

Perceptions and Experiences of Substance Use Treatment among MSM Who Use Stimulants in the Northeastern U.S.

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Introduction

- In 2018, about 1.9 million U.S. adolescents and adults reported methamphetamine use in the past year.
- Use seems to be increasing across the country, with men who have sex with men (MSM) being more likely to engage in past year use of methamphetamine compared to other men.*
- No pharmacological options have proven effective in treating methamphetamine use and evidence regarding behavioral therapies on use outcomes has shown modest effects.
- Few researchers have explored the treatment perceptions and experiences of MSM who use methamphetamine in the U.S.

Grand Tour Question

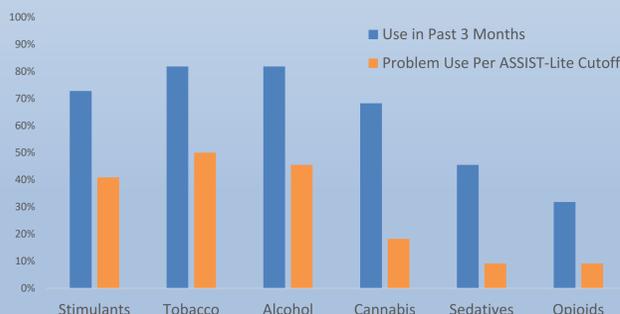
What are the barriers to substance use service utilization among MSM who use crystal methamphetamine or other stimulants in small cities in the northeastern U.S.?

Methods

We conducted semi-structured interviews with MSM in New Haven, CT, and Providence, RI, who reported any stimulant use in the past 6 months. Interviews topics ranged from social networks to perceptions of and experiences with substance use and treatment. Participants completed a demographic and risk behavior survey and the ASSIST Lite. Qualitative data were analyzed using thematic analysis.

Results

22 participants were interviewed (16 in Providence, RI and 6 in New Haven, CT). Nearly half (45.5%) identified as gay and another 13.6% identified as bisexual.



Five major themes were identified related to treatment perceptions and experiences. Participants:

- broadly defined treatment to include a variety of modalities,
- sometimes entered treatment via incarceration,
- identified social networks as both a positive and a negative influence on treatment entry and experiences,
- changed social settings for their recovery, and
- expressed a desire and demand for harm reduction approaches to treatment.

Treatment approaches need to be tailored to the individual needs of men who have sex with men who use stimulants.



Treatment includes a variety of modalities

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.

Participant 25

Incarceration as a point of entry

I went to [counselor] for a year the last time I got out of prison and I was ordered. That's when they ordered drug counseling. So, I seen her for that year, you know. And then I just got out again and they ordered it for me again. So I went back to her, you know, and so because we already know each other, you know what I mean

Participant 7

Social networks and treatment

It just don't work for me. I never had anybody that took the chance to get a sponsor or nothing, 'cause it's hard for me to open up to people. It's not like I don't like people, it's just hard for me to open up to people. I guess I'll call myself shy or something.

Participant 22

From the moment that I walked into the doors, I felt a sense of relief, number one, and then 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.

Participant 21

Changing social settings for recovery

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.

Participant 2

Desire for harm reduction approaches

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 [counselor] wants to keep me in the gray somehow, where I can be more self-aware of what I'm doing... It would be, instead of using needles, maybe try sniffing or, you know. And then slowly, gradually from there, not using at all.

Participant 2