

A photograph of two Black men sitting on a bench outdoors, smiling and hugging. The man on the left is wearing a grey hoodie with a colorful graphic, and the man on the right is wearing a white tank top and a black vest. The background shows a metal fence and greenery.

Ending the HIV Epidemic (EHE): Addressing Methamphetamine Use among Black Gay, Bisexual, Same-Gender-Loving Men with HIV

Thursday, February 22, 2024

12:00 PM – 1:30 PM EST

11:00 AM – 12:30 PM CST

10:00 AM – 11:30 AM MST

9:00 AM – 10:30 AM PST

Ending
The
HIV
Epidemic



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Cooperative Agreement Award # U69HA33964

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of the Year 4 award with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

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| Epidemic



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Strengthen & support the implementation of jurisdiction
Ending the HIV Epidemic in the U.S. (EHE) plans to
contribute to the reduction of new HIV cases to less than
3,000 per year.

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Tip: Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org

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Moderator

William Bland, M.B.A., M.P.H. (Pronouns: He/Him/His)
Deputy Director, TAP-in
CAI

Presenters

Keith R. Green, PhD, MSW (Pronouns: He/Him/His)
Executive Director, Chicago Black Gay Men's Caucus
Co-Chair, Chicago Methamphetamine Task Force

Roger Sediles
Program Manager, Substance Use Programs
APLA Health

Thomas E. Freese, Ph.D. (Pronouns: He/Him/His)
Director, UCLA Integrated Substance Abuse Programs
Co-Director, Pacific Southwest Addiction Technology Transfer
Center, HHS Region 9



Panelist

Gregory R. Smith | Executive Director
Here's to Life, Atlanta

Michael Roberson | Public Health Advisor and Community
Engagement Specialist, New York City

Michael Haymer, MD MSW | EHE Program Manager for
Treat & Respond, LA County Division of HIV/STD Programs

Learning Objectives

1. Share the perspectives of Black Gay, Bisexual, Same-Gender-Loving Men using Meth on what EHE jurisdictions need to do to improve HIV outcomes.
2. Review evidence-based interventions for Meth users, as well as community and other programs focused on the needs of Black Gay, Bisexual, Same Gender-Loving Men with HIV who use Meth.
3. Discuss how to optimize HIV treatment outcomes while reducing harm and stigma for Black Gay, Bisexual, Same-Gender-Loving Men using Meth.
4. Discuss ways to access technical assistance (TA) for EHE jurisdictions implementing interventions for Black Gay, Bisexual, Same-Gender-Loving Men with HIV who use Meth.

Agenda

- Case Study: Marcus
- Addressing Meth Use Among Black Gay, Bisexual, and Other Men Who Have Sex With Men in Chicago
- Helping Black Men with HIV Who Use Meth: Experiences from L.A. - Party Wise Program
- Lived Experience: Black Gay, Bisexual, Same-Gender-Loving Men with HIV and Methamphetamine Use
- Hope for the Future: Contingency Management and Meth Treatment in California
- Panel Discussion
- How to get help for your EHE jurisdiction

TAP-in's National EHE Webinars on Substance Use Disorder

Addressing Substance Use Disorders (SUDs) as a Strategy to End the HIV Epidemic

February 25, 2021



Addressing Substance Use Disorders (SUDs) as a Strategy to End the HIV Epidemic

Insights from the Field and How to Access TA and Training
Funded by the Ending the HIV Epidemic Initiative

Thursday, February 25, 2021

1:00-2:30 pm ET – 12:00-1:30 pm CT – 11:00 am -12:30 pm MT – 10:00-11:30 am PT



Meth as a Driver of the HIV Epidemic

September 30, 2021

Meth as a Driver of the HIV Epidemic

What can End the HIV Epidemic (EHE) jurisdictions do to address the disruptive role of Methamphetamine use in HIV prevention and care



Thursday, September 30th, 2021

12 – 1pm ET; 11am – 12pm CT;
10 – 11am MT; 9 – 10am PT



Integrating Services to Address the Syndemics of HIV, STIs, Substance Use Disorder, and Viral Hepatitis

February 28, 2023

Integrating Services to Address the Syndemics of HIV, STIs, Substance Use Disorder, and Viral Hepatitis

February 28, 2023
12:00 PM – 1:00 PM EST
11:00 AM – 12:00 PM CST
10:00 AM – 11:00 AM MST
9:00 AM – 10:00 AM PST



All recordings are available at <https://targethiv.org/library/tap-in-archived-webinar-series>





Scope of the Problem

Health Risks

Provider Strategies

Treatment Strategies

What has changed since 2009?

- Meth is purer
- Meth is more available
- Meth is cheaper
- No longer "Mom and Pop" production
- Shift in Black communities from Crack Cocaine to Meth use

METHAMPHETAMINE and HIV

"If you [had] told me that I would go from being an executive at Macy's to [being on] the verge of homelessness, I never would have believed you," says Mike Rizzo, a recovering methamphetamine ("meth") addict and manager of Crystal Methamphetamine Recovery Services (CMRS) at the Los Angeles Gay & Lesbian Center. "Meth dismantled my life," he adds. "I was fired from a job, suffered psychosis and severe depression, and was unable to take care of myself."

Mike's story is not unique. The power of meth to destroy the lives of its users is seen in rural areas, in urban centers, and among the rich and the poor. And the intersection of the HIV and meth epidemics is posing major barriers to care for people living with HIV/AIDS (PLWHA) as well as considerable hurdles for HIV service providers across the country. To better identify—and treat—PLWHA who use meth, providers must understand the drug's allure, pharmacology, and health implications.

DID YOU KNOW?

Meth users, if smoking in confined spaces with little ventilation, may create an environment ripe for bacterial and viral infections, including treatment-resistant TB.²

Within its first few weeks online, the HIV and methamphetamine fact sheet for clinicians—available on the Health Resources and Services Administration (HRSA's) National

Marcus



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Marcus is a 26-year-old Black man who identifies as 'same-gender loving.' He tested positive for HIV six years ago and experienced feelings of depression and isolation. Marcus chose not to disclose his status to his family and didn't follow up on the referrals provided by the testing agency.

It wasn't until three years ago, when he met his partner, DeWayne, at a Ballroom event in their city, that Marcus entered HIV treatment. DeWayne, also living with HIV and doing well, encouraged Marcus to seek medical treatment at a local Ryan White clinic after two months together. Marcus responded positively to the treatment, achieving and maintaining an undetectable viral load for two years. If asked, both DeWayne and Marcus would describe themselves as individuals who use meth recreationally.

Marcus missed his last medical appointment at the Ryan White clinic. The following month, his viral load test came back with 10,000 copies. When he met with his case manager, Rebecca, she asked how things were going. Marcus confided in her, revealing that he had broken up with DeWayne. DeWayne had expressed concern about Marcus's increasing Meth use, considering it a problem in their relationship.

Marcus admitted to using more Meth with other individuals at weekend Ballroom events. For the first time, he found himself buying Meth during the week. If he couldn't obtain it from Ballroom friends, he mentioned using hookup apps to easily score Meth.

Marcus shared that he thought DeWayne was overreacting but asked Rebecca about his treatment options if he were to acknowledge that he does have a problem.

Addressing Meth Use Among Black Gay, Bisexual, and Other Men Who Have Sex With Men in Chicago

Keith R. Green, PhD, MSW

Executive Director – Chicago Black Gay Men’s Caucus
Co-Chair – Chicago Methamphetamine Task Force



Methamphetamine use is a growing phenomenon among Black gay, bisexual, and other men who have sex with men (GBMSM) nationally

- Data is limited
- Black GBMSM who use methamphetamine are more likely to engage in unprotected anal intercourse and to have multiple sex partners
- Risk behaviors associated with methamphetamine use amplify social network factors that have historically contributed to disparate infection rates among this population



Crystal CLEAR Chicago (CCC)

Crystal CLEAR Chicago began as an exploratory community-based participatory research project designed to:

- **Understand** the scope of methamphetamine use among Black gay, bisexual, and other men who have sex with men in Chicago;
- **Understand** motivations for use among Black gay, bisexual, and other men who have sex with men and barriers to effective treatment;
- **Identify/Construct** resources for service providers and public health officials involved with this population.



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Findings From CCC

Methamphetamine use is indeed a growing and concerning phenomenon among Black gay, bisexual, and other men in Chicago

Motivations for use included:

- Escapism
- General Life Stressors
- Curiosity
- External Pressures



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Findings From CCC Continued

- Participants had very limited knowledge of available treatment resources
- Participants' perspectives about the impact of methamphetamine use on HIV prevention and treatment varied considerably

Grounded in harm reductionist philosophies, three primary recommendations emerged from CCC...



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Recommendations from CCC



- **Community-developed social marketing campaigns** are needed to increase awareness among the various communities of Black gay, bisexual, and other men (e.g., House Ballroom, Kink and Fetish, youth) about the dangers associated with methamphetamine use, the impact that using can have on HIV prevention and treatment, and about available treatment resources.
- **Culturally responsive and sex-positive support services and treatment resources** focused specifically on methamphetamine use and Black gay, bisexual, and other men must be adequately financed and staffed.
- **Faith leaders who are both welcoming and affirming** of Black gay, bisexual, and other men must be identified (particularly from within the Black church) and engaged in efforts focused on combating this emerging crisis.



Mission Continued

The mission of the **Chicago Methamphetamine Task Force (CMTF)** is to address the destructive use of methamphetamine among Black gay, bisexual, and other men in the City of Chicago by:

- **Identifying** and amplifying quality of life needs for individuals who are vulnerable to methamphetamine use, abuse and addiction.
- **Stimulating** dialogue among service providers, public health officials, elected officials, researchers and other key stakeholders to identify, design, implement and evaluate effective support and treatment programs grounded in the principles of harm reduction.

Mission Continued

The mission of the **Chicago Methamphetamine Task Force (CMTF)** is to address the destructive use of methamphetamine among Black gay, bisexual, and other men in the City of Chicago by:

- **Advocating** for the designation of existing and/or the creation of new funding streams for addressing this escalating crisis; and
- **Encouraging** public health officials and service providers to develop protocols for methamphetamine use screening and data collection.

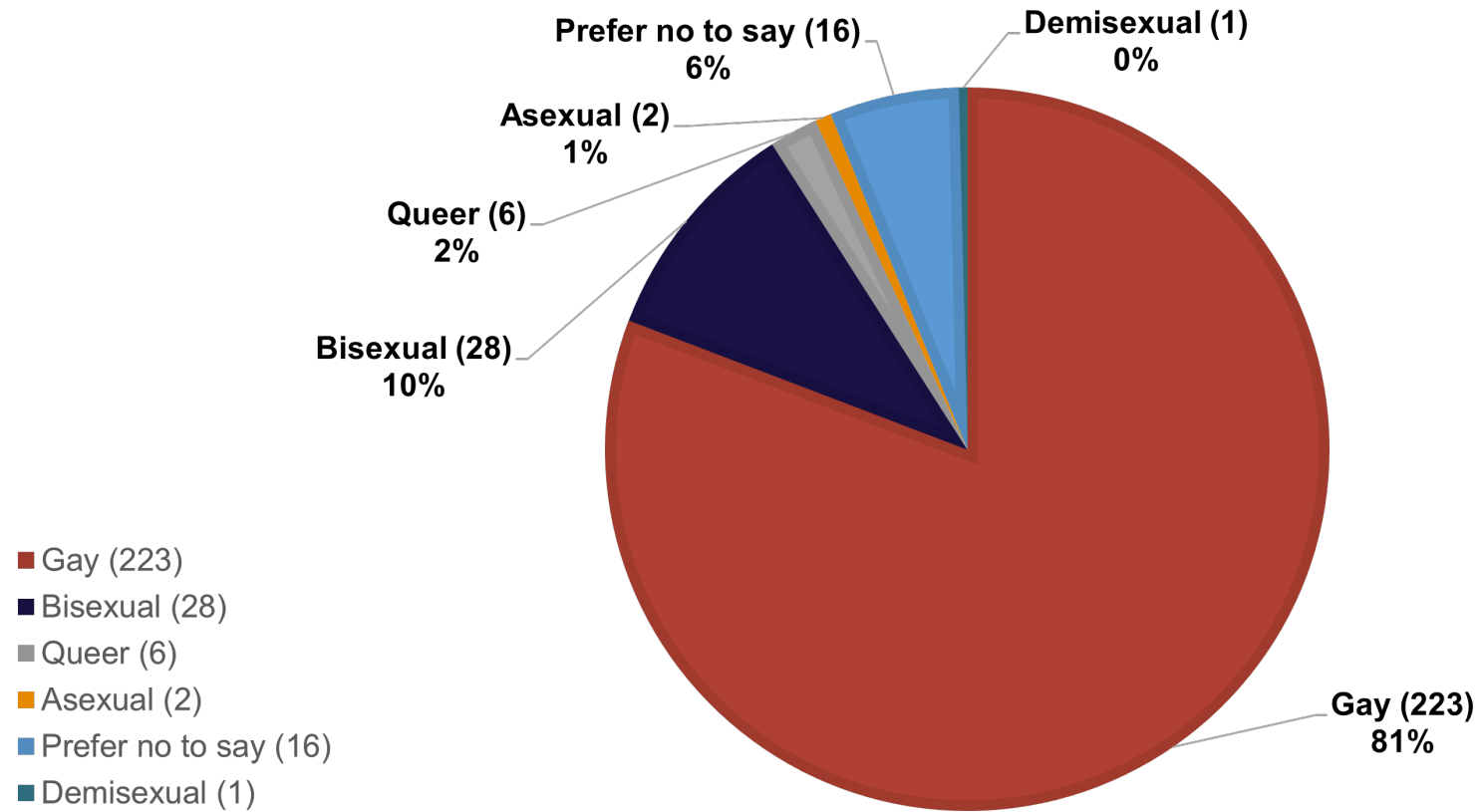
CMTF Community-Wide Survey

A cross-sectional, community-wide survey of Black gay, bisexual, and other men in Chicago to:

- **Understand** substance use behaviors and experiences with substance use treatment among this population;
- **Identify** needs among those who are vulnerable to substance use;
- **Promote** dialogue among service providers;
- **Advocate** for existing and new funding streams for addressing this escalating crisis;
- **Encourage** public health officials and service providers to develop enhanced protocols for substance use screening and data collection



Survey Demographics



This data is unpublished and collected from the CTF from July-November 2023

Key Survey Findings



- Survey **participants aged 25-34** more frequently report using substances from *each* licit and illicit substance category within the past three months to **make sex easier, better, last longer**, or something similar
- Majority of participants **take substances** either with their **sexual/romantic partner** or in a **social setting** rather than alone
- Slightly more than **30%** of participants express either *currently being in treatment; previously having been in treatment; or previously having been in detox for substance use*

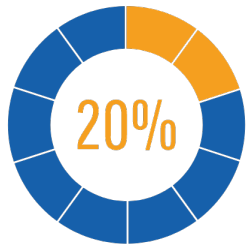
Key Survey Findings Continued



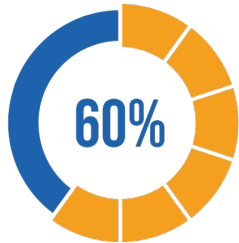
- More Black gay, bisexual, and other men who have used methamphetamine within the past three months report currently experiencing homelessness than those who report *not* having used methamphetamine within the past three months
- Current methamphetamine users mostly report residing in the *South Shore, Kenwood, Englewood, Auburn Gresham, and South Chicago* neighborhoods on the South Side and the *Austin* neighborhood on the West Side
- Participants who have used methamphetamine within the past three months more frequently report simultaneously using *cannabis, poppers, alcoholic beverages, party drugs, cocaine, or nicotine or tobacco products* in conjunction with methamphetamine

Key Survey Findings Continued

Participants report *methamphetamine* as the substance they most frequently use in conjunction with other licit and illicit substances



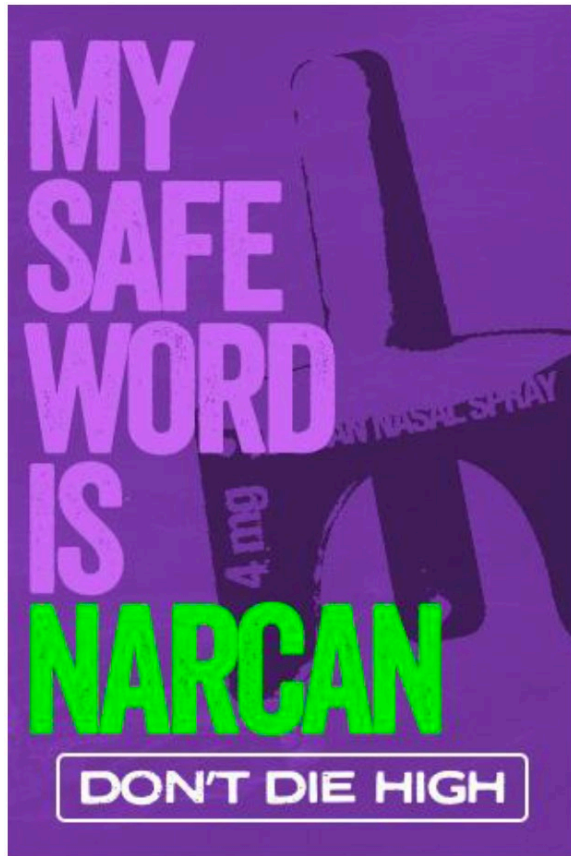
More than **20%** of participants are currently either **experiencing homelessness** or **living in a shelter**



60% of participants are currently **unemployed**



CMFT Social Marketing Campaign (Sneak Peek)



CMFT Social Marketing Campaign (Sneak Peek)

Party Wise Program Helping Black Men with HIV Who Use Meth: Experiences from Los Angeles

Roger Sediles

Out Here Health, powered by APLA Health



World-Class LGBTQ+ Empowering Healthcare



Since 1983, APLA Health is an organization that has remained devoted in its commitment to ending the HIV/AIDS epidemic in our lifetime.

Services provided include:

- Medical, dental, and behavioral healthcare
- HIV specialty care
- Sexual Health Services & Community Resources.

For people living with HIV, we offer:

- Housing support services through the Alliance for Housing & Healing
- Benefits counseling
- Home healthcare
- Vance North Necessities of Life Program food pantry program

Meth Use – Consequences in LAC

According to a data brief from July of 2022

The Los Angeles County, Substance Abuse Prevention and Control (SAPC)

- Meth became the most common reported drug problem in Los Angeles County (LAC) treatment programs in **FY18-19**, surpassing heroin.
- **In the FY2021, Black patients had the highest rate of primary meth treatment admissions (223 per 100,000 population aged 12 or older), followed by Latinx (208), White (88), and Asian/Pacific Islander (22) patients in FY2021.**
- In 2017, 66% of clients reporting meth as the primary drug problem had used meth before or during sex in the past year.
- Meth overdose deaths in LAC increased significantly for all racial/ethnic groups over the last five years, **with a sharp increase from 2019 to 2020, especially for Black patients (106% increase).**
- Over the past decade in Los Angeles County (LAC), overdose **deaths listing both meth and opioid poisoning** as causes increased.
- Despite not including opioids, meth overdose deaths remain high.
- Specifically, **meth overdose deaths (excluding opioids)** saw a 45% increase, rising from 412 deaths in 2019 to 597 deaths in 2020.

Substance Use Programs

- **Program Overview:**
 - Funded by Los Angeles Department of Public Health, Division of HIV and STD Programs (DHSP), Murray/Reese Foundation, and APLA Health.
 - Target audience: Gay men and other men who have sex with men (MSM) using meth.
- **Program Objectives:**
 - Empower participants to make informed choices.
 - Reduce negative consequences associated with drug use and sexual behaviors.
 - Address key public health needs of program demographics
- **Interventions:**
 - Health Navigation Sessions (HNS).
 - **Contingency Management (CM).**
 - Support groups and workshops.
 - Medication-Assisted Therapy (MAT).
 - Behavioral treatment-based interventions. (Getting Off)
 - Distribution of free, naloxone nasal spray, fentanyl and xylizine test strips.
- **Goal:**
 - Reduce opportunities for MSM using crystal meth to acquire or transmit HIV/STD and Hep C.
 - Focus on modifying and decreasing the harm related to sexual and drug-using behaviors.

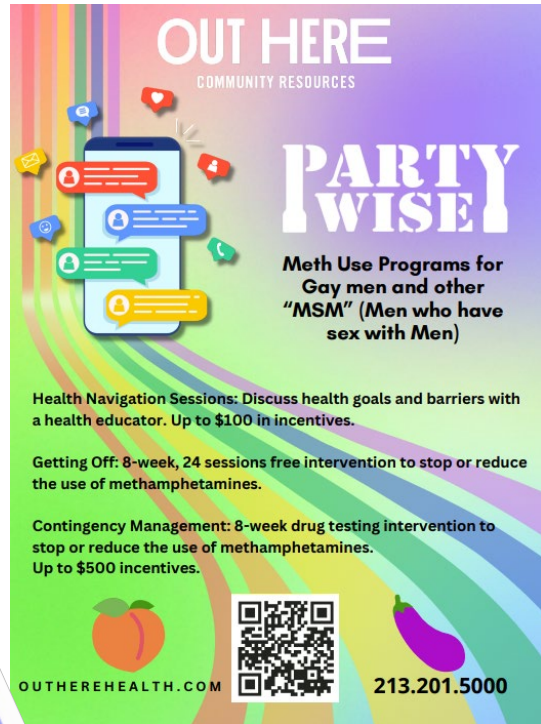
Party Wise Program Activities

Contingency Management integration into Party Wise, under DHSP funding within existing program demographics.

- Working with Gay men and other men who have sex with men (MSM) who use meth.
- **Outreach** (virtually and in-person) to 300 Gay/MSM who use meth.
- **Link Referrals**; 100 Gay men who use meth.
- **Individual Health Navigation Sessions**; minimum 100 Gay men who use meth.
- **30 days follow up**; Minimum 50 Gay men who use meth.
- 6-8 weeks – 24 visits, **Contingency Management Program**; 100 participants per contract year.
- All activities occur over a **12-month contract period**.



Party Wise Program Activities



Harm Reduction Based Behavioral Treatment Intervention, funded under the Murray/Reese Foundation.

- **Target Population:**
 - Gay men and other men who have sex with men (MSM) who use meth.
- **Intervention Program:**
 - "Getting Off Curriculum"
 - 8-week program
 - 24 sessions
 - Gay-specific behavioral therapy (GCBT)
 - Based on the manual "Getting Off: A Behavioral Intervention for Gay and Bisexual Methamphetamine Users"
- **Weekly Harm Reduction Groups:**
- **Topics Covered:**
 - Crystal Meth 101
 - HIV/STD 101
 - Triggers and Addiction

Party Wise Program Activities

OUT HERE
COMMUNITY RESOURCES

FREE FENTANYL/XYLIZINE TEST STRIPS AVAILABLE HERE!

Fentanyl and xylazine are powerful drugs that can cause overdose both have recently been found in pressed pills, meth, heroin, and cocaine

Party Wise
Reduce your risk, ask your provider for free test strips

Curious about our substance use programs? Let your provider know or contact us at (213) 201-5000

OutHereHealth.com | 213.201.5000

Fentanyl - Xylazine Testing Instructions

1. Dipstick 2. Immerse in urine

Test Results

OUT HERE

OUT HERE

OUT HERE

Substance Use Town Hall

Join us for an interactive discussion about substance use in the LGBTQ+ community

5:30 - 6:00 pm Light dinner
6:00 - 8:00 pm Presentation

WEDNESDAY, AUGUST 2

Guest Speaker
Mr. Siddarth Puri, MD
Associate Medical Director, Prevention Division
County of Los Angeles, Department of Public Health
Substance Abuse Prevention and Control

Followed by a panel discussion

City of West Hollywood Council Chambers
625 N. San Vicente Blvd, 90069
With validated parking available for the 5-story parking garage.

RSVP HERE

Presented By: **OUT HERE**, **APLA Health**, **Public Health**, **hive**, **INSTITUTE FOR PUBLIC STRATEGIES**, **HARM REDUCTION DIVISION**, **The Murray/Reese Foundation**

- Distribution of fentanyl and Xylazine test strips and naloxone spray
- Quarterly town halls/community forums



Party Wise

Program Recommendations

Party Wise Program

Program Data 2019-2020

- The collection of this data came from the participant's intake form, collecting data on demographics, risky sexual behaviors, substance use and referrals/linkage for 201 clients.
- The majority of clients identified as gay cis men (200 clients) with the exception of one cis bisexual man.
- 19.90% (40) were homeless, 65.17% (131) clients rent or share a unit, 13.43% (27) had "other" living arrangements, only 1.49% (3) owned a home.
- Race and ethnicity.
 - **53.23% (107) Latinx participants**
 - **32.34% (65) Black/AA**
 - 9.95% (20) white
 - 1.99% (4) Asian
 - 1% (2) Native American/Alaskan Native
 - 0.5% (1) Pacific Islander
 - 0.5% (1) other and no Native Hawaiians

Contingency Management

Data collection June 2022 to March 2023

- The dataset includes demographic information, sexual behavior data, attendance, and retention, among other pertinent variables.
- Of the 38 total participants, 8 enrolled twice, and 1 participant enrolled three times, resulting in a total of 48 enrollments.
- Out of 38 participants:
 - Gender: 37 identified as cisgender men, and one declined to answer.
 - Ethnicity: 29 identified as Latinx, 7 as Black/African-American, and 2 as Asian.
 - Sexual Orientation: 33 identified as gay, while 5 identified as bisexual (MSMW).

Contingency Management

Data collection June 2022 to March 2023

- High-risk sexual behaviors were prevalent, with 35 participants reporting unprotected sex in the past 6 months.
- One participant reported having had Chlamydia, and two reported Gonorrhea in the past 6 months. No participants were diagnosed with other STDs
- 35 participants admitted to using other drugs or alcohol in the past 6 months, while only one reported sharing injection equipment in the last 12 months.
- Living Situations: Initially, 6 reported homelessness, and 4 transitioned to renters upon their second enrollment. Only 2 participants claimed homeownership, and 34 indicated renting, including the 4 who shifted from homelessness to renting.

Party Wise Program

Recommendations

- Reinforce clients' confidence and emphasize their ability to make choices and positive life changes.
- Service providers should avoid taking clients' actions personally.
- Recognize that change must be voluntary and cannot be imposed.
- Use rewards and encouragement instead of punishment and judgment for more effective outcomes.

Party Wise Program Recommendations

- Ensure testing departments understand clients' behaviors, fears, and challenges.
- Involve program participants' peers in promoting harm reduction and explaining the benefits of HIV testing, STD testing, adherence, PrEP, PEP, Doxy options and risk minimization strategies.
- Acknowledge the challenge of amending client misinformation, even with accurate information, and be aware of potential mistrust in the information provided to them by testing partners.

Lived Experience



Lived Experience: Black Gay, Bisexual, Same-Gender-Loving Men with HIV and Methamphetamine Use



Michael Crumpler

LGBTQ and Multicultural Programs Director
UUA

New York City, NY

Living with HIV since 2006



Kareem Dent

Peer Recovery Coach and Navigation Specialist
Alliance Care 360

Chicago, IL

Living with HIV since 2014



Wendel Hattix

LGBTQ Advocate

Atlanta, GA

Living with HIV since 2015

Hope for the Future: Contingency Management and Meth Treatment in California

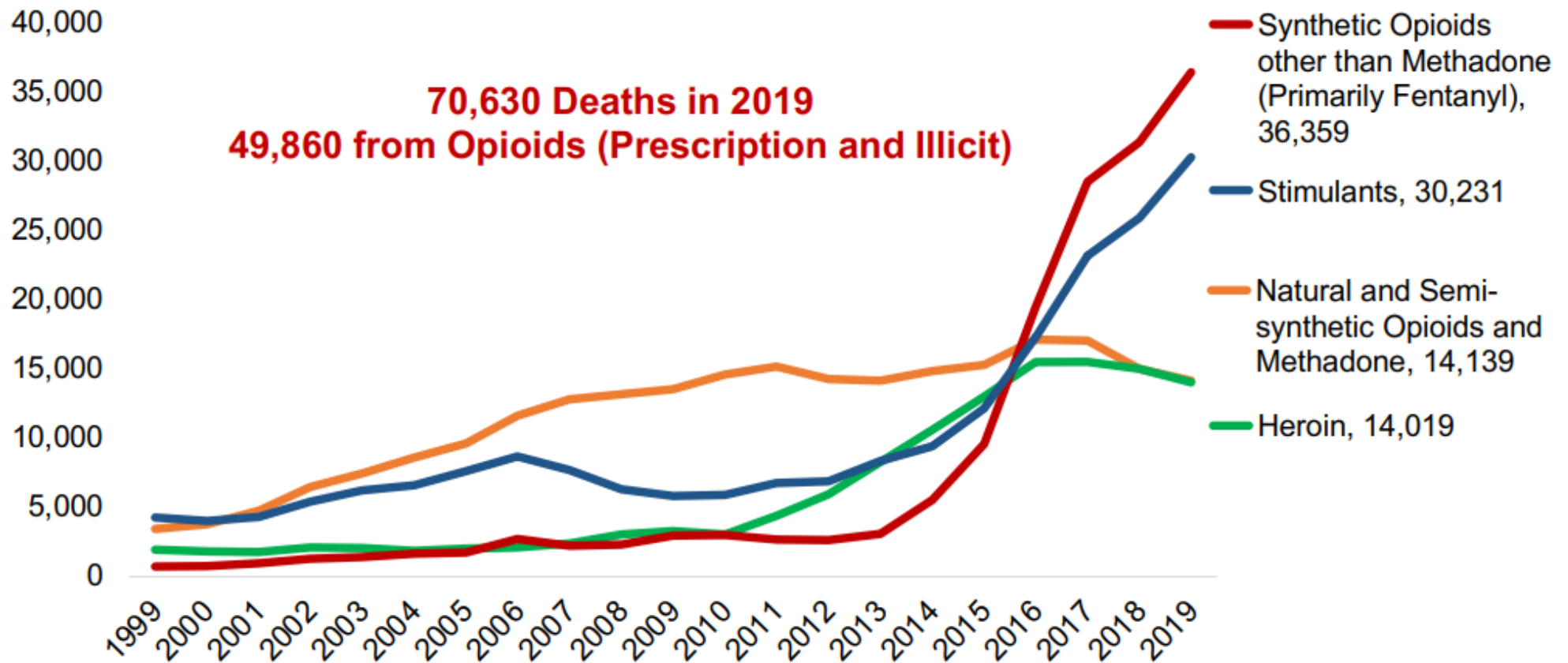
Thomas E. Freese, Ph.D. (Pronouns: he/him/his)
Director, UCLA Integrated Substance Abuse Programs
Co-Director, Pacific Southwest Addiction Technology Transfer
Center, HHS Region 9



Drivers of Drug Poisoning Deaths Evolve from Opioids to Stimulants

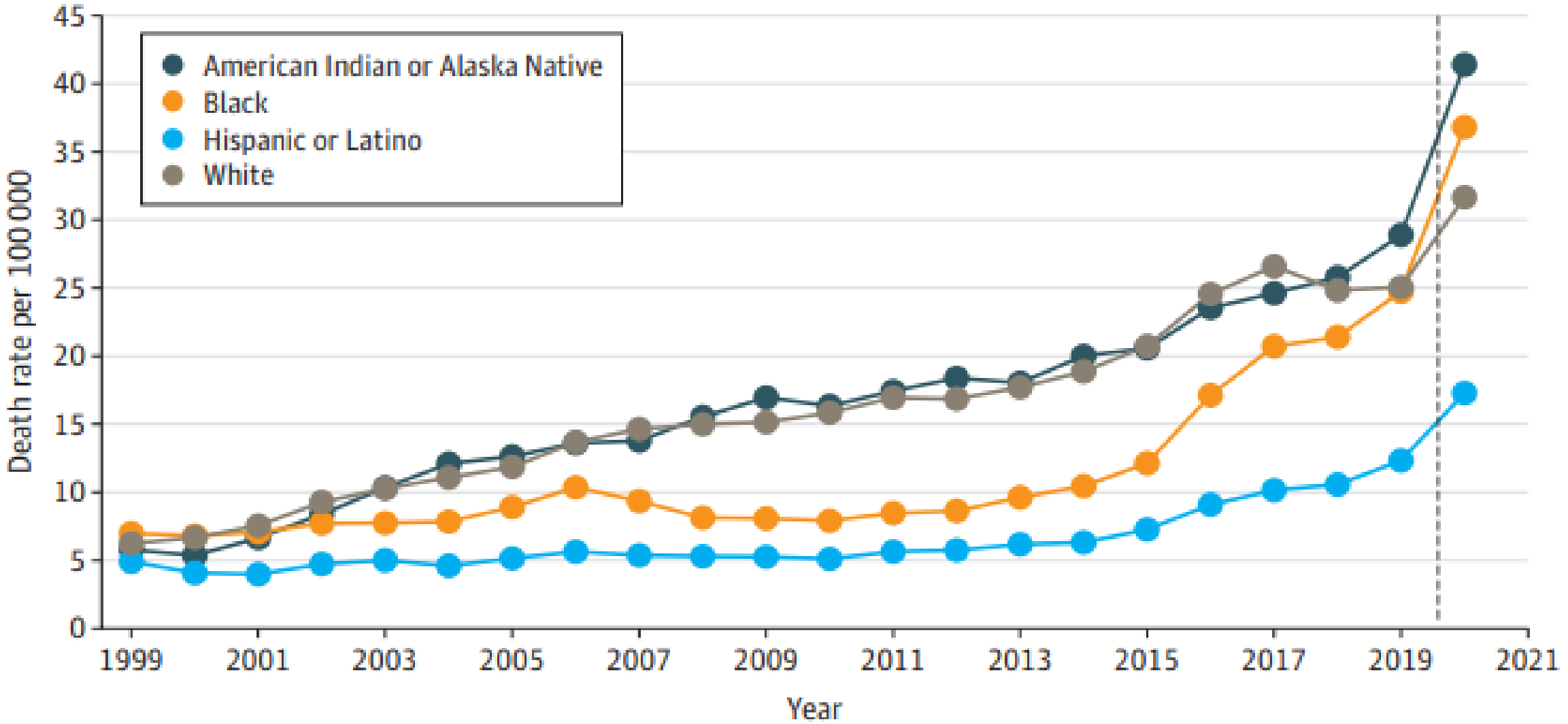
Evolution of Drivers of Overdose Deaths, All Ages

Analgesics → Heroin → Fentanyl → Stimulants



Drug Overdose Mortality per 100,000 Population

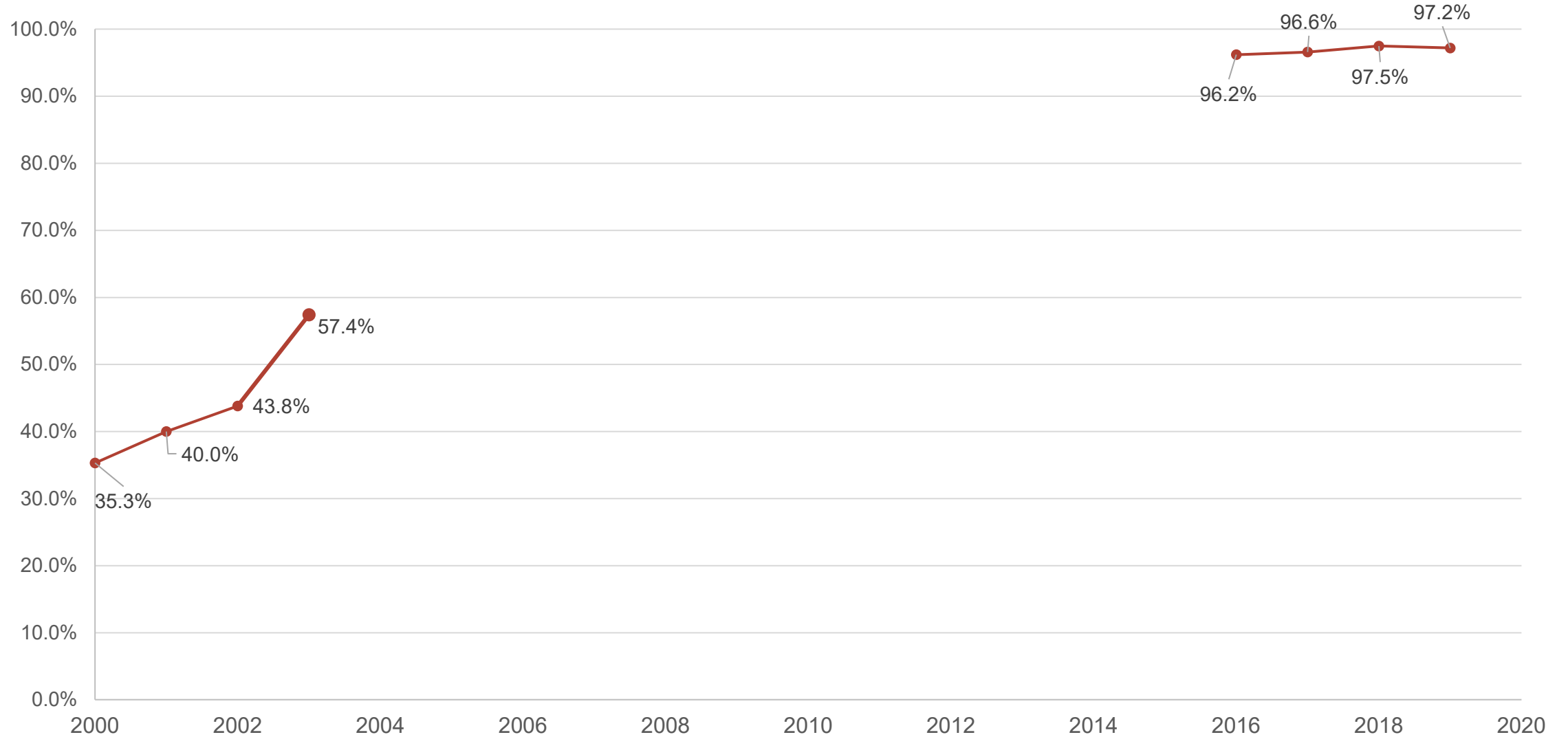
B Rate per 100 000 population



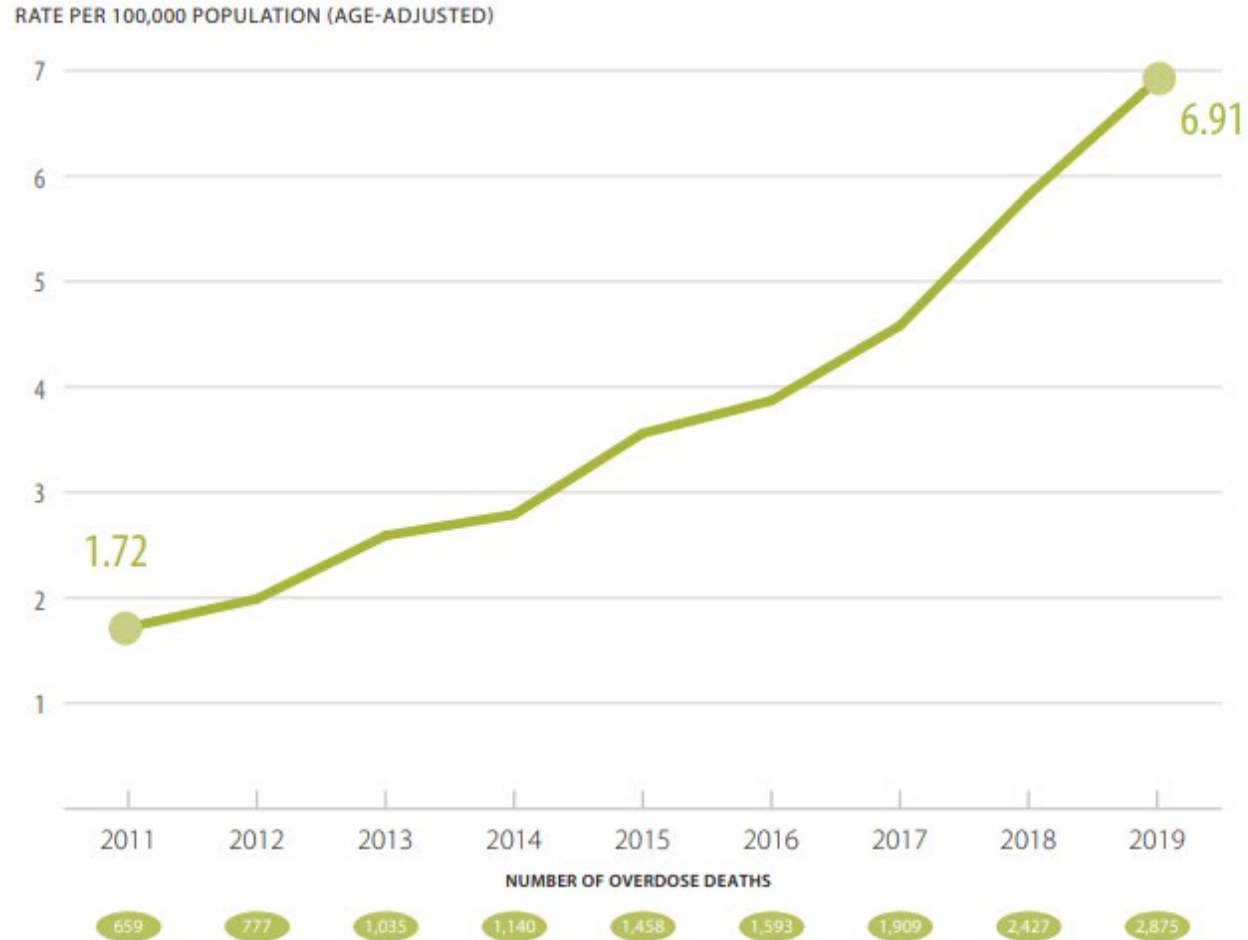
Methamphetamine Purity 2000-2003 vs. 2016-2019

Methamphetamine Purity: 2000-2003; 2016-2019

No data collected during the gap in years



CA Stimulant Overdose Deaths, 2011-2019



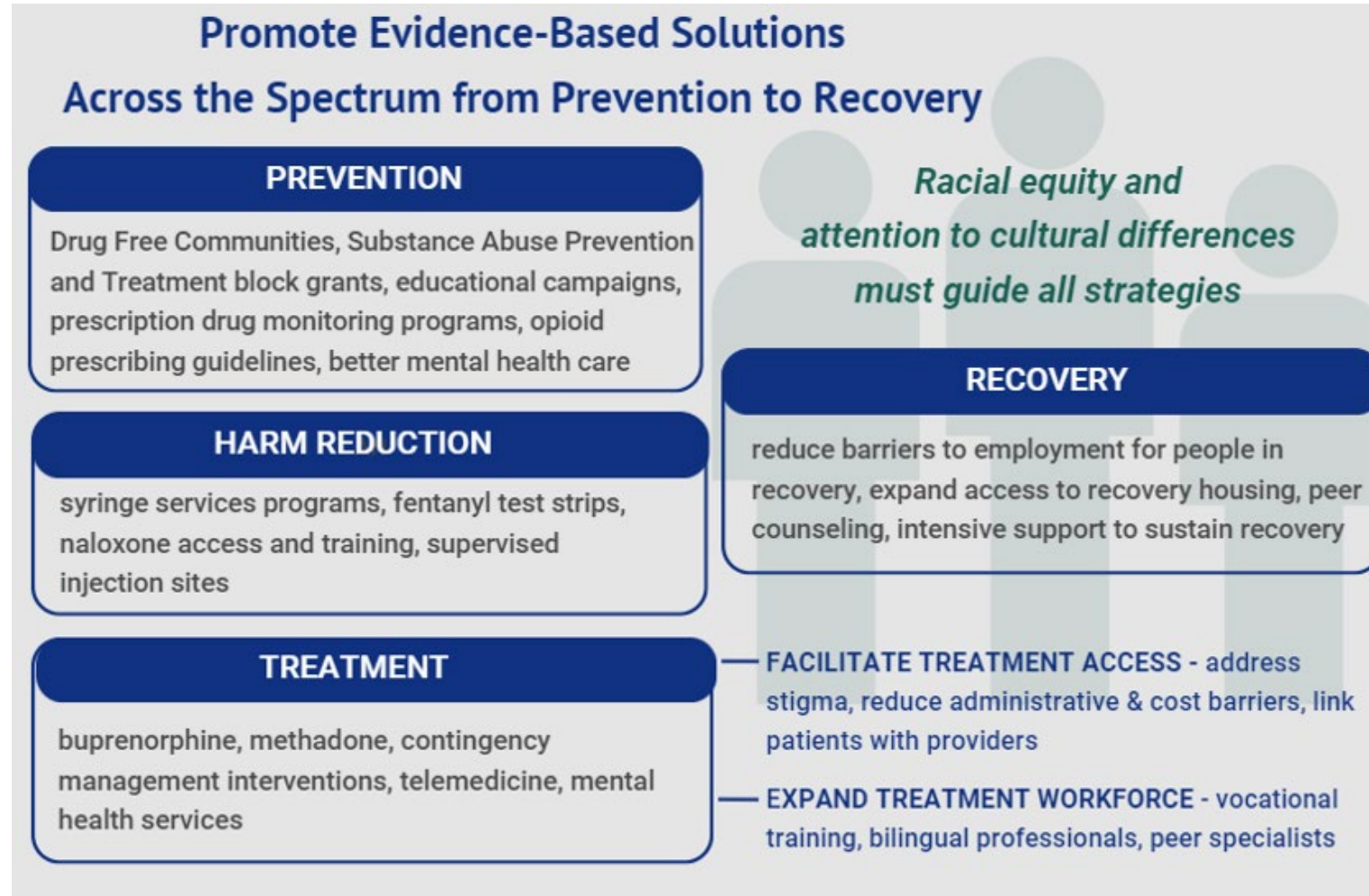
Notes: Includes acute poisoning deaths involving psychostimulants with abuse potential such as methamphetamine, MDMA, dextroamphetamine, levoamphetamine, or Ritalin. Deaths related to chronic use of these drugs are excluded, as are deaths related to cocaine.

Source: "California Overdose Surveillance Dashboard," California Dept. of Public Health.



Treatments for Stimulant Use Disorder: What Do We Know?

The Importance of Evidence-Based Solutions When Working with People Who Use Stimulants





Contingency Management

CM Uses Positive Reinforcement

- CM offers a **non-drug reinforcer** in exchange for evidence of **drug abstinence**
- **Small rewards** can be **effective**, but over time the reward must be large enough to **offset the rewarding effect of the substance**
- Methamphetamine triggers a release of dopamine that is over **1,000%** of our baseline dopamine levels – this is highly reinforcing, so we need a reinforcement paradigm that is powerful enough to compete with it



The Four Essential “Ingredients” of CM



1. Clearly define target behavior
2. Frequently measure behavior
3. Provide tangible incentives soon after behavior is observed
4. Withhold incentive when behavior is not observed while ***maintaining supportive attitude***

Operant Conditioning

Behavior → Consequence → Behavior Change

	Reinforcement (Increase / maintain behavior)	
Positive (add stimulus)	Add pleasant stimulus to Increase / maintain behavior	The euphoria and any other pleasant experiences while high (i.e., sex) positively reinforce substance use
Negative (remove stimulus)	Remove aversive stimulus to Increase / maintain behavior	Withdrawal symptoms are experienced as unpleasant and increase substance use because using makes them go away

Reinforcement vs. Punishment

- Both can change behavior
- Most people prefer reinforcement over punishment
- Punishment does not teach a new behavior (only tells you what *not* to do)
- Most punishers lack the immediacy to be effective
- Punishment has unnecessary side effects, i.e., reduced self-esteem
- Only positive reinforcement teaches new behaviors in a way that builds self-esteem and a sense of self-efficacy

Punishment



Positive Reinforcement

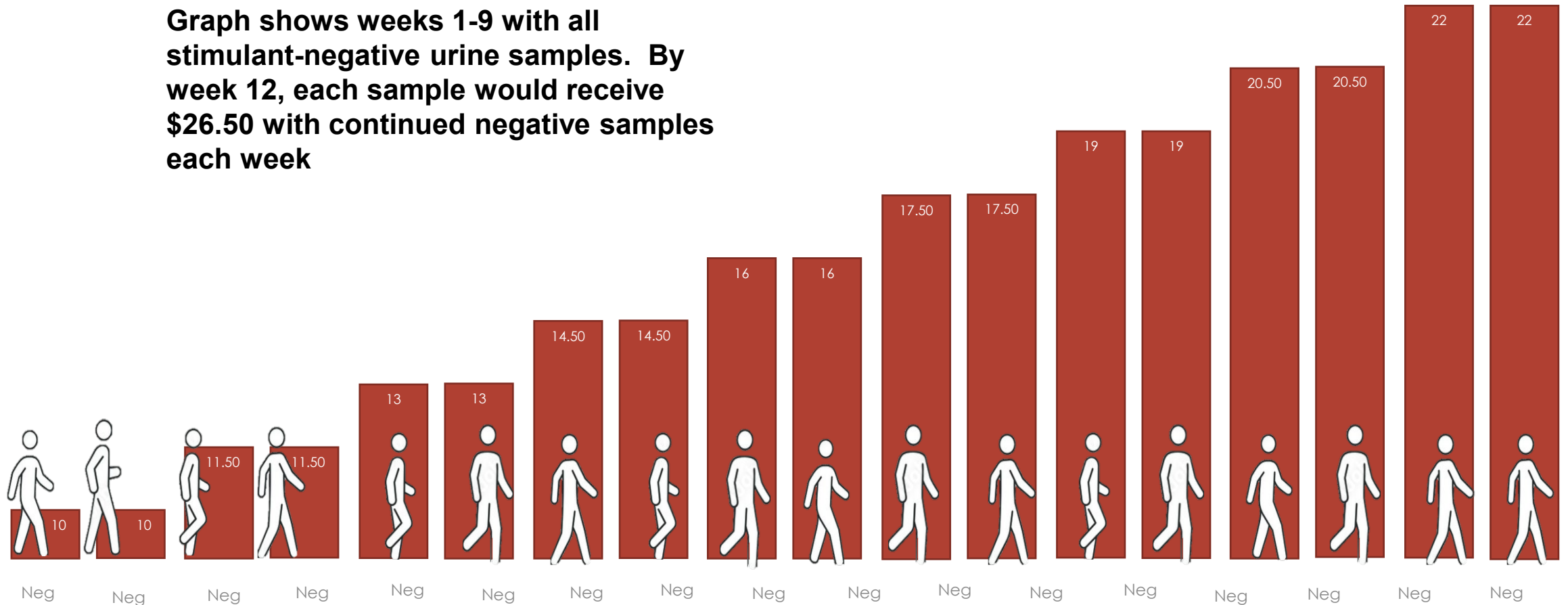


Example: Full Incentive Schedule with 100% Negative UDT's

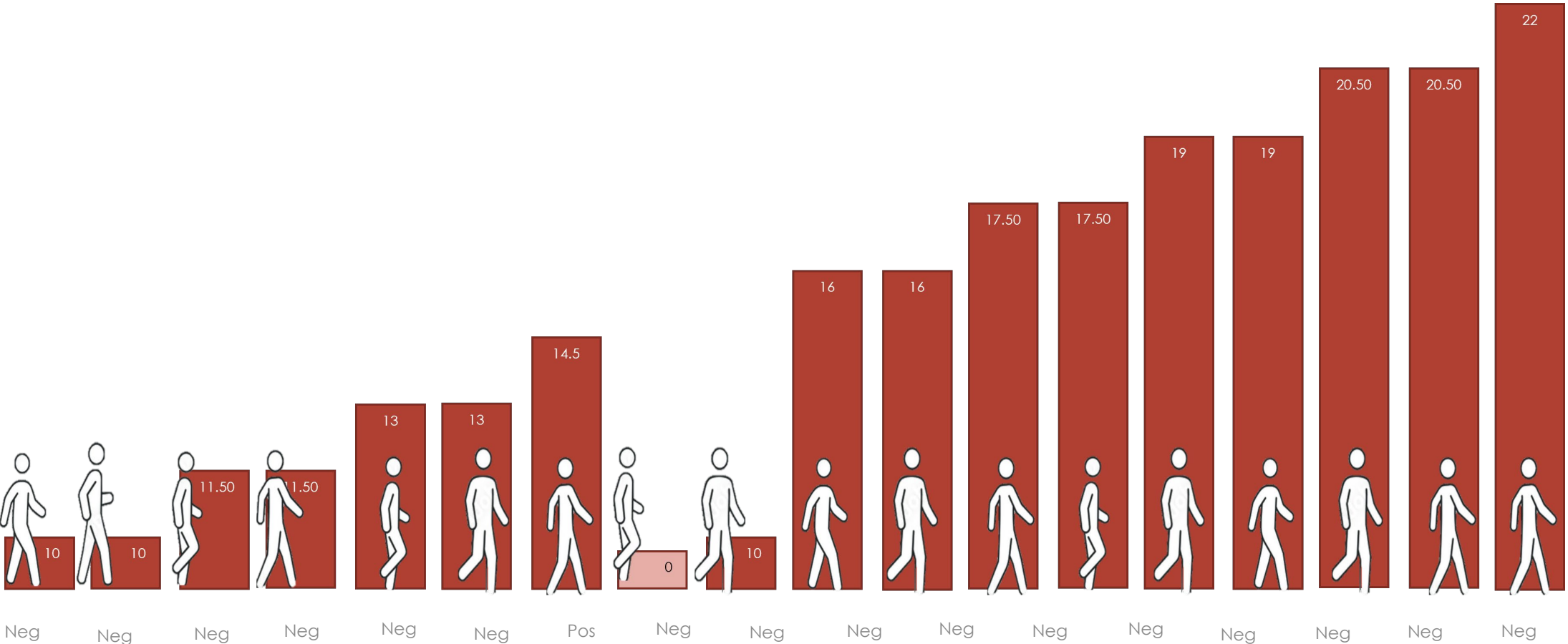
Week	Incentive (2x/week)	Weekly Total	Week	Incentive (1x/week)	
1	10.00 + 10.00	20.00	13	15.00	
2	11.50 + 11.50	23.00	14	15.00	
3	13.00 + 13.00	26.00	15	15.00	
4	14.50 + 14.50	29.00	16	15.00	
5	16.00 + 16.00	32.00	17	15.00	
6	17.50 + 17.50	35.00	18	15.00	
7	19.00 + 19.00	38.00	19	10.00	
8	20.50 + 20.50	41.00	20	10.00	
9	22.00 + 22.00	44.00	21	10.00	
10	23.50 + 23.50	47.00	22	10.00	
11	25.00 + 25.00	50.00	23	10.00	
12	26.50 + 26.50	53.00	24	21.00	
Total		438.00	Total	161.00	599.00

Example: Incentive Delivery – Escalation

Graph shows weeks 1-9 with all stimulant-negative urine samples. By week 12, each sample would receive \$26.50 with continued negative samples each week



Example: Incentive Delivery Schedule with a Single Stimulant-Positive UDT



What Clients Say about CM

“When I’m at home and see them [prizes] I think ‘hey I got this for staying sober.’ ”

“Something to do besides thinking about everything wrong with the world, and being negative... it gave me a little peace of mind”

“I didn’t care about the prizes as much as I cared about seeing myself get away from using [stimulants]”

“I wanted to stop [using stimulants] but I was glad it wouldn’t be held against me if I did test positive and it wouldn’t be shared. I was conscious of that.”

“It gave me something to look forward to, a schedule.”

“[CM] makes me feel ‘powerful’ not ‘powerless.’”

“I used my gift cards to buy cologne and a nice jacket. Thanks to the gift cards I got in this study I don’t have to LOOK homeless.”



PM

Preventive **Medicine**

For a More Detailed Description of the ‘Recovery Incentives Program: California’s Contingency Management Benefit,’ see:

Freese, T.E., Rutkowski, B.A., Peck, J.A., Urada, D., Clark, W., Nigusse Bland, A., Friedman, J., & Rawson, R.A. (2023, in press). Recovery incentives program: California’s contingency management benefit. *Preventive medicine*.

<https://www.sciencedirect.com/science/article/abs/pii/S0091743523002839?via%3Dihub>

Panel Discussion





Panelist

Gregory R. Smith | Executive Director
Here's to Life, Atlanta

Michael Roberson | Public Health Advisor and Community
Engagement Specialist, New York City


Michael Haymer, MD MSW | EHE Program Manager for
Treat & Respond, LA County Division of HIV/STD Programs



Panel Discussion:

- What are the unmet needs of Black Gay, Bisexual, Same-Gender-Loving Men with HIV who use Meth?
- How do we maximize HIV outcomes as we minimize stigma?
- How can EHE resources help?

Resource Available March 2024



Ending the HIV Epidemic (EHE): Addressing Methamphetamine Use among Black Gay, Bisexual, Same-Gender-Loving Men with HIV Resources

February 2024

This resource list supplements insights shared in the 2/22/24 TAP-in webinar, *Ending the HIV Epidemic (EHE): Addressing Methamphetamine Use among Black Gay, Bisexual, Same-Gender-Loving Men with HIV*. Presented below is a selection of research articles and tools on the implications of methamphetamine use and potential intervention options.


Go to [TargetHIV.org](https://www.targethiv.org) and share your resources on methamphetamine and HIV (e.g., clinician tools, protocols, consumer materials).

Learn more about [TAP-in, the Technical Assistance Provider-innovation network](https://www.targethiv.org/ta-ora/tap-in), the HRSA-funded project supporting the 47 Ending the HIV Epidemic (EHE) jurisdictions funded by HRSA to strengthen their EHE work plans, promote cross-jurisdictional learning, and ensure jurisdictions have access to the resources they need.

Contents

- About Methamphetamine 1
- HRSA HIV/AIDS Bureau and Methamphetamine/Substance Use 1
- Epidemiology: HIV and Meth 2
- Impact of Meth on HIV Infection 2
- Meth and Medications 3
- Interventions and Clinician Tools 3
- Apps and Consumer Tools 5
- Where to Find Services 5

Resources: Addressing Methamphetamine Use among Black Gay, Bisexual, Same-Gender-Loving Men with HIV – 2/22 – TAPin – <https://www.targethiv.org/ta-ora/tap-in>




Excellence. <https://www.hrsa.gov/rural-health/ccorp> - <https://www.hrsa.gov/rural-health/ccorp/psychostimulant>

Apps and Consumer Tools

Collection of Reports, Manuals, Posters addressing methamphetamine use
<https://www.friendscommunitycenter.org/resources>
 is program for meth users. <https://recharge.support>
www.talktofrank.com/drug/methamphetamine?&=Meth



Methamphetamine

es on various substances, including methamphetamine. Highlights:
 acts AND Methamphetamine Research Report (e.g., Are people who misuse
 for contracting HIV/AIDS and hepatitis B and C?) See also: Misuse of
 :h Report, cocaine, fentanyl), and other substances.
ov/drug-topics/publications/drug-facts

AMHSA. 2021. Includes public messaging tools, links to resources.
[meth](https://www.samhsa.gov/medication-assisted-treatment)

s/webinars, fact sheets. Search results for “methamphetamine” at
[es/methamphetamine](https://www.samhsa.gov/medication-assisted-treatment). See also Topic: Substance Use Disorders.
[uid](https://www.samhsa.gov/medication-assisted-treatment)

Science. NIDA. <https://www.drugabuse.gov/publications/teaching-addiction-2ns-cocaine-opioids-marijuana>

rugs Charts. NIDA. <https://www.drugabuse.gov/drug-topics/commonly-used>

Behavior: The Science of Addiction. NIDA. 2020. See section: Drug Misuse and
www.drugabuse.gov/sites/default/files/soa.pdf

Bureau and Methamphetamine/Substance Use

IV. HRSA CAREAction. June 2009.
[/default/files/hab/Publications/careactionnewsletters/june2009.pdf](https://www.hrsa.gov/publications/careactionnewsletters/june2009.pdf)

Services Administration (HRSA) Ryan White HIV/AIDS Program's Response
 Infect Dis. 2020 Sep 2;222(Suppl 5):S477-S485.
[nih.gov/32877537/](https://pubmed.ncbi.nlm.nih.gov/32877537/)

alth Services in the Ryan White HIV/AIDS Program. HRSA CAREAction|
[b.hrsa.gov/publications/careaction-newsletters/care-action-february18.html](https://www.hrsa.gov/publications/careaction-newsletters/care-action-february18.html)

ng Resource Center. The HRSA-funded NCCRC offers training slides/webinars,
 methamphetamine” at <https://aidsetc.org/searches/methamphetamine>. See also
 rders. <https://aidsetc.org/topic/suid>

ation Center. The HRSA-funded NCCRC offers free, on-demand clinical
 by experienced pharmacists, nurses, and physicians who can help address
 substance use. <https://nccrc.ucsf.edu>

methamphetamine Use among Black Gay, Bisexual, Same-Gender-Loving Men with HIV – 2/22 –
 TAPin – <https://www.targethiv.org/ta-ora/tap-in>

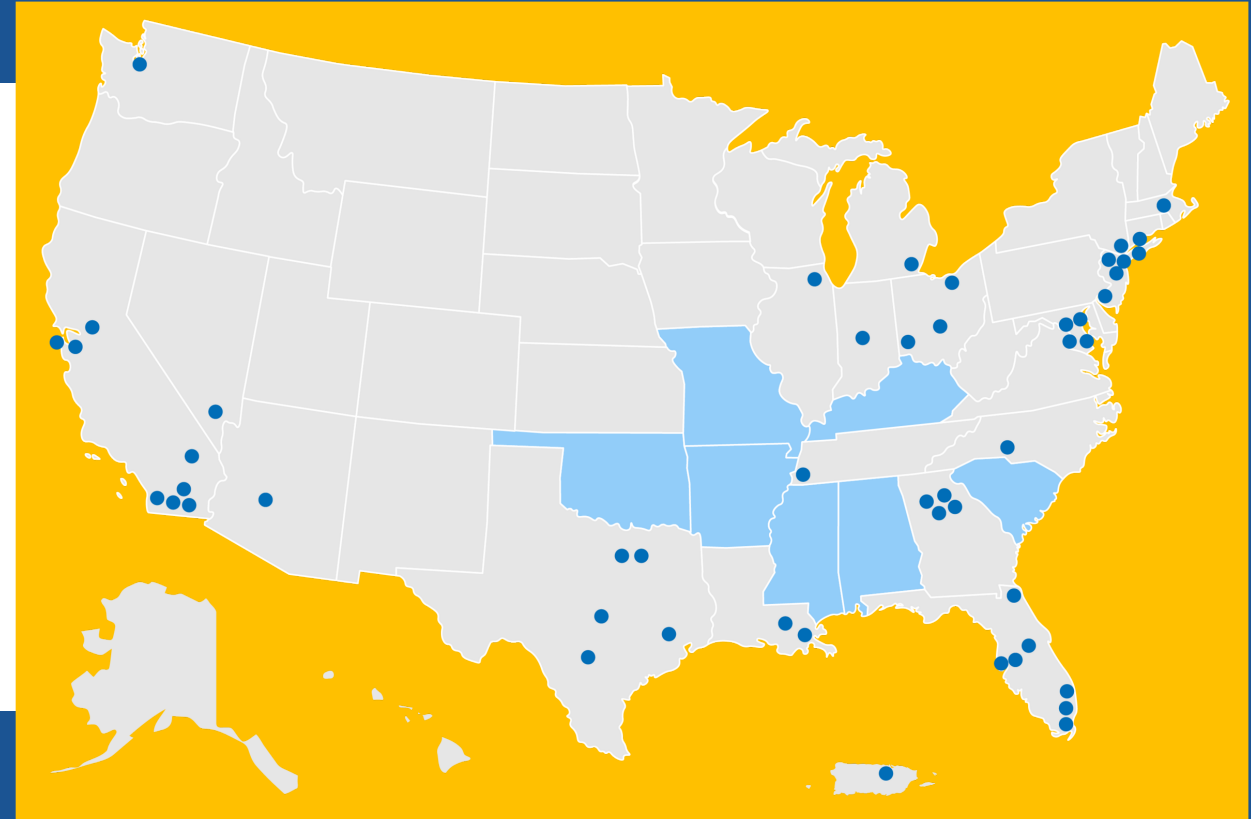
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1 Resources: Addressing Methamphetamine Use among Black Gay, Bisexual, Same-Gender-Loving Men with HIV – 2/22 – TAPin – <https://www.targethiv.org/ta-ora/tap-in>

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TAP-in

Technical Assistance
Provider-innovation network



Ending
The
HIV
Epidemic



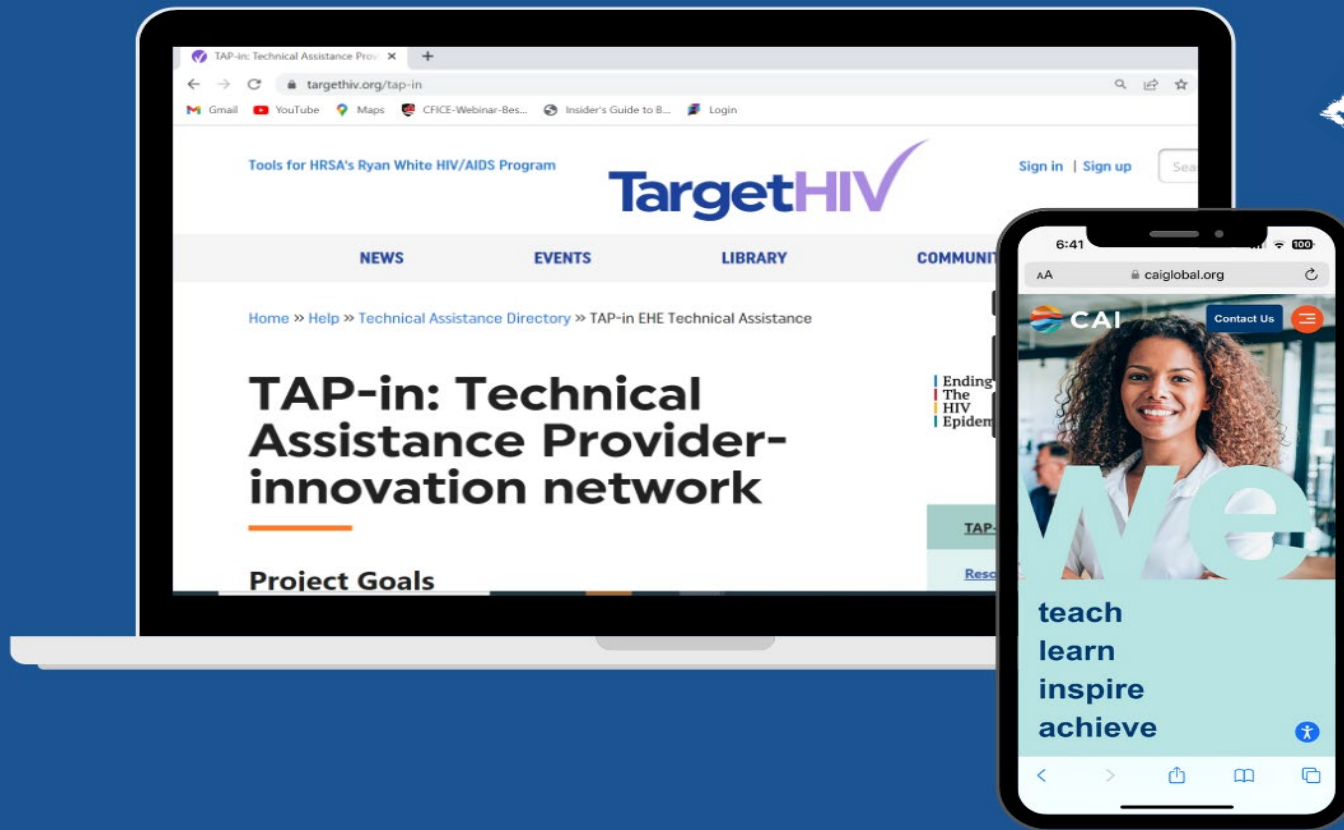
Technical Assistance Provider
innovation network

A Project of CAI



What We Can Do For You!

- Providing on-demand technical assistance
- Developing strategies for multi-level, multi-focal, multi-determinant initiatives to address this issue and priority populations
- Facilitating peer-to-peer consultation on programs addressing methamphetamine use among Black Gay, Bisexual, Same-Gender-Loving Men
- Linking to regional and national resources



Check us out!

How to Request TA

Email: TAP-in@caiglobal.org

Thank You

Ending
The
HIV
Epidemic

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