

Tips for HIV clinicians working with Methamphetamine Users

Methamphetamine (aka meth, tina, crystal, crank, tweak, glass, ice) use is associated with behaviors that may negatively impact a client's HIV treatment plan. Below are some tips – and evidence supporting them – for HIV clinicians working with active and recovering meth users.

Maintain calm and create an accepting environment

Meth users can experience delusions and paranoia.[1,2] They may cite concerns that reflect perceived threats. A calm voice, reassurance of safety, an environment with low sensory stimulation (e.g., lowered lighting, quiet environment), and a calm and non-aggressive body posture and non-judgmental language can help an active – or abstaining – meth user from reacting negatively to the treatment environment.

Be prepared to refer to specialists: familiarize yourself with co-occurring disorders and medical professionals in your area who treat them

The psychotic, depressive, and anxious symptoms many meth users experience, both when using and during withdrawal, can be difficult if not impossible to distinguish from other major mental illnesses.[3] Active meth users may have an existing diagnosis of bipolar disorder, depression, or schizophrenia. A thorough medical history and mental health assessment is often needed to disentangle mental health and substance use issues. Know your local mental health providers who specialize in co-occurring disorders so that you can make appropriate referrals.

Maintain support and vigilance for depression – even after months of abstinence

Meth abusers who become abstinent experience a reduction in dopamine, a brain neurotransmitter, that may reach its lowest point after several months of abstinence.[5] Dopamine levels may take a year or longer to fully return to baseline levels. Most substance abuse treatment involves immediate interventions, but appropriate mental health and other support services may be important after months of *abstinence* from meth use. Depression is a common feature during this period, and patients benefit from being so informed, as this delayed-onset depression may increase the risk of relapse. Developing an individual plan for addressing possible depression (support, nutrition, exercise, psychiatric consultation) is encouraged.

Write down instructions/explain instructions visually

Research has shown that auditory memory is more negatively impacted and returns more slowly than visual memory for meth users.[6,7] This difference may have important implications for HIV clinicians, who often share much important information verbally.

***Keep a list of your local referral resources and update it regularly.
Write down referral information you can share with your patient!***

Need more facts about methamphetamine?

<http://www.drugabuse.gov/DrugPages/Methamphetamine.html>

Need a local substance abuse treatment referral?

Phone: 1-800-662-HELP

Write down instructions, HIV treatment plan indications, and appointment dates; visually review treatment plans and schedules, discussing the medications and placing them in pillboxes with the patient, if possible.

Address issues of meth use and HIV medications

Research shows that meth use impedes adherence to antiretroviral therapy,[8] and increases viral replication.[9] Non-adherence can lead to more rapid HIV illness progression and medication resistance.[10-12] Inform patients of the significant personal and public health consequences of missing doses, and help them develop strategies for improving medication-taking practices.

Discuss issues of sex, sexuality, HIV disclosure, and stigma

Meth use is closely connected to sexual expression and sexuality.[13] Use of the drug is associated with transmission of HIV and other STIs, particularly among MSM.[14,15] Frank and honest discussions of sex, sex and drug interconnectivity, sober sex, and safer sex practices are imperative, and should occur in a non-judgmental fashion that allows the patient to speak freely to the provider. Reductions in meth use are associated with a marked lowering of sexual risk behaviors,[16,17] which has huge individual and public health benefits. Although disclosure of HIV status to a sex partner has been shown to decrease sexual risk behaviors,[18] the stigma associated with being infected can make informing a sex partner difficult. Individuals who use meth are less likely than non-users to disclose their HIV status to sex partners.[19] Provide adequate support and counseling around disclosure issues and reassure patients of the safeguards in place to maintain their confidentiality.

Don't overlook oral health

Oral health is a frequent problem for people living with HIV/AIDS, and therefore, patients should be seen by a dentist for regular checkups. Dental professionals can help with identifying early signs of HIV infection, and they also should be on the lookout for oral manifestations of meth use. Referrals to substance abuse treatment professionals can be provided, if necessary.[20,21]

Know your community support resources

Meth use transcends geographic boundaries and is now a pandemic impacting a very diverse array of populations. Though referral resources vary from place to place, Narcotics Anonymous, 12-step programs, substance abuse treatment, and relapse prevention groups are often available for specific groups (MSM, women, HIV+, etc.), and may be meth specific.

Need a local 12-step meeting?

- Narcotics Anonymous: <http://www.na.org> (click on "Find a Meeting" then select "NA Meeting Search" or "Local NA Helplines")
- Crystal Meth Anonymous: <http://www.crystalmeth.org/> (click on "CMA Meeting Directory")

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