

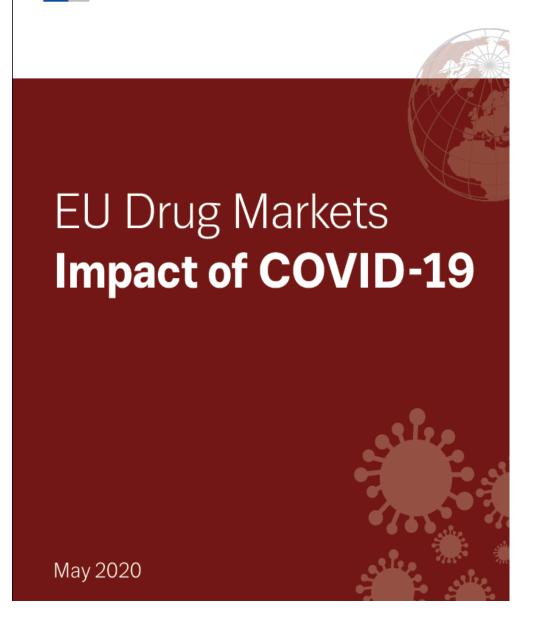
Drug use in people living with HIV (PLWH): Impact of the COVID-19 epidemics and situation in the post-COVID-19 era.

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13th
International
Symposium on
Neuropsychiatry & HIV

VIRTUAL EDITION 2020
October 20-22-27-29 & November 3



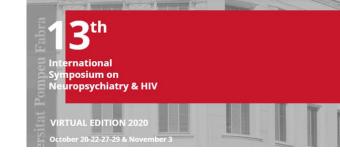


Impact of COVID-19 on drug markets

- Global restrictions on travel and other measures as a result of the COVID-19 pandemic have had a temporary disruptive impact on the drug market leading to shortages and higher prices for some drugs, but the situation is subject to rapid change.
- The disruption to the supply chain and logistics of drug trafficking in Europe is most evident at the distribution level, because of social distancing measures.

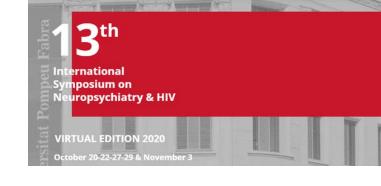


Specific substances



- Cocaine: there is little evidence. Experts in some countries report increasing prices and decreasing purity at the consumer level, indicative of local supply shortages.
- Heroin: The availability of heroin has decreased in some areas but this varies depending on national confinement rules and restrictions on movement, with higher prices.
- Community heroin has been substituted with other substances: synthetic opioids (diverted medicines or new psychoactive substances (NPS) or alternative drugs (e.g. crack cocaine, amphetamine, cathinones).

Drug-markets



- Organised crime groups (OCGs) remain resilient and are adapting their modi operandi to the current situation.
- Surface web and darknet markets, social media and secure encrypted communication applications now appear to be playing a more prominent role in the sourcing of drugs at user level.
- Home deliveries, less face-to-face dealing and less reliance on cash as a form of payment seem to be increasing.

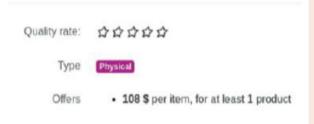


Drug drops, aka 'dead drops'

This distribution method involves the buyer transferring funds to the seller, after which the drugs are secreted in a hidden place and the coordinates and a description of the hiding place are sent to the buyer to retrieve them. Frequently, cryptocurrencies and encrypted communication channels are used, such as Telegram, Wickr, Signal, etc. Clearly, the seller and the buyer need to be relatively close to each other, as they both have to travel to the same place.



#ESTONIA# 5gr weed #DEAD DROP#











June 2020

EMCDDA trendspotter briefing

June 2020

Impact of COVID-19 on patterns of drug use and drugrelated harms in Europe



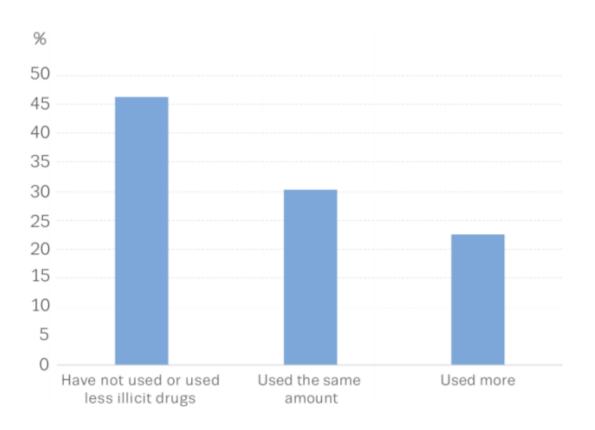


- Preliminary findings suggest an overall decline in drug use, or some forms of drug use in Europe during the first 3 months of the pandemic.
- A combination of factors could explain this:
 - notably national confinement measures, which have reduced opportunities to use drugs within social environments.
 - disruption of street drug markets, resulting in a decline in the availability of some substances.
- The use of cocaine and MDMA appears to have been most affected, largely linked to the closure of the night-time economy and timplementation of stay-at-home measures.



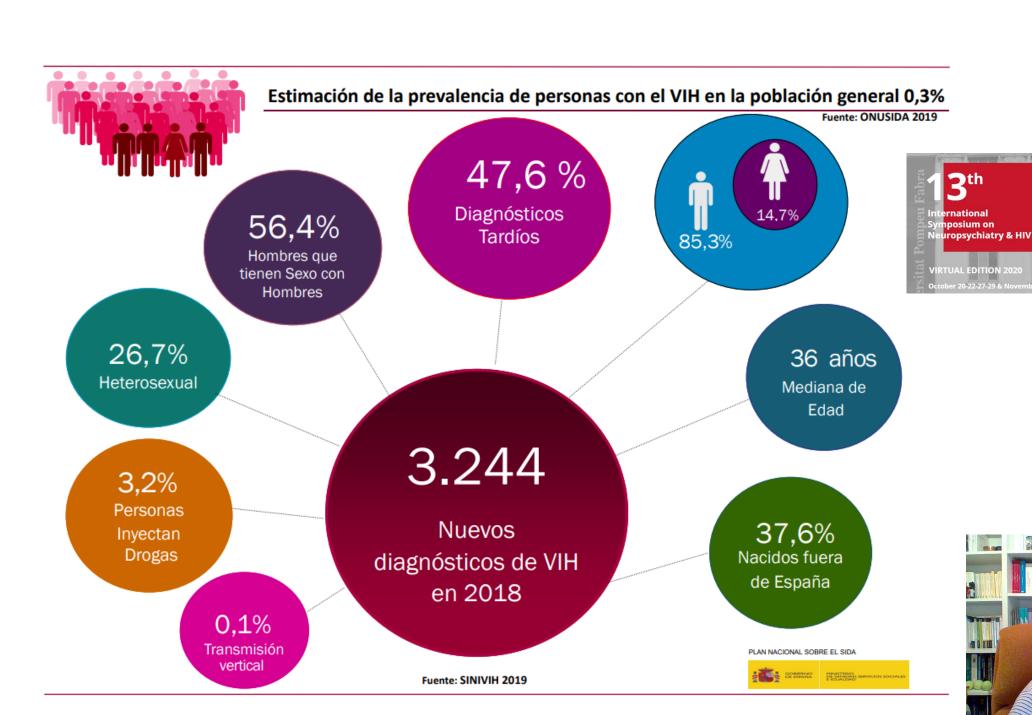
FIGURE 2

EWSD-COVID respondents (%) reporting how the amount of drugs they used changed after the implementation of COVID-19 containment measures



Note: number of respondents = 7 352.







RESEARCH ARTICLE

Prevalence and patterns of illicit drug use in people living with HIV in Spain: A cross-sectional study

Maria Jose Fuster-RuizdeApodaca ** Vanessa Castro-Granell**, Noé Garin**, Ana Laguía**, Ángeles Jaén **, Carlos Iniesta **, Santiago Cenoz**, María José Galindo**, Ana Castro-Granell**, María





- Observational cross-sectional study incluiding 1401 PLWHIV.
- 33 sites across Spain

- Most frequently consumed substances:
 - Alcohol (86.7%)
 - Tobacco (55.0%)
 - Illicit drugs (49.5%)
 - Other substances (27.1%)





- Cannabis (73,8%)
- Cocaine powder (53,9%)
- Poppers (45,4%)







Cluster analysis: 4 clusters



- 2 clusters composed mainly by HTX.
 - Cluster 1 (n=172): lowest polydrug use, cannabis.
 - Cluster 2 (n=84): men, heroine and cocaine, lowest level of treatment adherence.
- 2 clusters of MSM, mostly users of recreational drugs.
 - Cluster 3 (n=285): moderate consumption regarding frequency and diversity of drugs.
 - Cluster 4 (n=153): highest drug polyconsumption, injection of recredition drugs, sex related drugs use, higher rates of STIs.

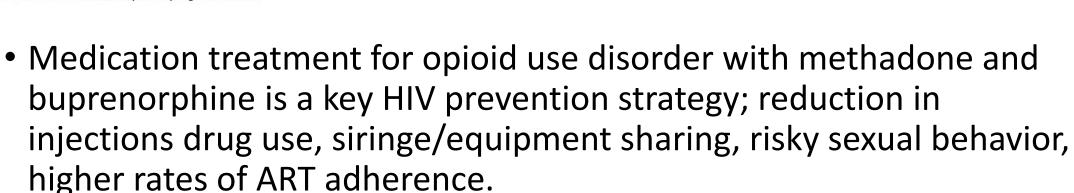
NOTES FROM THE FIELD



Rapid Implementation of Service Delivery Changes to Mitigate COVID-19 and Maintain Access to Methadone Among Persons with and at High-Risk for HIV in an Opioid Treatment Program

K. Michelle Peavy¹ · James Darnton^{1,2} · Paul Grekin^{1,3} · Monica Russo¹ · Caleb J. Banta Green⁴ · Joseph O. Merrill² · Charissa Fotinos⁵ · Steve Woolworth¹ · Sean Soth¹ · Judith I. Tsui²

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COVID-19 pandemic disrupted this modality of treatment ser

Need to implement service delivery changes to mantaine Accumethadone in hig-risk opioid users: COVID-19 screening, takendoses, implementation of video-directly observed therapy.



CHEMSEX



- Chemsex is a particular type of sexualised substance practice amongst gay and bisexual men, other men who have sex with men (MSM), and trans and non-binary people who participate in gay "hook-up culture".
- Slam/Slamsex: sexualised injection of drugs
- Recreational drugs: mephedrone/other cathinones, crystal-meth, GHB/GBL, others.
- Long periods of time, multiple partners, unprotected sex.

2nd European Chemsex F Berlin, 22-24 March 2018

CHEMSEX & HIV



• **CHEMSEX:** More frequent in HIV positive MSM in comparison with seronegative MSM (González-Baeza et al., 2018; Guerras, 2020; Maxwell et al., 2019).

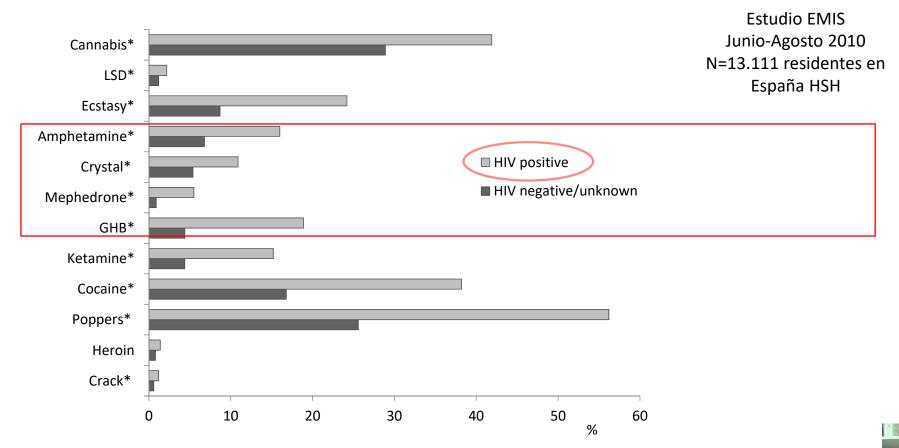


https://www.playground.media/



Chemsex drug-use HIV+





Cinta Folch. Consumo de drogas en hombres que tienen relaciones sexuales con hombres (ChemSex). Comunicación oral, 36º congreso semFYC, A Coruña, 2016

EMIS Europa: 4.96 mayor probabilidad de uso de las 4 drogas si V

CHEMSEX & HIV



EMIS SPAIN 2017:

Key findings from 50 countries

- Use of stimulant drugs to enhance sexual encounters (last 4 weeks):
- HIV positive MSM (22,1%)
- Seronegative MSM (6,2%)
- Serologic state unknown (6,2%)

(Conway et al., 2019; Ministerio de Sanidad, 2020).







- Data in Spain:
 - Sexualised drug use in the last 12 months:
 - HIV positive MSM (21,9%)
 - Seronegative MSM (6,6%)
 - Serologic state unknown (2,1%)

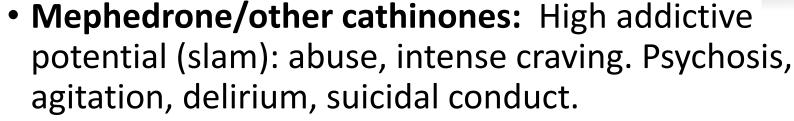




RISKS ASSOCIATED WITH CHEMSEX DRUG USE









- GHB/GBL: overdoses (G-Hole), death.
- Crystal-meth (TINA): High addictive potential, psychosis. Loss of inhibitions, risk of HIV.









CHEMSEX

- Drug abuse disorders, induced psychiatric disorders, undiagnosed previous psychopathology, history of trauma, sexual-abuse, overdoses.
- High-risk sexual conducts: HIV.
- Slam: VHC.
- Drug/ART interactions: cobicistat, ritonavir
- Drug/Drug interactions:
 - GHB/alcohol: respiratory depression, coma, death.
 - TINA/Mephedrone: adrenergic syndrome, arrhythmia, death.
 - Poppers/sildenafil: severe hypotention.





AIDS and Behavior https://doi.org/10.1007/s10461-020-02854-w

NOTES FROM THE FIELD



Double Jeopardy: Methamphetamine Use and HIV as Risk Factors for COVID-19

Adam W. Carrico^{1,6} · Keith J. Horvath² · Christian Grov³ · Judith T. Moskowitz⁴ · Savita Pahwa¹ · Suresh Pallikkuth¹ · Sabina Hirshfield⁵





for COVID-19.

 The prevalence of stimulant use is twofold greater among MSM living with HIV.

International Symposium on

Neuropsychiatry & HIV

VIRTUAL EDITION 2020

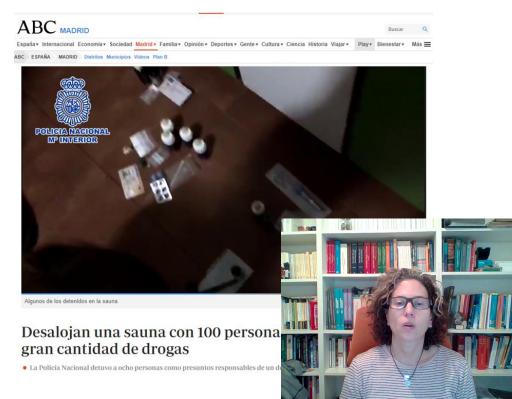
October 20-22-27-29 & November

 HIV damages the immune system even when people are virally suppressed, a phenomenon referred to as residual immune disregulation, which meth use ampifies to create a double jest.



 Meth use has been consistently linked to sexual risk taking behaviors among MSM, so it is likely that people who use meth will experience greater difficulties with adhering to COVID-19 social distancing

guidelines.





AIDS PATIENT CARE and STDs Volume 32, Number 3, 2018 © Mary Ann Liebert, Inc. DOI: 10.1089/apc.2017.0263

BEHAVIORAL AND PSYCHOSOCIAL RESEARCH

Sexualized Drug Use (Chemsex) Is Associated with High-Risk Sexual Behaviors and Sexually Transmitted Infections in HIV-Positive Men Who Have Sex with Men: Data from the U-SEX GESIDA 9416 Study

Alicia González-Baeza, PhD,¹ Helen Dolengevich-Segal, MD,² Ignacio Pérez-Valero, MD, PhD,¹ Alfonso Cabello, MD,³ María Jesús Téllez, MD, PhD,⁴ José Sanz, MD, PhD,⁵ Leire Pérez-Latorre, MD, PhD,⁶ José Ignacio Bernardino, MD,¹ Jesús Troya, MD,⁷ Sara De La Fuente, MD, PhD,⁸ Otilia Bisbal, MD,⁹ Ignacio Santos, MD, PhD,¹⁰ Sari Arponen, MD, PhD,¹¹ Víctor Hontañon, MD,¹ José Luis Casado, MD, PhD,¹¹ and Pablo Ryan, MD, PhD,^{7,13} on Behalf of the U-SEX GESIDA 9416 Study

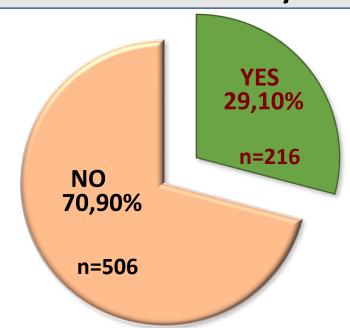
Chemsex practice (n=742)

Mephedrone, pentedrone, 4-MEC, Crystal-meth, GHB, ketamine, cocaine, MDMA



U-Sex Study (GESIDA 9416)



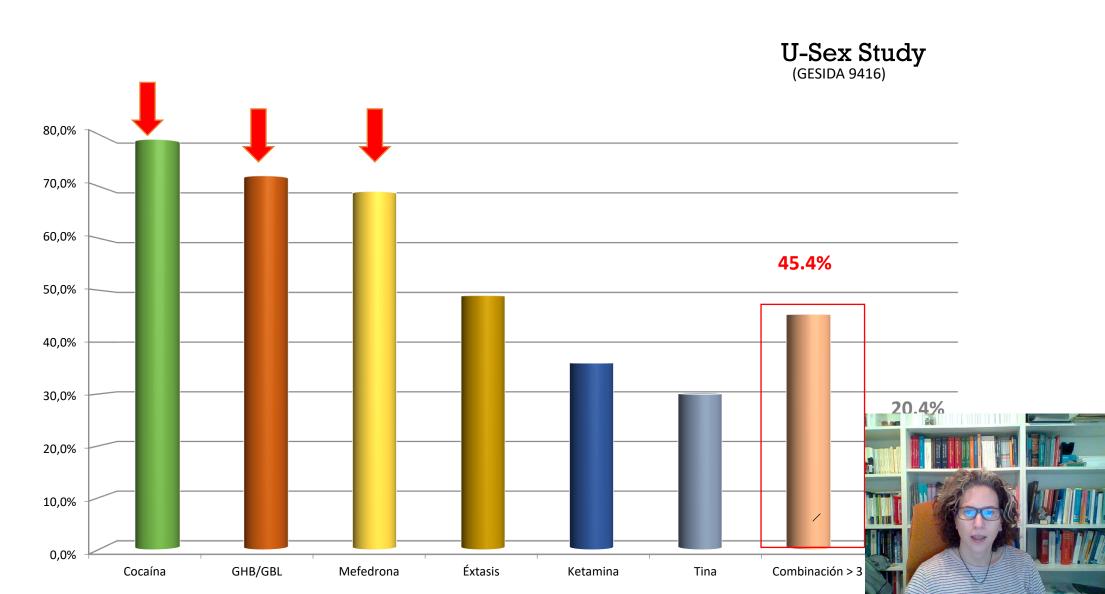


Slammig/Slamsex: 34/216 (15.7%)





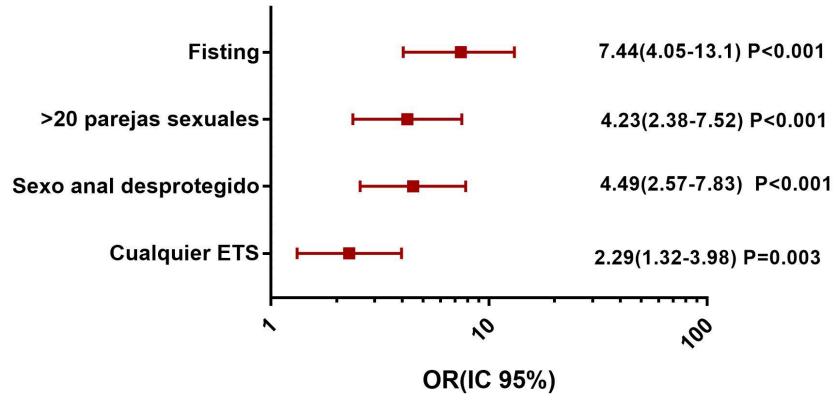
Sexualised drug use in the last year (n=216)





Multivariant analysis: Chemsex related factors

U-Sex Study
(GESIDA 9416)









RESEARCH ARTICLE

Drug-related and psychopathological symptoms in HIV-positive men who have sex with men who inject drugs during sex (slamsex): Data from the U-SEX GESIDA 9416 Study

Helen Dolengevich-Segal 1,2*, Alicia Gonzalez-Baeza, Jorge Valencia 4, Eulalia Valencia-Ortega, Alfonso Cabello, Maria Jesus Tellez-Molina, Maria Jesus Perez-Elias 7, Regino Serrano, Leire Perez-Latorre, Luz Martin-Carbonero, Sari Arponen, Jose Sanz-Moreno, Sara De la Fuente, Otilia Bisbal, Ignacio Santos, Jose Luis Casado, Jesus Troya 15, Miguel Cervero-Jim Sara Nistal, Guillermo Cuevas, Javier Correas-Lauffer, Marta Torrens, Pablo Ryan, on Behalf of the U-SEX GESIDA 9416 Study

1 Psychiatry Service, Henares University Hospital, Madrid, Spain, 2 Faculty of Medicine, Land Francisco de Vitoria, Madrid, Spain, 3 HIV Unit, La Paz University Hospital, IdiPAZ, Madrid, Spain, 5 Infectious Diseases and HIV Unit, Eundación





Table 2. Self-reported psychiatric symptoms during and after non-injecting sexualized drug use and slamsex.

	Total sample (N = 216)	Non-injecting sexualized drug use (n = 182)	Slamsex (n = 34)	P value
3 or more dependence symptoms, No. (%)	60 (27.8)	40 (22)	20 (58.8)	.000
3 or more withdrawal symptoms, No. (%)	98 (45.8)	72 (39.6)	26 (76.5)	.000
Intense craving, No. (%)	55 (25.5)	34 (18.5)	21 (61.8)	.000
Interference with work, social, or family life, No. (%)	68 (31.5)	46 (25.3)	22 (64.7)	.000
Paranoid ideation, No. (%)	30 (15.3)	20 (11)	10 (29.4)	.004
Suicidal ideation, No. (%)	33 (15.3)	22 (12.1)	11 (32.4)	.003
Suicide attempt, No. (%)	30 (13.8)	19 (10.4)	11 (32.4)	001
Loss of consciousness, No. (%)	33 (15.3)	23 (12.6)	10 (

https://doi.org/10.1371/journal.pone.0220272.t002

3 or more withdrawal symptoms



		OR	95	% CI	p-value	
ø)	Slamsex	4.97	2.13	11.57	0.000	——
ariate	Active anxiety	2.84	1.26	6.41	0.012	· • • · · ·
ari	Active drepression	7.78	2.85	21.24	0.000	⊢
Univ	Polydrug use	1.77	1.03	3.04	0.039	├
\supset	GHB use	1.88	1.02	3.48	0.044	—
	Cathinone use	2.49	1.35	4.61	0.004	⊢
	Smoked methamphetamine	1.76	0.92	3.36	0.088	; ■
					0,1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

slamsex		OR	95	% CI	p-value
Ë	Active anxiety	2.18	0.93	5.12	0.074
S	Active drepression	5.68	2.01	16.03	0.001
for	Polydrug use	1.29	0.72	2.31	0.387
	GHB use	1.79	0.95	3.38	0.073
ste	Cathinone use	1.87	0.99	3.54	0.055
Adjusted	Smoked methamphetamine	1.66	0.85	3.25	0.139
Ac					

Fig 1. Association between current self-reported psychiatric diagnosis and 3 or more withdrawal symptoms.

3 or more drug dependence symptoms



		OR	959	% CI	p-value	:	
Φ	Slamsex	5.07	2.35	10.93	0.000	·	
riate	Active anxiety	2.36	1.07	5.24	0.034	——	
'a'	Active drepression	3.18	1.44	7.02	0.004	į ——	
Ē	Polydrug use	2.51	1.36	4.62	0.003	⊢ •	
ō	GHB use	1.25	0.64	2.47	0.512	⊢ •−1	
	Cathinone use	2.43	1.17	5.04	0.018	⊢ •−−1	
	Smoked methamphetamine	2.03	1.03	4.00	0.041	; — → —	
							
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nse)		OR	959	6 CI	p-value	
<u>a</u>	Active anxiety	1.68	0.71	3.98	0.236	
S	Active drepression	1.99	0.83	4.76	0.122	
ę	Polydrug use	1.80	0.93	3.47	0.081	· -
eq	GHB use	1.14	0.56	2.30	0.725	⊢ •
ıst	Cathinone use	1.67	0.77	3.61	0.195	⊢ ■
흪	Smoked methamphetamine	1.92	0.94	3.92	0.071	·
ď					0,	·····i

Fig 2. Association between current self-reported psychiatric diagnosis and 3 or more drug-dependence symptoms.

Psychotic symptoms



		OR	959	6 CI	p-value	
	Slamsex	3.37	1.41	8.07	0.006	⊢
ē	Active anxiety	3.51	1.42	8.72	0.007	
riate	Active drepression	2.82	1.12	7.14	0.028	
Jniva	Polydrug use	3.30	1.44	7.60	0.005	į ——
	Cathinone use	3.25	1.09	9.72	0.035	
_	Smoked methamphetamine	3.30	1.47	7.42	0.004	⊢ •⊶
					0,7	, ,0 ,00

ms		OR	959	6 CI	p-value
sla	Active anxiety	2.70	1.04	7.02	0.042
for	Active drepression	1.91	0.69	5.28	0.215
Ď	Polydrug use	2.64	1.10	6.37	0.031
ste	Cathinone use	2.48	0.79	7.76	0.119
dj	Smoked methamphetamine	3.15	1.38	7.22	0.007
Ă					0,

Fig 3. Association between current self-reported psychiatric diagnosis and psychotic symptoms.

Suicidal ideation or attempt



		OR	959	% CI	p-value	‡
ė	Slamsex	3.48	1.49	8.10	0.004	
riat	Active anxiety	3.68	1.53	8.88	0.004	
٧aı	Active drepression	5.47	2.30	12.99	0.000	
Univar	Polydrug use	1.34	0.64	2.81	0.442	⊢ • − 1
\supset	GHB use	0.89	0.40	2.00	0.775	⊢
	Cathinone use	1.21	0.53	2.76	0.657	⊢ • − 1
	Smoked methamphetamine	1.97	0.88	4.43	0.100	÷ • · · ·
×						0, , '0 '0

nse		OR	959	% CI	p-value
slams	Active anxiety	2.97	1.18	7.45	0.020
	Active drepression	4.13	1.63	10.47	0.003
for	Polydrug use	0.91	0.40	2.09	0.827
þ	GHB use	0.80	0.35	1.84	0.599
st	Cathinone use	0.80	0.32	1.98	0.629
Adjusted	Smoked methamphetamine	1.84	0.80	4.22	0.149

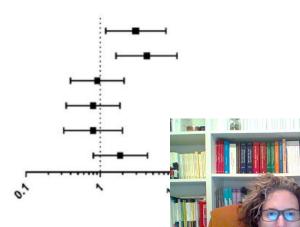


Fig 4. Association between current self-reported psychiatric diagnosis and suicidal ideation or attempt.



CONCLUSIONS

- PLHIV and use drugs have higher risk of having complicated COVID-19 infection.
- The practice of chemsex is growing among MSM with HIV and has to be adressed from a multidisciplinary point of view, incluiding psychiatrists.
- The practice of slamsex seems to be related to higher rates of severe psychopathological symptoms: paranoid delusions, suicidal

THANK YOU FOR YOUR ATTENTION

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