

A status neutral public health approach to Men who have sex with Men (MSM) using Crystal Methamphetamine



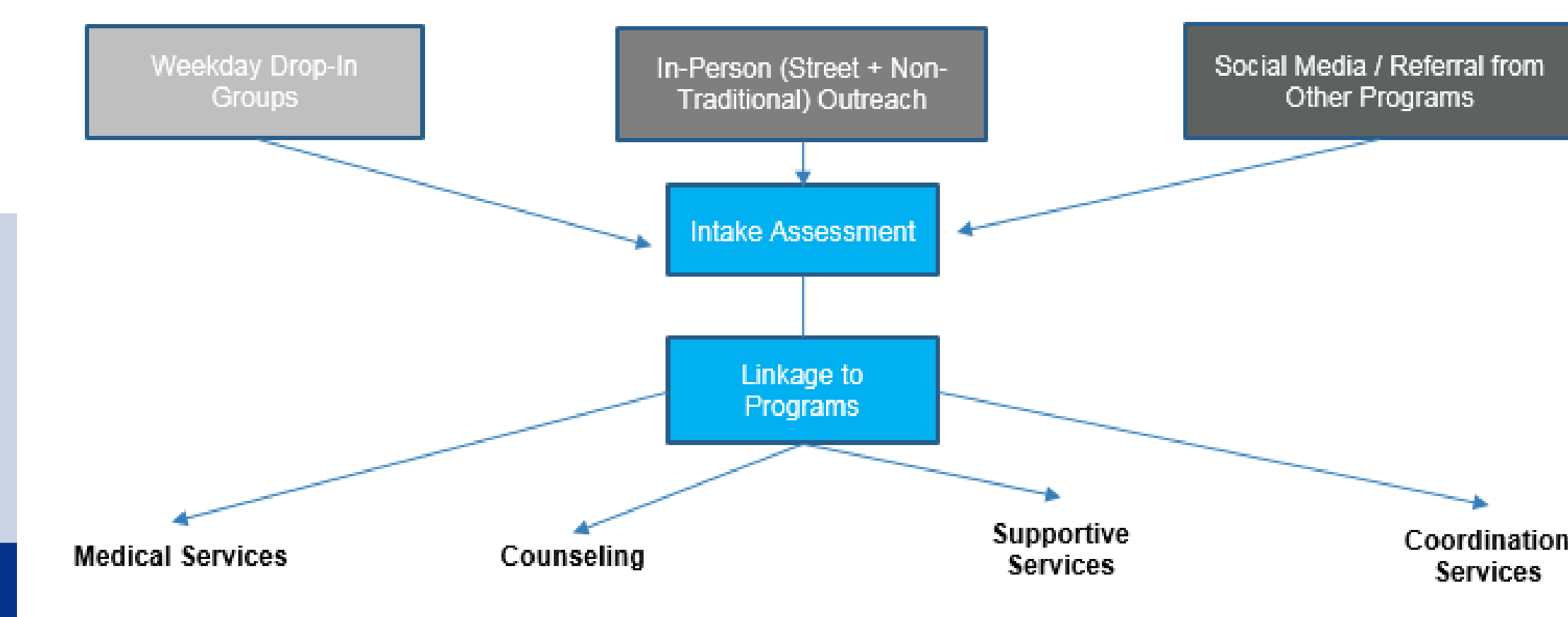
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Background

Evidence suggests a need for services that address crystal methamphetamine use among men who have sex with men (MSM) living in New York City (NYC), especially among Black and Latino MSM. Data from the National HIV Behavioral Surveillance Study (NHBS) demonstrate increases in self-reported crystal meth use in the last 12 months among Black MSM (from 7% in 2004 to 12% in 2017), with use among Black MSM twice as high as among White MSM (6%), and persistent high rates among Latino MSM (13% in 2004 and 12% in 2017). In 2014, a community needs assessment established that less than half of all social service agencies utilized by substance using MSM in NYC were equipped to provide quality treatment for crystal meth use.

Methods & Program Description *Crystal Methamphetamine Harm Reduction Services* focus on reducing the risk of HIV infection and improving HIV treatment outcomes by engaging MSM and TGNC participants who use meth. The focus of the program is to help participants manage or reduce substance use while engaging them in medical and social support services. Program services were designed to address factors associated with meth use including emotional stressors, sexual behaviors, poly-substance use, and issues of gender and race. Services are provided by substance use counselors and peer navigators to create a sense of community and safety among participants.



Programming provides low-threshold services that reduce the health risks associated with crystal meth including through 4 components: (1) outreach (2) clinical care (e.g., PEP and PrEP, HIV, HCV and STD testing); (3) harm reduction counseling services, education, and peer support, and (4) psychiatric treatment of co-morbid mental health issues including medication assisted treatment (MAT).

Characteristics of Participants

As of December 2018, 250 participants have engaged in program services.

Demographic Characteristic	% of Program Participants
Race / Ethnicity	24% Black / 28% Latino
Socioeconomic Status	70% below U.S. federal poverty level
Housing	40% unstably housed
Age	64.5% under age 40
Employment Status	74.3% unemployed / out of workforce
Sexual Orientation	88.2% identify as gay or bisexual
Health Insurance	20% have no health insurance

Characteristics of Drug Use

Of the 250 participants 94% report crystal meth use in the past three months. Most participants (51%) use crystal meth between 1 and 6 times a week, 18% report using it more than 7 times a week. A number of methods of use are reported with the most common being smoked (91.5%), followed by injection (48.7%). Of participants that inject crystal meth 58.7% are HIV positive. Participants also report other substance use such as GHB (51%), cocaine/crack (26%), and recreational prescription drugs (7.6%).

Service Delivery & Program Results

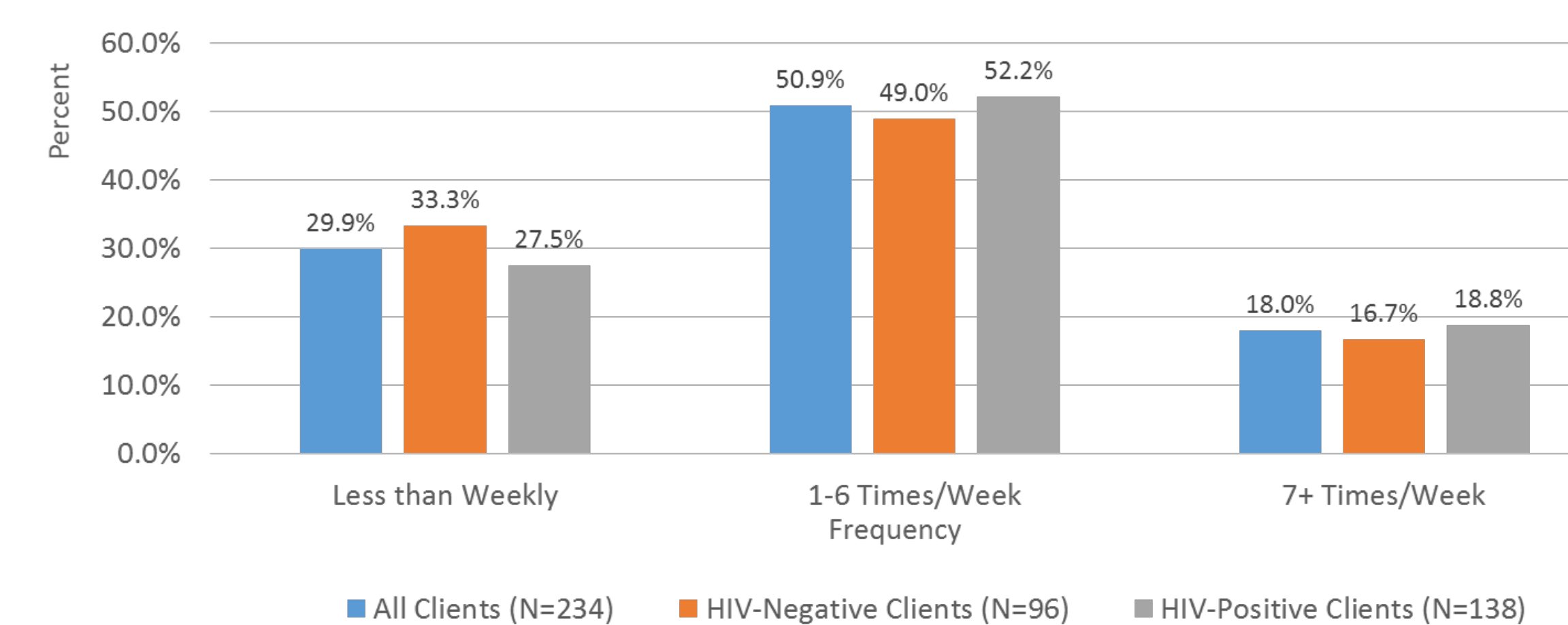
Participants come into program services through a number of outreach activities including:

Type of Outreach Event	Number of events
Drop-in groups	217
Non-traditional sites (e.g., bath houses, sex parties, Kiki balls)	48
Street outreach (e.g., LGBT parades/events)	72
Health fairs / neighborhood events (e.g., testing centers, hospitals, primary care providers)	27

Most enrolled participants receive individual counseling (83%). Almost half of participants receive health education (43%) on safe use, safe sex methods, overview of PrEP/PEP, and options for MAT. 37% have received a linkage for housing, food, or mental health services.

Service type	% of participants who received ≥1 service encounter N (%)*
Individual Counseling	207 (83%)
Group Counseling	81 (32%)
Health Education	107 (43%)
Linkage to Services	92 (37%)

*participants may have received multiple services therefore percentages do not add up to 100%.



The major medical services utilized by HIV-participants include primary medical care (19%), STI testing and treatment (24%), PrEP (24%), and MAT (17%). Common prescription drugs for MAT include Wellbutrin, Vyvanse, Venlafaxine, naltrexone, mirtazapine, or others as recommended by a physician. While medical services are available to those who need them, utilization of social support services is meeting a key need for the priority population.

Service type	% of participants who received ≥1 service encounter N (%)*
Initial Medical Visit	19 (19%)
Vaccinations	11 (11%)
STI Treatment	24 (24%)
PEP Starter Packs	3 (3%)
PEP Prescription/Dispensation	5 (5%)
PrEP Prescription/Dispensation	24 (24%)
Linkage to PrEP provider	14 (14%)
Pharmacotherapy	17 (17%)
Psychiatric Visit	18 (18%)

*participants may have received multiple services therefore percentages do not add up to 100%.

Conclusion

The Crystal Methamphetamine Harm Reduction Program addresses meth use by prioritizing community engagement and participant focused goals. Collaboration among stakeholders including community based organizations, medical providers, and government partners led to the development of a harm reduction program focused on improving health outcomes by utilizing and expanding both medical and social support services for participants.