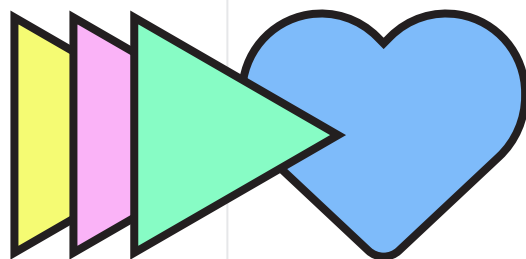


From Prevention to Treatment

Supporting the Continuum
of Care for 2SGBTQ+
Methamphetamine Use



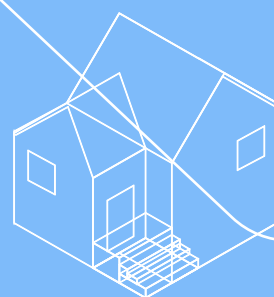
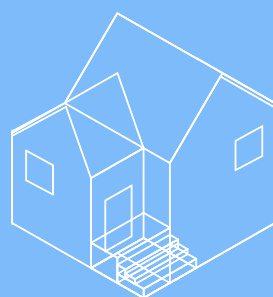
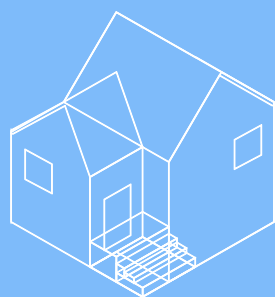
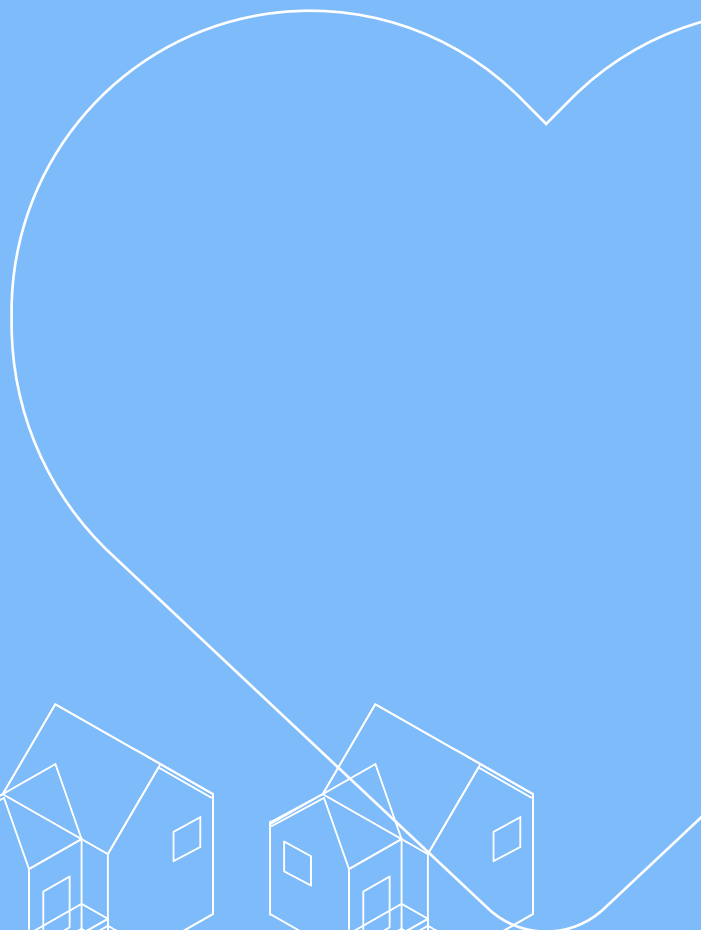
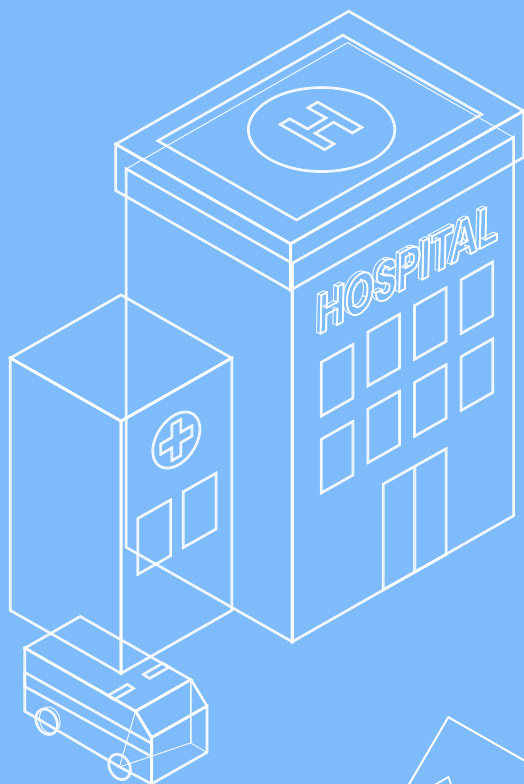


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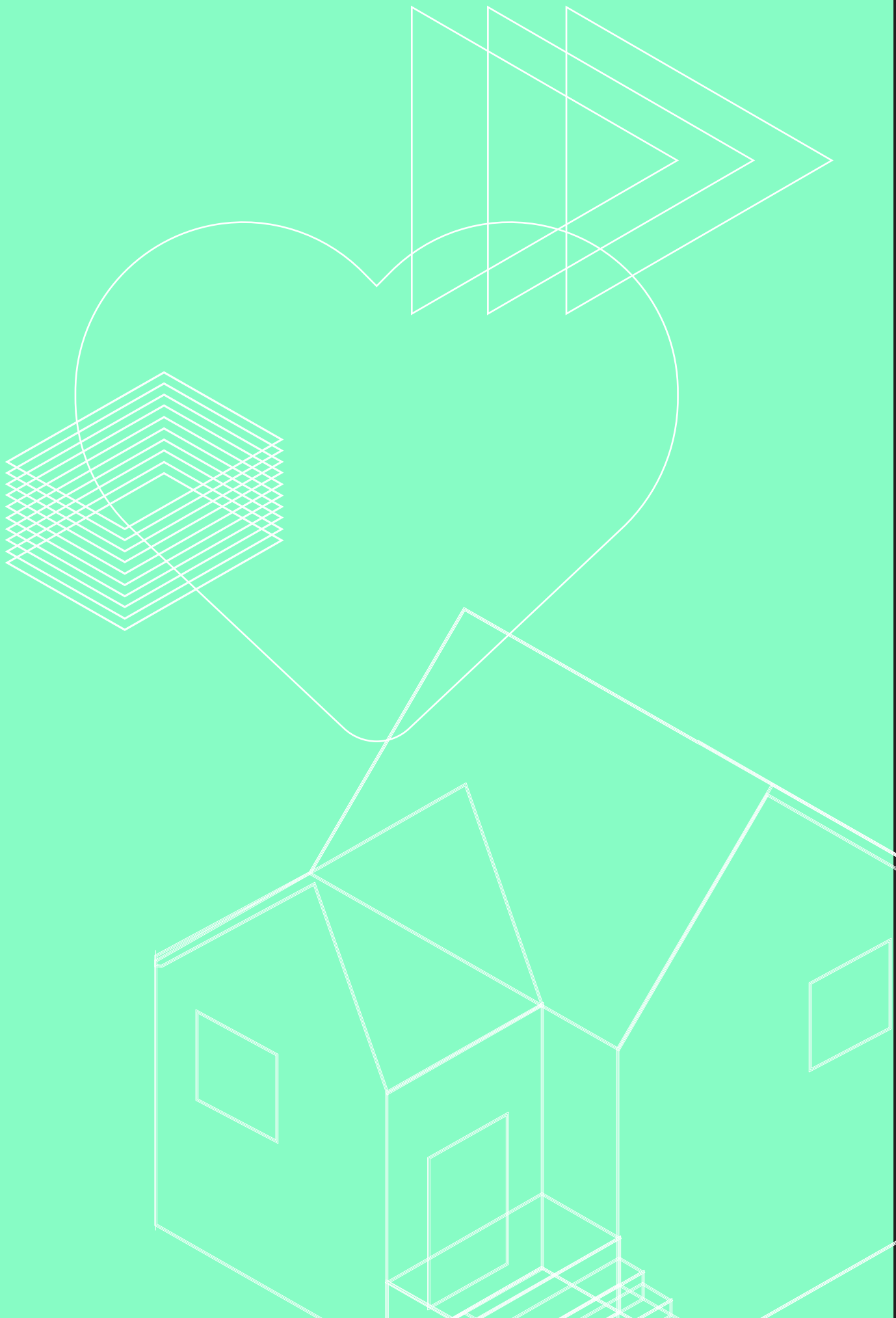


Purpose

This document summarizes key recommendations from the 2025 Methamphetamine Think Tank. It aims to inform efforts by the Ontario HIV Treatment Network (OHTN) and community organizations to enhance the **continuum of care** related to methamphetamine use among 2SGBTQ+ communities.

The **continuum of care** can include **prevention** (encompassing both preventing initiation of methamphetamine use and/or progression to problematic use), **harm reduction initiatives**, and enhancing **treatment** options for 2SGBTQ+ individuals who use methamphetamine.

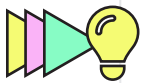




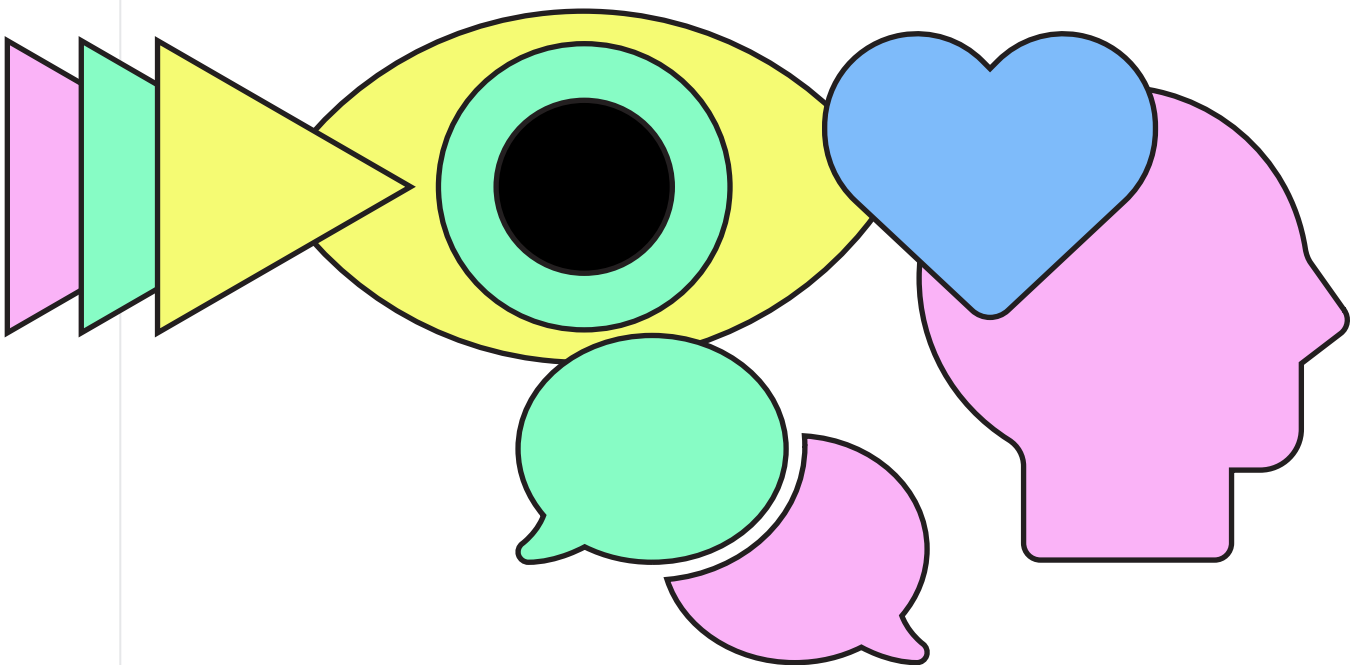
Background



Methamphetamine is a stimulant that is used commonly in the context of Party and Play (PnP or chemsex) by 2SGBTQ+ communities. Most often, methamphetamine is used in this context to heighten sexual experiences, foster social connections, and lower inhibitions. However, the use of methamphetamine continues to be associated with increased vulnerabilities to sexually transmitted and blood borne infections (STBBIs), adverse HIV-related health outcomes, as well as mental health challenges.



On **March 21, 2025**, the **Methamphetamine Working Group**, supported by the **OHTN**, hosted a provincial Think Tank to improve the continuum of care for 2SGBTQ+ individuals living with HIV and at risk of HIV who use methamphetamine. The event brought together over 50 participants (Appendix A), including clinicians, researchers, public health staff, community organizations, and individuals with lived/living experience from across Ontario.



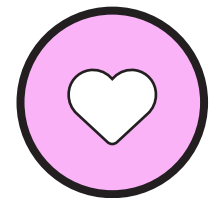
The day was organized into **three themed sessions**:

Sessions

The **Prevention Session** included a presentation by a community member on their personal experiences with methamphetamine – how he was first introduced to it, and what ultimately made him want to stop. This was followed by research presentations on factors which may motivate or deter methamphetamine use, as well as an overview of past prevention campaigns. Attendees collaboratively brainstormed inclusive and non-stigmatizing prevention interventions tailored to the diverse experiences of 2SGBTQ+ communities.

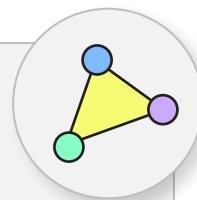


The **Harm Reduction Session** included a community conversation circle highlighting the needs of underserved populations such as 2SGBTQ+ newcomers, street-involved individuals, trans and non-binary communities, and racialized communities.



The **Treatment Session** included an overview of current treatment options for methamphetamine use, followed by a conversation with community members about experiences of seeking support for their meth use, highlighting success and addressing gaps. The session concluded with a hybrid presentation from UCLA researchers on a novel treatment intervention, the “Getting Off” App, which includes gamified features to support those who wish to stop their use.





Objectives

The Think Tank aimed to achieve the following objectives:




- 1. Foster connections and collaborations across multiple sectors concerned with this issue.**
- 2. Identify and document opportunities for research, programs, and advocacy and develop actionable steps to implement these initiatives.**

The documented opportunities for research, programs, and advocacy were intended to guide future work by the Meth Working Group, and associated agencies and partners. They were also intended to inform organizations, policy makers, and opportunities to fund and otherwise support upcoming initiatives aligned with the OACHA Action Plan to 2030. Both of these objectives were met. The first objective was achieved by holding a networking social the night prior to the Think Tank and organizing collaborative activities throughout the Think Tank. The second objective was met via a priority-setting session at the end of the Think Tank, which asked attendees to decide on the top three items they would like to see prioritized in the next two years.



Recommendations

The Think Tank identified the following key overarching recommendations for the OHTN:

-  **Establish provincial group (hereafter referred to as an alliance) that will bring together people interested in moving forward on prevention, harm reduction, and treatment initiatives related to methamphetamine use in 2SGBTQ+ communities in Ontario. This will be established in collaboration with GMSH and will bring together diverse expertise and lived/living experience to collectively advance priorities.**
-  **Allocate funding to support initiatives emerging from the alliance and other agencies which are in alignment with the OHTN's mission and vision, and the OACHA Action Plan to 2030.**
-  **Continue to support funding for research on methamphetamine use, with particular emphasis on community-led initiatives that align with the priorities identified during the Think Tank, especially those that support individuals living with HIV or at heightened risk of HIV.**

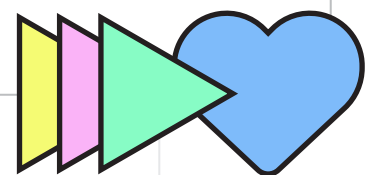
If you are interested in joining this alliance, please contact:



Maria Sunil



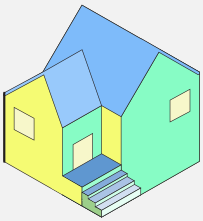
msunil@ohtn.on.ca



The following sections provide an overview of session discussions and recommendations across the continuum of care.

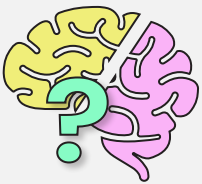
Prevention Session

Identified priorities and recommendations



Priority: Design and implement community-driven, non-stigmatizing, evidence-informed methamphetamine prevention initiatives that incorporate Think Tank learnings (Appendix B).

We recommend allocating funding to support community-led development and delivery of prevention initiatives (e.g. a prevention intervention or campaign). Messaging should include accurate information about methamphetamine use and promote informed decision-making rather than fear or shame. Initiatives should be tailored to specific 2SGBTQ+ communities (e.g., newcomers, trans and racialized communities).



Priority: Launch a longitudinal cohort study which explores the drivers and consequences of methamphetamine use and psychosis.

We recommend that an organization or facility currently working with individuals who use methamphetamine (e.g. HQ Toronto) look into the feasibility of a longitudinal cohort study. This includes establishing partners, funding, and a mechanism for community input.

Discussion Highlights

The session began with a community member sharing personal insights into both his motivations for using methamphetamine and what ultimately made him want to stop. This was followed by a presentation from Dr. Paul Shuper, Senior Scientist at CAMH, who shared findings from the Ontario Project on Trends in the Initiation of Crystal Meth (OPTIC). This community-driven study focuses on the factors that influence decisions to start—or avoid—using methamphetamine among gay, bisexual, and queer men who have sex with men (gbMSM).

In phase 1 of this study, interviews were conducted with gbMSM (aged 18+), including those who initiated meth use or considered it in the past two years. 23 interviews were conducted, with diverse representation across Ontario (primarily the Greater Toronto Area, Ottawa, Southwestern Ontario, and Thunder Bay). Most participants were gay cis men, aged 37 on average, with 61% non-white and 17% HIV-positive.



Reasons for initiating meth use noted by participants

- **Sexual Enhancement:** Participants noted improved sexual experiences.
- **Social Connectivity:** participants noted that use helped connect with friends or sexual partners, and some felt accepted into communities.
- **Life Stressors & Mental Health:** participants indicated they used to cope with stress, depression, anxiety, or body image issues.
- **Newcomer Dynamics:** For many newcomers, meth use was a way to connect with others.
- Perceiving methamphetamine as a **safe drug**.
- Using methamphetamine as a **substitute** for other substances (e.g., cocaine).
- **Situational Pressures:** participants stated that they felt it helped them meet social expectations, such as needing to use meth to fit in at a party.



Reasons for not initiating meth use noted by participants

- Concerns about **addiction, overdose, psychosis, and physical health impacts**.
- **Stigma** associated with meth use.
- **Existing health issues** (e.g., family history of heart disease, mental health concerns).
- **Positive life satisfaction**.
- Having **support systems**.

Prevention Campaigns

Danielle Giliauskas from OHTN's [Evidence and Knowledge Synthesis team](#) resented findings from [two major methamphetamine prevention campaigns in the last 20 years](#). Research overall showed that anti-drug campaigns often generated stigma, with messaging that promoted abstinence and perpetuated a negative perception of drug use.

2004 campaign



Funded by Peter Staley and driven by grassroots efforts, it used fear tactics to discourage meth use. The campaign evoked emotions like shame, fear, and stigma.

Most people who said the campaign made them think about not starting crystal meth were white, HIV-negative, and did not engage in bareback sex.

Most people who said they were glad someone was addressing crystal meth use in the gay community were also white, HIV-negative, did not bareback, had not recently used meth, and/or did not participate in PnP.

In contrast, individuals who used meth in a PnP context were more likely to say the campaign made them want to start using crystal meth or use it more.

2020 Meth Free LA County Campaign



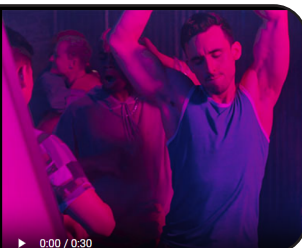
Aimed to reduce stigma around meth use by testing messages that promoted less fear-based language. Social post exposure in the campaign showed a 36% higher likelihood of MSM reporting exposure to the messages. The campaign was effective, with an average score of 4 out of 5 for making individuals less likely to

Website 

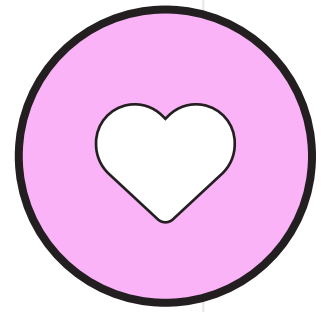
SOMETIMES EARLY DAMAGE IS NOT VISIBLE

You may know the kind of damage meth does on the outside. But from the first use, meth starts doing damage you can't see. Learn more.

Early Use Risks



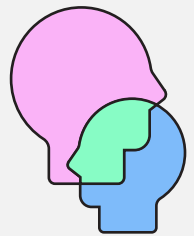
Harm reduction session



Identified priorities and recommendations

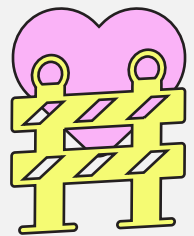
Priority: Increase funding for programs that integrate peer workers, who are essential in engaging people in harm reduction services.

We recommend targeted funding to expand and sustain programs that center peer-led approaches, including programs that support people who are trans and non-binary, newcomers, and/or racialized.



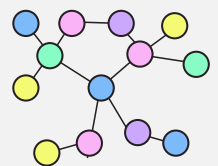
Priority: Establish inclusive, low-barrier services that support people regardless of immigration status or income level.

We recommend expanding the inclusion criteria for programs serving people who use drugs to ensure equitable access to comprehensive, wraparound health and social services. These programs should be available to all 2SGBTQ+ community members, regardless of immigration status or income level.

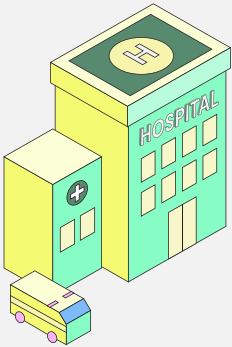


Priority: Enhance provider collaboration on complex cases involving methamphetamine use.

We recommend the launch of a methamphetamine-focused ECHO (Extension for Community Healthcare Outcomes) to support knowledge sharing and case consultation among clinicians.



Identified priorities and recommendations



Priority: Improve provider competency, including supporting those experiencing psychosis and supporting trans and racialized communities.

We recommend the development and offering of specialized training for service providers that emphasizes cultural competency and trauma-informed care. Include topics such as supporting individuals experiencing psychosis.

Discussion highlights

A Community Conversation Circle, facilitated by **Mark Gaspar**, Senior Policy and Strategic Issues Advisor at Toronto Public Health, brought together representatives from ASOs and community organizations to explore the needs of often underserved populations, including 2SGBTQ+ newcomers, trans and non-binary individuals, racialized communities, and street-involved people.

Orville Burke, from BlackCAP, shared insights into how shame around meth use often extends beyond the individual, affecting families and friends, especially within the African, Caribbean and Black (ACB) community where use remains hidden due to stigma and shame. He noted that integrating harm reduction education into broader social programming, rather than having programs focusing solely on drug use, has proven effective in engaging communities. He emphasized the importance of visible role models who openly share their experiences with others in reducing stigma.

Jessica Fox, one of the few community advocates in Canada who discusses methamphetamine use in the context of trans communities, described the healthcare barriers trans individuals face, especially those engaged in sex or

survival work. She stressed the need for supportive, welcoming healthcare environments and advocated for trauma-informed, compassionate care. Many trans people feel pressured to pass as cisgender due to safety concerns, especially as discrimination increases towards trans and gender diverse communities. She highlighted that motivational interviewing is an important tool to meet people where they are.

Ower Oberto, from Latinos Positivos and PWA, advocated for immigration-focused harm reduction. He emphasized that many newcomers avoid seeking help due to fear of deportation, criminalization, and stigma. He called for inclusive, low-barrier services that support people regardless of immigration status or income level.

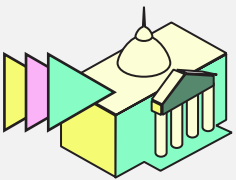
Steph Massey from the 519 emphasized that psychosis is a health issue, not a criminal issue. In her view, the war on drugs is really a war on communities. She closed by reminding attendees that not all drug use is problematic or rooted in pain—sometimes people use for pleasure, and it's important to recognize this distinction to reduce stigma.

This conversation underscored the need for a compassionate, trauma-informed approach to support individuals across different communities, promoting inclusivity, understanding, and harm reduction in the face of increasing challenges.

Treatment Session



Identified priorities and recommendations



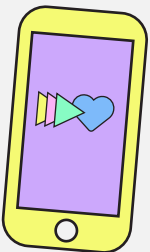
Priority: Advocate for more evidence-based methamphetamine treatment options to be available in Ontario.

We recommend that the established alliance advocate for increased availability of treatment options in Ontario, emphasizing novel, evidence-based approaches (e.g. injection naltrexone) tailored to the evolving needs of communities.



Priority: Revive specialized treatment programs for 2SGBTQ+ individuals (e.g., CAMH's Rainbow Care Program).

We recommend that the established alliance advocate for the reinstatement and sustained funding of culturally competent, identity-affirming public treatment programs designed for 2SGBTQ+ communities who use methamphetamine.



Priority: Assess the feasibility of adapting or replicating the Getting Off app in Ontario.

We recommend the exploration of partnerships, community consultations, and funding opportunities to localize the Getting Off app, ensuring it meets the specific needs of Ontario's 2SGBTQ+ communities.

Discussion highlights

Tim Guimond, Mental Health Director at HQ Toronto, presented an overview of current methamphetamine treatment approaches, including both psychosocial and pharmacological options. He emphasized that no single treatment works for everyone, and evidence remains limited. Combined treatments, including medications and psychotherapy, have shown benefits. He also noted that stimulant-induced psychosis is treated with antipsychotics, though these may increase impulsivity and complicate recovery. Psychotherapy remains a key supportive treatment, while emerging therapies like repetitive transcranial magnetic stimulation (rTMS) are being studied.

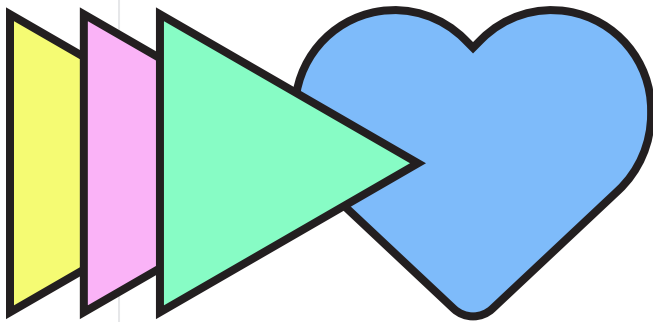
Following this presentation, **two community members** shared their personal experiences with accessing treatment, being in treatment, and life after treatment, including the various challenges they experienced. The challenges included a lack of culturally competent care for 2SGBTQ+ communities, the need to hide their identities for safety, and insufficient oversight and regulation in private treatment facilities. One community member highlighted HQ as a positive example of an inclusive treatment program, though noted that it remains inaccessible to those living outside of Toronto.

Finally, **Dr. Michael Li and Dr. Ray Mata (UCLA, Friends Research Institute)** presented on treatments they are administering in Los Angeles as well as a novel treatment intervention: The Getting Off App, a self-guided digital intervention for 2SGBTQ+ individuals who use meth, based on the Getting Off Program originally developed by Drs. Cathy Reback and Steven Shoptaw in the late 1990s. A similar intervention to the “Getting Off App” does not exist in Ontario, and thus, there is an opportunity for implementation.

The app was designed to translate a manual 24-session cognitive behavioural therapy program into a user-friendly, self-guided format for smartphones. The app features gamified elements to increase engagement. Some users completed all 24 sessions in as little as two days, while others took longer.

An RCT evaluated the app's effectiveness in reducing meth use and activities known to be higher risk for HIV transmission. Participants were divided into two groups: one received immediate access to the app, and the other had a delayed start. The immediate access group showed higher app usage and more significant reductions in meth use and other activities associated with HIV transmission.

Federal funding cuts in the US have halted research efforts at Friends Research Institute, leaving the project in limbo despite promising results.



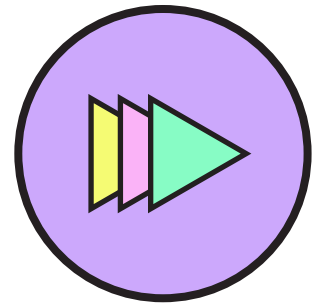
“

People think meth is much worse than it is. Although there are some harms... the biggest problem is the lack of real conversations about it.

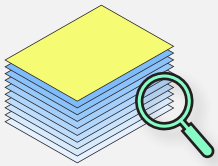
Community Participant

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Across the Continuum



Identified priorities and recommendations



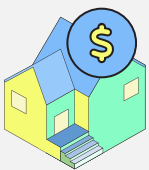
Priority: Develop standardized best practices for 2SGBTQ+ methamphetamine-related services across the continuum of care.

We recommend that the alliance develop and disseminate best practices and guidelines for meth-related prevention, harm reduction, and treatment services geared towards 2SGBTQ+ populations.



Priority: Improve service coordination outside Toronto and leverage digital platforms for information dissemination.

We recommend that the established alliance advocate for the reinstatement and sustained funding of culturally competent, identity-affirming public treatment programs designed for 2SGBTQ+ communities who use methamphetamine.



Priority: Advocate for flexible, responsive funding for community initiatives that reflect the evolving needs of the community.

We recommend that organizations prioritize funding for community-led projects that align with the priorities identified at the Think Tank. Funding should be flexible, low-barrier, and responsive to the evolving needs of communities.

Overarching Values to Guide Implementation

To ensure that all recommendations and actions meaningfully support 2SGBTQ+ communities who use methamphetamine, the following core values should be considered across programs, research, and policy development across the continuum of care:



Address social and structural determinants of health.

Integrate housing, mental health, employment, food security, and other social determinants into program and policy responses.



Meaningful inclusion of communities.

The leadership, expertise, and lived experiences of underrepresented groups—particularly trans and gender-diverse people, newcomers, people who use drugs, and racialized communities—should be considered in all initiatives. Involvement should be ongoing, compensated, and non-tokenistic. Representation must span governance, program design, research, and frontline service delivery.

Avoid stigmatizing language.

The Think Tank took place during a time of intensification of punitive and coercive approaches to drug use in Ontario. Program and policy responses that aim to prevent methamphetamine use among 2SGBTQ+ communities or support harm reduction and treatment for 2SGBTQ+ individuals who use methamphetamine must use factual, accurate, and caring language. Language should reflect the range of experiences 2SGBTQ+ people have of methamphetamine and not contribute to stigmatizing drugs or drug users.



Engage with current research.

Program and policy responses to methamphetamine use among 2SGBTQ+ communities should be informed by ongoing engagement with current research and aligned advocacy efforts. The Agenda for Action, developed by the HIV Legal Network as part of the Connection, Care, Community: Strengthening Harm Reduction for LGBTQ People who Use Drugs in Canada initiative, offers valuable guidance and can serve as a foundational resource to support these initiatives.



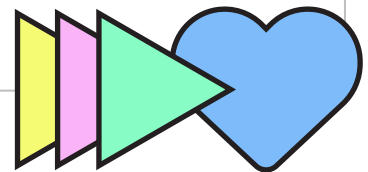
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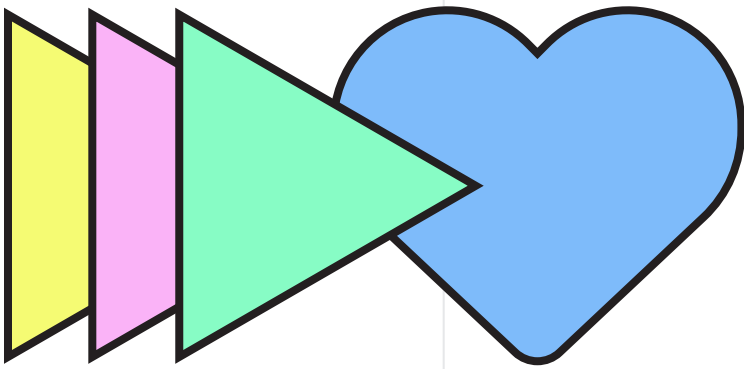


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Acknowledgements

We gratefully acknowledge the generous support of our sponsors, **Gilead** and **ViiV**, whose contributions made this event possible.

Special thanks to the **Methamphetamine Working Group**—co-chaired by **Eric Mykhalovskiy** and **Jordan Bond-Gorr**, with members **Paul Shuper, Trevor Hart, Tim Guimond, Tim McCaskell**, and **David Soomarie** for their invaluable insights throughout the planning process. The Methamphetamine Working Group was supported by OHTN staff members **Maria Sunil, Roger Prasad**, and **Danielle Gilliauskas**.

We also sincerely thank **Mark Gaspar**, our event facilitator, for his thoughtful input, and the **OHTN staff** for their dedicated logistical support.

Most importantly, we offer our heartfelt gratitude to the community providers and individuals with lived or living experience, whose perspectives profoundly shaped both the planning and the event itself. We are also thankful to the many attendees who shared their insight, energy, and expertise, enriching the discussions and driving this important work forward.