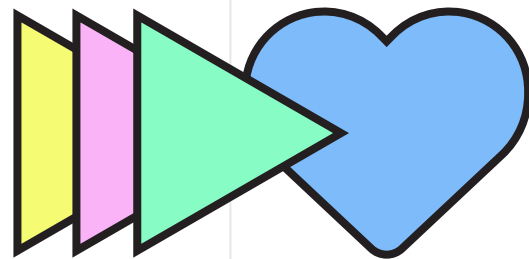


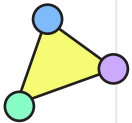
From Prevention to Treatment

Supporting the Continuum
of Care for 2SGBTQ+
Methamphetamine Use

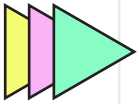


Housekeeping

Event Objectives



Foster connections and collaborations across multiple sectors concerned with this issue.



Identify and document opportunities for research, programs, and advocacy and develop actionable steps to implement these initiatives.

Ground Rules and Expectations



Arrive with an open mind. Come ready to explore the topic without preconceived notions or judgments, embracing diverse viewpoints.



Be reflective. Be open to reflecting on and considering different perspectives to deepen understanding. Recognize that we live in an environment where ideology increasingly trumps data and evidence, and discussions of drugs can be influenced by anti-drug sentiments, homophobia, and racism.



Foster inclusive participation. Create a welcoming environment where everyone feels encouraged to share their thoughts and experiences. Be mindful of speaking time; encourage quieter participants to share their opinions while ensuring everyone has a voice.

Engage with respect. Interact respectfully with fellow attendees and presenters, valuing all contributions to the discussion. Listen attentively to others, seeking to understand before responding.



Zero tolerance for discrimination. Discriminatory language, stigmatizing remarks, and personal attacks will not be tolerated. This will be a safe and respectful space for all participants.



Background

Methamphetamine is a stimulant that is used commonly in the context of Party and Play (PnP or chemsex) by Two-Spirit, gay, bisexual, transgender, queer (or questioning) (2SGBTQ+) communities. Most often, methamphetamine is used in this context to heighten sexual experiences, foster social connections, and lower inhibitions. Methamphetamine is just one of several substances used in PnP, and not all 2SGBTQ+ individuals who participate in PnP use methamphetamine. Similarly, some 2SGBTQ+ individuals use methamphetamine outside of PnP contexts. The complexity of methamphetamine use in this community is further compounded by factors such as polydrug use, the ongoing toxic drug crisis, and the risk of problematic meth use.

In 2019, a Think Tank was organized to address the growing demand for services and interventions for gay, bisexual, and other men who have sex with men (gbMSM) in Ontario who use methamphetamine. However, the recommendations that arose from this Think Tank were never fully realized for a variety of reasons, foremost being the COVID-19 pandemic. During and since the pandemic, AIDS Service Organizations (ASOs) and other community-based organizations have experienced significant turnover and staffing shortages resulting in loss of institutional knowledge and service gaps; in addition, the sector has become increasingly fragmented, with many organizations operating in silos and duplicating programmes and services.

Despite these challenges, community organizations have made notable strides. One key milestone was the launch of the first provincial priority population network-led campaign on Party and Play by the Gay Men's Sexual Health Alliance (GMSH). Additionally, many ASOs across Ontario continue to strengthen their capacity to support 2SGBTQ+ communities who use methamphetamine.

This 2025 Think Tank seeks to re-engage these groups, promote cross-sector collaboration, and highlight the evolving needs of 2SGBTQ+ communities. This event also seeks to explore the complexities surrounding methamphetamine use within 2SGBTQ+ communities in Ontario, with the purpose of supporting the health and well-being of 2SGBTQ+ individuals across the full continuum of care for methamphetamine use—from prevention and harm reduction to treatment.

Furthermore, this Think Tank aims to highlight the experiences of often underrepresented groups, including newcomers, trans, and non-binary individuals, who may face unique challenges and barriers in accessing services and support. In addition to exploring the continuum of use, this event will also highlight opportunities for research, interventions, and advocacy. It will focus on developing concrete actions and initiatives that can be implemented and sustained beyond the end of the Think Tank.

The Continuum of Care


A continuum of care means the availability of effective interventions, services, and supports that span prevention, harm reduction, and treatment. Ultimately, the continuum of care aims to support all experiences along the “lifecycle” of individual substance use.¹





Prevention

Prevention focuses on stopping the initiation of meth use and preventing the progression of recreational or controlled use to problematic use. Education and awareness initiatives are the cornerstone of this approach. This includes providing information on substances and their effects, in addition to strategies for resilience. Prevention also focuses on addressing an individual’s needs through social determinants of health framework. These initiatives promote an understanding of the complex reasons for substance use and offer tools, skills, and resources to prevent dependence.

To date, no successful interventions have been identified that prevent the use of methamphetamine among 2SGBTQ+ communities. An OHTN rapid response found that media campaigns aimed at discouraging methamphetamine use among gbMSM have shown conflicting results.² For example, a study of three public health campaigns in New York City in 2004 found that the community's reaction to the anti-crystal methamphetamine campaigns was mixed:

 **Men of colour** were more likely to engage in conversations with their partners or friends regarding their methamphetamine use following the campaign compared to white men.

 **White men, HIV-negative men, and men not currently using methamphetamine** also responded more positively to the campaigns compared to men of colour, HIV-positive men, and men who recently used methamphetamine, respectively.

 **Men who reported recent use of methamphetamine during PnP** were more likely to report that the campaigns resulted in increased urges to use.³

Recent qualitative research among health and community sectors found that “**...mass media anti-drug campaigns were seen to be a significant generator of stigma with irrelevant and patronizing messages that lacked useful information.**”⁴ The authors concluded that messaging regarding sexuality, HIV, and drug use in social structures and institutions (e.g. media campaigns) should consider the effects of stigma.⁴

Harm Reduction

Secondary prevention, or harm reduction, aims to reduce the morbidity and mortality associated with substance use, focusing on the harms associated with substance use, without requiring reduction of use, cessation, or abstinence. This includes non-judgmental, non-coercive, person-centred, and evidence-informed interventions, programs, and policies which aim to reduce the health and social harms and the economic costs that may arise from the use of substances.

A recently published randomized controlled trial found that an online chemsex harm reduction intervention led to significant improvements in self-efficacy for condom use, sexual safety, and drug avoidance.⁵ Participants also reported being less likely to engage in chemsex and were more likely to have undergone HIV testing in the previous three months.

A 2019 systematic review identified a community-based harm reduction intervention that included transitioning to less potent/harmful modes of methamphetamine administration (e.g. injecting to smoking, smoking to snorting), promoting self-care strategies while using methamphetamine, and delivering education about safer injection practices with linkage to needle exchanges and access to sterile syringes.⁶ Participants engaging in these interventions reported reductions in methamphetamine use and sexual risk-taking behaviour while using methamphetamine.

Treatment

Tertiary prevention, also known as treatment, encompasses services and support for problematic meth use, as well as its associated health outcomes. Based upon client goals along a continuum of care, this can include withdrawal management, counselling, medical care, pre/post-treatment supports, and case management services.

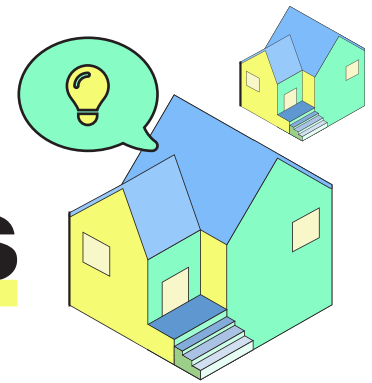
Several areas for improvement in treatment services have been identified, including cultural competence, disclosure of sexuality, peer involvement, availability of various programs (e.g. more one-on-one services, group counselling, social programs, and programs that are not abstinence-based), healthcare provider stigma, program length, and trauma-informed practices.⁷

A 2019 systematic review identified that psychosocial interventions, such as contingency management, motivational interviewing, and cognitive behavioural therapy appeared to hold the most promise in addressing methamphetamine

use.⁸ Another 2020 systematic review noted that due to the positive outcomes associated with contingency management, outpatient programs offering treatment for methamphetamine use disorder should prioritize the adoption and implementation of this intervention.⁹ Furthermore, behavioural activation interventions, which are treatments for depression that aim to provide patients with the ability to re-engage in daily life, as well as text-message interventions, have also shown to be effective. Both methods resulted in participants engaging in less condomless anal intercourse and longer periods of reduced methamphetamine use.^{10,11}

Lastly, pharmacological interventions have demonstrated limited efficacy in addressing problematic methamphetamine use.^{10,12} However, two studies have shown that mirtazapine, an antidepressant, may reduce methamphetamine use and high-risk sexual behaviours among gbMSM. Authors found that the addition of mirtazapine to substance use counselling decreased methamphetamine use and resulted in decreased sexual risk behaviours despite low adherence to the medication.^{13,14} Another randomized controlled trial published in 2021 demonstrated that the combination of injectable naltrexone and oral bupropion led to reductions in methamphetamine use.¹⁵ Unfortunately, injectable naltrexone is not available in Canada and is difficult to access.¹⁶

Think Tank Consultations



Community members with lived/living experience of methamphetamine use

Community consultations were conducted with nine individuals between December 2024 and February 2024. Participant ages ranged between 28 to 62. These participants self-reported their frequency of meth use to range from only on weekends to once a month. Two out of six community members stated that they currently struggle with their methamphetamine use. One of the participants abstained from using meth for 9 months. All of the interviewed community members reported using meth primarily in the context of PnP.



Perceived benefits of use. Participants highlighted meth's role in fostering community connections and enhancing sexual experiences. One individual shared, "There is a community connection when using meth... You meet people you wouldn't regularly meet outside of this group."

Another participant elaborated on meth's impact on social interactions, saying, "It puts me in a mindset where I'm able to command a room when I walk into it, or it's easier to meet someone for the first time. In our world, there's a lot of first-time meetings, and then that's it. For me, I find it difficult to get comfortable with someone to get into certain activities, and crystal meth gets rid of that barrier for me."

Others described its effects on focus. One participant noted, “The biggest thing for me is focus – I can just focus on sex.” In addition to these sexual benefits, some participants also mentioned productivity enhancements. For instance, one shared, “I have undiagnosed ADHD, and it helps me get a lot done on my list,” while another shared that they often find themselves tidying up when using meth.

Some participants also reflected on meth’s role in self-awareness and emotional processing. One individual shared, “When I use, I begin to question – why do I want to use right now? Is there something in my life I need to look into?” However, many acknowledged that these benefits were diminishing over time, with one participant stating, “I used to use it because it gave me more pleasure... now I don’t even get pleasure from it anymore.”

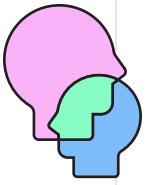
Physical and mental health effects. The most common drawbacks of methamphetamine use reported by participants included sleep deprivation, loss of appetite, heightened anxiety, and physical and mental health effects. One individual shared, “I’ve experienced psychosis, self-harm, and doom... I can overcome this if I don’t use for a while.” Another noted, “Every time I start using, it takes two months to feel OK again.”

Despite meth being seen as a “party drug,” many found it isolating. One participant shared, “Meth is isolating. I stopped reading, stayed home, and my relationship became brutal when we were high together.”

Meth also affected self-esteem. One participant reflected, “It makes me feel weak and insecure. I start seeing flaws that aren’t really there, or they feel much larger than they actually are.” Memory loss was also a concern. One participant stated, “My short-term memory loss has gotten worse. That’s why I’m trying to stop.”

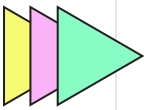
On a positive note, one individual described their mental and physical health, saying, “My mental health is stable if I sleep properly. I’m HIV-positive, undetectable for 18 years, and my doctor is happy with my health.”





Impact on relationships. Meth use affected personal relationships differently. Some reported minimal impact, while others experienced significant changes. “Friends that I party with are not the same friends that I am social with.” However, romantic relationships often suffer. One participant shared, “In my previous relationship – meth was a huge part of why we drifted. He wanted to go cold turkey, I didn’t.”

One participant reported hiding their use from their family: “My family doesn’t know about my use, so nothing has changed.” Others described situations of strained family relationships. “My mom always writes letters to me and puts them in drawers in my bedroom... I can’t even bring myself to read them.”



Driving factors to using meth. Participants identified various personal and social factors that drove them to use meth. One individual reflected on their journey, saying, “I didn’t love myself at that point. The reason I am here today is not because of crystal meth but because of the subculture and everything that has welcomed me in Toronto. It was kind of a life saver because I was really in a bad place.”

Another participant attributed their initial use to peer pressure, explaining, “I was at a hookup’s place, we were about to have fun. He was attractive, so when I was offered it, I took it. I had just broken up with someone I really cared about, and I was nursing a broken heart. I just felt really bad about how the relationship ended, so this made it easier to get addicted to crystal.”



Misconceptions about meth use. Participants expressed frustration with societal misconceptions, particularly the stereotype that all meth users are visibly unhealthy or incapable of maintaining normal lives. One participant shared, “There is a stereotype that people who use meth are crazy, can’t maintain a relationship or job.” Another highlighted a common belief about physical appearance, stating, “I never had meth mouth or sores... I think that’s a huge misconception.”

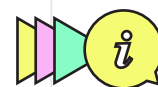
Others pushed back against the idea that meth use is uniquely destructive compared to other substances. One participant explained, “For me, meth is just my crutch... Just because I use crystal, it doesn’t mean my substance use is the worst thing of all things.” Another raised a comparison to other drugs: “Ultimately, what is the difference between meth and pot? I have had some of the worst experiences with pot. Sure, you can criticize meth use, but that means that criticism also applies to your alcohol use, pot use, etc.”

Participants also challenged the idea that meth use is solely associated with certain socioeconomic groups. One individual noted, “The fact that it is done by the poorest people in society – it’s not. Because people think it’s associated with lower-income people – they say, ‘Why should we care?’”

However, stigma remains a challenge, even among meth users themselves, with one participant noting, “Stigma is even internalized among meth users, where they feel immense shame for using meth.” Discrimination within the 2SGBTQ+ community was another point of frustration. As one participant shared, “There is even discrimination in the gay community. If you snort meth, that’s fine, but if you inject meth, it’s disgusting. That has to change.”

One participant emphasized the need for greater acceptance and openness, stating, “For meth, acceptance is better than the lies we say about it. There needs to be more truth about what it can do to you. Silence will kill us.” Another participant underlined the importance of education to reduce stigma: “It’s important for people to know about meth and the effects of meth to reduce the stigma. If you are not happy and feeling alone, meth can be an amazing friend.”

Approaches to prevention. One participant shared their perspective on meth use, stating: “I don’t think meth is good for anyone – but it is good to be informed, and know what meth is. Everyone is responsible for their own decisions so it’s important to be informed.”

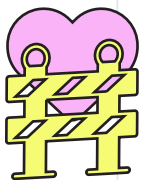


Participants emphasized the need for more public education and harm reduction efforts tailored to the LGBTQ+ community. Many noted the absence of targeted campaigns, commenting, “There’s no TV or internet campaigns – nothing like that.” Additionally, many expressed a desire for earlier education on the effects of meth to better equip individuals in making informed choices.



Gaps in harm reduction and support services. Participants called for culturally competent harm reduction services. “Programs need to be catered towards different demographics... young people, Indigenous, POC, Black people, queer men, trans folks.” Many felt existing support services failed to meet their needs. “I reached out for help numerous times and tried to get it but did not... I was met with ignored emails and psychiatrists telling me to go to AA.”

Participants also highlighted the importance of nonjudgmental support from service providers. “They need to be knowledgeable about what goes on – being comfortable talking about it, not showing judgment.” Some emphasized the need for more PnP-specific workshops and outreach at LGBTQ+ events like Pride. “During Pride, PnP is still seen in a negative light... I think it would be a good starting point to have more awareness.”



Barriers to accessing harm reduction. The majority of participants noted that they did not experience significant barriers to accessing harm reduction services, particularly in Toronto, where these services are easily accessible. However, one participant from the Waterloo region recounted an experience at Shoppers Drug Mart, where they were denied clean drug equipment. They explained:

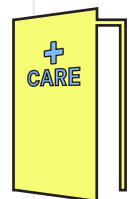
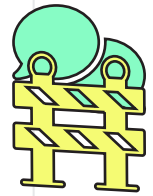
“I asked for clean needles for a friend, but the staff asked security to escort me out, saying, ‘Don’t come back. We don’t sell needles to people like you.’ This kind of refusal contributes to harm and death in our community, especially in smaller cities where people don’t understand the need for harm reduction.”

Stigma remains one of the most significant barriers to accessing harm reduction services. One respondent shared, “There is a lot of shame, even when picking up supplies. Even in the LGBTQ+ community, there is so much stigma because of the lack of education about it.”

Barriers to accessing treatment services. Geographical limitations often restrict access to necessary services. One participant shared, “I have only used services in Toronto. When I moved to Parry Sound, there were no services. Then I moved back to Burlington, and the only services are in Hamilton and are not accessible.” The cost of travelling to larger urban centers, such as Toronto, further compounds the issue. Scheduling conflicts also pose challenges, as one participant noted: “I am scheduled for work every day of the week, so it is hard to find time and take time off.”

Language barriers also prevent some individuals from accessing services. One participant explained, “Language is a major barrier for me. It prevents me from attending programs. Once I saw a doctor, and I tried talking to a professional, but he wasn’t qualified to give me any medications. He referred me to a psychiatrist at Casey’s house. The problem is my English is bad – I need to know English in order to talk more about myself with a counsellor. I can only do this in Spanish. I think it’s too much to ask providers to learn Spanish – I need to learn English myself.” (translated from Spanish)

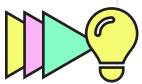
Suggested improvements in treatment services. Participants emphasized the need for more accessible and cost-friendly mental health support and services. One participant stated, “There needs to be more mental health support that is accessible, the costs are so much.” Support services should also be expanded to include more drop-in options, with another individual noting, “If someone is struggling with their use, there needs to be support for this. Even drop-in supports are helpful.”



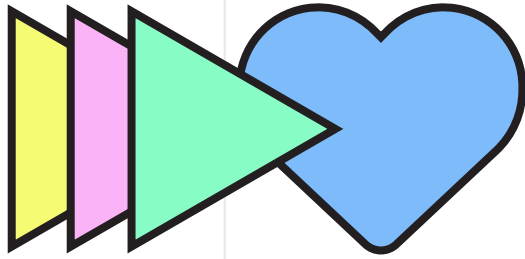
Knowledge dissemination and better coordination across services were also highlighted. One participant suggested, “Share all these great support services at HQ, ACT, etc. Also, don’t make me repeat my story 50 times. I know there is a work in progress to have our information there so we don’t have to keep repeating it – and I understand there are issues with privacy – but I would rather be alive and happy than have issues with privacy.”

A better understanding of the relationship between meth use and sexual experiences was another area that participants highlighted. One participant shared, “Meth and sex are one and the same – counsellors need to know this. If you give up meth, you give up your sex life, and you need to find a way to support this. But eventually, you can have sex again – it may not be as good, but eventually you can make it a different kind of amazing.”

Another participant described their experience at a treatment facility, stating, “I went to the Cobourg facility – and it cost \$30,000 to stay there for 30 days. The care there was garbage. They tried to drug me every day so I would be subdued and compliant. They put me on Ativan, and I couldn’t function. So, tell me, why would you put a drug addict on another drug?”



Final thoughts. While meth use provided certain perceived benefits, the negative physical, mental, and social consequences often outweighed them. Participants called for more harm reduction resources, improved public education, and nonjudgmental, tailored support for 2SGBTQ+ individuals who use meth. As one participant summed up, “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.”



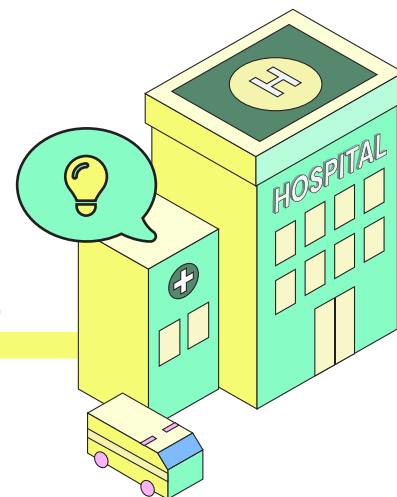
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People think meth is much worse than it is. Although there are some harms... the biggest problem is the lack of real conversations about it.

Community Participant

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Think Tank Consultations

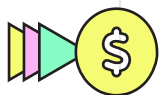


Frontline Staff

Between April and August 2024, **17 consultations** were conducted with researchers, community organizations, and public health units across Ontario to assess emerging community needs and opportunities for change. During the consultations, the following themes were identified:



Newcomer Experiences in PnP. A growing number of 2SGBTQ+ newcomers, international students, and refugees are engaging in PnP. Many are introduced to methamphetamine through hookups, partners, and dating apps, often without prior knowledge of the drug. Overlapping concerns include the risk of criminalization and potential loss of immigration status.



Lack of services and funding. Resources for 2SGBTQ+ individuals who PnP are significantly limited outside the GTA. Many existing services are underfunded and understaffed. Additionally, there is an overreliance on ASOs to provide support, which are often not staffed with mental health professionals or clinicians.

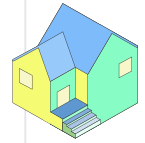


Programs must be affordable and geographically accessible. Outside the GTA—particularly in London, Hamilton, Barrie, and Peterborough—support services for 2SGBTQ+ individuals who PnP or use methamphetamine are scarce. The province also lacks affordable addiction treatment and mental health services. Long waitlists for treatment pose significant challenges, especially for withdrawal management.

Barriers to outreach. In rural areas, homophobia and stigma make PnP communities more hidden, complicating outreach efforts. Some settlement agencies downplay the need for PnP-focused support, assuming their clients are not engaged in PnP.



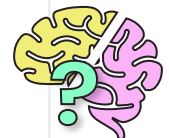
Community involvement. There is a need for more peer workers to conduct outreach. Workers from outside the PnP community are often less effective in engaging individuals.



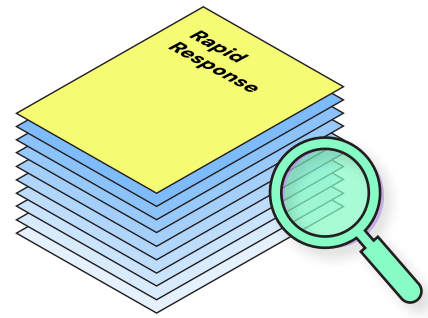
Engaging with community and cultural competence. Service providers need a deeper understanding of PnP culture, including the language used within the community, to engage without further stigmatization. This includes familiarity with dating apps, substances, and environments (e.g., bathhouses) to improve patient interactions. Additionally, community and health providers must be trained to engage with methamphetamine users rather than turning them away. Many providers also lack knowledge of stimulant withdrawal and its effects, particularly the impact of dopamine withdrawal on mental health.



Psychosis. A significant gap in knowledge, services, and training exists around methamphetamine-related psychosis, leading to inadequate support for individuals experiencing it. Psychosis is often linked to a number of factors, including sleep deprivation, lack of nutrition, or underlying mental health conditions. There is also a lack of training on how to support individuals undergoing psychosis, including interactions with authorities and crisis intervention strategies.

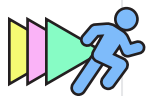


Research Overview



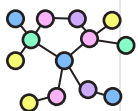
Health Outcomes Associated with Methamphetamine Use

In March 2024, the Knowledge Synthesis Team at the Ontario HIV Treatment Network released a Rapid Response titled “**Health outcomes of and interventions to reduce methamphetamine use among men who have sex with men** [↗](#)”. A summary of the findings from this report is below:



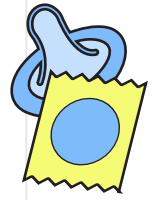
Methamphetamine–Associated Behaviours

Methamphetamine use among gbMSM is associated with various behaviours that can impact sexual health, HIV prevention, and care. This section explores key behavioural patterns related to methamphetamine use, including sexual partner dynamics, condom use, PrEP adherence, and engagement in HIV care.

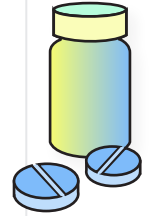


Sexual partners. Methamphetamine use among gbMSM is associated with an increased number of sexual partners. A 2022 meta-analysis reported that the likelihood of having one to three, four to five, and more than six sexual partners increased by 2.82, 2.98, and 5.98 times, respectively, in gbMSM using methamphetamine.¹⁷ Other studies found similar trends, with methamphetamine use linked to higher numbers of partners in Vancouver and group sex participation in the UK.¹⁷

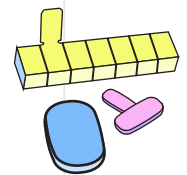
Condom use. Chemsex is associated with higher rates of condomless anal intercourse. A 2019 systematic review and numerous studies across Canada, the U.S., the UK, and Australia show that gbMSM using methamphetamine have increased condomless anal sex rates, particularly with anonymous or transactional partners.¹⁸ However, some gbMSM maintain strict condom-use rules even during chemsex.¹⁹

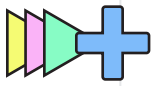


PrEP utilization. While some studies report lower PrEP adherence among stimulant users, others highlight awareness of HIV risk among gbMSM using methamphetamine. For instance, 35% of HIV-negative/unknown-status gbMSM in an Australian study reported PrEP use. Research also shows a significant association between chemsex and correct PrEP use, with no consistent link between stimulant use and missing doses.



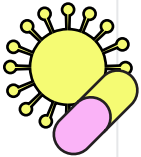
ART adherence and engagement in HIV care. Methamphetamine use negatively impacts ART adherence and HIV care engagement. A 2017 review found chemsex associated with ART non-adherence, and a London study reported suboptimal HIV clinic attendance among chemsex participants. In Los Angeles, only 25% of HIV-positive gbMSM using methamphetamine were adherent to ART, despite two-thirds achieving undetectable viral loads. Substance use treatment correlated with reduced HIV care engagement but improved ART adherence.





Methamphetamine Associated Health Outcomes

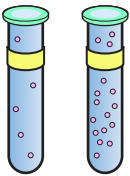
This section explores the multifaceted health outcomes of methamphetamine use, including its association with STBBI, adverse HIV health outcomes, physiological changes, and mental health challenges.



STI transmission. Chemsex is strongly associated with higher rates of STIs (e.g., syphilis, gonorrhea, hepatitis C) among 2SGBTQ+ individuals.^{20, 21, 22, 23, 24} A 2022 study found that chemsex, especially with polydrug use, increases gonorrhea and chlamydia incidence among PrEP users.²⁵



HIV infection. Methamphetamine use correlates with higher HIV seroconversion rates. Studies show persistent users have significantly elevated odds of HIV acquisition^{26, 27, 28, 29} and account for a large percentage of new HIV cases in observed cohorts.^{30,31}



Viral load. A recent cohort study of HIV-positive people who inject drugs found that Methamphetamine use is linked to unsuppressed HIV viral loads despite self-reported ART adherence.³² Frequent use correlates with detectable viral loads and increased viremia among HIV-positive gbMSM.³³



HIV health outcomes. Methamphetamine use is associated with frailty, poor sleep, reduced quality of life, and accelerated HIV progression. Additionally, it was a factor in a meningococcal disease outbreak among HIV-positive gbMSM.^{34, 35}



Physiological disturbances. Methamphetamine use is associated with thyroid abnormalities, increased inflammatory markers, and microbiome changes favouring inflammation, potentially impacting overall health and HIV transmission.

Neurological effects. Methamphetamine and HIV independently contribute to neurocognitive disorders, with combined effects exacerbating impairments in memory, executive functions, and motor skills. Methamphetamine use also disrupts dopamine regulation, potentially worsening depression and other mood disorders.



Mental health. Methamphetamine use is linked to mental health issues, including depression, anxiety, and psychosis. Chemsex practices, such as slamsex and polydrug use, significantly increase the risk of psychosis and negatively impact social and interpersonal relationships.



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Ongoing and current studies

Title	Description	Study type	Lead(s)	Objectives	Location	Timeline	Pillar
Identifying Strengths, Resiliencies, and Supports to Empower gbMSM Living with or at Risk of HIV in their Choice of Initiating Methamphetamine Use	A community based research study to learn more about the choice to use or not use meth. The knowledge gained will help guide community-based, strengths-focused approaches aimed at empowering gbMSM in their decisions about methamphetamine initiation, which in turn could enhance HIV prevention and treatment outcomes among this community.	Qualitative interviews, community-based research	Shuper, Paul A; Lisk, Ryan C. CAMH	1) to solicit gbMSM's perceptions regarding social, behavioural, and environmental factors that contribute to the initiation of methamphetamine use, as well as strengths, resiliencies, and supports that potentially empower decisions around initiation; 2) to gain insight from service providers regarding challenges, strengths, resiliencies, and supports that underlie their gbMSM clients' initiation decisions; and 3) using a theoretical framework, to quantitatively assess challenges, strengths, resiliencies, and supports related to gbMSM's decisions to initiate, or refrain from initiating methamphetamine use.	Ontario	2021-2024	Prevention, Harm Reduction
MethID: An innovative approach to treating methamphetamine use disorder among gbMSM	This is an intervention study for gbMSM who have had chemsex in the last 3 months using techniques such as CBT and contingency management. This is not abstinence based and is for people for are seeking to reduce or stop their meth use. Participating will involve: Weekly group therapy sessions for a minimum of 20 weeks and a minimum of five individual sessions.	Intervention study	Guimond, T. HQ Toronto	This study aims to evaluate the effectiveness of this intervention in reducing/stopping use of meth among gbMSM.	Ontario	2023-	Treatment
Sexual Confidence	A randomized controlled trial evaluating a new HIV prevention intervention designed to reduce HIV risk, social anxiety, and problematic substance use among gay, bisexual, queer, and other men who have sex with men.	Randomized controlled trial	Hart, T.	This study will evaluate a new HIV prevention intervention to reduce HIV risk, social anxiety, and problematic substance use among MSM.	Ontario	2020-2025	Prevention, harm reduction

Title	Description	Study type	Lead(s)	Objectives	Location	Timeline	Pillar
ENGAGE	Focusing on gay, bisexual, and other men who have sex with men (gbMSM), the Engage Cohort Study investigates trends in the use of ARV-based HIV prevention and the occurrence of HIV and other sexually transmitted and blood-borne infections. Originally planned to take place over a shorter time period, this cohort was extended until 2023 and will follow participants from Montreal, Toronto and Vancouver.	Multicentre cohort study	Hart, T.	This study aims to: 1) Measure trends in and determinants of: the use of antiretroviral (ARV)-based HIV prevention, psychosocial-behavioural factors (e.g., experiences of discrimination, substance use, access to prevention and care services, etc.), condom-use, bacterial sexually transmitted infections (STIs), and HIV. 2) Examine the relationships between ARV-based HIV prevention and various sexual health outcomes (e.g., occurrence of STIs). Also, because some groups of gbMSM (e.g., trans men) may have unique experiences of ARV-based HIV prevention, interviews will be done in each city to better understand their realities.	Ontario	2020-	Harm reduction
Pornographic imaginaries, global assemblages, and risk: A netnography of slam-camming amongst gay, bisexual, and other men who have sex with men	This study seeks to investigate, through online ethnographic methods, how the sexualized use of drugs and online technologies are shaping the identities and communities of gay, bisexual, and other men who have sex with men (GBMSM).		Holmes, D.; Numer, M. S; O'Byrne, P.	This study will explore the construction of risk, pleasure, and idealized bodies within the growing practice of 'slam-camming,' a practice whereby GBMSM record and or share live webcam video of their injecting of drugs intravenously-commonly referred to by these men as "slamming"-while engaging in sexual activities.	Ontario	2023-2025	
Chemstory	A series of community-produced podcasts to broaden knowledge and spark conversations about sex, drugs, prevention, and community.		Ferlatte, O; Dumont Blais, A.	The proposed project explores a novel community-based research approach centred around the production of podcasts by community members to share their perspectives and experiences with chemsex.	Quebec	2022-2025	

Title	Description	Study type	Lead(s)	Objectives	Location	Timeline	Pillar
Towards tailored services for sexually and gender-diverse people with problematic use of methamphetamine and other related substances: an approach to support their development concerning their sexual orientation and gender identity			Flores-Aranda, J.	This project aims to: characterize sexually and gender-diverse people who use methamphetamine; identify their needs in terms of care; identify their needs in terms of care; inventory of the current services offered for people who use methamphetamine in the Greater Montreal area and two other administrative regions of Quebec, evaluate the adequacy of the existing services to meet the needs and realities of SGD; and propose guidelines for the management of SGD people within the current services, as well as guidelines for developing services sensitive to the realities of this population.	Quebec	2020-2023	Harm reduction
The Getting Off App for Methamphetamine-Using Gay and Bisexual Men	A commonly used manualized outpatient methamphetamine intervention for gay and bisexual men, "Getting Off," is being translated into a mobile phone application (i.e., app) available for download through common app marketplaces. The application will provide games, guided lessons, informational support, and resources to gay and bisexual men seeking to reduce their methamphetamine use and risky sexual behaviors.	Randomized controlled trial	Reback, Cathy J.	This study aims to evaluate the effectiveness of the Getting Off app in decreasing/stopping use among gbMSM who use meth.	United States	2018-	Harm reduction, treatment
Effects of Methamphetamine Use on Risk Behavior, Systemic and Mucosal Inflammation, and Sexually Transmitted Infection (STI)/ HIV Risk Among Men Who Have Sex With Men		Clinical Trial	Blair, C.	This clinical trial aims to investigate the effects of a decline in methamphetamine use on rectal inflammatory cytokine levels, substance use contexts, and HIV/STI risk behaviour. This clinical trial also seeks to evaluate the joint effects of methamphetamine use and rectal gonorrhoea/chlamydia infection on rectal inflammatory cytokine levels.	United States	2022-2027	

Title	Description	Study type	Lead(s)	Objectives	Location	Timeline	Pillar
Methamphetamine, PrEP, and Intersectional Stigma Study (eMPriSe)		Clinical Trial	Algarin, Angel B	The goal of this clinical trial is to test the developed eMPriSe study in HIV-negative, adult, Latino men who have sex with men (MSM) who use non-injection substances. The main questions it aims to answer are: Can participation in the developed eMPriSe study reduce methamphetamine ('meth') use risk? Can participation in the developed eMPriSe study improve preexposure prophylaxis (PrEP) cascade progression? Participants will participate in 12 weekly modules that: (1) build critical thinking skills, (2) identify and discuss the link between oppression and harmful behaviours, (3) take action, (4) voice and validate feelings and experiences, and (5) share knowledge and resources.	United States	2023-	Harm reduction
Integrated Behavioral Activation and HIV Risk Reduction Counseling for Men Who Have Sex with Men (MSM) With Stimulant Abuse	Project IMPACT targets both stimulant use and sexual risk reduction in an effort to help individuals relearn how to enjoy safe but pleasurable activities. The intervention integrates BA, an evidence-based cognitive behaviour therapy for improving mood and increasing activity, incorporated with RR counselling aimed to reduce risky sexual practices, and potential HIV acquisition. This RCT is a two-arm efficacy trial, comparing the Project IMPACT Intervention with a SOC arm. All participants will receive HIV testing, pre-/post-test risk reduction counselling, oral swab toxicology test at baseline and 12 months, assessment of interest/indication for Pre-Exposure Prophylaxis (PrEP) per Center for Disease Control guidelines, and active referral to local PrEP services as standard-of-care. Finally, the RCT will integrate resource utilization and cost-effectiveness analyses to examine cost efficiency of the Project IMPACT Intervention as a component of data analysis.	Randomized controlled trial	Mimiaga, Matthew J		United States	2018-2024	
PrEP Intervention for People Who Inject Substances and Use Methamphetamine (PRIME)	The study aims are to: determine the efficacy of video-directly observed therapy with real-time contingency management compared to counselling alone for PrEP adherence; evaluate the acceptability of PrEP and adherence support strategies among the cohort and; Compare injection and sexual HIV risk behaviour before and during PrEP use	Intervention study	Coffin, P.		United States	2021-2025	

Title	Description	Study type	Lead(s)	Objectives	Location	Timeline	Pillar
HMU! (HIV Prevention for Methamphetamine Users): Interventions to Improve the HIV PrEP Cascade Among Methamphetamine Users	Building on their preliminary work, the investigators will pilot text messaging and peer navigation interventions to support PrEP use among meth-using cisgender men and transgender persons who have sex with men and transgender persons (MSM/TG) with potential to be cost-effective, scalable, and easily adaptable.	Intervention study	Stekler, J.		United States	2018–2022* *Appears to be ongoing	
Optimizing PrEP adherence in sexual minority men who use stimulants	This multi-site randomized controlled trial (RCT) is among the first to test the efficacy of a behavioural intervention for achieving durable increases in prevention effective pre-exposure prophylaxis (PrEP) adherence among stimulant-using men who have sex with men (MSM). Smartphone-based contingency management for directly observed PrEP doses is a potentially scalable intervention platform that will be augmented by a brief, evidence-based ARTEMIS positive affect intervention.	Multi-site randomized controlled trial	Carrico, Adam Wayne; Johnson, Mallory O.	Findings from this RCT will inform the targeted deployment of limited public health funding to reduce HIV incidence in this marginalized, underserved population of stimulant-using MSM that is a high priority for novel HIV prevention interventions.	United States	2020–2025	
Supporting Treatment Adherence for Resilience and Thriving (START): A mHealth intervention to improve ART adherence for HIV-positive stimulant-using men	START integrates two theoretically grounded, evidence-based interventions (APP+ and ARTEMIS) to optimize the effectiveness of treatment as prevention (TasP). HIV+ SUMSM (n=350) will be recruited and randomized to START or control.	Randomized controlled trial	Carrico, Adam Wayne; Hirshfield, Sabina; Horvath, Keith Joseph	This study aims to: 1) Test the efficacy of START for achieving a higher proportion of SUMSM who are virally suppressed at 6 months (primary outcome) compared to a website with referrals to HIV treatment information and substance use treatment resources (control condition), 2) Test the efficacy of START for maintaining viral suppression gains at 12 months, decreasing stimulant use and sexual risk, and increasing theory-based psychological processes (e.g., behavioural skills, positive affect). 3) To assess the cost and cost-effectiveness of START, relative to the control condition, in achieving and/or maintaining viral suppression, including net savings concerning averted health-care utilization.	United States	2019–2024	

Title	Description	Study type	Lead(s)	Objectives	Location	Timeline	Pillar
mSTUDY	The MSM and Substances Cohort at UCLA Linking Infections, Noting Effects (mSTUDY-U01DA036267) is a 10-year NIDA-funded U01 research platform to assess the impact of substance use, particularly stimulants and cannabis, in a diverse group of mostly men of color who have sex with men on HIV outcomes. mSTUDY scientists and collaborators conduct basic research including understanding the basic biology of HIV transmission and pathogenesis, study immune dysfunction and chronic inflammation, genetic determinants, and the social, behavioral and intersectional factors that present challenges and result in higher morbidity among people who use drugs (PWUD) and people living with HIV (PLWH).	Cohort Study	Shoptaw, Steven; Gorbach, Pamina		United States	2013–2023	
PROP Program: Positive Reinforcement Opportunity Project (contingency management with ARTEMIS)	<p>"A 3-month contingency management intervention delivered as part of the standard of care for methamphetamine-using sexual minority men.</p> <p>PROP clients provide urine samples three times per week and receive escalating monetary incentives for stimulant abstinence. The total possible reinforcement for continuous stimulant abstinence over 3 months is \$330, and participants can choose to receive their previously earned incentives at any time.</p> <p>PROP also offers brief drop-in counseling and a peer support group onsite that increases social support for addressing substance use and provides a nonjudgmental atmosphere."</p>	Not sure this is an ongoing study, but PROP is based on results from an RCT (Carrico et al., 2018)	Based on research by Carrico	<p>"Randomized controlled trial of a positive affect intervention to reduce HIV viral load among sexual minority men who use methamphetamine (Carrico et al., 2018): RCT demonstrated that delivering ARTEMIS achieved greater reductions in stimulant use during contingency management that were paralleled by concurrent decreases in methamphetamine craving as well as increases in positive affect and mindfulness among sexual minority men living with HIV who use methamphetamine.</p> <p>Finding sunshine on a cloudy day: A positive affect intervention for co-occurring methamphetamine use and HIV (Olem et al., 2022): Article provides detailed information regarding the content and process of delivering the ARTEMIS intervention skills to sexual minority men living with HIV who use methamphetamine."</p>	San Francisco, United States	Ongoing program	

Title	Description	Study type	Lead(s)	Objectives	Location	Timeline	Pillar
<p>"Oxytocin-enhanced group therapy for methamphetamine use disorder: Randomized controlled trial</p> <p>[oxytocin-enhanced motivational interviewing group therapy (OE-MIGT)]"</p>	<p>"This is a randomized, double blind trial of oxytocin 40-IU (n=24) or placebo (n=24) administered intranasally prior to each of six weekly motivational interviewing group therapy (MIGT) sessions for methamphetamine use dependence in MSM. Primary outcome: (a) session attendance. Secondary outcomes: (b) group cohesion, (c) anxiety, (d) methamphetamine craving, (e) methamphetamine use, and (f) in-session cardiac physiology</p> <p>Participants receiving oxytocin had significantly higher group therapy attendance than those receiving placebo. There was a small effect of oxytocin on group cohesion, but not anxiety or craving. METH use did not change over the six week MIGT course in either treatment arm."</p>	RCT	Stauffer et al., 2020	Participants who received intranasal oxytocin (compared to placebo) prior to each of six weekly group therapy sessions demonstrated significantly higher session attendance, lower in-session heart rate, and higher root mean square of successive differences. Aside from a small effect on negative relationship, we did not detect any notable differences between oxytocin and placebo administration on self-report measures of group cohesion, anxiety, methamphetamine craving/urge, or on objective measures of methamphetamine use.	San Francisco, United States	2018-2021(?)	
"Contingency Management for Integrated Harm Reduction Among Men Who Have Sex with Men Who Use Methamphetamine in Los Angeles: A Pilot Assessment"	"This pilot RCT evaluated the logistics and feasibility of contingency management as a strategy to promote methamphetamine abstinence and PrEP/ART adherence among MSM who use methamphetamine."	RCT	Blair et al., 2024	"Findings in this pilot demonstrated a trend toward increased TFV adherence and MA abstinence following implementation of contingency management interventions using point-of-care urine assays to detect tenofovir-based regimens (TFV) and methamphetamine use. High visit completion rates and study satisfaction scores highlight the feasibility of contingency management as a potential tool to promote both PrEP/ART adherence and methamphetamine abstinence."	Los Angeles, California		
Mobile health intervention: Budd app	The Budd app is a mobile health intervention designed for gay, bisexual, and other men who have sex with men who participate in chemsex. The Budd app aims to address drug harm reduction measures, encourage conscious planning of chemsex participation, provide access to support services, and support adherence to HIV medication or PrEP.	Pre-post and a single-case experimental design (SCED)	Herrigjers	The study observed an increased knowledge about chemsex substances postintervention, with a mean percentage improvement in knowledge scores of 20.59% (SD 13.3%) among participants. Behavioral intention and self-efficacy showed mixed results, with some participants improving while others experienced a decrease. There was also a variable impact on awareness of risk behavior, with half of the participants reporting a decrease postintervention. Despite these mixed results, the app was generally well-received, with participants engaging with the app's features an average of 50 times during the study.	Antwerp, Belgium	App is live as of April 2022	

PnP/Chemsex and Meth-Related Resources

Below are online resources with downloadable materials related to PnP. These resources are designed for both community members and service providers, offering valuable information and support.

Online / Downloadable Resources

Partyandplay.info

The [PartyandPlay.info](#) website from the GMSH centers on the experiences of guys who use substances (mainly GHB and crystal meth) before or during sex and brings together resources for them, those who love them, and those who support them. The website is split into 2 distinct sites –one for the community, and the other for service providers.

Party n Play Field Guide (Downloadable Resource)

The guide is a comprehensive resource responding to many of the information needs queer men have when considering or experimenting with PnP (Party and Play). The guide is grounded in the principles of harm reduction, sex positivity, and community care.

Website: [Your Party & Play Field Guide | CATIE – Canada’s source for HIV and hepatitis C information](#)

4 Phases of Chemsex

“4 phases of chemsex” is a tool developed by people with PnP/chemsex experience. This «by and for» tool has been enriched through discussions with stakeholders and researchers committed to the well-being of the community. This tool presents 4 different moments linked to the practice of chemsex. These are not fixed and can vary greatly from person to person and over time. Nevertheless, they can serve as milestones to help chemsexers reflect on their own experience. They can also help those who wish to accompany and support them better understand their experiences and needs.

Website: [4 phases of chemsex | CATIE – Canada’s source for HIV and hepatitis C information](#)

Staying Off Crystal (for a day or longer)

This booklet is a practical guide for gay/bi/queer and trans men who have sex with men, wanting to make positive changes with the use of crystal meth.

Digital Resource link: <https://www.actoronto.org/health-information/young-people/staying-off-crystal.pdf>

HiMyNameIsTina.com

HiMyNameIsTina.com is an online wellness resource written for and by gay, bi, and queer men. This site is for guys who use Tina, former or ex-users, guys who want to take a break, guys who want to quit, and loved ones negatively impacted by crystal meth.

Website: <http://himynameistina.com>

Torontovibe.com

The Toronto Vibe website provides safer drug use information for people partying in Toronto's gay, bi, queer men's party scenes.

Website: <http://torontovibe.com>

Safer PnP: From Dusk 'til Dawn

Whether you've been partying for 15 years or you've only PnP'd once, having tips or strategies for how to make your party more comfortable, safer, and enjoyable is essential. Check out the Safer PnP: From Dusk 'til Dawn resource for strategies for safer chemsex before, during, and after the party.

Website: <https://www.actoronto.org/wp-content/uploads/2023/08/From-Dusk-til-Dawn-PnP-handbook-ACT-Apr-2021.pdf>

Safer Crystal Meth Smoking and Overdose Prevention

This resource provides harm reduction and overdose prevention tips for safer crystal meth smoking.

Smoking crystal meth using a bowl pipe: Steps to safer smoking

Website: <https://www.catie.ca/sites/default/files/2023-03/fs-smoking-crystal-meth-03272023-en.pdf>

Injecting crystal meth: Steps to safer preparing and injecting | CATIE - Canada's source for HIV and hepatitis C information (webpage)

This resource provides harm reduction information on how to prepare and inject crystal meth.

Website: <https://www.catie.ca/injecting-crystal-meth-steps-to-safer-preparing-and-injecting>

Training for providers

MAX Ottawa – Cultural Competency Training for Providers

Cultural Competency Training is designed to equip healthcare professionals, service providers, and community groups with the knowledge and skills to better serve queer men, non-binary and trans people. This training will foster understanding, empathy, and effective communication, ensuring inclusive and respectful care for all.

Website: <https://maxottawa.ca/programs-and-services/cultural-competency-training/>

Harm Reduction Fundamentals: A toolkit for service providers

This toolkit provides foundational information on harm reduction for service providers working with people who use drugs (including support workers, outreach workers, nurses and workers with lived and living experience). The toolkit is free to access and is available to anyone to use or share for personal learning, organizational trainings and/or other capacity-building efforts.

Website: <https://www.catie.ca/harmreduction>

TNG e-learning

The Crystal Meth e-Learning series was designed and written by people with lived experience, as well as service providers. Shares information on crystal meth basics, understanding stigma, paranoia and psychosis, and de-escalation.

Website: <https://tngcommunityto.org/Programs-Services/Programs/Peer-Programs/Crystal-Meth-Project>

Services Directory – Supports for 2SGBTQ+ Communities Who Use Meth

This directory provides an overview of mental health, sexual health, and PnP-related supports available across the province. While not all services specialize in 2SGBTQ+ care, those that do—along with those specifically focused on PnP—are marked with an asterisk (*).

Crystal Meth Anonymous

Crystal Meth Anonymous is a recovery-based program for people to share their experience, strength and hope with each other so they receive support around addiction to crystal meth.

Check out local listings here:

Website: <https://www.crystalmeth.org/cma-meeting-directory>

Ontario Narcotics Anonymous

Virtual groups supporting recovery from addiction through a 12-step program, offering peers and ongoing support networks. Does not focus on any specific drug.

Information regarding meetings across Ontario can be found here:

Website: <https://www.orscna.org/meetings>

Smart Recovery

Virtual and In-person meetings throughout Ontario.

Smart Recovery is another virtual group supporting recovery from addiction through abstinence-based approaches.

Information regarding meetings across Ontario can be found here:

Website: <https://www.smartrecovery.org>

Toronto Support Groups

ACT (formerly the AIDS Committee of Toronto)

Meth and Sex*

Meth & Sex is an 8-week group for gay, bi & queer cis, and trans guys looking to stop their crystal meth use & wanting to look at how meth and sex are impacting their lives. Food and TTC tokens will be provided.

Contact

Will Richards

Phone

416-340-8484

Email

wrichards@actontario.org

Website

<https://www.actontario.org/health-information/substance-use>

One-on-one Counselling*

Provides free, confidential brief counseling about issues concerning HIV, sexual health, relationships, mental health, and substance use. You can book an appointment or drop in.

Address

543 Yonge Street, on the 4th-floor

Availability

Mon-Fri

Website

<https://www.actontario.org/programs-services/counselling>

ACT and GMSH

Mild2Wild*

Empowering You: At Mild2Wild, we believe in empowering guys who PnP to take the best care of themselves and each other. Our aim is to create a space where you feel supported and understood, free from stigma and shame.

What Is Mild2Wild? Mild2Wild is a bi-weekly Zoom drop-in group for any two-spirit, gay, bi, trans, and queer (2SGBTQ+) guys who party n' play from anywhere across Ontario.

Our Mission: Our mission is to provide a low-barrier, discreet, positive, and stigma-free online drop-in for guys who party to learn and connect with each other. We don't insist you stop partying or make commitments to reduce your use; instead, we help you learn to navigate your unique relationship with PnP, without shame or blame. Our group was created by guys who party, hosted by guys who party and is for guys who party - "nothing about us, without us!"

Contact person

Jordan Bond-Gorr

Email

mild2wild@actontario.ca

Alliance for South Asian AIDS Prevention

They offer direct care navigation, referrals, and connections to other healthcare and social services to people living with, at risk of, or affected by HIV/AIDS. Your information will remain confidential.

Harm Reduction Services

In addition to providing condoms, lube, and dental dams, we offer free naloxone kits, HIV self-testing kits, safe drug kits, and other harm-reduction supplies. Our goal is to create a safer environment for everyone by making essential resources accessible to those who need them. Whether you're looking for information, support, or supplies, we're here to help you stay safe and informed.

Contact
Amutha Samgam

Phone
416 824 6811

E-mail
Supportmanager@asaap.ca

Address
120 Carlton St., Suite 315, Toronto, Ontario

Website
<https://www.asaap.ca/>

Black Coalition for AIDS Prevention (BlackCAP)

Harm Reduction Program

The Harm Reduction Program at BlackCAP contains workshops on substance use and abuse-related issues, and outreach in the community to share harm reduction supplies.

Contact
Bishen Mudie

Phone
416-977-9955 x 286

Email
b.mudie@black-cap.com

Address
20 Victoria Street, 4th Floor, Toronto, M5C 2N8

Website
<http://www.blackcap.ca/>

Asian Community AIDS Services

SLAM!*

Sex, Love, Asian Men! (SLAM!) is a men's program that involves harm reduction and safer sex programming. This includes one-on-one support, an online community, and harm reduction workshops.

Contact person
Sucre Li

Email
men@acas.org

Phone
416-963-4300 x 235

Address
260 Spadina Ave, Unit 410, Toronto, M5T2E4

Website
<https://acas.org/>

Breakaway Community Services

Harm Reduction Counselling and Supports

The Harm Reduction Counselling and Supports team is an outreach team that supports individuals to reduce any potential harms related to substance use. We work with people who use drugs and who cannot afford to pay for services. We provide counselling and case management services. Our program will meet with anyone in Toronto who fits our criteria who would like support addressing their substance use, and/or who would like access to safer use supplies.

Contact

Claudia

Email

claudiaa@breakawaycs.ca

Phone

416-537-9346 x 225

Pieces to Pathways*

Pieces to Pathway (P2P) is a peer-led initiative creating Canada's first substance use support program for LGBTTTQQ2SIA youth ages 16 to 29 years old in Toronto.

They offer case management, counselling, harm reduction supplies and outreach, community dinners, trauma skills groups, and workshops.

Trauma Skills Groups

Blueprints (Level 1) is an introductory trauma skills group for queer and/or trans folks (16-29) with lived experience of substance use. This 10-week group draws from the works of Judith Herman and was developed for those who are just beginning to come to terms with the impacts of trauma.

We will explore the legacy of trauma and how it affects individuals, relationships and substance use. The goal of the group is for folks to deepen their own understanding of trauma, build new coping skills and develop increased compassion for themselves and others.

Contact

Tim McConnell, They/Them

Email

tim@breakawaycs.ca

General email

p2pinfo@breakawaycs.ca

CAMH (Centre for Addiction and Mental Health)

Rainbow Services (LGBTQ)*

Intended for lesbian, gay, bisexual, transgender, two-spirit, and intersex people concerned about their drug and alcohol use. Outpatient services only.

Phone

416-535-8501, press 2

Address

Queen Street Site, 60 White Squirrel Way – 4th floor, Toronto, ON, M6J 1H4

Website

<https://www.camh.ca/en/your-care/programs-and-services/rainbow-services-lgbtq>

Metro Addiction Assessment Referral Service (MAARS)

Offers addiction assessment and referral services free of charge to anyone who lives in Toronto.

Phone

416-535-8501 Ext. 2

Toll Free

800-463-2338 Ext. 2

Address

Queen Street Site, 60 White Squirrel Way, Toronto, ON, M6J 1H4

Website

<https://www.camh.ca/en/your-care/programs-and-services/metro-addiction-assessment-referral-service-maars>

Access CAMH Provides individuals with general information services available at CAMH. Phone: 416-535-8501, press 2, then press 4. Availability: Lines are open from Mon-Fri, 8:30 am to 5:00 pm

Toronto Public Health

Drop-In Counselling and Service Referral

The Works, in partnership with community agencies, provides drop-in counselling and distribution of free harm reduction supplies at 277 Victoria Street.

Phone

416-392-0520

Address

277 Victoria St. (Yonge & Dundas)

Availability

Monday to Saturday 10 a.m. – 10 p.m.
Sunday 11 a.m. – 5 p.m.

Parkdale Queen West Community Health

Counselling Services

Offers individual and group counselling services for substance users and people with mental and emotional health issues.

Contact person

Melody Lotfi

Phone

416-703-8482 Ext. 2322

Address

168 Bathurst Street, Toronto, ON, M5V 2R4

Availability

Mon-Fri, 9:30am-5:00 pm; some evening appointments available (5-7:30pm)

Website

<https://pqwchc.org/programs-services/counselling-and-case-management/counselling>

South Riverdale Community Health Centre

The Oakridge Harm Reduction & Health Hub (ETOP)

Offers a range of services for people who use drugs, including harm reduction, counselling, peer support, and case management, from an inter-professional team.

Contact Person:

Kelly

Phone

437 770 9073

Email

KWu@srchc.com

Central Toronto Youth Services

Pride & Prejudice*

Offers individual and group counselling to gay, bisexual, intersex, transgender, and questioning youth aged 24 and under and their families. The BOYBOY Collective is a twice monthly drop in for gay and trans males focussing on LGBTQ arts, culture and community connection.

Phone

416-924-2100 Ext. 245

Address

300-65 Wellesley St E, Toronto, ON, M4Y 1G7

Website

<https://ctys.org/services-programs/pride-prejudice>

Sherbourne Health**The LGBTQ Health Team***

Offers a wide range of mental health services and counselling services to lesbian, gay, bisexual, trans, two-spirited, intersex, queer or questioning individuals. Programs and services are free for OHIP card holders.

Phone

(416) 324-4103

Hours of Operation

Mon, Tues & Wed 9:00 a.m.–5:00 p.m.,
Thurs 9:00 a.m.–8:00 p.m.
Fri 9:00 a.m.–5:00 p.m.

Mental Health Team

Offers services that includes mental health intake, walk-in counselling (45–90min), counselling services (support and help with issues related to stress and anxiety, depression, etc.)

If you are a Client at Sherbourne Health: call 416-324-4109 to book an appointment. If you are not yet a client and would like to be added to the Mental Health services waitlist, please read about our intake process at <https://sherbourne.on.ca/mental-health-harm-reduction/mental-health-services/>

Walk-in Counselling

Free of charge, walk-in, mental health counselling Availability: Every Tuesday afternoon (please note spots are limited and operate on a first come – first served basis. Individuals are asked to sign up at reception around noon on Tuesdays)

The 519**The Warm Line**

A confidential and anonymous service for adults living in the GTA and Peel Region in need of a friend with an empathetic ear. It is operated by peers who have experienced loneliness, isolation, and anxiety. They are people who will really listen.

Phone

416-960 9276

Email

info@The519.org

Address

519 Church St, Toronto, ON M4Y 2C9

Availability

Mon–Fri 8:30 am–10 pm, Sat 9 am–5 pm,
Sun 10 am–5 pm

Website

<https://www.the519.org>

<p>HQ</p>	<p>Mental Health Services* services include group therapy, urgent care for suicidal thoughts or self-harm, psychiatric consultations, and referrals to community programs. Accessing mental health services at HQ starts with screening. After indicating interest in mental health services, you will be asked 4 screening questions. These questions will help us identify the most appropriate next step in assessment for you. HQ offers rapid psychiatric and psychological assessment for people referred by their family doctor or from within HQ's mental health services.</p> <p>Mental Health Groups – Planning For Change* This group explores the functions that addictive and compulsive behaviours (substance use, sexual compulsivity, eating) play in one's life and supports people to make plans to create positive changes for themselves and to improve their well-being. This program uses an evidence-based treatment approach called motivational interviewing.</p>	<p>Hours of Operations Monday: 12PM – 7:30PM Tuesday: 12PM – 7:30PM Wednesday: 12PM – 7:30PM Thursday: 12PM – 7:30PM Friday: 12PM – 5:30PM</p> <p>Address 790 Bay Street, Suite 820, P.O. Box 66, Toronto, ON M5G 1N8</p> <p>Telephone 416.521.4445</p> <p>Email info@hqtoronto.ca</p>
<p>Maggie's</p>	<p>Incall: Monthly Drop In Programming for Male-Identified Sex Workers* Incall is the monthly m4m drop-in where we always have harm reduction supplies to hand out and where we sometimes discuss safer use (guys only)</p>	<p>Contact HIV/Harm Reduction Program Manager Michael Burtch</p> <p>Email michael@maggiesto.org</p>
	<p>Monthly Vaccine, Testing and Healthcare Clinics A monthly anonymous STBBI/COVID testing and vaccine clinic for sex workers which includes a harm reduction counter with supplies; some programming that might interest party hustlers (e.g. the partying with client's workshop- these vents need support), and a weekly all sex workers' drop-in on Fridays. We have a case management program that is currently open for intake for help navigating the services across the city, like food and clothing if needed.</p>	<p>Contact Case Management Director Jenna Hynes</p> <p>Email Jenna@maggiesto.org</p>
<p>Crystal Meth Project the Neighbourhood Group</p>	<p>Crystal Meth Project helps users by providing a safe, welcoming Drop-in where people can get nutritious snacks, shower, do laundry and use computers. The Drop-in also offers activities and acts as a stepping stone for referrals to health care and other service providers.</p>	<p>Drop-in hours Monday: 12:00 pm – 4:00 pm Thursday: 12:00 pm – 4:00 pm Friday: 2:00 pm – 4:00 pm</p> <p>Contact Tomas Mirabelli</p> <p>Email tomas.mirabelli@tngcs.org</p> <p>Phone 437.349.1467</p> <p>Website https://tngcommunityto.org/Programs-Services/Programs/Peer-Programs/Crystal-Meth-Project</p>

**Peel Addiction Assessment and Referral
Centre – East Mississauga**

Addictions Treatments – Substance Use

PAARCH supports clients with a person-centered strength-based approach, exploring and creating goals with you. Support is available for individuals related to reducing the harms of opioids, opiates, narcotics, and related substance use.

Hours

Monday, Tuesday, Thursday and Friday, 8:30
AM – 4:30 PM,
Wednesday 12:30 PM – 8:00 PM

Phone

905-629-1007 ext. 222 to speak to their
clinical intake worker

Website

<https://www.paarc.com>

Queer Minds*

Queer Minds is a closed social space for individuals that identify as Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, etc. in collaboration between Moyo Health & Community Services and the Canadian Mental Health Association. Group takes place every Wednesday from 5.30 PM – 7 PM. Queer Minds is a group for individuals aged 16+ to connect with the community and gain knowledge and support on various 2SLGBTQ+ topics/issues.

Contact

Michael Segbor

Phone

michaels@moyohcs.ca

Website

<https://www.moyohcs.ca>

Phone

905-361-0523

Address

7700 Hurontario St #601, Brampton, ON

Website

<https://www.moyohcs.ca>

2SLGBTQ+ Programming*

The 2SLGBTQ+ programming includes community interventions focused on supporting cis and trans queer men, women and gender non-conforming folks as well as those who identify as Same Gender loving. Our systems level collaborative work includes our leadership role at the 2SLGBTQ+ collaborative of Peel region, capacity building of service providers and facilitation of the virtual platform; Rainbow Salad.

Website

<https://www.rainbowsalad.ca>

Contact person

Justin Schnare

Email

justins@moyohcs.ca

Toll free

18668968700

Totally Outright*

The Totally Outright Program is a queer, social program based holistically on sexual health, mental health, emotional health, and physical health run by Winson Wong. So. Are you ready to get Totally Outright?

Website

<https://www.moyohcs.ca/totallyoutright>

Contact

Winson Wong

Email

winsonw@moyohcs.ca

Phone

9058676379

Chai 'n' Chat*

Chai 'n' Chat offers you time and space for you to think out loud, bounce ideas, and talk about what's happening for you right now. We want to hear about your day, your latest crush who's got you stressed, and what's keeping you from a good night's sleep. It's safe to say Moyo's got your back when it comes to: Dating, Mental Health, Sexuality, Substance-use, Sexual Health, etc.

Contact

Michael Segbor

Email

michaels@moyohcs.ca

Phone

905-361-0523

Punjabi Community Health Services**Sahara Addictions Program (SAP)**

The Sahara Addictions Program at PCHS strives to empower clients and their families through a guided journey to recover from substance use behaviors and related concerns by using a holistic treatment approach in a culturally and linguistically appropriate manner.

Locations in Malton, Brampton and Caledon

Phone

905-677-0889 ext 221

Email

addictionsupport@pchs4u.com

Flyer

<https://pchs4u.com/wp-content/uploads/2022/11/Sahara-Addictions-and-Opioids-RRSL.pdf>

Website

<https://pchs4u.com/programs/addictions-counselling-services/>

Northern Ontario Programs

Elevate NWO**HIV Clinic**

Provides members with treatment and support to manage their HIV care. The range of the clinic's services assure that the most-needed HIV services are offered in one place. In addition to medical care, members can access additional care and support that is not readily available in the community. This includes the latest approaches in treatment, or counselling with one of Elevate's multidisciplinary team members.

Care is based on the principles of accessibility, comprehensiveness, health promotion and patient satisfaction. Services are provided by medical specialists, nurses, pharmacists and social workers. All of these professionals can be seen in the clinic for individual consultation. Referrals can also be made to dietitians, psychiatrists, occupational therapists and physiotherapists.

Address

102-106 Cumberland Street North
Thunder Bay, Ontario P7A 4M2
Please note: Our only entrance is through the parking lot in the rear of the building.

Phone

807-345-1516

Fax

807 345-2505

Email

info@elevatenwo.org

HARP HIV & AIDS Resource Program**Harm Reduction Supplies***

Delivery for PnP kits available, e.g. slamming kits, booty bumping kits, Have an outreach van that has harm reduction supplies e.g. fresh equipment, drug testing strips. The van goes to shelters and other areas that are street-involved, e.g. encampments.

Phone

705-759-5690

Address

170 East Street, Suite 402
Sault Ste. Marie, Ontario
P6A 3C6

ACNBA AIDS Committee of North Bay and Area

Needle and Syringe Program

The following supplies are free and will be provided as requested.

Needles (Syringes), Alcohol Swabs, Sterile Water, Matches, Condoms, Safe Sharps Disposal Containers, Cookers, Filters, Ties, Vitamin C, Safe, Inhalation Kits, Crystal Meth Kits, Safer Sex Kits, Hygiene Kits

Hours

Monday 8:30 am – 12:00 | 1:00 – 4:00 pm
Tuesday 8:30 am – 12:00 | 1:00 – 4:00 pm
Wednesday 8:30 am – 12:00 | 1:00 – 4:00 pm
Thursday 8:30 am – 12:00 | 1:00 – 4:00 pm
Friday 8:30 am – 12:00 | 1:00 – 3:30 pm

Address

Suite 102- 147 McIntyre St. W,
North Bay ON, P1B 2Y5
Canada

Phone

(705) 497-3560

Email

oaacnba@gmail.com

Gilbert Centre

Harm Reduction Outreach & Drop-in Programs

Harm reduction provides people with information about different activities that are often associated with harm to make the most informed decisions they can. This includes choices about drug use, sexual activity, and self-harm. In addition to information and referrals, we provide harm reduction kits for safer drug use, sexual health materials such as condoms and lube, as well as naloxone kits and training

Phone

(705) 722-6778

Fax

(705) 881-8849

Email

Info@GilbertCentre.ca

Office Hours

Monday to Friday
9:00 am – 4:00 pm
525-80 Bradford St

Address

Barrie, Ontario
L4N 6S7

Réseau ACCESS Network

We supply safer sex and drug use supplies, including meth kits, injection kits, snorting kits, and crack kits.

Email

aspeng@reseauaccessnetwork.com

Phone

705-688-0500 ext. 216

Or stop by our clinic located at Medina Lane to get supplies.

Something Queer*

This program for 2S-LGBTQ adults offers a chance to come to learn, talk, and connect about queer culture, sex, mental health, and more. Discuss topics with a queer focus and explore how many challenges are different for queer people, with the one-size-fits-most method often not meeting our needs.

Website / registration

<https://reseauaccessnetwork.com/something-queer-sign-up/>

Hours

Meets Fridays at TBD the Sudbury YMCA (140 Durham St. Sudbury, ON)

Men's Sexual Health Clinic*

Hosted every second and fourth Thursday evening of the month from 5:30 PM – 8 PM. Clinical services include: HIV and STI testing, Access to PrEP info & prescription, PrEP Follow-up, Vaccinations (HPV, Hep B, etc), Physical Exams, Referrals, and Support Services.

To book an appointment:

Phone

705-688-0500 ext. 216

Email

msmclinic@reseauaccessnetwork.com or aspeng@reseauaccessnetwork.com

Western Region Supports

RHAC Regional HIV/AIDS Connection

Open Closet*

Social support group for LGBTQ2Q+ (lesbian, gay, bi, trans, 2-spirit, queer) youth between 14 and 18 years of age. The group started in early 2002 and has served more than 1,100 youth since its inception. OC is open to youth from each of the six counties RHAC serves – Perth, Huron, Lambton, Elgin, Middlesex and Oxford.

The group includes discussions related to coming out, queer identities, LGBTQ2Q+ histories, survival strategies, safer sex and healthy relationships. We also bring in guest speakers, do arts-based activities, and provide information about HIV/AIDS and other sexually transmitted infections (STIs), harm reduction, and community services/resources according to participants' individual needs.

Hours

Usually runs every Friday night from 7–9 p.m., with occasional cancellations due to inclement weather or other emergent situations.

Questions

Call us between 9 a.m. and 5 p.m., Monday–Friday.

Email

opencloset@hivaidconnection.ca

Phone

From London, call 519-434-1601

From any of the six counties served (Perth, Huron, Lambton, Elgin, Middlesex and Oxford) – call toll free 1-866-920-1601

Let's Talk*

One-on-one, confidential, and free sessions for guys into guys. Some topics could include: Personal Boundaries, Limits & Consent, Sex Work Sex & Drugs (PNP), Sex with the Experience of Disability, Sexual Health, Harm Reduction & Testing, New Experiences & First Times, Hooking Up: Cruising & Bathhouses

Donavon Trice

Men's Sexual Health Outreach Coordinator

Email

dtrice@hivaidconnection.ca

ACCKWA

Talk Therapy*

Looking for a positive change in your life? Want healthier relationships? Come chat with us about the life you want and make it happen!

Our structured talk therapy supports gay, bisexual, and other guys into guys to have better romantic and sexual relationships and sexual and mental health!

Using proven motivational interviewing techniques, our specifically trained staff will work with you to identify goals and create a plan to make the changes you want.

Website

<https://calendly.com/hivselftesting/talk-therapy>

Positive Health Network

Gay Men's Sexual Health*

Men4Men aims to enhance the lives of gay, bisexual, queer, and other men who have sex with men by reinforcing self-esteem and personal empowerment through sexual health education and resources. Beginning in 2010, we have provided a number of services in Hamilton, Halton, Brant, Haldimand, and Norfolk. Through the delivery of tailored and targeted health promotion, we hope to engage the community in person and online in spaces that hold meaning for us as a community. We continue to expand throughout our region. Volunteers are always welcome. Some of our services include:

Men4Men Clinic*

The Men4Men Clinic is a partnership with Hamilton Public Health Services that provides free sexual health services to Hamilton's diverse communities of gay, bisexual, queer and other men who have sex with men, whether they are cis or trans. We run a monthly full-service sexual health clinic at Positive Health Network on the second Wednesday of every month from 5:00pm-8:00pm, and provide rapid anonymous HIV testing in various outreach venues such as bathhouses, bars, campgrounds and special events. For more information visit here.

Distributing Safe Sex Kits*

We distribute free condoms, lube, and information at distribution sites throughout the region we serve as well as our main office in Hamilton. Some of the places we distribute safe sex supplies: Bathhouses, Universities, Colleges, Community based agencies, Community health centers, Public Health clinics, Campgrounds, Bars, and clubs

Eddy Aranguren

Regional MSM Health Promotion and Risk Reduction Worker

Phone

905-528-0854 ext. 231

Email

men4men@positivehealthnetwork.org

Mobile/Whatsapp

289-527-1613

Address

140 King Street East
Suite 101, Lower Level
Hamilton, ON L8N 1B2

Toll free

1-866-563-0563

Hours

Monday-Friday: 10:00 am - 4:00 pm
Saturday-Sunday: CLOSED

Eastern Region Supports

MAX Ottawa

Tea2Go Program*

MAX's harm reduction program (Tea2Go) dispenses supplies for safer sex, partying, Hormone Replacement Therapy (HRT), as well as hygiene products. Community members can fill out this order form online and get their supplies either by pick-up or by mail. The program covers 137 municipalities and communities within the Champlain Region in Ontario. Tea 2 Go is also available for drop-ins and pick-ups every Wednesday, Thursday, and Friday between 12pm (noon) and 7pm. Our office is located at 400 Cooper Street, Suite 9004, Ottawa, ON, K2P 2H8

Contact

Jas Karam

Email

j.karam@maxottawa.ca

Websites

<https://maxottawa.ca/programs-and-services/tea-to-go/>

<https://maxottawa.ca/programs-and-services/substance-use-support/>

ACDR AIDs Committee of Durham Region

Gay POZ Guys Group*

Helps connect gay men, and men who have sex with men, to resources and services in the community that complement what ACDR is able to offer.

Counselling

Counseling is confidential and focuses on empowering people to build coping skills and navigate issues around new or recent diagnoses, relationships, sexual health, disclosure and stigma.

Community Connections

Community connections provides assistance with connecting people living with and affected by HIV to resources and services in the community.

Group Support

Phone

905.576.1445 x113

Address

115 Simcoe Street South
Oshawa, ON L1H 4G7

Email

info@aidsdurham.com