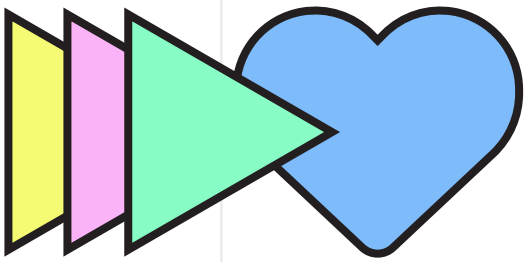
From Prevention to Treatment

Supporting the Continuum of Care for 2SGBTQ+ Methamphetamine Use



Appendices

Appendix A

List of attendees

Participants
Alexandra Veall, HIV & AIDS Legal Clinic of Ontario
Brad Dies, Trellis
Bradley Hampton-Wallis, AIDS Committee of Toronto
Charles Fehr, Centre for Addiction and Mental Health
Charlotte Hunter, St. Michael's Hospital
Cheryl Forchuk, Western University
Dean Valentine
Donavon Trice, Regional HIV/AIDS Connection
Eric Mykhalovskiy, York University
Ezra Blaque, Toronto Western Hospital, UHN
Francisco Ibáñez-Carrasco, Dalla Lana School of Public Health
Garfield Durrant, OHTN
Jennifer Porter, Prisoners AIDS Support Action Network
Jonathan Valelly, Maggies Toronto
Jordan Thorne, Prisoners AIDS Support Action Network
Kandace Belanger, Thunder Bay District Health Unit
Lily Bialas, Regional HIV/AIDS Connection
Maria Sunil, Ontario HIV Treatment Network
Mikiki, Community Advocate
Natalie Garrison, St. Michael's Hospital Academic Family Health Team
Nick Boyce, Canadian Drug Policy Coalition
Patrice St-Amour, Qollab at Université de Montréal
Rafael Torres, AIDS Committee of Toronto
Ricardo Romero, Centre for Spanish Speaking Peoples
Richard Elliott, HIV Legal Network
Rick Dias, Ottawa Public Health
Roger Prasad, OHTN
Roy Schuurhuis, HIVAIDS Resource Program
Shikhar Shrivastava, Peterborough AIDS Resource Network
Sucre Li, Asian Community AIDS Service
Tanya S. Huack, Centre for Addiction and Mental Health
Trevor Hart, Toronto Metropolitan University
Victoria Moore, Toronto Public Health
Yasir Ali Khan, Committee for Accessible AIDS Treatment

Panelists and Participants
Brian Good
Danielle Giliauskas, OHTN
Jessica Fox
Jordan Bond-Gorr, GMSH
Mark Fielding
Nadine Sookermany, OHTN
Orville Burke, Black Coalition for AIDS Prevention
Ower Oberto, Toronto People with AIDS Foundation
Paul Shuper, Centre for Addiction and Mental Health
Steph Massey, The 519

Methamphetamine Working Group
Eric Mykhalovskiy, York University
Jordan Bond-Gorr, GMSH
Roger Prasad, OHTN
Maria Sunil, OHTN
Danielle Gilliauskas, OHTN
Tim Guimond, HQ
Tim McCaskell
David Soomarie
Paul Shuper, Centre for Addiction and Mental Health
Trevor Hart, Toronto Metropolitan University

Facilitator
Mark Gaspar, Toronto Public Health

Guest Speakers (virtual)
Dr. Michael Li, UCLA
Ray Mata, Friends Research Institute

Appendix B

Prevention Intervention/ Campaign Brainstorming

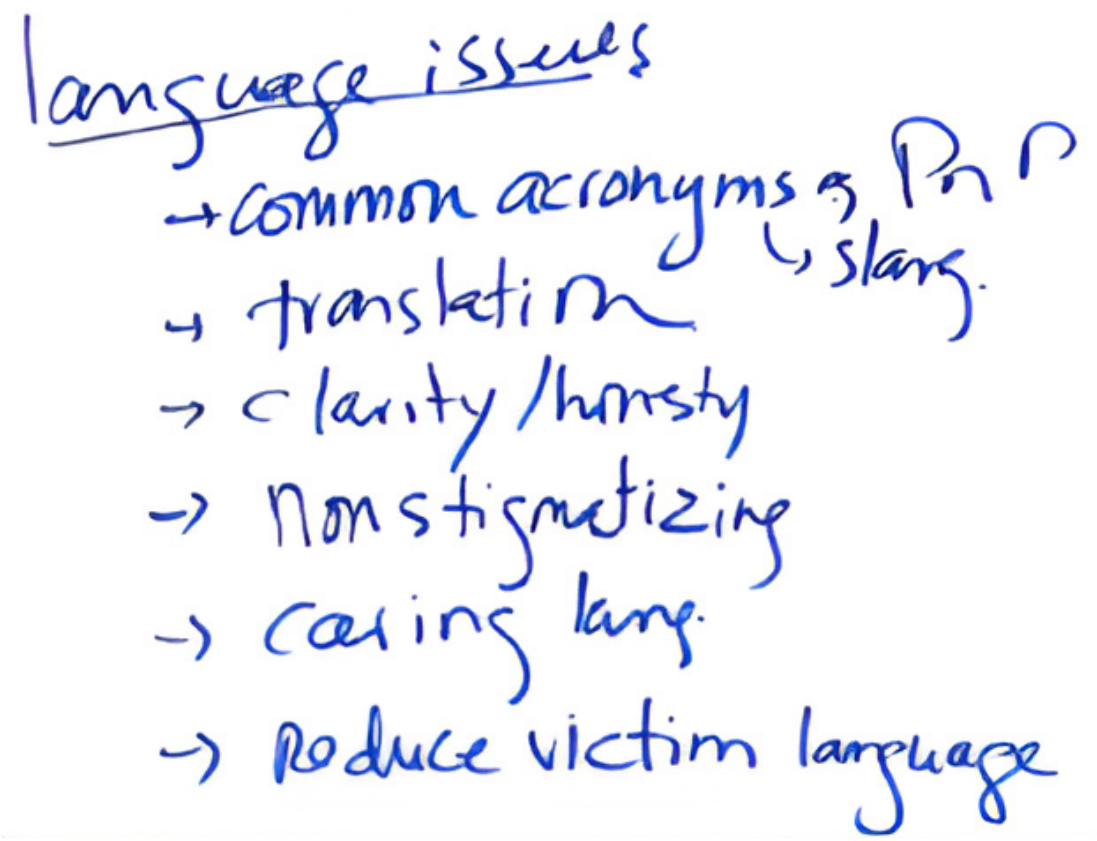
At the end of the prevention session, the room was split into groups and asked to brainstorm a prevention campaign or intervention.

Group 1 reflected on how focusing on harms may work for substances like tobacco and alcohol, but for illegal substances, this can be stigmatizing and requires a different approach. It's important to determine the intention of the campaign and the target audience. Other factors for consideration are how we train public health professionals and the attitudes and emotions that are attached to the work, e.g. disgust/fear. They stressed the need to shift the narrative about risk and harm to a generative experience (i.e. something to learn from) rather than something to avoid.

"The idea of prevention inherently focuses on risk or harm. Risk and harm are inherent, but why are we so risk-averse or repulsed by it and think that it should remain repellent? Harm fulfills a function. There is a way to be fully ourselves and grow through the experience of it."

The conversation shifted to prevention being part of decolonization work, including addressing structural issues like access to family court, therapy, and food security. The idea of a "resiliency toolbox" was introduced as a way to make life more livable and easier for individuals facing systemic barriers. This group also highlighted the need to address language barriers in campaigns (see next page.)

Figure 1. An excerpt from a chart paper used during the event. This group noted that language issues need to be addressed in campaigns. Many campaigns have acronyms and slang used in PnP spaces. They suggested using translations, clarity/honesty, and non-stigmatizing and caring language.



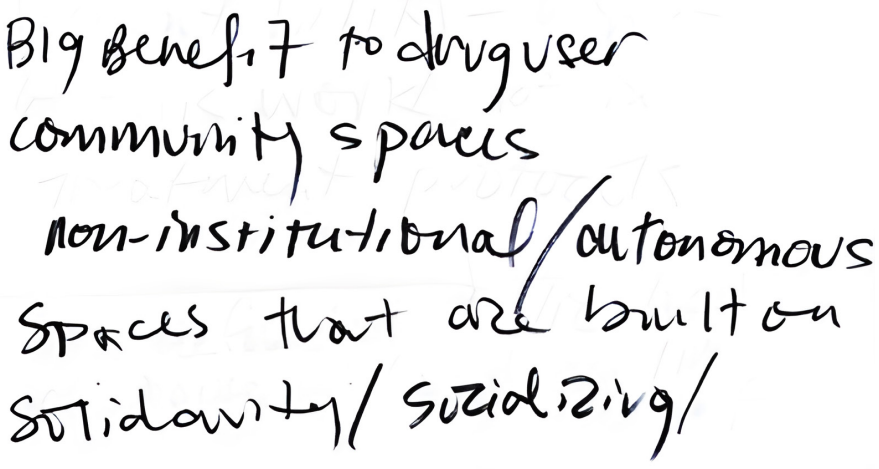
Group 2 Explored alternatives to meth use that could be suggested instead of meth. Similar to safer sex messaging, they suggested equivalent safer drug use messaging. For example, a "safer meth use guidelines" could be modelled off of the recently published safer drinking guidelines.

The group discussed empowering people to say no when offered meth, providing accurate information about the drug and its effects. The tension between informing people about risks without creating stigma was raised, with the need for a broader societal campaign to address the hierarchy of drug use. Referenced Carol Strike's "Changing the Cycle," which encourages people who suggest meth use to others to engage in open discussions about the decision, turning the conversation into one about mutual care rather than coercion.

Group 3 discussed how current and previous campaigns often lack empathy and treat people who use methamphetamine as a homogenous group. The group highlighted the importance of humanizing people who use meth by showcasing diverse stories and reasons for use, moving beyond fear and stigma. Suggested creating campaigns with swag and other materials aimed at health providers who may perpetuate stigma. Advocated for a website for healthcare providers and the community with the tagline “how much of the story do you know?” This website will connect you with resources, storytelling and poetry based on lived experience and also provide the opportunity to connect with someone, while also addressing the stigma associated with meth use. It aims to be inclusive and support those of all backgrounds.

Group 4 shared similar ideas to other groups, particularly the need for honest and caring information rather than stigmatizing messages. They emphasized the importance of including both positive and negative aspects of meth use, using stories from individuals who have used meth. The campaign should be tailored to diverse, ethnically and racially varied communities, ensuring that a range of experiences is represented. They noted the challenges of finding community in 2SGBTQ spaces and the need for third spaces to foster belonging. Recognized the need to address unexpected or unplanned meth use, suggesting that sexual health education could help raise awareness of these situations. They also discussed the need to be mindful of language to avoid victimization and stigmatization.

Figure 2. An excerpt from a chart paper used during the event. This group noted that there is a big benefit to community spaces for people who use drugs that are not associated with a specific organization and are built on solidarity and socializing. 🔽



Group 5 focused on bringing awareness and mindfulness to the decision-making process when someone first encounters meth. They wanted to offer people a moment to reflect on their decision, considering factors like power imbalances in party settings, particularly for newcomers who might feel pressured to go along with others. They also Raised the question: What don't people know about meth, and what should they know? They emphasized the importance of community-driven campaigns and involving the target audience in the creation of the message. They also pointed out the need to remember often invisible groups, such as those living in poverty or housing insecurity, who are particularly vulnerable.

Appendix C

Priority Setting Session

The final session of the day was facilitated by Mark Gaspar, who asked all attendees regarding the actionable items they would like to see prioritized in the next two years.

Group 1

Stigma-Free Prevention and Education Campaigns: Develop and implement non-stigmatizing prevention campaigns geared towards diverse communities, including newcomers and trans/nonbinary communities. Strategically place materials in accessible locations and online platforms. Focus on empowering individuals with accurate, inclusive information to support informed decision-making.

Strengthened Service Coordination Across Ontario: Enhance coordination of services related to crystal meth use, especially in under-resourced areas outside Toronto. Foster inter-organizational collaboration, raise awareness of available services (like ASOs), and leverage digital platforms to connect people to care and information.

Expanded ECHO Model for Substance Use Support: Establish an ECHO (Extension for Community Healthcare Outcomes) group focused on methamphetamine use, enabling clinicians to consult with HIV psychiatrists and share best practices. Promote case-based learning and peer support to improve care for people who use meth.

Group 2

Expand Access to Innovative Treatment Options: Increase the availability and diversity of treatment options for substance use in Ontario, emphasizing novel, evidence-based approaches tailored to the evolving needs of communities, such as injection bupropion.

Fund Autonomous Community Spaces: Create and sustain non-clinical, non-agency-affiliated spaces that operate autonomously but may receive public funding. These spaces should center around community empowerment.

Equip Frontline Harm Reduction Workers: Develop legal and structural support for those working with highly marginalized populations, particularly defunded CTS sites. Prioritize resources for legal defense funds, de-escalation training (including psychosis response), and harm reduction best practices such as safer injection education and bystander support.

Group 3

Meaningful Inclusion of Communities: Ensure the active involvement of trans and gender-diverse people, newcomers, people who use drugs, and other underrepresented groups in leadership, research, and advocacy. Representation must be embedded throughout organizations, not tokenized or siloed.

Specialized Training for Healthcare Providers: Develop and promote accessible, culturally competent training for healthcare providers to better support people who use meth, particularly those experiencing psychosis. Prioritize harm reduction, peer-led education, and responsiveness to trans/non-binary communities and other marginalized community needs.

Flexible, Low-Barrier Funding: Advocate for funding models that are adaptive, non-restrictive, and responsive to evolving community needs. Avoid policies that limit culturally appropriate, low-barrier service delivery, allowing grassroots organizations to act swiftly and effectively.

Group 4

Address Social and Structural Determinants of Health: Integrate housing, mental health, employment, food security, and other social determinants into program and policy responses. Prioritize community-driven strategies that can be implemented and measured over time.

Establish Standards of Care for Meth-Related Services: Develop, distribute, and implement clear, evidence-informed standards for service providers working with people who use methamphetamine. Ensure consistent, high-quality care across the continuum of services, supported by targeted training.

Launch a Longitudinal Cohort Study: Explore the drivers and consequences of meth use and psychosis through a long-term, community-informed research initiative. Design the study collaboratively with people who use drugs to ensure the questions are relevant, ethical, and reflective of lived realities. Consider HQ as a potential anchor or supporter of the initiative.