

Concurrent Use and Transition to Methamphetamine among persons at Risk of OverDose (CUT MethOD)

CCSA *Issues of Substance Use*
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of Health Research

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Land Acknowledgment

We respectfully acknowledge that we are here today as uninvited guests on the unceded traditional territory of the Coast Salish peoples, including the territories of the x^wməθkwəy'əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlílwətaʔ/Selilwitulh (Tseil-Waututh) Nations

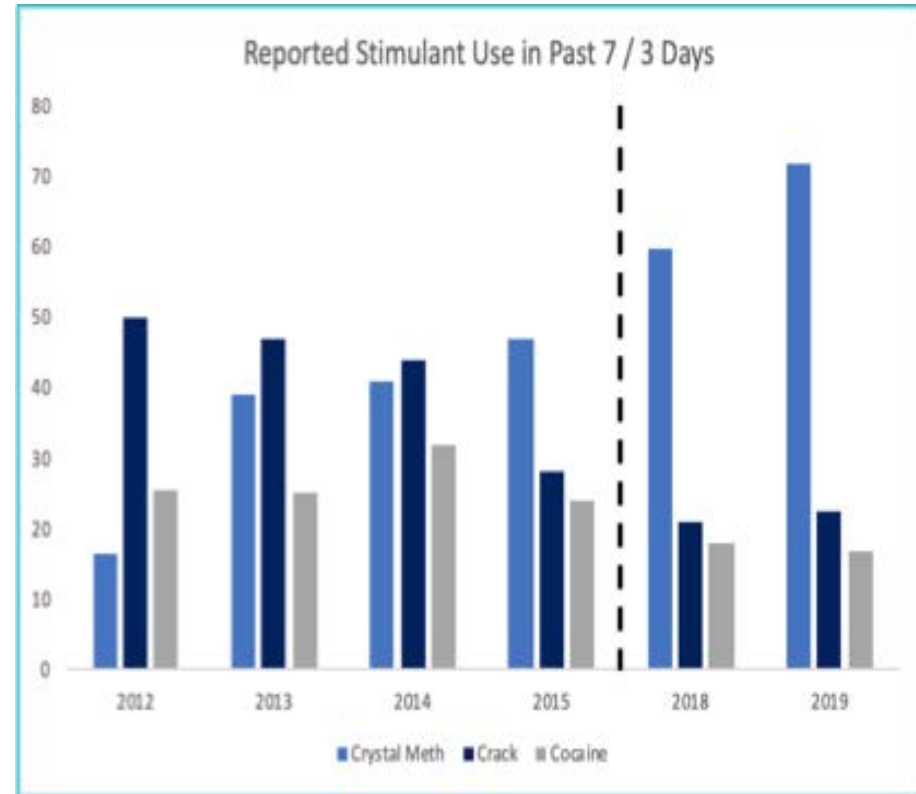
CUT MethOD Project

Background:

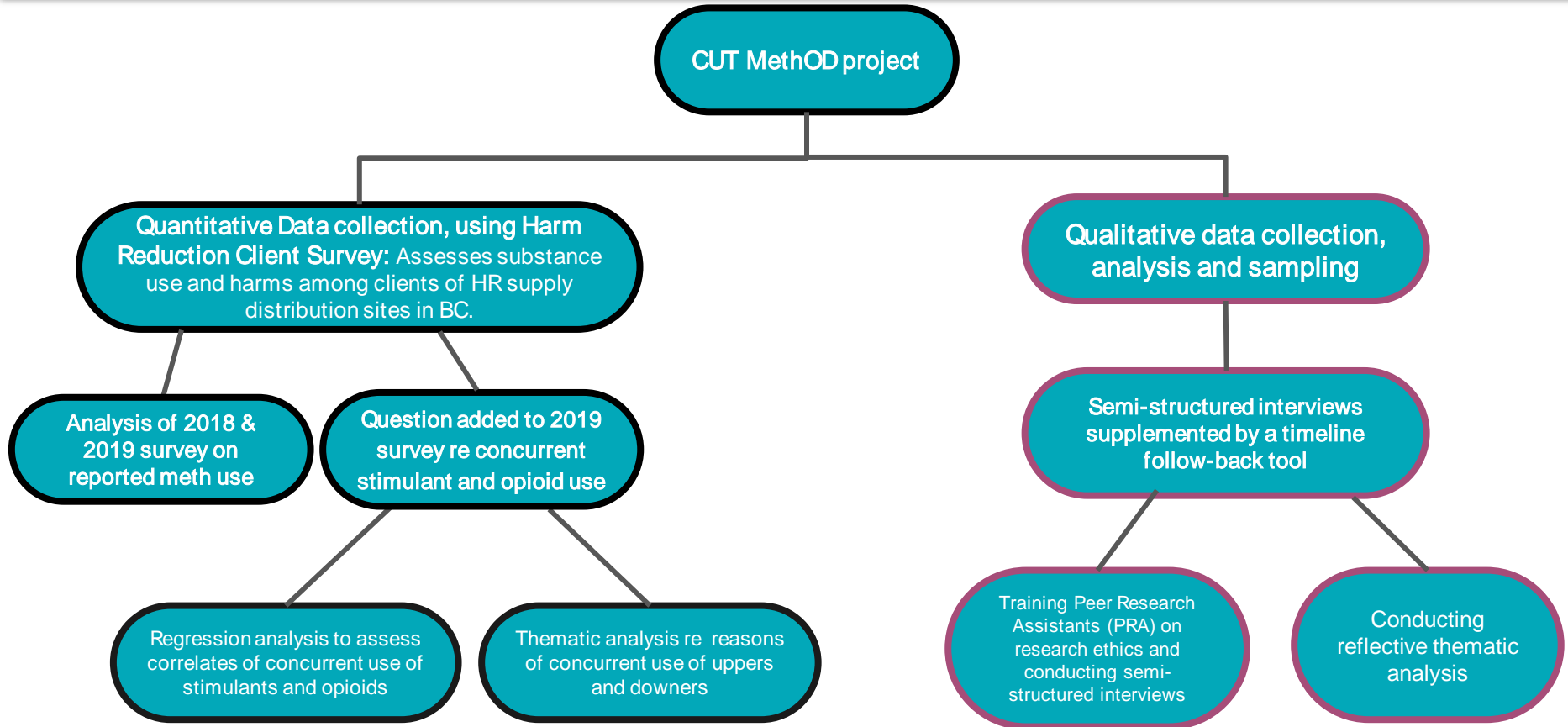
- Availability and use of methamphetamine (MA) has increased in Canada, particularly in BC (1-4).
- Many people who use drugs use both methamphetamine and opioids (4-6).
- Concurrent use of meth with other drugs can increase the risk of overdose death, and non-fatal overdose (4-6).

Objective:

- To understand the social and systemic factors associated with an increase in MA use on its own, or with other substances.



Components of CUT MethOD Project



Objectives of this presentation

- Providing reflections on the challenges faced in conducting peer-led study during COVID-19 pandemic and how these challenges were addressed.
- Highlighting the three distinct patterns of concurrent MA use with other substances among people who use drugs (PWUD).
- Evaluating the factors motivating the initiation of MA use, including transitioning drug use to MA from other drugs.
 - ◆ Illuminating the association between deception and the initiation of MA use.

Semi-structured interviews

Who did we hear from...

- 42 participants who used MA along with other substances in last one month.
- Could read/understand English
- Were 16 years of age or above

When was PRA training conducted and data collected...

- Aug 2020- May 2021

What the interviews with participants includes...

- In-depth interview
 - Interview guide supplemented by a Timeline Follow-back tool
- Describing concurrent MA and other substance use
 - Demographic and Drug Use questionnaire.



Semi-structured interviews

Interview Guide...

- Includes questions on the following topics:
 - Experiences of social and systemic factors influencing the prevalence of MA use
 - Initiation of or transition to MA use
 - Concurrent use of MA with alcohol and/or other street drugs

Timeline Follow-back tool...

- Describe and quantify the substance use patterns of participants in the week when MA was last used concurrently with other substances.
- Cues are provided in the form of regular holidays and weekends; and other personally relevant milestones for the respondents.

Qualitative Analysis ...

- Reflective thematic analysis.



Reflections on training Peer Research Assistants (PRA)

Topic	Pre COVID-19	During COVID-19
1 Training Peer Research Assistants on research ethics	<ul style="list-style-type: none">• In person group training sessions	<ul style="list-style-type: none">• Conducting training sessions via teleconferencing.• Provide step wise pointers to PRAs• PRAs supported each other while completing the ethics training.
2 Training PRAs on conducting semi-structured interviews	<ul style="list-style-type: none">• In person training sessions.	<ul style="list-style-type: none">• Group/ one-to-one training sessions conducted virtually.• Adapted 'fishbowl' learning style.• Team activity helped enhance PRAs confidence in conducting interviews.

Reflections on conducting semi-structured interviews

Topic	Pre COVID-19	During COVID-19
3 Participant Recruitment	<ul style="list-style-type: none">• In-person recruitment via harm reduction sites or peer led organizations.• Scheduling in-person interviews.	<ul style="list-style-type: none">• Unable to recruit participants from rural or remote regions.• Participant recruitment via placing posters at harm reduction sites.• Word of mouth
4 Obtaining Consent	<ul style="list-style-type: none">• Acquiring consent from participants via signed consent forms	<ul style="list-style-type: none">• Getting informed verbal consent from the participants.

Reflections on conducting semi-structured interviews

Topic	Pre COVID-19	During COVID-19
5 Interview Format	<ul style="list-style-type: none">• Focus group interviews conducted in-person with provision of snacks.	<ul style="list-style-type: none">• Conducting one-to-one phone interviews.<ul style="list-style-type: none">○ Based on participants' availability.○ Able to interview participants across the province.○ Not relying on opening hours of community hours.• In person interviews conducted accounting for the COVID-19 public health protocols.
6 Providing Participant Honorariums	<ul style="list-style-type: none">• Providing cash after the focus group or in person interviews.• Signing receipt of honorarium.	<ul style="list-style-type: none">• Getting informed verbal affirmation of the receipt of honorariums from participants.

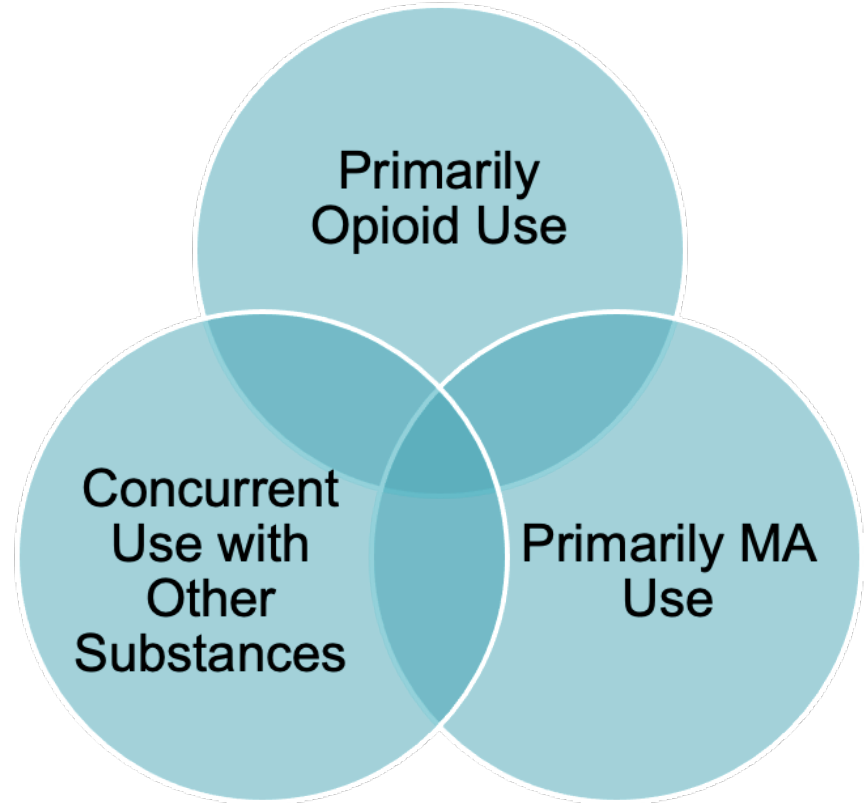
Reflections on conducting semi-structured interviews

Topic	Pre COVID-19	During COVID-19
7 Supporting participants after interviews.	<ul style="list-style-type: none">• Interviewers would provide or direct participants who require support to community resources.	<ul style="list-style-type: none">• Pandemic increased compassion among interviewers.<ul style="list-style-type: none">◦ Interviewers took more initiative to direct participants to community resources.
8 Engaging with PRAs during study	<ul style="list-style-type: none">• In person training sessions.• Engaging peers via teleconference.• Managing competing priorities:<ul style="list-style-type: none">◦ Unable to attend meetings.	<ul style="list-style-type: none">• Competing priorities exacerbated in context of COVID:<ul style="list-style-type: none">◦ Increase in illicit drug toxicity deaths.◦ PRAs at times could not attend training sessions/conduct interviews.◦ PRAs provided feedback at study team meetings conducted virtually.

Patterns of Concurrent Methamphetamine Use

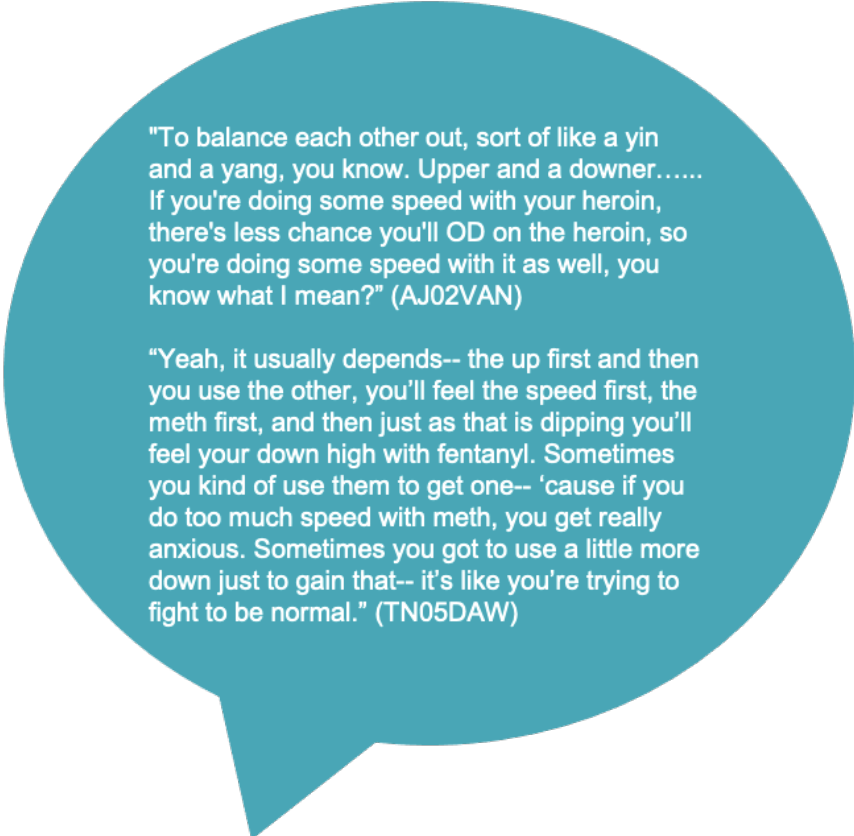
We identified **three patterns** of MA use, including:

1. Primarily opioid use: where MA is used to moderate opioid (heroin/fentanyl) use
1. Primarily MA use: where MA is used concurrently with alcohol and cannabis
1. Often MA is used concurrently with other substances (i.e., GHB, MDMA, cocaine, ketamine, etc.) for recreational purposes and/or to enhance sexual activity.



Primarily Opioid Use

- MA was used 'on the side' of heroin and other opioids.
- Participants often used MA every time opioids were used in order to make the substances last longer.
- Participants felt that this allowed them to save money, to feel 'normal' and to maintain functioning in everyday life.
- Participants often believed that MA use would reduce the risk of an overdose.

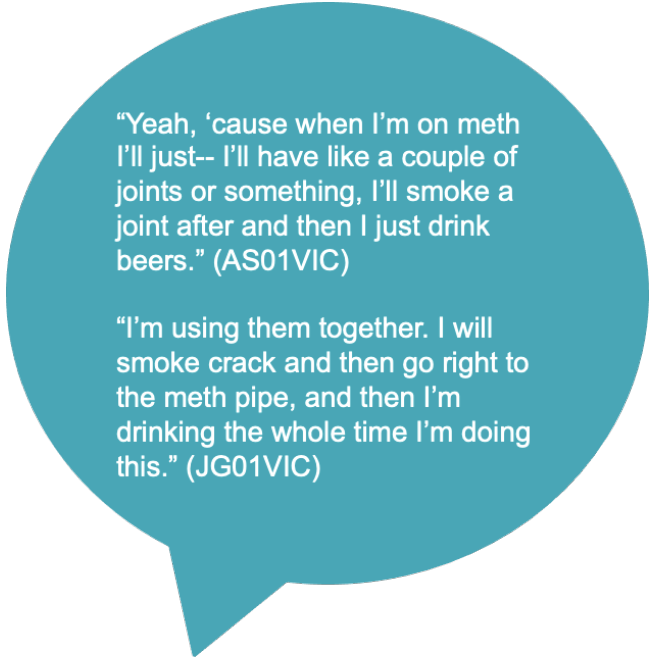


"To balance each other out, sort of like a yin and a yang, you know. Upper and a downer..... If you're doing some speed with your heroin, there's less chance you'll OD on the heroin, so you're doing some speed with it as well, you know what I mean?" (AJ02VAN)

"Yeah, it usually depends-- the up first and then you use the other, you'll feel the speed first, the meth first, and then just as that is dipping you'll feel your down high with fentanyl. Sometimes you kind of use them to get one-- 'cause if you do too much speed with meth, you get really anxious. Sometimes you got to use a little more down just to gain that-- it's like you're trying to fight to be normal." (TN05DAW)

Primarily MA Use

- Participants in this pattern usually transitioned to MA from crack because it is cheaper.
- Many in this group use MA daily in a way that maintains the ‘high’ and decreases withdrawal symptoms.
- MA use was often normalised for the individual and in their communities
- Alcohol, cannabis and crack are the most frequent concurrent substances for this group.
- Alcohol and cannabis may be used to “mellow the high” from MA, or to increase stimulation while drinking

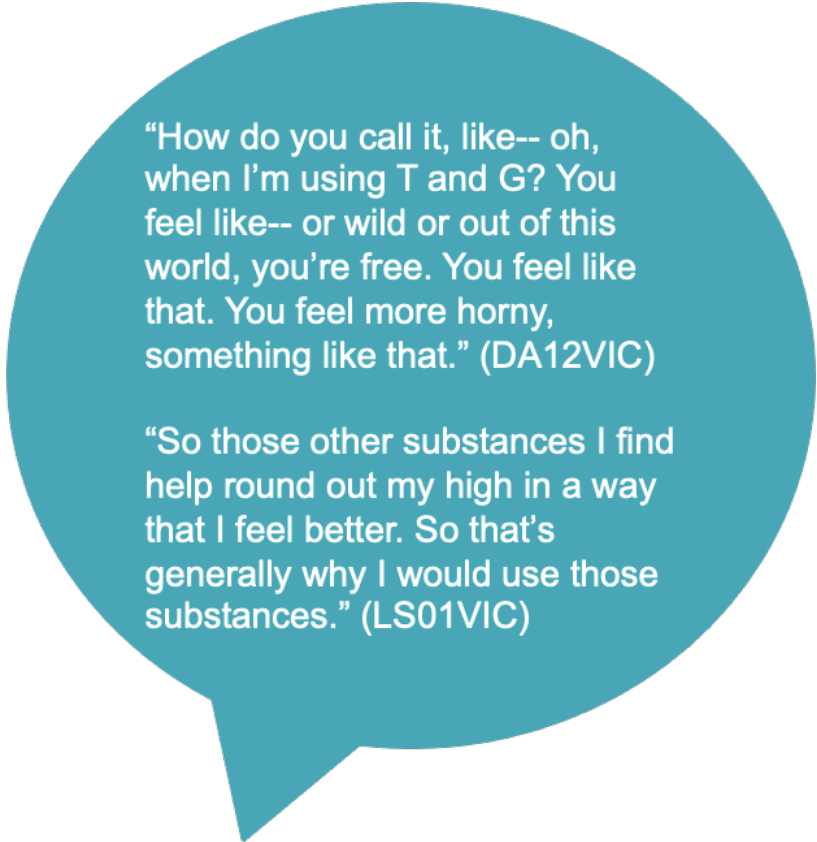


“Yeah, ‘cause when I’m on meth I’ll just-- I’ll have like a couple of joints or something, I’ll smoke a joint after and then I just drink beers.” (AS01VIC)

“I’m using them together. I will smoke crack and then go right to the meth pipe, and then I’m drinking the whole time I’m doing this.” (JG01VIC)

Concurrent MA Use During Sexual and Social Activities

- Participants often described using substances such as GHB, MDMA, cocaine, ketamine, etc. recreationally and/or to enhance sexual activity
- MSM, in particular, engaged in 'parTy and play' (PnP) activity
- Grindr & other online platforms were often used to meet-up; or PnP activities with romantic/sexual partners
- Concurrent MA use with GHB, ketamine, MDMA, and 'poppers'
- Noted to reduce inhibitions, lessen mental health challenges/feelings of loneliness and social anxiety
- A "social lubricant," fosters a sense of belonging within the LGBTQ2S+ community, increases pleasure, and enhances sexual/social activities



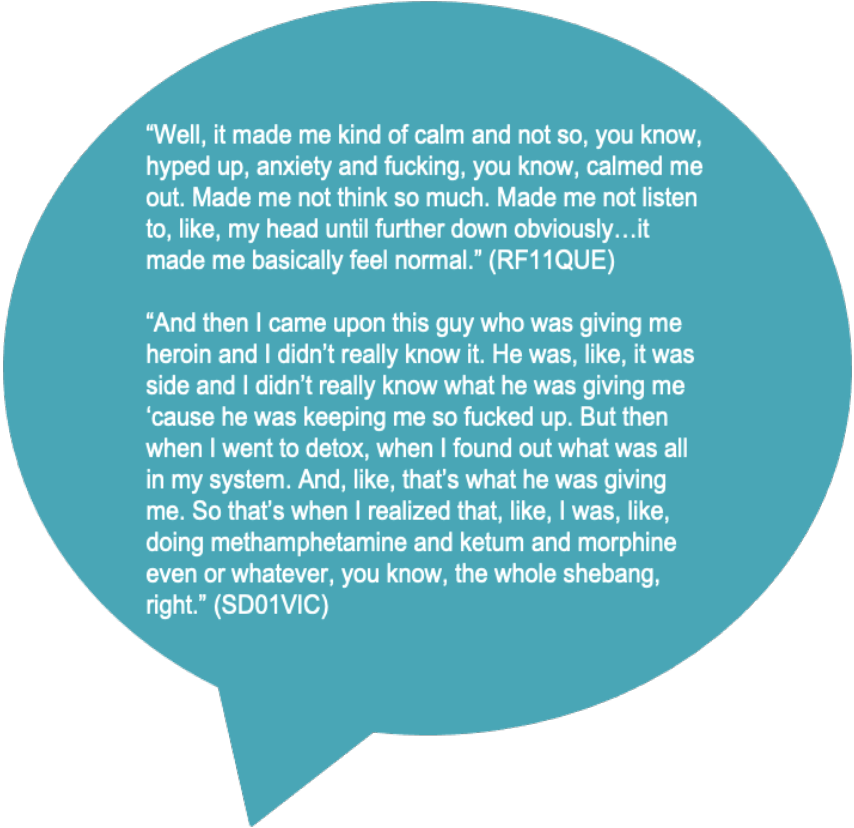
"How do you call it, like-- oh, when I'm using T and G? You feel like-- or wild or out of this world, you're free. You feel like that. You feel more horny, something like that." (DA12VIC)

"So those other substances I find help round out my high in a way that I feel better. So that's generally why I would use those substances." (LS01VIC)

Transition to Methamphetamine Use

Participants described numerous reasons for their transition to MA use, including, but not limited to:

- Availability
- Cost-effectiveness
- Reliability
- To replace lower quality products (i.e., cocaine)
- Trauma, mental health concerns, and life stressors
- Staying awake
- Safety measures related to harm reduction (i.e., believed to reduce the risks associated with overdose by using uppers to come up from downers)
- Deception (especially for participants identifying as female or as members of the LGBTQ2S+ community)



"Well, it made me kind of calm and not so, you know, hyped up, anxiety and fucking, you know, calmed me out. Made me not think so much. Made me not listen to, like, my head until further down obviously...it made me basically feel normal." (RF11QUE)

"And then I came upon this guy who was giving me heroin and I didn't really know it. He was, like, it was side and I didn't really know what he was giving me 'cause he was keeping me so fucked up. But then when I went to detox, when I found out what was all in my system. And, like, that's what he was giving me. So that's when I realized that, like, I was, like, doing methamphetamine and ketum and morphine even or whatever, you know, the whole shebang, right." (SD01VIC)

Implications

- To engage PWLLE in research setting during this dual public health emergency.
 - ◆ The researchers adapted innovative and creative strategies.
 - ◆ Include flexibility in research process, ex: including changes to study design as per peers' suggestions.
- To acknowledge the diversity of substance users, recognizing the breadth of services and supports needed, and highlighting the motivation to use concurrently is often directly connected to seeking a balance while using illicit drugs supporting the need for safer supply
- Recognizing the differing motivations for MA use which should inform service-delivery design and implementation; increased preventative, interventions, and safety measures for marginalized populations, in particular.

For more information...

→ Regarding multi component CUT Meth OD project see:

- ◆ Research Project webpage: <https://towardtheheart.com/research-projects>
- ◆ Other CUT Meth OD poster and presentations at IOS conference:
 - Presentation on predictors of concurrent use of stimulants and opioids among people who access harm reduction supplies on [Nov 25, Oral E6.3, 8:00-9:00 PST](#)
 - Poster on thematic analysis re reasons of concurrent use of uppers and downers among people who access harm reduction supplies [Poster #66 Room 7 Nov 25 9:10-9:15 PST](#)
 - Poster on qualitative findings on safety beliefs and behaviours associated with concurrent MA use [Poster #62 Room 4, Nov 23, 9:55-10:15 PST](#)
 - Poster on qualitative findings on concurrent MA use during sexual and social aspects [Poster #33 Room 1 Nov 23, 9:55-10:15 PST](#)

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Declarations

- **Conflict of Interest:** The presenters do not have any conflict of interest.
- **Source of Funding:** CUT Meth OD study is a CIHR funded study (Funding Reference Number 170288)

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