

# Tips for HIV Clinicians Working with Stimulant Users

**Methamphetamine** and **powder** and **crack cocaine** are powerful central nervous system stimulants. Use of these stimulants is associated with behaviors that may negatively impact a patient's HIV treatment plan. The following are some tips, and evidence supporting them, for HIV clinicians who work with individuals who are either actively using methamphetamine and/or cocaine or are in recovery from stimulant use.

## **Educate patients about the dangers associated with using cocaine and alcohol at the same time**

In general, poly drug use, or use of two or more psychoactive substances in combination to achieve a particular effect, is associated with a greater risk than that seen with use of any single psychoactive substance. When individuals consume alcohol and cocaine simultaneously, they compound the dangers each individual drug poses. The human liver combines cocaine and alcohol to produce a third substance known as cocaethylene, which intensifies cocaine's euphoric effects<sup>1</sup>. Cocaethylene is associated with a greater risk of sudden death than cocaine or alcohol alone<sup>2</sup>.

## **Maintain calm and create an accepting environment**

Stimulant users can experience delusions and paranoia<sup>3,4</sup>, and may cite concerns that reflect perceived threats. A calm voice, reassurance of safety, and an environment with low sensory stimulation (e.g., dim lighting, quiet room), and a calm and non-aggressive body posture and non-judgmental language can help a person who uses stimulants from reacting negatively to the treatment or counseling environment.

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

Stimulant use, especially methamphetamine use, is closely connected to sexual expression and sexuality<sup>5</sup>. Use of stimulants is associated with transmission of HIV and other sexually transmitted infections (STIs), particularly among men who have sex with men<sup>6,7</sup>. 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 stimulant use are associated with a marked lowering of sexual risk behaviors<sup>8,9</sup>, which has significant individual and public health benefits. Although disclosure of HIV status to a sex partner has been shown to decrease sexual risk behaviors<sup>10</sup>, the stigma associated with being infected with HIV can make informing a sex partner difficult. And individuals who use methamphetamine are less likely than non-users to disclose their HIV status to sex partners<sup>11</sup>. It is critical to provide adequate support and counseling around disclosure issues and reassure patients of the safeguards in place to maintain their confidentiality.

## **Write down instructions and explain instructions visually/verbally**

Research has shown that auditory memory is more negatively impacted and returns more slowly than visual memory for people who use methamphetamine<sup>12,13</sup>. This difference may have important implications for HIV clinicians, who often share important information verbally. It is critical to write down instructions, HIV treatment plan indications, and appointment dates; visually review treatment plans and schedules; and if possible, discuss HIV medications and place each type in pill boxes, to allow for ease in taking the medications as prescribed.

## **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 check-ups. Dental professionals can help with identifying early signs of HIV infection, and they also should be on the lookout for the oral manifestations of methamphetamine use. Referrals to substance use disorder treatment professionals should be provided, if necessary<sup>14</sup>.

## **Be prepared to refer to specialists and familiarize yourself with medical and behavioral health professionals who treat co-occurring disorders**

The mood disturbances, anxiety, depression, and irritability many stimulant users experience, both when actively using and during early withdrawal, can be difficult to distinguish from other major mental illnesses<sup>15,16</sup>. Stimulant

users may have an existing mental health diagnosis, such as bipolar disorder or schizophrenia. A thorough medical history and mental health assessment is often needed to disentangle mental health and substance use issues. It is critical for HIV providers to know which local specialty providers have expertise in the treatment co-occurring substance use and mental health disorders, so appropriate referrals can be made.

### Know your community resources

Cocaine and methamphetamine use transcends geographic boundaries and impacts a very diverse array of the US population. Though referral resources may vary from place to place, Narcotics Anonymous, 12-step programs, outpatient and residential substance use disorder treatment programs, and cognitive behavioral therapy/relapse prevention groups are often available for specific groups (men who have sex with men, women, individuals living with HIV/AIDS, etc), and may be specific to the needs of those who use methamphetamine and/or cocaine. It is important to maintain a list of local referral resource and update it regularly, so it can be shared with patients.

### A few closing tips

1. **Become comfortable with regularly discussed topics:** ask questions comfortably, explain the meaning of any behavior in a language that the patient understands, and hear responses without reaction or judgment
2. **Identify multiple ways to describe sexual risk behaviors:** sometimes patients do not know the technical terms for even the most basic sexual risk behaviors in which they are engaged
3. **Practice asking questions out loud:** many topics are not polite to discuss, and patients will notice if you are uncomfortable
4. **Keep it professional and be prepared:** it often takes practice to learn NOT to react to surprising or sensitive information; the clinician's job is to help patients with issues, not judge their behaviors

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*This fact sheet was prepared and reviewed by: Beth Rutkowski, MPH and Thomas Freese, PhD – Pacific Southwest Addiction Technology Transfer Center/UCLA Integrated Substance Abuse Programs; Phil Meyer, LCSW; Maya Gil Cantu, MPH; Kevin-Paul Johnson; and Tom Donohoe, MBA – Pacific AIDS Education and Training Center, Los Angeles Region.*