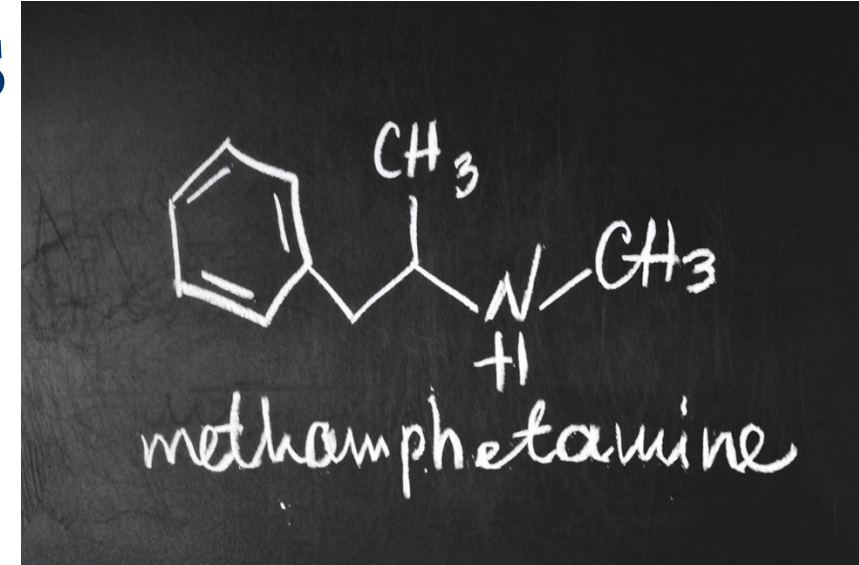
## Methamphetamine posing new emerging threat in New England opioid crisis





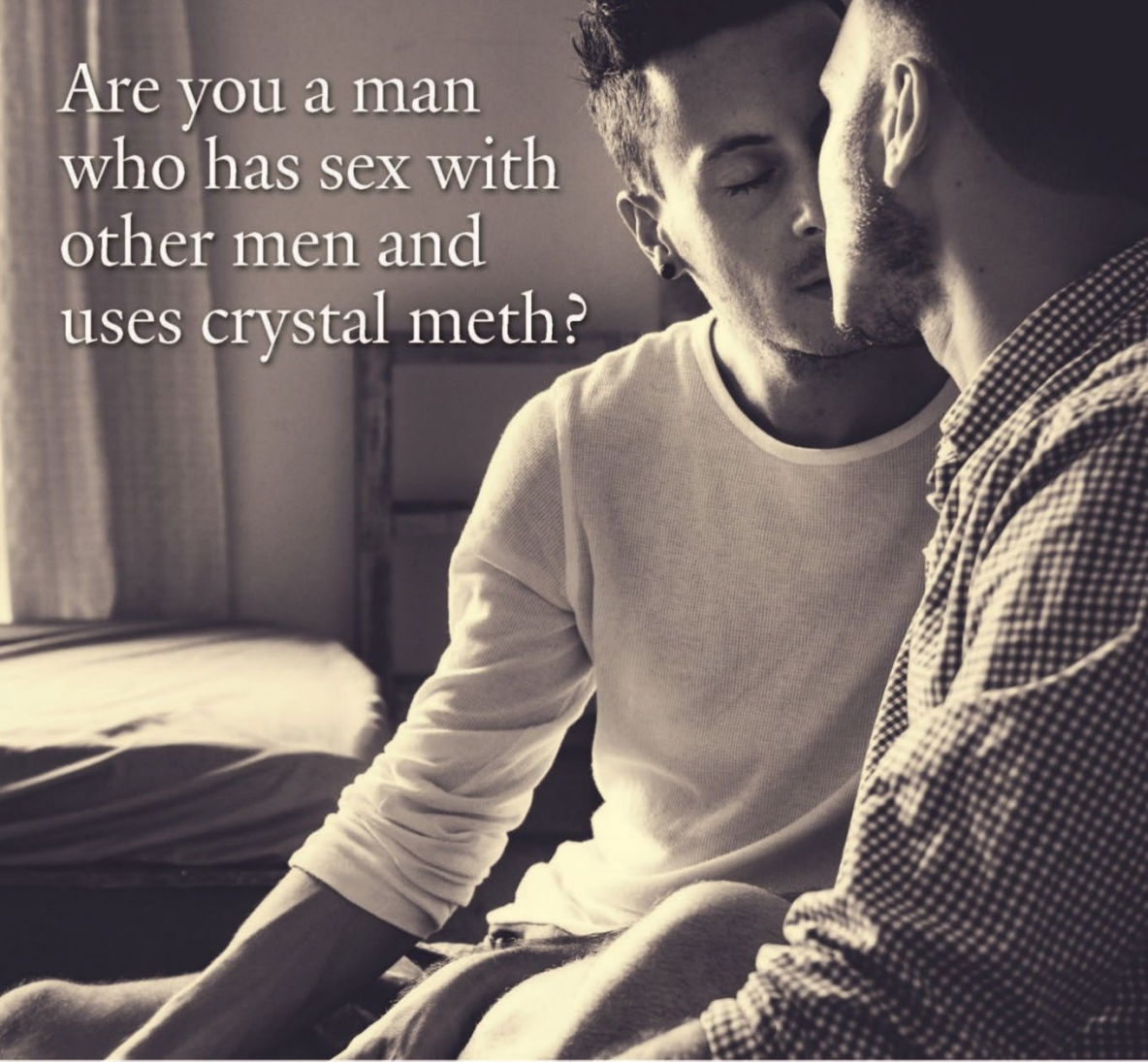
# Connect-2-PrEP Study Goals

- Among MSM who use crystal meth:
  - Understand their social networks (overall, drug using) and how those networks could be used to implement PrEP interventions
  - **Understand barriers to HIV prevention and substance use service utilization**
  - Develop implementation strategies to increase PrEP uptake



# Recruitment

- Eligibility:
  - Over 18 years of age
  - Stimulant use in the past 6 months
  - Not currently taking PrEP
- Strategies included:
  - Referrals from service organizations
  - Online posts (Facebook, Craigslist)
  - Snowball sampling



Are you a man  
who has sex with  
other men and  
uses crystal meth?

## Connect-2-PrEP

If you are a man who has sex with other men, are not currently on PrEP, and have used crystal meth within the last 6 months, you may be eligible to participate in a free and confidential study. The study will ask you about PrEP and substance use with the goal of using this information to develop strategies to improve the use of PrEP, which may help reduce your risk of getting HIV. *Compensation of \$50.*

To learn more or to see if you are eligible to participate, please call or text (475) 355-7971 or email [connect2prep@gmail.com](mailto:connect2prep@gmail.com)

# Methods

- Semi-structured, in-depth interviews with 22 MSM
  - 16 in Providence, RI
  - 6 in New Haven, CT
- Topic areas discussed:
  - Social networks
  - Substance use and treatment
  - PrEP use

## Semi-structured interview guide

### Study Overview, Warm up and Introduction

#### **BEGIN Recording (state date, time, participant number)**

During this interview, we're interested in learning more about how we can help prevent people from getting HIV by taking a medication called pre-exposure prophylaxis or PrEP. We will also ask you some questions about the people you normally socialize or hang out with, sex, drugs, and the things you do to keep healthy. We will also ask you to complete a couple of brief questionnaires at the end.

This interview is voluntary, and you are not required to answer all of the questions. We expect this interview to last approximately an hour. You may stop the interview at any time. All of your answers will not have your name or other identifying information on it and will be kept in a private, confidential location. Audio-recordings and transcripts of this interview will be destroyed after publication of our findings.

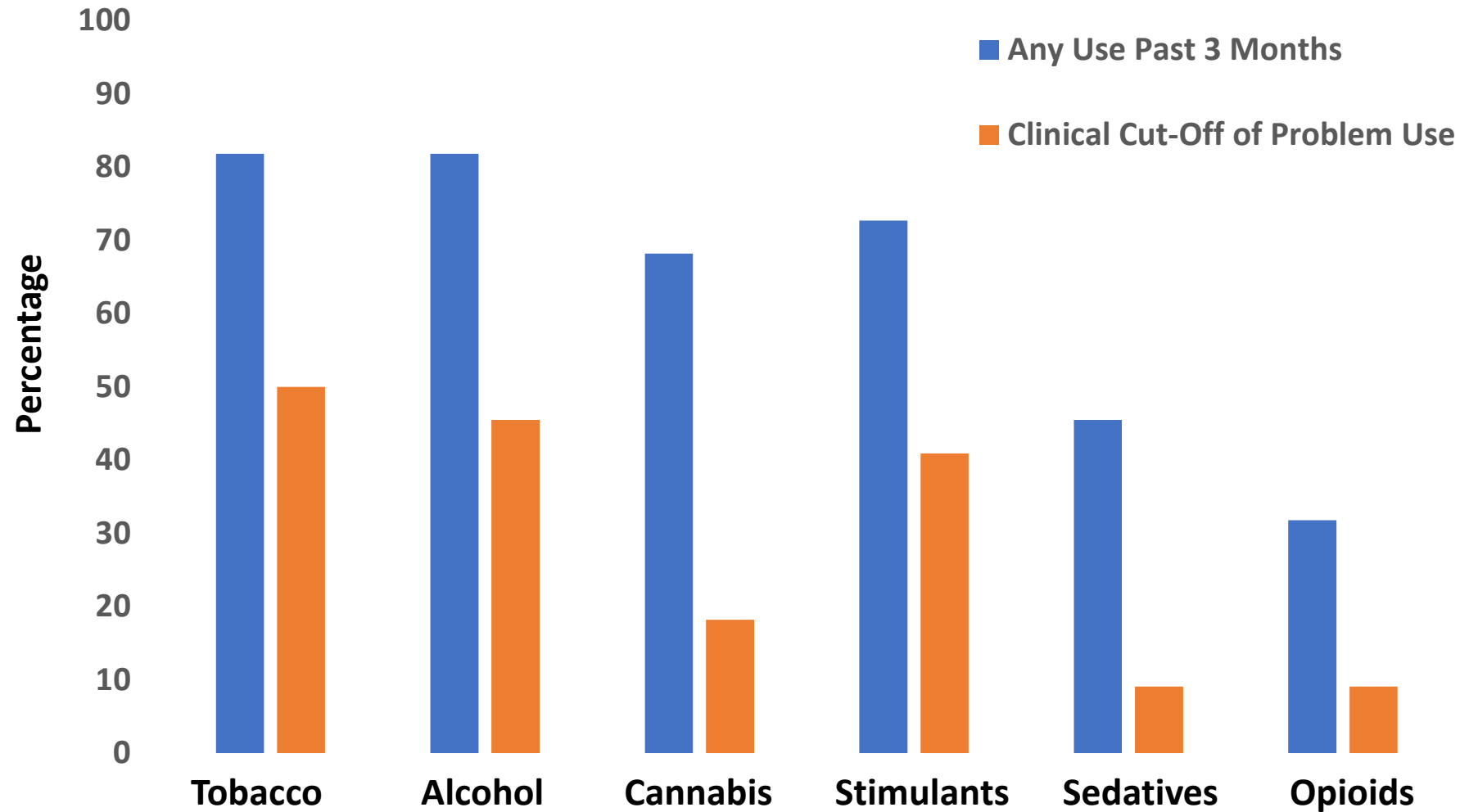
During the interview, we ask that you please turn off your cell phone. Before we begin, what questions or concerns do you have?

### General/Introduction

# Sample Demographics (N=22)

|                                | n (%)        |
|--------------------------------|--------------|
| <b>Age, average (range)</b>    | 39.2 (25-58) |
| <b>Race</b>                    |              |
| White/Caucasian                | 12 (55%)     |
| Black/African-American         | 6 (27%)      |
| American Indian/Alaskan Native | 1 (5%)       |
| Other                          | 3 (14%)      |
| <b>Ethnicity</b>               |              |
| Latinx                         | 3 (14%)      |
| Not Latinx                     | 18 (82%)     |
| <b>Sexual Orientation</b>      |              |
| Gay                            | 10 (46%)     |
| Straight                       | 5 (23%)      |
| Bisexual                       | 3 (14%)      |
| Other                          | 4 (18%)      |

# Substance Use Risk Profile



\*clinical cut-off based on the ASSIST-Lite

# Primary Themes

**Treatment includes a variety of modalities**

**Incarceration as a point of entry**

**Social networks and treatment**

**Changing social settings for recovery**

**Desire for harm reduction approaches**

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**Treatment includes a variety  
of modalities**



# Treatment includes a variety of modalities

*Interviewer: Have you ever used any other treatment programs?*

*Participant 25: Mostly just the NA, AA and stuff like that. Went to one of the MADD meetings 'cause I was invited by a family friend. Supposed to be just moms there, "Mothers Against Drunk Driving." You can be an invited friend to hear some of the horror stories from moms that have lost their son, their daughter, their husband, aunts and uncles, family members.*

# Treatment includes a variety of modalities

*Interviewer: And so what are, for drug treatment programs, what are your expectations of a program like that?*

*Participant 26: Teach you the 12 steps. Put you around other people trying to get clean. Put you in a good place in your mind.*





# Incarceration as a point of entry



# Incarceration as a point of entry

*Participant 6: I spent a weekend [in prison] during my probation, I had a very hard time giving clean urine samples. I continued to use. And, finally, my probation officer lost her patience with me and violated me. ... But one of the things that he [the judge] did want me to do was he wanted me to spend a weekend in [prison] to see what it feels like being in a prison. It didn't really help much, but I spent the last three months of my probation in a federal halfway house ... And that was good for me.*

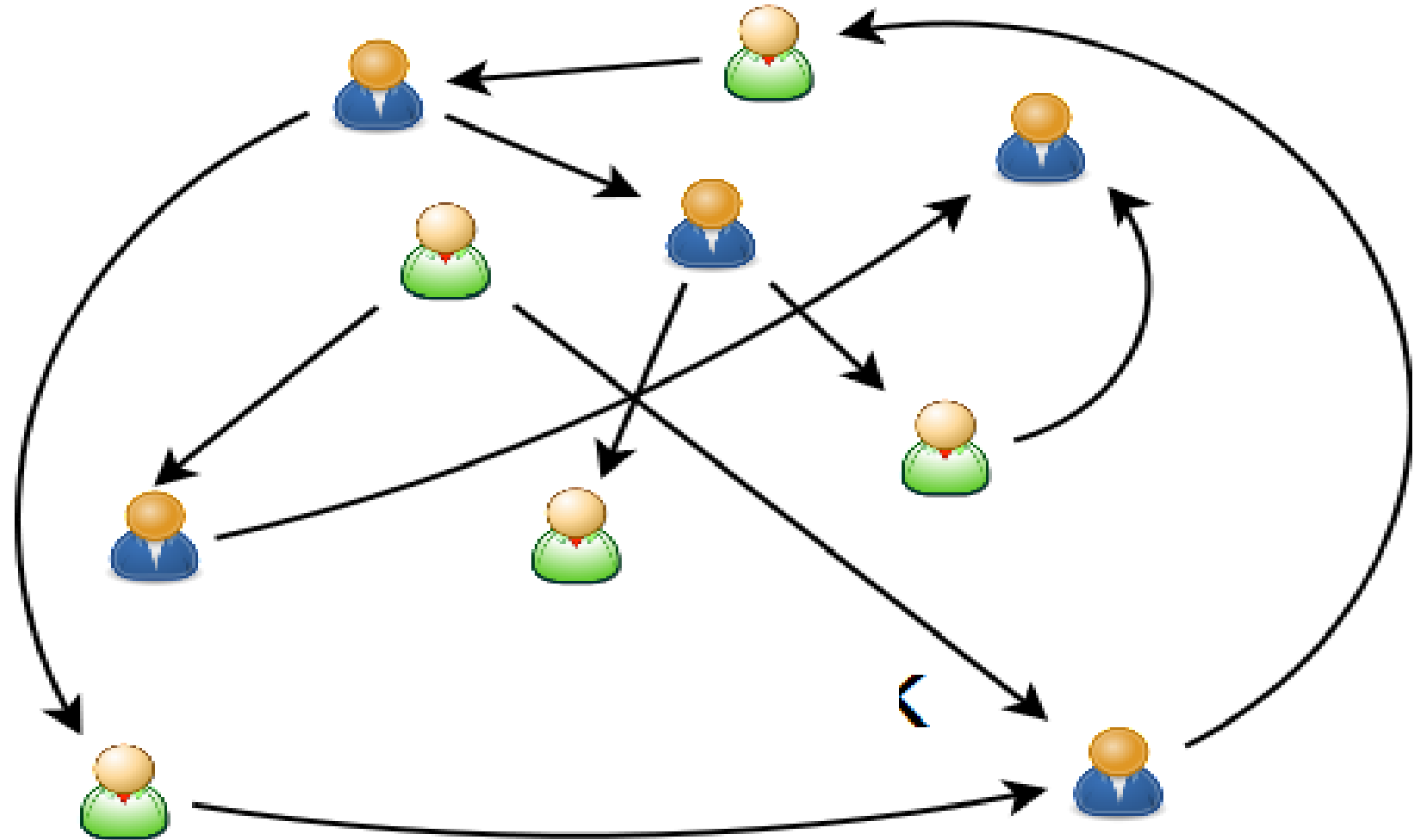


# Incarceration as a point of entry

*Participant 16: And then when I came out of jail I went to the [treatment facility] for like not even a day. I was up there. I did it on my own when I came out of jail. I came out and I said to them I did all the paperwork and I'm sitting down like what the hell are you supposed to be doing in this program? We're all just sitting here numb. Like no noise, nothing. Like you know, nobody cleaning, nothing. Like just sitting there. People are humming, whistling. Come on. Like a mental institution. So I said listen, I'm checking out of this place. Put me in out-patient at the [treatment facility] because I'm doing this on my own. I'm not doing this willingly. I'm doing this on my own. The court doesn't order me. But now I'm court ordered to do this so I have to do it.*



# Social networks and treatment



# Social networks and treatment

*Participant 13: They tell people all the time, they go to NA and AA meetings with me. They take me, and they're like, "So, how much have you had to drink?" And I was like, "Nothing yet." They're like, "Oh, good, let's go to an NA meeting."*



# Social networks and treatment

*Participant 21: My brother did have [me involuntarily admitted] to the hospital, because he thought that I was a harm to myself or to others, which I wasn't, but it was his way of dealing with me. If I were gonna be – he says, "Am I gonna have to hogtie you?" Basically, "When are you gonna do what I'm asking for you? I'll help you but you have to go to rehab first." And I was defiant and resistant, and I'm fending for myself since I was 12, so I'm used to figuring things out... I wouldn't say I was in denial, because I admitted it to myself four years ago. But it was getting over the hump of how to do this, and acceptance. Nobody wants to be classified as a drug addict, or an addict at all.*

# Social networks and treatment

*Participant 21: Treatment was amazing ... as you go into the program, and you meet the fellows, and the camaraderie, and the fellowship, and the bond that's there... And I just said it was such a comforting feeling to me to know that we all have this sort of common denominator, and we all wanted good for each other, and we all had struggles, maybe they were a little bit different over here, and different over there, but all relatable.*

# Social networks and treatment

*Participant 4: I feel like I do things better on my own for some reason, so nothing really took for me. If anything, it kind of highlighted the drugs and it made it more exciting for me to think about. You know what I mean? Because I'm going into a group and everybody's talking about their glory days and everybody's talking about "This is what I did with cocaine that day." And it's very triggering.*

# Changing social settings for recovery





# Changing social settings for recovery

*Participant 25: It's like out of sight, out of mind kind of. You don't even really think about it 'cause it's not available. I would – I'm supposed to go possibly visit one of my friends in California maybe in the summertime. It's no guarantee. Might wanna plan a trip, so that'll be I think the ultimate test will be going back in that area and seeing the people, familiar friends and having the availability. That'll be the true test is seeing what happens when it's put in front of you.*



# Changing social settings for recovery

*Participant 2: I stay to myself a lot because I don't like trying to get mixed up with people out here, like my old friends, I used to smoke and do drugs with and stuff, I need to stay away from them, 'cause that's why I'm all out of trouble in the past. I don't need to be around that stuff. I'm trying to stay away.*



# Changing social settings for recovery

*Participant 5: I was in a hospital ER in Miami after an overdose, and I just googled rehabs in Las Vegas and a place called [treatment facility] came up. I called them, and they flew me out there. I started treatment, it was 30 days. I did 30 days outpatient. I was doing good for a while then people, places, and things popped up.*



# Desire for harm reduction approaches



# Desire for harm reduction approaches

*Participant 1: Well, that's the thing, is I have zero to low expectations at this point. I've never been successful at total abstinence. I don't know if I'm – I don't believe I'm capable of it. And I think a lot of that has to do with my nature. I'm never going to be able to abstain completely from drinking. I think the best I can do is to try to keep it in check as much as I can.*



# Desire for harm reduction approaches

*Participant 6: My roommate ran the meeting and did all the talking and said you have to go. I don't feel comfortable with you here. You're a risk. You need a high level of care. It's like, well, where do you want me to go? They wouldn't listen so I was out on the street for about ten days. First time I've ever been homeless in my life.*





# Desire for harm reduction approaches

*Interviewer: What about the gray area? What's that concept about?*

*Participant 4: I love that. I think that it helps me so much. I'm always one extreme or the other. Either I'm not using or I'm over using, so she wants to keep me in the gray somehow, where I can be more self-aware of what I'm doing.*

*Interviewer: Okay. So maybe – and how would that look like with drug use?*

*Participant 4: Like a self-harm standpoint. It would be, instead of using needles, maybe try sniffing or, you know. And then slowly, gradually from there, not using at all.*

# Desire for harm reduction approaches

*Participant 4: Just frozen coffees. Yeah. ... I don't know. It's that calming feeling and it prevents the craving. And I was doing chocolate too. I was doing frozen hot chocolates ... from Dunkin' Donuts, and that was really helping the cravings. But I mean, again, it's that dopamine. It's sending the chocolate, the sugar. It's doing the same thing kind of a little bit.*



# Summary

- Individuals define treatment to include a wide variety of modalities, including AA/NA and other 12-step groups.
  - Incarceration could serve as a point of entry into treatment, but not always productively.
  - Social networks can facilitate and hamper treatment access. Social connection can be both therapeutic and triggering.
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# Summary

- Individuals sometimes changed social settings to support recovery, with mixed success.
  - Individuals appreciate harm reduction approaches and sometimes found strict abstinence approaches to be challenging.
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-

# Questions?



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# Upcoming Events

## Join us for our next webinar!

Title: Tips for Offering Effective Clinical Engagement of Your Patients  
Via Telehealth

Sara Smucker Barnwell, PhD

April 29<sup>th</sup>, 2020, 12-1pm PST



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gracias cảm ơn bạn धन्यवाद 고맙습니다  
شكرا جزيلًا salamat благодарю вас 谢谢  
Dziękuję Ci **Thank** ευχαριστώ  
quyana tack **you!** አመሰግናለሁ  
धन्यवाद danke asante grazie  
hík'wu? merci הודת obrigado ขอบคุณ  
ありがとうございました спасиби mahalo

