

CFAR 2024 Research Day, 2500 characters max

Title: Methamphetamine use among older adults living with HIV

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Background: Methamphetamine use is increasing, resulting in a surge in methamphetamine-related overdose deaths in the U.S. Methamphetamine can also complicate the management of chronic diseases, including HIV, and is associated with a range of cardiovascular and other health complications. Therefore, for older adults living with HIV who use methamphetamine, its use may worsen health outcomes. The objective of this study is to examine the contextual motivations and perceived risks of methamphetamine use in the setting of aging and chronic disease, along with knowledge of harm reduction approaches among older adults living with HIV.

Methods: We conducted 1-to-1, semi-structured qualitative interviews with 20 adults aged ≥ 50 and living with HIV in San Diego, California, who used methamphetamine in the past 30 days. Interviews were audio-recorded, transcribed, systematically coded, and analyzed to identify key themes regarding reasons for methamphetamine use in older age, perceived benefits and harms, impact on chronic disease management including HIV, knowledge and barriers of harm reduction interventions, and experiences cutting down on use.

Results: Participants had a mean age of 59.9 years (range 51-69), 15 (75%) identified as male, 6 (30%) as Hispanic/Latino, 13 (65%) as lesbian, gay, or bisexual, 14 (70%) had ≥ 2 chronic medical diseases other than HIV, and 4 (20%) with opioid use disorder. Regarding methamphetamine use, 11 (55%) used methamphetamine every day, with the most common route of use being smoking 14 (70%). Three major themes emerged: (1) Motivations for methamphetamine use shifted with age, from using for recreational purposes to mainly using to help perform everyday activities, treat chronic symptoms, or cope with increasing isolation; (2) Increasingly experiencing negative physical consequences related to use with less perceived benefit, but difficulty cutting down or stopping; (3) Lack of knowledge regarding risk for overdose and little familiarity of harm reduction interventions.

Conclusions: In this qualitative analysis, older adults living with HIV who use methamphetamine reported changing motivations for use with age while not accessing harm reduction interventions to reduce overdose risk. More research is needed to understand methamphetamine use in the context of aging-related challenges and effective multidisciplinary harm reduction interventions for older adults living with HIV.