Meth and HIV — a dangerous combination

- Use of methamphetamine (meth or crystal meth) is increasing in West Virginia.
- Recent studies indicate that meth use may increase unsafe sex and raise HIV and STD infection rates among men who have sex with men.
- In some parts of the U.S., meth is a problem currently centered among gay men. In West Virginia, however, it is a problem regardless of sexual orientation, gender, age, socioeconomic status, or race/ethnicity.
- In addition to the physical and psychological damage it causes, meth use often leads to compulsive sexual behaviors that increase the spread of HIV and other sexually transmitted infections.
- Because meth is highly addictive and may significantly alter sexual behavior, it has the potential to become a more serious and widespread problem, especially with regard to increased spread of HIV. Meth use also poses additional dangers to people already infected with HIV.
- Meth use often results in an intense downward spiral of addiction, which is very difficult to treat.

What is methamphetamine?
- Methamphetamine is a highly addictive central nervous system stimulant.

- Common street names include: meth, speed, crystal (also christina, chrissy, or tina), crank, chalk, and ice.
- Intense physical and psychological effects of meth intoxication last six to 12 hours. These include: increased energy and alertness; loss of appetite; and feelings of improved well-being.

Continued on page 2

$2.3 million grant will fund program through 2010

The CAMC Ryan White Program will receive a total of $2.3 million dollars to support primary health care services for persons infected with the human immunodeficiency virus (HIV), thanks to a grant from the United States Department of Health and Human Services. The program will receive $460,499 for each of the next five years. The grant is awarded under the Ryan White Comprehensive AIDS Resources Emergency Act’s Title III program for early intervention services.

“We are extremely pleased with this grant,” said Christine Teague, PharmD, program director of the CAMC Ryan White Program. “It will help us continue our mission of providing services for people at-risk or already infected with HIV. Our program’s care team includes five physicians who are HIV specialists.

That is significant because research shows that persons infected with HIV who are treated by an HIV specialist will have better health outcomes.”

The CAMC Ryan White Program is a collaboration between Charleston Area Medical Center, CAMC Institute, and the West Virginia University School of Medicine/Charleston Division.

The CAMC Ryan White Program provides primary outpatient care for more than 200 individuals in 16 southern West Virginia counties, many of whom are uninsured or underinsured. Adults are treated at the specialty outpatient clinics at CAMC Memorial Hospital. Children are treated at CAMC Women and Children’s Hospital.

For more information on the program, visit www.camcrwp.org.

Visit our web site at http://www.camcrwp.org You’ll find information about HIV symptoms and testing, links to other great HIV-related sites, answers to frequently asked questions, profiles of staff and more.
Meth and HIV — a dangerous combination

Continued from page 1

Why is meth so dangerous?
• Meth is highly addictive, and its use results in:
  - Craving: A strong urge for the drug
  - Loss of Control: Being unable to stop using meth or engaging in other high-risk behaviors
  - Physical dependence: Withdrawal symptoms after stopping (anxiety, paranoia, aggression, extreme fatigue, sleep disorders, depression)
  - Tolerance: The need to take more and more meth to feel its effects
• Meth increases heart rate, blood pressure, and body temperature, and dehydrates the body. An overdose can lead to convulsions or heart failure, and can be fatal.

Heavy or prolonged meth use can lead to:
• Depression
• Insomnia or other sleep disorders
• Paranoia
• Hallucinations (visual, auditory or tactile)
• Aggressive or violent behavior
• Anxiety and compulsive behaviors
• Periodontal disease and loss of teeth
• Eating disorders and malnutrition
• Stroke
• Heart and brain damage that may be permanent
• Death

How does meth increase HIV risk?
• Meth lowers inhibitions and alters judgment. The drug poses particular risks because it is often used to initiate or enhance sexual encounters, especially among men who have sex with men (MSM).

Recent studies have shown that MSM who use meth are:
  - Less likely to use condoms, or to use them properly
  - More likely to engage in unprotected receptive anal sex
  - More likely to have multiple sex partners
  - More likely to have anonymous sex partners
  - More likely to be infected with HIV and other sexually transmitted diseases, including syphilis and hepatitis
• Meth deadens pain receptors, so users are more likely to engage in “rough” sex. This increases HIV transmission risk due to abrasions and bleeding from cuts and tears in tissues.
• Inserting meth into the anus can damage the lining of the rectum, making it more likely to tear during anal sex, and increasing the risk of HIV infection.
• Injecting meth increases the risk of HIV, as well as of hepatitis B and C.
• Meth often causes impaired sexual functioning in men, including temporary erectile dysfunction or delayed ejaculation.
  - Because of these effects, MSM meth users are more likely to engage in receptive anal sex.
  - They are also more likely to use Viagra* or similar drugs. Recreational Viagra use increases HIV risk factors, including greater numbers of sex partners and a higher incidence of unprotected sex.
• Meth poses additional dangers for people who already have HIV infection. People who use the drug may be likely to forget to take their HIV medications. Evidence suggests that meth also has the potential to:
  - Suppress immune system responses to HIV or other infections
  - Cause dangerous interactions with HIV medications
  - Increase HIV viral activity
  - Accelerate HIV-related dementia and other health problems

The downward spiral of meth addiction
• Because meth is so highly addictive, experimenting with this drug is very dangerous.
• The cycle of meth addiction runs from a euphoric high to the inevitable “crash” and accompanying symptoms of depression.
• Recovery from meth addiction is possible, and it’s never too late to stop. However, treatment is difficult, and relapse is common.
  - There are no known pharmacological treatments for meth addiction. However, medications are often prescribed to ease withdrawal and treat the depression, anxiety, and psychosis that may result from meth use.
  - Cognitive behavioral therapy and 12-step peer counseling programs are the primary treatment options available.
• Prevention is critically important. With focused effort, we can help prevent people from using meth or refer them for treatment before their problem gets worse.

*Product names are included for identification purposes only; their use does not imply endorsement by the CAMC Ryan White Program.

This article is based on the New York City Department of Health and Mental Hygiene’s Health Bulletin #16: Methamphetamine and HIV, and reprinted with permission.

To find out more about the CAMC Ryan White Program in southern West Virginia or to schedule an appointment, call toll-free 1-877-565-4423.
Hepatitis C: facts you need to know

Jeremy Stapleton, DO

Hepatitis C is a disease caused by a virus that attacks the liver, causing inflammation. This is of concern because the liver plays an important role in our body’s ability to break down nutrients, medications and toxins. In some cases, liver inflammation can lead to scarring (cirrhosis), liver failure, and even death.

HIV/AIDS and hepatitis C (HCV) can both be spread through IV drug use and unprotected sex. Nationally, about 1 out of every 4 HIV positive people also have HCV. This is called coinfection. For this reason, all HIV positive persons should be tested for HCV and evaluated for possible treatment.

Although HCV is a very serious disease, there is reason for optimism. New treatment options are more effective than ever, with up to 50 percent cure rates. There also has been a significant decline in the number of new cases of acute hepatitis C in the United States. In the mid 1980s, approximately 230,000 new cases were diagnosed each year. Today, that number has decreased to approximately 36,000 per year. There are two main reasons for this dramatic decline. The first is the advances in the screening of blood used for transfusions. The second is better education on the symptoms, transmission, and prevention of hepatitis C — which is the purpose of this article!

Symptoms of hepatitis C

Acute hepatitis C

Fewer than 25 percent of cases of acute HCV have noticeable symptoms. Most cases are asymptomatic (no symptoms). In those patients that do have symptoms, the most common are nausea and vomiting, muscle and joint pain, stomach pain, and fatigue lasting from two to 12 weeks. The major problem is the development of chronic hepatitis C.

Chronic hepatitis C

Sixty to 80 percent of those with acute hepatitis develop chronic hepatitis, which means they never get rid of the virus. Most people with chronic infection have no, or only mild, symptoms. However, up to 30 percent of people with chronic hepatitis will develop liver cirrhosis (scarring) over a 20 to 30 year period. The complications of cirrhosis include liver failure, liver cancer (hepatocellular carcinoma) and even death.

Someone diagnosed with hepatitis C should:

- Check with the doctor about recent advances in treatment and available medications
- Take steps to prevent spreading the virus to others
- Get good general health care
- Avoid alcohol, which increases the risk of liver cirrhosis (scarring)
- Avoid medicines that affect the liver (like Tylenol)

How it spreads

Hepatitis C is spread when blood or body fluids from an infected person enter the body of a person who does not have the disease. The most common ways for this to happen are:

- IV (intravenous) Drugs: sharing needles or drugs
- Sexual contact: especially unprotected sex (without condoms)
- Blood transfusion: advances in screening have nearly eliminated what was once a significant risk factor
- A pregnant mother, infected with HCV, may pass it to her baby

Prevention of hepatitis C

Obviously, the key to prevention is knowing how the virus is spread. Important reminders:

- Don’t share anything that might have blood on it. This includes drug paraphernalia, needles, syringes, cotton, water, rinse cups, razors, and even toothbrushes.
- Practice “safer” sex. If you are having sex with more than one partner, use latex condoms every time you have sex.
- Think about health risks if you are planning to get a tattoo or piercing. Make sure the equipment is sterilized and the person providing the service uses disposable gloves and washes his/her hands.
- People with Hepatitis C should not donate blood, body organs or semen.

Stapleton is a first-year internal medicine resident with the WVU Department of Internal Medicine/Charleston Area Medical Center.

Take the test!

The decision to be tested for HIV is the first step in taking responsibility for yourself and the health of others with whom you may be intimately involved.

HIV testing locations

Many testing sites offer free testing, but some charge a fee. Some locations require an appointment; others accept walk-ins. Call ahead to be sure!

On the Internet you can find a list of test sites in your area by entering your zip code. Go to www.hivtest.org

By phone, you may call:

- WV AIDS/STD Hotline: 1-800-642-8244
- CAMC Ryan White Program care coordinator in Charleston: 388-9337 or toll-free: 1-877-565-4423
- National HIV/AIDS Hotline: 1-800-342-2437
- Your local county health department

SUGGESTION BOX

This newsletter is a quarterly publication of the CAMC Ryan White Program. It is intended to provide helpful information to individuals in southern West Virginia who are affected and/or infected by HIV/AIDS.

We welcome your comments, suggestions and ideas or topics for articles. Contact Barbara Joseph, outreach coordinator, at (304) 388-9979 or by Email at barbara.joseph@camc.org to share your suggestions or to request future issues of path.
Warts it all about?

What is HPV?
Nearly 20 million Americans are currently infected with human papillomavirus (HPV), also called genital warts. There are more than 100 different strains or types; most cause common warts that grow on the hands and feet. However, more than 30 types of HPV are passed sexually, infecting the genital areas of men and women. Areas that get infected include the vulva (entire outer female genital area); vagina (birth canal); cervix (opening to the uterus); anus/rectum; penis; and scrotum (balls). The mouth and throat also can be affected in persons having oral sex. Some “high risk” types of viruses may cause abnormal pap smears, and could lead to cancer of the cervix, vulva, vagina, rectum/anus, and penis. Other viruses are the “low risk” types, which cause abnormal pap smears and genital warts.

How do people get genital HPV?
Genital HPV infection is the most common sexually transmitted disease in the U.S. It is passed mainly through skin-to-skin contact during vaginal, anal, or oral sex with someone who has this infection. HPV is more likely to be passed on when warts are present, because the virus is considered to be active. When warts are gone, however, the virus can still be sleeping in skin cells and a person may or may not still be contagious. Most people who have an HPV infection do not know they are infected (because they have no signs or symptoms), but they can still pass on the virus.

What does genital HPV look like?
HPV can be active in two different ways: (1) External genital warts range from large cauliflower-looking growths that are easily seen to small, flat, smooth, almost invisible bumps. Some are hard and firm, and others are soft and fleshy. They tend to be skin colored or white. They do not burn or cause itching. (2) Dysplasia is abnormal cell growth that could eventually lead to cancer. It is not visible with the naked eye.

How do I find out if I have genital HPV? (diagnosis)
During a careful examination, your doctor can usually tell whether a bump is a genital wart just by looking at it. Sometimes a doctor may use a magnifying glass or a vinegar solution (acetic acid). This solution causes infected areas to turn white, and makes them more visible.

Dysplasia is microscopic, and not visible just by looking. It most commonly is seen on the cervix in women, but can be seen in other areas including the rectum, vagina and vulva. It is not cancer, but if left untreated it could become cancer. It is most often diagnosed in women by doing a Pap smear. If the Pap smear is abnormal, a woman may be referred for a colposcopy. This is where a doctor looks at the cervix with a microscope and if needed will take a biopsy. HIV positive women have a higher rate of HPV viruses that cause cancer, and should have frequent Pap smears (every six months).

What is the treatment for genital HPV infection?
There is no medical cure for HPV, but several treatments are available. The goal is to remove any visible warts and to reduce the risk of passing on warts to a partner who may not be infected. For external genital warts, at home prescription creams can be used. Treatments done in the doctor’s office include: cryotherapy (freezing off the wart with liquid nitrogen); electrosurgery (burning off the wart with electric current); and laser therapy (using intense light to destroy warts). With abnormal pap smears, options include cryotherapy (freezing that destroys tissue), LEEP (removal of tissue using a hot wire loop), and surgery.

How do I avoid HPV infection?
• Abstinence (not having sex) is the best way to avoid HPV.
• The next surest way is to limit sex to one partner who only has sex with you.
• Condoms (rubbers), used the right way from start to finish, may provide some protection, but ONLY for the skin that is covered by the condom. Condoms do not cover all the skin in the genital area, so they don’t protect 100 percent.
• Avoid sexual contact with a new partner if you or your partner has untreated, visible warts on or near the genital area.
• Before having sex, talk with your partner about HPV and negotiate a strategy that feels comfortable for both of you.
• If you have newly diagnosed genital warts, you should inform any partners you have had sex with in the three months before your warts appeared.

If you and/or your partner have (or think you have) genital warts, feel free to talk to your doctor. Get educated and learn the facts about genital HPV. This is the first in the series of “Sex in the City: what you need to know about sexually transmitted diseases.”

Martin is the Medical Director of the CAMC Ryan White Program