

# Crystal meth use among gbMSM: Discussion of findings and recommendations from OHTN's Crystal Meth Think Tank

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# Objectives

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To highlight some relevant information for RAAM nurses:

- The context of crystal meth use among gay, bisexual, and men who have sex with men (gbMSM) in Ontario
- Harm reduction strategies/considerations for counseling
- Existing/emerging services
- Possible interventions

# Crystal meth and gbMSM (1)

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- Use of methamphetamine has increased among the general Canadian population in recent years
- gbMSM and people living with HIV have higher rates of meth use than the general population
- For gbMSM who use meth, the substance is frequently intertwined with their sexual lives
- **Party and play (PnP):** the use of recreational drugs before or during planned sexual activity to sustain, enhance, disinhibit, or facilitate the experience
- Meth may be swallowed, snorted, smoked, absorbed through the rectum or injected, with injection producing the most intense rush (typically, gbMSM use more than one method; snorting and smoking are most common)

# Crystal meth and gbMSM (2)

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- Drugs most commonly associated with PnP in Canada are meth, gamma-hydroxybutyrate (GHB) and ketamine
- A recent systematic review found that meth use was the most frequently reported PnP drug
- Contemporary geosocial-networking apps, such as Grindr, facilitate men's capacity to find and filter potential sexual partners for their interest in PnP
- An increasing proportion of group sex now takes place in private homes, rather than in public bathhouses or bars (as it did in the past), facilitated by apps

# Meth use among gbMSM in ON (1)

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- Difficult to estimate
- National estimates compiled by CATIE suggest that 5% to 20% of gbMSM are involved in PnP
- A 2014 survey conducted at the World Pride event in Toronto found that 6.4% of the 865 Ontario-resident men interviewed had used meth in the past six months
- In the most recent data (2017-18) from 1,705 Ontario men enrolled in the European Men's Internet Survey, 7.7% reported using meth in the past year

# Meth use among gbMSM in ON (2)

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- The literature suggests higher rates of use among HIV-positive gbMSM, as does the OHTN Cohort Study (OCS): in 2016–17, 9.6% of HIV-positive gbMSM enrolled in the OCS reported using meth in the last six months
- Individuals with problematic meth use represent a substantial proportion of LGBTQ people seeking substance use treatment in Ontario

# Physiological effects of meth use (1)

- Meth increases **dopamine** in the brain
  - Part of the brain's **reward system**; creates feelings of pleasure in response to triggers such as food or sex
- Meth **blocks the flow** of dopamine between nerve cells
  - Dopamine is held in place for four to ten hours
  - **Sustained pleasurable dopamine** response many times stronger than the brain's response to natural triggers or that produced by other stimulant drugs like cocaine
- Meth **depletes the dopamine produced in the cells**
  - Contributes to **crash/feelings of depression** people typically feel after a session of meth use



# Physiological effects of meth use (2)

- Increases alertness, confidence, and energy level, nearly eliminating the need to eat or sleep
- Raises body temperature and increases heart rate/breathing
- Lowers inhibitions, increases impulsivity/sexual arousal
  - Men often remain aroused without orgasm: 84% of gbMSM in one study reported “marathon sex” with genital contact for hours
  - Impairs erection, leading to use of erectile dysfunction drugs or to have receptive sex (bottom) more frequently
- Regular use causes less dopamine to be produced
  - Results in anhedonia or an inability to feel pleasure
  - May persist for two years – a major challenge for recovery

# Risks associated with CM use among gbMSM

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- Apart from the legal consequences, the use of meth among gbMSM has been associated with harms including:
  - An increased risk of HIV acquisition and other sexually transmitted and blood-borne infections (STBBIs)
  - Increased viral load among gbMSM living with HIV who use meth
  - A risk of problematic use for a proportion of users that undermines their well-being (physical, mental, emotional, financial)

# Harm reduction

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- gbMSM report **immediate benefits** of participation in PnP:
  - Increased sexual arousal, pleasure, and stamina
  - Increased confidence and ability to be sexually adventuresome (disinhibition)
  - Escape from internal/external experiences of judgment around their sexual desires
  - Easier connections with desired partners
  - “Instant” creation of a social network
- These benefits must be taken into account in any harm reduction or prevention messaging as well as in any therapeutic work with men who want to modify their meth use

# Targeted harm reduction

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- According to anecdotal information from Ontario service providers, the drivers of PnP in some sub-populations of gbMSM may also affect their capacity to modify their behaviour, including:
  - Men with existing mental health challenges and experiences of trauma
  - Older gbMSM: Meth used to connect with sexual partners and create sexual/social networks
  - Newcomers to Canada: Meth use may offer a ready path to connection, a sense of community, and a release from that internalized shame

# Resources (1)

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1. <http://himynameistina.com>
  - Most established online resource in Ontario
  - Offers a broad spectrum of resources for using meth more safely, information about quitting/changing use and some information for friends and family
2. <http://torontovibe.com/party-safe/>
  - Offers education and harm reduction information
3. Party n Play Your Way
  - Harm reduction pilot in development by Gay Men's Sexual Health Alliance
  - Emphasizes peer engagement, distribution of harm reduction supplies, and an information portal

# Resources (2)

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4. <https://www.monbuzz.ca/>

- Quebec-based online intervention
- Includes online screening tool to help gbMSM reflect on the role of PnP/substance use in their lives
- Profile of substance use, motivation to change, personalized list of appropriate service referrals
- Online counselling support to help establish goals

5. <https://www.actoronto.org/the-kiki>

- PnP-specific harm reduction initiative
- 10-week educational workshop and drop-in series created by peers, hosted by both BlackCAP and ACT
- Low-barrier, no behavioural change components
- Emphasis on community building

# Resources (3)

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4. <https://www.actoronto.org/spunk>
  - Closed group in Toronto
  - Strong harm reduction, non-abstinence approach, while endeavoring to be a gateway for men who want to consider changing their meth use
5. <http://maxottawa.ca/en/spillthetea/>
  - Ottawa-based program that hosts events for gbMSM
  - Intended to reduce stigma and provide harm reduction information around drug use and sex

# Pharmacological interventions

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- There are no direct pharmacological interventions to counter the effects of meth
  - Some medical interventions tested in relatively small trials (including dopamine agonists and naltrexone) have had some modest positive outcomes for gbMSM who use meth and binge drink
  - Some preliminary data (six men) also suggest that modafinil may help men taper their meth use



# Psychosocial interventions

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- Most effective therapeutic interventions available now are psychosocial
- Primary methodological approaches:
  - Motivational interviewing
  - Cognitive behavioural therapy
  - Community reinforcement approaches
  - Contingency management

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