

Quadrupling of methamphetamine use among homeless and marginally housed persons, 1996–2003

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The REACH Study

Background

- Homeless and marginally housed persons suffer disproportionate levels of substance use disorders compared to the urban poor
- Reports suggestive of increasing methamphetamine use
 - DAWN – Emergency room visits increasingly meth-related
 - SAMSHA – Drug treatment admissions increasingly for meth
- Population-based studies have not been conducted

Study Questions

- Has methamphetamine use in the homeless increased over the past 14 years?
- Have certain subgroups been more affected than others?

Methods

- Four waves of cross sectional studies conducted at shelters, free meal programs, and SRO hotels

Wave 1: 1990-1994	Wave 2: 1996-1997	Wave 3: 1998-2000	Wave 4: 2003
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- 71 venues visited
 - 13 shelters
 - 8 free meal programs
 - 50 SRO hotels
- Inclusion criterion: Age 18 and older
- Structured interview
- HIV antibody testing and counseling
- Participants were paid \$10-\$20 for participating
- Inclusion criteria for analysis:
 - Surveys conducted after 1995 — surveys included questions on both injected and non-injected methamphetamine
 - Venues included were sampled in at least 2 out of 3 waves
- Exclusion criterion for analysis:
 - Samples drawn at SRO hotels – sampling strategy changed over time

Results

- 3091 interviews completed at shelters and lunch lines, 1996-2003
- 2553 at the 10 venues in at least 2/3 waves
 - 127 interviews for persons seen more than once per year were excluded from analysis
 - 2426 observations for analysis

Demographics, n=2426

Male	78%
Race	
African American	48%
Caucasian	35%
Other, or mixed race	17%
Median age	42.5 (IQR: 36-49)
Homeless* in the prior year	85%
Median total years homeless*	2 (IQR: 0.5-5.0)

*Homeless = living in a shelter, on streets, in a squat, vehicle, park

Drug use, prior month, n=2426

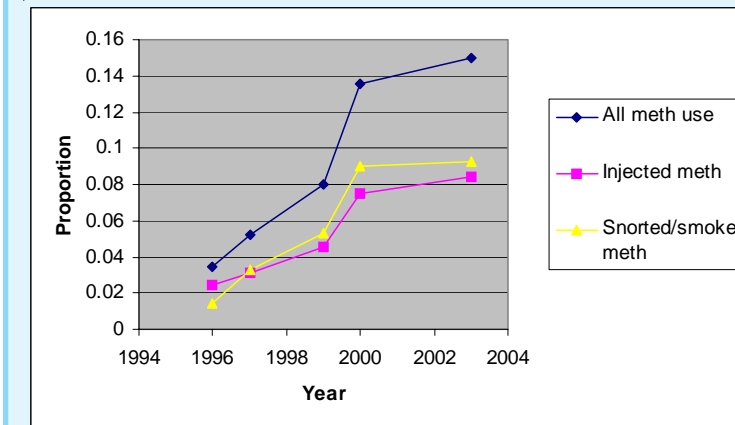
Drank alcohol heavily*	30%
Injected drugs	15%
Used crack cocaine	32%
Used methamphetamine	8%
Injected methamphetamine	5%
Snorted or smoked methamphetamine	5%

*≥5 drinks/occasion for men, ≥4 drinks/occasion for women

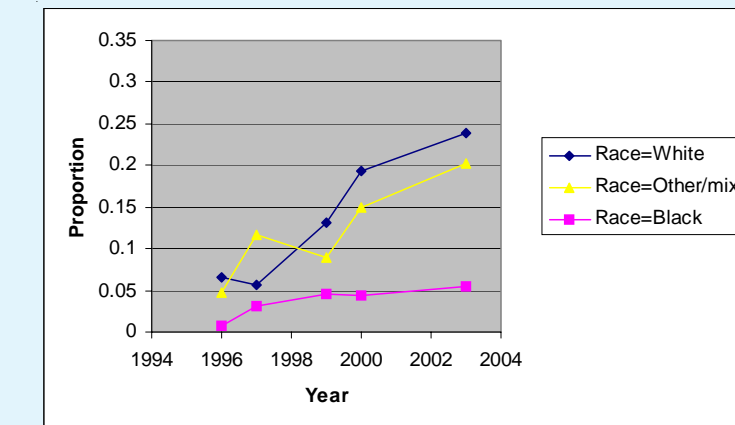
HIV and sexual behavior, n=2426

HIV antibody positive	10%
Male sexual partners (among men)	26%
Number of sexual partners, prior year (n=1577)	
0	26%
1-2	39%
≥3	35%
Sold sex, prior year (n=1683)	10%

Meth trends by route of administration

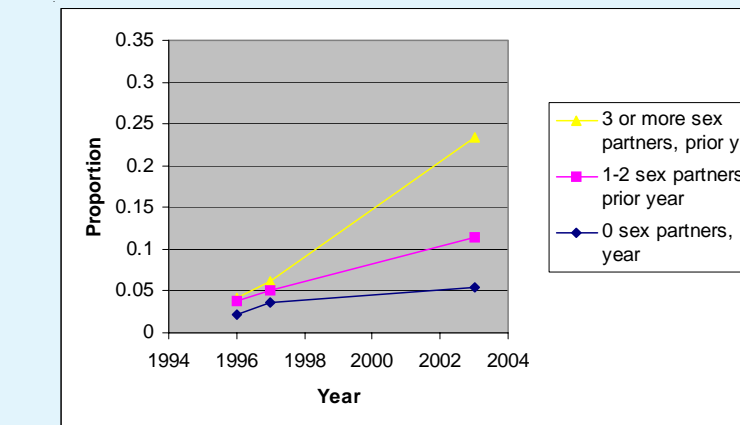


Meth* trends by race



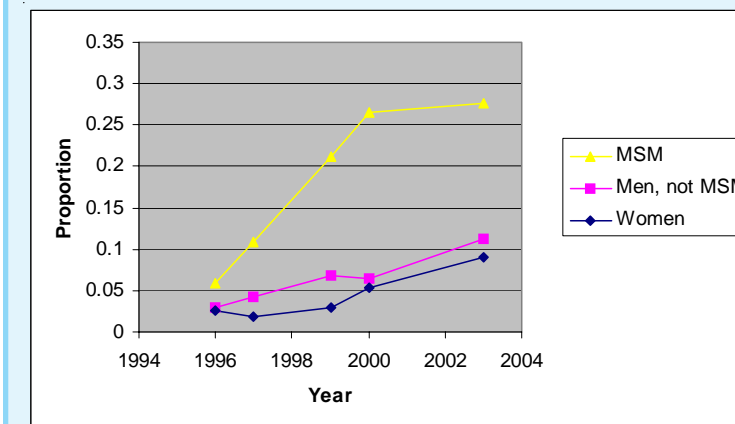
P-value for race = <0.01
P-value for differing slopes = 0.50

Meth* trends by number of sex partners



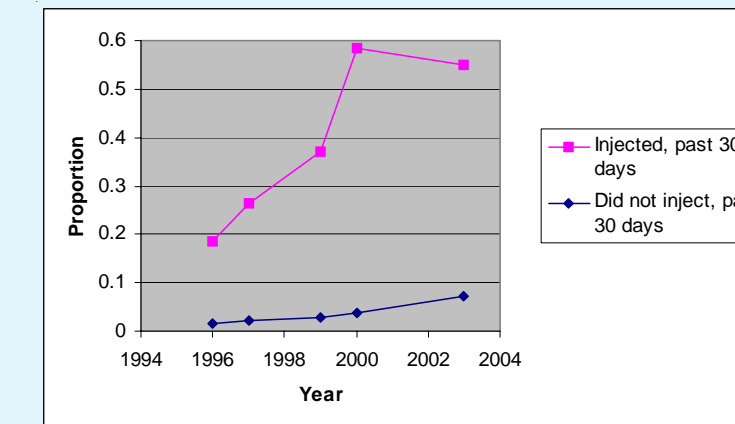
P-value for number of sex partners = <0.01
P-value for differing slopes = 0.09

Meth* trends by sex and MSM



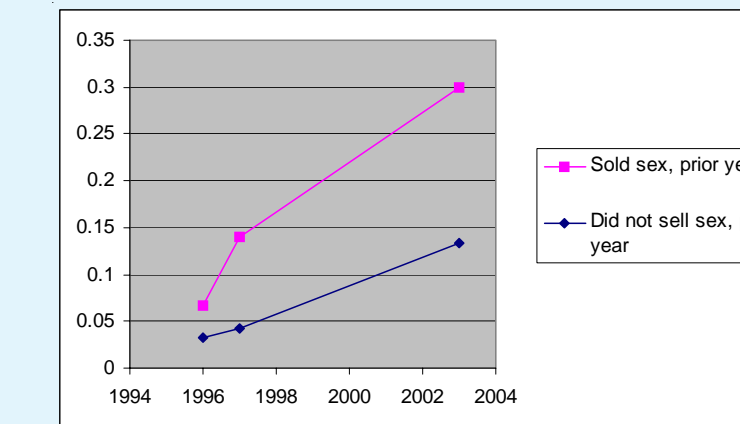
P-value for sex/sexual preference = <0.01
P-value for differing slopes = 0.90

Meth* trends by injection drug use



P-value for injecting drug use = <0.01
P-value for differing slopes = 0.81

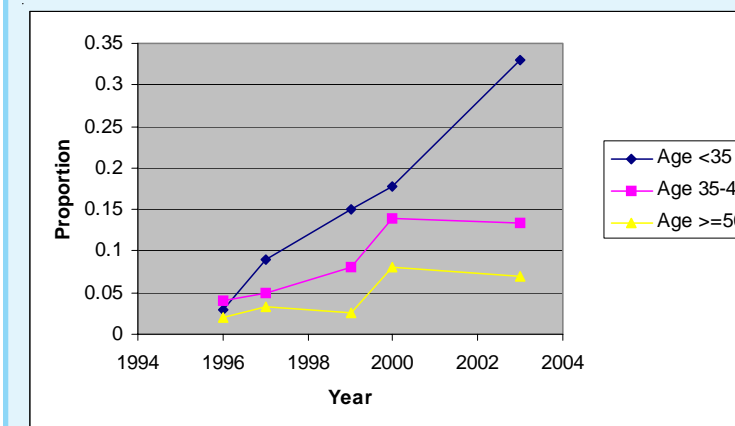
Meth* trends by selling sex



P-value for selling sex = <0.01
P-value for differing slopes = 0.91

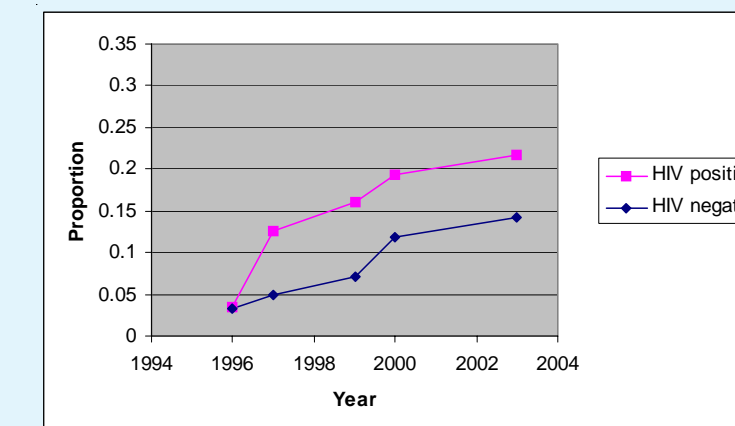
*= All routes of administration

Meth* trends by age



P-value for age = <0.01
P-value for differing slopes = 0.06

Meth* trends by HIV status



P-value for HIV status = <0.01
P-value for differing slopes = 0.82

Conclusions

- Methamphetamine use is increasing in the homeless, in all risk groups
- Increase among homeless persons under age 35 greater than among older groups
- Greater increase in meth use among persons with 3 or more sex partners compared to those with fewer sex partners
- Among the homeless, meth use most common among injection drug users

Acknowledgements

- REACH study staff
- NIH R01 MH54907