Community, Network, and Group Interventions to Reduce Negative Impact of Methamphetamine Use in Latino MSM

A Proposal to the Universitywide AIDS Research Program (UARP)

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Scientific Abstract

Latino gay men constitute one of the most vulnerable groups in the nation for the transmission of HIV, showing some of the highest rates of seroprevalence, seroconversion, and unprotected anal intercourse with partners of unknown status. Recent studies of Latino gay men confirm that sexual risk behavior is more likely to occur when under the influence of methamphetamine (MA), with MA users reporting the highest rates (72%) of HIV risk for any Latino MSM subgroup studied to date. Preliminary data suggest that through MA use, men achieve powerful effects – social, psychological, and sexual – that are subjectively and functionally significant in their lives, but often at a big cost to their physical, psychological and sexual well-being. Our data also show that concerned friends of MA-using men can facilitate functional patterns of MA use and sexual behavior if they support, in non-judgmental ways, their user friends' attempts to change and self-regulate. The purpose of this project is to develop, implement and pilot-test three types/levels of interventions targeting Latino gay men in Los Angeles and San Francisco: 1) A social marketing campaign that promotes a balanced community discourse contrasting MA's "fabulous" effects with its "disastrous" consequences, as well as raising consciousness about the role friends can play in addressing the problem; 2) A face-to-face group intervention to train concerned friends of MA-using men with principles of Motivational Interviewing; and 3) A face-to-face group intervention to intervene with MA-using men in order to promote self-regulation of drug use and sexual activity, the implementation of harm-reduction strategies, and referral to drug treatment programs, when appropriate. All three levels of intervention will be guided by principles of Harm Reduction and Motivational Interviewing, and by the sociocultural model of HIV risk among Latino gay men where risk (sexual and substance-related) is understood as shaped by painful experiences of social discrimination on the basis of race, class and sexual orientation. Intervention development will be conducted in collaboration with members of the target audience, with community-based organizations that serve different segments of the Latino gay men population in each city, and with substance abuse treatment providers.

Community, Network, and Group Interventions to Reduce Negative Impact of MA Use in Latino MSM

A. Introduction/Objectives

Latino gay* men constitute one of the most vulnerable groups in the nation for the transmission of HIV, showing some of the highest rates of sero-prevalence, seroconversion, and unprotected anal intercourse with partners of unknown status.[1,2] Risky sexual practices continue to occur in the presence of substantial knowledge about HIV/AIDS, and in the presence of relatively strong personal intentions to practice safer sex. Our research with this population shows that sexual risk behavior occurs mostly within sexual situations that are subjectively considered "difficult" to practice safer sex, such as sex under the influence of drugs and alcohol.[3,4] Similar to studies of (mostly non-Hispanic White) MSM, our recent studies of Latino gay men confirm that sexual risk behavior is more likely to occur when under the influence of methamphetamine (MA). In our study of Latino gay men who use stimulants (described in section B.2), 55% of MA users perceived being at risk for acquiring or transmitting HIV in the last 6 months when under the influence of MA, while only 28% perceived a similar risk when under the influence of a drug other than MA (e.g., Marijuana or Ecstasy). Of great concern is that 72% percent of MA users reported at least one instance of unprotected anal intercourse (receptive and/or insertive) in the last 6 months, the <u>highest</u> HIV risk rate reported for any Latino MSM subgroup studied to date.

MA use and HIV infection are on the rise, particularly among gay men of color. Our data suggest a pressing need for timely and effective interventions to reduce the risk of HIV transmission associated with MA use among gay men of color. Debunking the myth that MA use and abuse is a phenomenon of mostly non-Hispanic White gay men, our studies have found substantive use of MA among Latino gay men in California. Using probability time-space sampling techniques in the years 2002-2003, we found a 15% prevalence of MA use among the population of Latino gay men in San Francisco and a prevalence of 32% among those who reported any drug use. In an earlier study, we found an even higher prevalence of 17% among Latino gay men in Los Angeles (39% among drug-using men). Thus, we now propose to develop, implement and pilot-test three types/levels of interventions targeting Latino gay men in Los Angeles and San Francisco.

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* Throughout this proposal we will use the overall term "gay," to refer to men who have sex with men (MSM) and who identify as other than heterosexual. In the Latino community, these men self-identify with words or categories which suggest a homosexual or bisexual orientation, distinct from heterosexually-identified MSM: *gay, homosexual, bisexual, queer, joto, pato, maricon, pansexual, or poliamorous.* Regardless of specific identifier, the majority of these men feel they belong to a diverse "gay" world or community, sometimes referred to as "de ambiente," which they perceive as separate from the straight/heterosexual world.

We aim to intervene first at the community level, conducting a social marketing campaign that promotes a balanced community discourse contrasting MA's "fabulous" effects with its "disastrous" consequences, as well as to raise consciousness about MA use as an important problem in the Latino gay community. Second, we aim to intervene at the friendship network level, targeting concerned friends of MA-using men. Our preliminary data show that concerned friends can either help or make things worse, depending on their ability to talk to and support their MA-user friends compassionately, rather than criticize or confront them with moral judgments. Guided by principles of motivational interviewing, we will encourage and train these concerned friends to intervene in effective, yet non-judgmental ways. Finally, we plan to intervene with MA-using men themselves in the context of facilitated group face-to-face interventions that promotes self-regulation of drug use and sexual activity, the implementation of harm-reduction strategies, and referral to drug treatment programs, when appropriate.

More specifically,

1. We will develop, implement and evaluate two bilingual social marketing campaigns (one in Los Angeles and one in the San Francisco Bay Area), targeting the population of Latino drug-using gay men and their concerned friends in each city.
2. We will develop, implement and evaluate a social network intervention, targeting concerned friends of MA users, to be delivered through four two-hour weekly sessions in a group setting. We will implement at least four rounds of the intervention in each city (two rounds in English and two in Spanish), aiming to intervene with 40 Latino gay men in each city (N=80) who want to help MA-using friends who seem to be in trouble.
3. We will develop, implement and evaluate a four-session, face-to-face group harm reduction intervention, targeting MA users who are concerned about the negative impact of MA use in their lives, but are not currently in substance abuse treatment. We will implement at least four interventions (two in English and two in Spanish) in each city, aiming to intervene with 40 MA-using Latino gay men in each city (N=80).
4. We will disseminate intervention materials and research findings according to the plan outlined in section D.

All three levels of intervention will be guided by three theoretical frameworks: 1) Harm-reduction (HR) principles[5], fully recognizing that men achieve powerful effects – social, psychological, and sexual – that are subjectively and functionally significant in their lives through the use of MA, often at substantial cost to their physical, psychological and sexual well-being; 2) Motivational Interviewing (MI)[6], a set of intervention skills that emphasizes respect and self-determination in the process of change among substance users; and 3) Our own sociocultural model of HIV risk among Latino gay men[1,7], where both patterns of sexual risk and substance use/abuse are understood as shaped by painful experiences of social discrimination on the basis of race, class and sexual orientation (racism, poverty and homophobia). In our empirically tested model,

the support of friendship networks (families of choice) has emerged as one of the most powerful factors associated with resiliency.

The three interventions will be developed guided by recently collected data on stimulant use by Latino drug-using gay men in San Francisco and by an earlier study of Latino gay men in Los Angeles that included questions on substance use and HIV risk. The recently collected data in San Francisco, funded by NIDA (Diaz, PI; see B.2) contains rich and powerful information about community readiness and possible avenues for intervention. Both service providers from local CBOs and members of the target population will participate in the examination and analysis of these databases that will guide intervention development for the project.

B. Background and Significance

B.1 MA use and HIV risk among gay men

By far, the most convincing evidence regarding the relationship between drug use and HIV risk among gay/bisexual men is found in six prospective studies that measured both drug use and the incidence of HIV seroconversion. In three of these large longitudinal studies -- the Multicenter AIDS Cohort Study, the Tricontinental Seroconverter Study, and the San Francisco Men's Health Study -- drug use, and in particular the use of stimulants, has been documented as an independent predictor of both unprotected sexual practices and HIV seroconversion.[8-10] In a recent and comprehensive review of the literature, Halkitis, Parsons & Stirratt cite 21 studies, published between 1986 and 1997, documenting the relationship between drug use and sexual risk behavior and 11 publications between 1995-1997 documenting more specifically the relation between MA and sexual risk behavior and/or HIV seroconversion.[11]

The concern with MA is not only about its increased use among gay/bisexual men reaching epidemic proportions, particularly in the West, but also about its reported impact on potentially risky sexual activity and the consequent transmission of HIV. In Morgan's three-city study, for example, gay /bisexual men reported MA as the first drug of choice for sex, with heightened and prolonged sexual activity as a major rationale. Many stated that MA increased their desire for anal sex and attributed the prevalence of 'fisting' and other aggressive, high-risk sex practices to the effects of MA.[12] MA has been described as the "quintessential gay drug" because of its ability to enhance and prolong states of sexual arousal, increasing the capacity for multiple encounters with multiple partners in a relatively short period of time.[13] Because of its paradoxical effects on penile erection ("crystal dick") and lower sexual inhibition, MA use increases the practice of receptive anal intercourse with multiple partners, the riskiest sexual practice for HIV transmission in this population.[11]

Probability samples of gay men in urban centers have located the highest prevalence of MA use in San Francisco (13.3%) and Los Angeles (11.2%), also documenting strong relationships between MA use, sexual risk practices and a

host of other psychosocial problems, such as adverse mental health status and a sense of social alienation from gay friends and community.[14] Current experts in the field refer to MA use as the "second epidemic,"[11] and to MA and HIV as "intertwining" epidemics.[15] Fortunately, recent attempts at substance abuse intervention with gay/bisexual MA users have shown promise in reducing both MA use and HIV risk.[16,17]

B.2 MA use and HIV risk among Latino gay men

Published research on substance use, MA use in particular, among Latino gay/bisexual men is virtually non-existent. One study by Dolezal et al, conducted in New York City with a convenience sample of 307 Colombian, Dominican, Mexican and Puerto Rican men who have sex with men, found a clear relation between drug use and unprotected anal sex.[18] In a qualitative study comparing both protected and unprotected sexual episodes among gay/bisexual men, including data for 10 Latino, 10 African-American, and 10 non-Hispanic White men, we found that unprotected anal intercourse was more likely to occur in the presence of drugs, particularly MA.[19] The finding was true for all three ethnic groups studied.

Among Latinos, both drug use and sexual risk behavior tend to increase with greater acculturation to or participation in US society, language and culture.[20,21] Because increased acculturation for Latino gay men means increased participation in mainstream (mostly White) gay community venues and practices, it is very likely that many findings about gay men's MA use and its consequences are also applicable to more acculturated, English-speaking Latino gay men.[1] None of the published studies, however, have focused on stimulant use, particularly MA use, among Latino gay men. This research gap constituted the rationale for our recently completed study (described below) that will guide the proposed set of intervention activities.

Our recently completed, and yet to be published study, funded by NIDA, aimed to provide a rich description (qualitative and quantitative) of drug use among Latino gay men in the SF Bay Area, with a particular focus on stimulant (MA, Cocaine and Crack) use and its relation to HIV risk behavior. This "rich" description of drug use includes types of drugs used, frequency and amount of use, modes of administration, contexts of use, reasons for use, perceived effects while intoxicated, the relation to sexual activity, and impact of drug use on social relations, work, finances and both physical and mental health. (See enclosed copies of in-depth interview protocol in **Appendix 1** and survey questionnaire in **Appendix 2**). The inclusion of multiple stimulants allowed us to examine the unique features of MA use in comparison to other powerful and frequently used stimulants. The study was designed to answer also a question of theoretical and applied significance, namely, under what conditions -- demographic, psychological, interpersonal, and situational -- does the use of MA increase the risk for HIV transmission? The data collected also allow for examining the relation between MA use and experiences of social discrimination (homophobia and racism), poverty, immigration history, and acculturation to US gay culture.

The study was conducted in three phases: First, 70 drug-using Latino men (50 of them MA users) who reported at least one instance of unprotected anal intercourse in the last six months were interviewed in a two-hour qualitative semi-structured interview. Beyond a detailed qualitative description of both drug use and sexual activity (including behavior, social contexts, and subjective meanings), the interview elicited narratives on specific episodes of drug use with and without sexual activity, and narratives on episodes of sex under the influence of drugs, with and without condom use. During the second phase, based on the qualitative findings, we created and pilot tested a survey instrument in order to describe quantitatively the different dimensions of stimulant use (with specifics about MA, cocaine and crack) and to assess the relevant constructs while testing a model of the relationship between stimulant use and HIV risk. In the third and final phase, a random sample of stimulant users was drawn from men entering or participating in gay-identified venues including bars, sex clubs, public sex environments, internet chat rooms and sex phone lines. Inclusion criteria were male, Latino, non-heterosexual self-identification, and reported stimulant use during the past six months. One third of the final sample was snowballed from participants' drug-using networks. Men were interviewed individually, face-to-face using a two-hour, close-ended survey. For the survey, a total of 2,442 Latino MSM were screened, of which 517 (21%) qualified for stimulant use. A total of 300 of these men were interviewed; 51% (n=153) of the sample reported MA, 44% (n=133) reported Cocaine, and 5% (n=14) reported Crack as their "most frequently used stimulant" (MFS).

Follow up questions were posed about the frequency, reasons, effects and consequences of each individual's MFS. When asked about frequency, 34% reported weekly, 40% monthly, and 26% less than monthly use of their MFS. Reasons for stimulant use clustered along the following categories, in order of reported frequency: Energy, sexual enhancement, social connection, coping with stressors, and focused productivity. MA users more frequently reported reasons related to sexual enhancement while cocaine users more frequently reported social connection reasons. Sexual effects while under the influence -- prolonged states of sexual arousal, capacity to interact with multiple sexual partners in a single day or encounter, and intensity of sexual pleasure -- were particularly strong for MA users. While all participants reported substantial negative consequences of stimulant use on social relationships, work and both physical and mental health, MA users reported the most negative impact. A strong connection was found between stimulant use and sexual risk behavior, particularly among MA users. Negative consequences were consistently reported to be high for weekly and monthly users, declining only for less than monthly users. (See **Appendix 3** for initial presentation of findings.)

Further analyses indicate that frequency of stimulant use is predicted by past experiences of homophobia and racism, and correlates with current experiences of financial hardship related to job loss and inability to pay for basic necessities. Frequency of use is also related to increased and progressive social isolation from friends, substantiating our initial qualitative findings regarding the

importance of social networks and social connection in supporting self-regulated patterns of stimulant use. Most men acknowledged negative consequences as a result of their stimulant use, including their increased risk for HIV transmission. This awareness and frank recognition of negative consequences, together with expressed ambivalence about the cost/benefits of their drug use, signal their readiness for interventions that address negative consequences while acknowledging the multiple and powerful functions of stimulant use in their personal, social, and sexual lives.

C. Methods

C.1 Formative Phase (July - December 2004)

During the first six months of the project, we will bring together, in each city, a group of service providers and members of the target population who together with the research team will examine and analyze our database on Latino gay men who use MA. In San Francisco, in addition to our primary collaborating partner (Instituto Familiar de la Raza), we have secured the collaboration of: STOP AIDS, AGUILAS/El Ambiente, and Hermanos de Luna y Sol. In Los Angeles, in addition to our primary collaborating partner (AIDS Project of Los Angeles) we have secured the collaboration of Alta-Med, Wall Las Memorias, and Bienestar. All these agencies, with access to different segments of the Latino gay community in both cities, and a history of collaboration with different members of the research team, have agreed to sit at the table and help us design the interventions as well as facilitate access to and recruitment of those segments of the population they particularly serve. (See **Appendix 4** for letters of collaboration and support.)

We will read selected transcripts of the qualitative in-depth interviews, particularly those interviews that represent "rich" cases for both dysfunctional patterns of drug use with high risk for HIV, and functional patterns of use with minimal risk. A functional pattern is tentatively defined as MA use with the following characteristics: Minimal negative life impact, stable in frequency and amount over time, no indication of "binges," and subjectively perceived as self-regulated and/or "under control." We will systematically study and compare protected versus unprotected sexual episodes under the influence of MA. We will study aspects of the quantitative survey data that are relevant to intervention development, such as subgroups most impacted by the use of MA and factors that differentiate functional versus dysfunctional patterns of MA use. We will study extensively the interviews of men who attributed a recent HIV seroconversion to their MA use as well as interviews of men who described themselves as "in recovery" from dysfunctional patterns.

The goals of this formative phase are, in collaboration with service providers and community members, to:

1. Develop a more detailed conceptual framework, empirically grounded on qualitative and quantitative data on the target population, describing the

relation between MA use and HIV risk, culminating in the development of a conceptual model that is accessible and useful for guiding intervention work.

2. Describe in detail the social and sexual networks of MA-using men, with a particular focus on friends and significant others that could play a role in reducing the HIV risk of MA-using men.

3. Identify factors that are not only relevant but also open to intervention. In other words, what and where are the opportunities for intervention? What are the variables/factors that must be addressed in order to maximize the effectiveness of our intervention efforts?

4. Identify sources of resiliency and strength, that is, factors any intervention must reinforce and build upon.

5. Identify the subgroups most in need of targeting along with methods of reaching them and the most promising strategies for recruiting them into interventions.

C.2 Social Marketing Intervention (January 2005 – August 2005)

Studies have shown the effectiveness of prevention social marketing campaigns in promoting more accurate perceptions of HIV risk, more favorable attitudes and intentions toward practicing precautionary behaviors, and deeper processing of HIV/AIDS educational material.[22] Media campaigns are also effective in triggering community-wide discussions about prevention-related issues.[23] In other words, social marketing approaches make it easier for people in a community to debate difficult but relevant issues (e.g. social consequences of MA use) more openly. Recruitment methodologies used for HIV prevention studies have shown that promotional materials displayed in gay bars and bathhouses and classified ads in the gay press produce the highest number of initial inquiries.[24]

As the first component in our multi-level intervention, we propose to implement a social marketing campaign tentatively entitled, *"Fabulous Effects, Disastrous Consequences: Is Your Friend a Tweaker?"*

The objectives of the campaign are:
1. To stimulate community discussion among Latino gay men about the consequences of prolonged MA use;
2. To increase the level of community concern about the negative consequences of MA use among Latino gay men, including the risk for HIV; and
3. To raise awareness about the role friends can play in addressing the problem.

Development

An important step toward influencing behavior is an in-depth assessment of the attitudes, value systems, beliefs and visual aesthetics within the target

audience.[25] Social marketing with a comprehensive formative research phase seeks to define more clearly the salient issues for the target population, and to answer questions that are basic to the framing of prevention messages, such as: *What keeps Latino gay men living in San Francisco and Los Angeles from addressing their MA use? What are the similarities and differences in barriers between: Latino gay men living in San Francisco and Los Angeles; HIV positive and HIV negative men; and less and more acculturated men? What types of information would be useful in a campaign that is targeted at friends of Latino gay MA users? What are some effective risk reduction strategies already being employed that might be useful in influencing community norms?* Once the issues are clearly defined, formative research must inform not only the message (what needs to be said) but also the form it takes and the imagery connected with it (how it is going to be said).

We will conduct six focus groups (3 in Los Angeles, 3 in San Francisco) to assist in the design of the social marketing component of the intervention. A brainstorming format, in which participants are asked to generate thoughts and ideas uninterrupted by deliberation, will be used to generate input concerning message framing and visual aesthetic preferences. Focus groups will help to determine audience acceptability, appeal, reach, and cultural relevance. Focus group themes will be recorded on newsprint and later transcribed for detailed review. Participants for focus group will be recruited conveniently from organizations delivering HIV prevention services to gay and bisexual men at high risk for STD and HIV infection as well as from gay social and sexual venues where Latino gay men participate. The research team will recruit between 8 to 10 participants for each of the following three groups: 2 groups in each city for concerned friends of Latino MA users (one to be held in Spanish, and one in English for each location) and 1 group with prevention providers (English). The research team, in collaboration with our community partners (community agencies and representatives of the target audience), will integrate recommendations into campaign materials.[26]

Implementation

This campaign will focus on two media channels: billboards targeted to concerned friends of Latino gay men who are using MA (intended as a high impact marketing strategy) followed by a series of related messages printed on bar napkins and cardboard coasters distributed to bars and clubs that cater to Latino gay men (intended as a low cost, high saturation marketing strategy). Billboards will be present for approximately two months in each city, and printed materials will be available for at least six months. Images and messages developed for the campaign will be purposefully informed, nuanced, poetic and complex to reflect the fullness of gay and bisexual men's lives in relationship to HIV/AIDS. Messages and images will be intergenerational, cross sero-status, and multi-racial and will be designed to encourage community dialogue about the problems raised by MA use. Although the campaign will target as its primary audience Latino gay and bisexual men, billboards and print media messages will be crafted so as to stimulate community-wide discussion and debate. All

materials will direct the audience to call the project's phone number or go to the project's website for more information. A web page for the project will be created (at no added expense) within the existing website of the Cesar E. Chavez Institute at SFSU, in a way that can be accessed directly by the target audience.

Evaluation

The goals of the evaluation are (1) to assess exposure and reaction to the social marketing effort (outcome) and (2) to monitor the social marketing development and implementation (process). Measurable objectives will be selected to gauge the benchmarks for the achievement of these goals, such as number of campaign materials placed, numbers of target group members exposed to campaign materials, and intentions on the part of members from the target communities to think about and openly discuss negative consequences of MA use among Latino gay men. Such process and outcome monitoring data will be collected using two strategies: street intercept interview and participant observations.

Eighty cross-sectional, venue-based, street-intercept interviews (SIIs) will be conducted, 40 in Los Angeles and 40 in San Francisco. Project staff will administer SII surveys to respondents at campaign venues (billboard locations) and at gay venues in San Francisco and Los Angeles. SII will be conducted during varied times throughout the campaign placement period in order to ensure the greatest possible diversity within the sampling universe. In addition, research staff trained in ethnographic data collection techniques will conduct participant observations on site at billboard locations, noting reactions to and verbal comments regarding campaign components.

Process Data: Client level and program level data will be collected and reported for each component of the campaign. The following information will be collected: the number of campaign placements and collateral materials (bar napkins and coasters) disseminated, the number of campaign-specific calls to the collaborating agencies and web page visits, the number of SIIs administered, the number of individuals observed at billboard locations, demographic data of target group members completing evaluation surveys (sex, race/ethnicity, age, geography, HIV status, etc.), the proportion of target population members exposed to each campaign material, and feedback on campaign materials (written comments and client satisfaction indicators).

Outcome Monitoring Data: Data will be collected to measure general public reaction to as well as behavioral intentions as a result of the billboards and printed collateral pieces (bar napkins and coasters). Information collected will include opinions about the look, tone, and impact of the campaign, individual intentions to discuss the negative consequences of MA use among Latino gay men as a result of the campaign, and self-reported changes in the belief that friends can intervene.

C.3 Social Network intervention (September 2005 - April 2006)

Development

Based on our NIDA database, the expertise of or community partners and collaborators, as well as the lessons learned during the formative phase and social marketing campaign, we will describe the friendship networks and interactions of MA using men. We will identify and contrast interactions that are useful in regulating MA use with interactions that are related to further social withdrawal of MA users, with consequent increases in drug use and HIV risk behavior. We will study principles and strategies of motivational interviewing, as described by Miller & Rollnick.[6] We will also identify and study the literature that has reported on the strategic use of Motivational Interviewing to intervene with substance abuse and stimulant use in particular.

Based on this information, we will create a four-session module to train "concerned" friends of MA users (CFMA) in the following five principles of Motivational Interviewing (MI):

1. *Express empathy*. We will train CFMA in skillful reflective listening with respect to drug use behavior and concerns, with the goal of helping CFMA understand the MA user's feelings and perspectives without judging, criticizing or blaming.
2. *Develop discrepancy*. We will train CFMA to identify, express, and amplify their discrepancies between their friends' current behaviors and stated life goals. That is, we will train CFMA to mirror their friends' awareness of drug use "costs," in light of their conflict or interference with important personal goals (such as health, looks and personal attractiveness, educational and professional attainment, financial well-being, and relationships).
3. *Avoid argumentation*. CFMA will be trained to avoid arguments and head-to-head confrontations around their friends' MA use. It is important that CFMA avoid situations in which they forcibly argue that there is a problem that needs to be changed, while their drug-using friends argue the opposite.
4. *Roll with resistance*. Explaining this principle, Miller and Rollnick compare motivational interviewing to martial arts in which "the attacker's own momentum is not met with direct opposition (as in boxing), but rather the attacker's own momentum is used to good advantage."[6] This principle teaches deep respect for the drug user, welcoming and supporting his own motivation for change, rather than attempting to impose such motivation externally. We want CFMA to understand that what will be done about the problem is ultimately the decision of the user, and that the individual's own timing and process of change must be respected.
5. *Support self-efficacy*. We will train CFMA to identify and be attentive to any expression of their friends' self-efficacy (that is, their friends' own confidence and ability to cope with, address and change drug-related problems). We will train CFMA to convey in multiple forms, in multiple contexts, and through multiple channels the message "You can do it; you can succeed."

Implementation

CFMA will be recruited through our community partner agencies, and through advertising in social and sexual venues where Latino gay men can be found in both cities. Recruited individuals will be encouraged to call the project for a brief screening in order to verify inclusion criteria for the intervention. Qualified individuals will be invited to participate in the four-session intervention. Pending our more detailed formative and intervention development work, we tentatively expect the four sessions to be devoted to the following four themes/processes:

- Introduction. State personal concerns and issues about MA in their friends and community. Overview of reported "fabulous" effects and "disastrous" consequences of MA use.
- Interactive/didactic session on the role of friends, with discussion on principles of MI
- Principles re-visited with real-life examples from CFMA's friends
- Integration and practice: role-play and referral techniques.

Food and refreshments will be served at all four sessions. CFMA will be also given the opportunity and encouraged to attend up to two individual sessions with our trained facilitators where they can discuss particular issues and personal situations with specific friends.

Evaluation

Evaluation will proceed along three levels: A process evaluation component will document in detail the formative, development, and implementation phases of the intervention, including challenges and successes in recruitment, facilitation of meetings, attendance and retention, crises, and network interventions. Second, participants will be provided with a satisfaction survey that will include both qualitative and quantitative evaluation of the groups, facilitators, content, and format. Finally, we will evaluate outcomes, at pretest, posttest and four-month follow-up. We will design a self-administered paper and pencil instrument that will assess pre-post and follow-up changes in understanding, attitudes about, and application of MI principles and skills. We will ask for initials of up to three particular friends identified as MA users, and for each MA using friend assess: a) level of CFMA concern; b) estimated MA use (frequency, amount); c) number and severity of negative consequences, including HIV risk; and d) number, content and quality (in light of MI principles) of interactions around drug use and sexual activity. We will also assess the CFMA's own drug use and sexual risk behavior. An important aspect of this evaluation is to investigate whether interventions designed for CFMA do attract and positively impact men who are themselves users and/or concerned about their own MA use.

The pre-test will be given at the beginning of the first session and post-test at the end of the fourth. Follow-up interviews will be obtained at four months after the pre-test. Both pre-test and four-month follow-up will measure drug use and sexual behavior for the three-month window prior to each survey. We will use standard tracking techniques that have been used effectively with this

population in order to obtain follow-up interviews. Whenever possible, we will try to conduct the follow-up survey in person, but will be open to phone or mail-in interviews in order to maximize follow-up rates.

C.4 Group Intervention with MA-using men (May 2006 – Dec 06)

Development

Using the analyzed database material from the formative phase and integrating the clinical treatment experience of community service providers and collaborators, we will begin by describing the social networks of MA-using men, and the trajectories, patterns and venues of MA use. We will pay particular attention to descriptions of dysfunctional courses of use that are progressive in quantity or frequency of use, and those that lead to increased social withdrawal. Similar careful attention will be given to functional patterns and trajectories of use. Careful study of this material will lead to the development of a working model of intervention that specifies both 1) vulnerabilities in the trajectories of use that are particularly amenable to intervention strategies and 2) protective resiliencies that seem to mitigate pernicious patterns of use. Both vulnerabilities and resiliencies will be used in the development of the intervention. Development of the model will be based on established principles of Harm Reduction (HR) as laid out by Denning.[5] These principles are highly compatible with the techniques of Motivational Interviewing (MI) developed in the Friendship Network intervention, allowing us to leverage existing resources and further a coherent philosophical framework of interventions. Specifically, the facilitation strategy will be non-judgmental, interactive, and client-centered. In keeping with the preliminary findings that high-frequency MA use tends to lead to social isolation, there will be a strong focus on relatedness, highlighting the importance of remaining connected to the group, friends and facilitator and emphasizing that this is valued by the facilitators over the client's ability to refrain from the use of MA. In addition, we will use our own socio-cultural framework, informed also by theories and practices of social justice models of psychotherapy and cultural competency principles.

Thematically, the group intervention follows the cultural message promoted by the social marketing campaign: while MA may have "fabulous effects," these effects are accompanied by "disastrous consequences." Acknowledging the fabulous effects not only allows validation of the functional uses of MA but also gives thematic entry into broader, systemic and structural factors (such as poverty, racism and homophobia), which the fabulous effects might be seen to help overcome. Disastrous consequences are laid out in a straightforward, non-judgmental manner, using the narratives of the men themselves, as well as didactic materials. The intervention makes extensive use of psycho-educational approaches and referrals to area substance abuse resources. The general atmosphere is collaborative and relational. We will create a four-session facilitated group intervention for men who are actively using MA but are not currently in substance abuse treatment. Up to two optional individual counseling sessions will be offered for each participant and encouraged during the course of the module. Individuals who do not wish to participate in the individual

counseling sessions will still be able to participate in the group intervention. The major goal of the group is to promote self-regulation in the domains of drug use and sexual behavior in ways that minimize both pernicious use and the negative consequences of that use, particularly the risk of HIV transmission. Additionally the intervention will help facilitate entry into drug rehabilitation treatments as appropriate. Materials and curriculum will be developed in detail during the development period.

Implementation

Participants will be recruited using a variety of strategies. The recruitment process will be supported by the community discourse and project visibility created by the social marketing campaign. Recruitment flyers and palm cards will be distributed at gay social and sexual venues. Contact information for the project will be always available by a project phone-line and website. Also, as a natural form of outreach into the community, the CFMA will form a major recruitment source. Finally, community agencies enlisted during the formative process and their collaborative service partners will be natural referral sources.

The four sessions will be semi-structured, with each session developing a particular topic area, yet remaining unstructured enough to permit discussion among the group participants. Themes are revisited in various contexts. There is a strong emphasis on weaving a cultural narrative about the meanings, uses, dangers, and pitfalls of MA. We expect the four sessions to follow these themes:

- *Nuestra Historia*, *Nuestras Voces* (Our history, Our Voices)– who we are as Latino gay men using speed; non-judgmental descriptions of the scene and venues; gay Latino cultural space and cultural displacement; cultural homelessness and the sense of being at home.
- Crystal 101 – review of effects of MA from a biological/medical perspective; how it works in the brain and on the body; sexual effects, interactions with other drugs/medications; negative psychiatric effects (paranoia, hallucinations, cognitive effects, the crash); ways to combat negative effects (treatment options, styles, and programs; regulated use strategies; psychiatric medications).
- Fantasy Island – pressures to perform sexually; the cure for isolation; separation from family; *des-ubicación* (cultural dislocation), cultural pressures; structural factors (homophobia, racism, poverty); internalized restrictions about the ability to enjoy homosexual sex; sexual risk.
- *Re-ubicación*, Coming Home – effects and consequences of MA on social connections; "te quemaste" - party burnout; presentation of data from studies on reasons for use; resources available in the community; referral network and contacts; developing social supports and coping; cultural resources; resiliency

The basic format will be: a) introductions and brief check in; b) presentation by facilitator and/or invited guest speakers; c) group discussion; d) questions and

wrap-up. The groups will be conducted in a staggered sequential sequence, with a new four-session module beginning every few weeks, alternating between Spanish and English modules. This will allow a steady cycle of interventions in a relatively compressed time frame. The groups will be conducted as a closed cohort, rather than as drop-in groups. The individual sessions will be encouraged and expected, but not required of participants. The aims of the individual sessions are to establish individual goals for managing MA, to identify obstacles to these goals and negative consequences of MA use, and to develop support strategies. Participants will be encouraged to bring to the second individual session friends, family, or others identified as part of the existing or potential support network. The goal of this second "network intervention" session is to bring networks and not just individuals into treatment aiming to develop resilient systems of support. The facilitator will be available for support, triage, and referral as needed throughout the duration of the module. Individuals who are in crisis, acutely psychotic, suicidal or homicidal will be immediately referred to appropriate services, including urgent care services as needed. All participants will receive a pamphlet, outlining community resources available for MA treatment and related services.

Evaluation

Similar in both content and procedures to the intervention evaluation proposed for CFMA, we will conduct process, client satisfaction, and outcome evaluations of our group intervention for MA users. We will however, revise our survey evaluation instrument to fit the goals of the MA user intervention, with particular attention to assessing changes in drug use and sexual behavior, as well a changes in the negative consequences and negative life impact of MA use. We will also document access and use of referral services and, in particular, use of substance abuse treatment. We will also measure the impact of the intervention on participants' degree of social connectedness to non drug-using friendship networks and activities in the gay community.

D. Dissemination Phase (January 07- June 07)

The research team plans to produce a monograph intended for HIV and substance abuse prevention providers summarizing the major findings and lessons learned from this study. The monograph will contain a detailed description of the Diaz, et al.'s NIDA-funded study of Latino gay men who are MA users and the intervention described in this proposal, including a discussion of core elements, a review of process and outcome evaluation data, and the measurement tools used to evaluate the intervention. In addition, the research team will plan and conduct presentations to the Community Planning Groups (CPG) in San Francisco, Los Angeles County, and the State of California. Findings will also be disseminated to the program funder, at relevant professional conferences, and in peer-reviewed publications. In addition, we intend to submit a subsequent R01 to NIDA -- using the results of the project as preliminary findings -- to evaluate experimentally a synergistic intervention that combines all three levels of intervention.

Collaborative Arrangements

The proposed project represents a collaboration between one academic institution: The Cesar E. Chavez Institute (CCI) of San Francisco State University and two well established, innovative and highly sophisticated community based organizations: Instituto Familiar de la Raza (IFR) and AIDS Project of Los Angeles (APLA). All three institutions and investigators have extensive clinical, programmatic and research experience on issues related to HIV risk and resiliency among Latino gay men, and committed to bridge the gap that exists between academic research and the practice of community health and prevention. It is important to note that Diaz (CCI), Ayala (APLA) and Gonzalez (IFR) are self-identified Latino gay men who have devoted a large part of their research and professional careers to study and address health outcomes, including HIV risk, substance use/abuse, and mental health in their own communities. The investigators have a long history of collaboration, having interacted frequently through projects, conferences and training programs at CAPS/UCSF, NIH and the CDC, among others. All three investigators have contributed to the development of a sociocultural model where HIV risk and substance abuse among Latino gay men are understood as shaped by painful experiences of social discrimination on the basis of race, class, and sexual orientation.

The collaboration emerged as the three investigators shared and discussed the current situation -- both from research findings and clinical experience -- regarding Methamphetamine (MA) use in the Latino gay community. The investigators were particularly moved to action by the data recently collected by Diaz, containing detailed and comprehensive descriptions of MA use among Latino gay men. The data show not only that an increasing number of men are using MA in order to achieve powerful and valued effects, but are doing so at a big cost to their physical, psychological and sexual well-being, including a higher risk for HIV transmission. The data clearly suggest the need and feasibility for community, social network, and face-to-face group level interventions to alleviate the negative consequences of MA use, together with a substantive readiness for change in the population. The collaboration is facilitated by the shared agreement about the need for harm reduction approaches and a focus on resiliency, particularly the strengths found in sources of social support.

We understand our collaborative arrangements as involving three levels:

<u>First Level</u>: Collaboration among the three investigators and agencies (Diaz at CCI, Ayala at APLA and Gonzalez at IFR), that is, among those who constitute the core of the interdisciplinary, multi-site research team. While the responsibility for the design and implementation of the project is equally shared among the three PIs, Diaz will lead the team in the use of existing databases and relevant literature for the formative phases, while Ayala and Gonzalez will lead the implementation of the interventions in the context of their respective community based agencies.

Second Level: Collaboration with our community partner agencies that target different segments of the Latino gay men population in San Francisco (Stop AIDS, AGUILAS/El Ambiente, and Hermanos de Luna y Sol/Mission Neighborhood) and in Los Angeles (Bienestar, Wall Las Memorias, and Alta Med). In each city, representatives for each agency (as well as representatives of the target audiences they serve) will sit around the table during the formative phases of the project. They will be treated as equal partners in the development of both the guiding framework and the specific intervention protocols. They will read, review and discuss with us the data – qualitative and quantitative – that will guide the intervention development. We will ask service providers and members of the target audience to react to the data in ways that are sensitive, useful and informative in the development of interventions. A major aim is to design interventions that are not only in tune with the realities of the men these agencies serve, but also interventions that would be feasible for future implementation in the context of those agencies at the completion of the study. We will also discuss and receive input and guidance from our community partners in study procedures, such as recruitment and screening strategies, and strategies to track participants for follow up interviews. We expect our community partner agencies and members of the target population to help us interpret the evaluation data to be collected and assist us in creating a dissemination monograph that is accessible and maximally useful to those providers who can implement similar intervention strategies in the future. The community partners will also inform and guide use with respect to the diversity -- on the basis of age, nationality, language, acculturation, SES and HIV status -- of the population they serve, and will help us gain access when needed in order to recruit a diverse group of men for the different interventions planned.

Third Level: Collaboration with substance abuse treatment providers in San Francisco (The Stonewall Project and Addiction Treatment Alternatives) and in Los Angeles (Tarzana Treatment Centers and Matrix). These local treatment centers, all following harm reduction philosophies in their work, have agreed to work closely with us in identifying those participants who may need further substance abuse treatment and will help us facilitate referrals when appropriate. We have asked these agencies to examine and comment on our intervention protocols, in light of the more severe substance abuse issues they typically encounter in their service agencies. These agencies have expressed interest in our projects because they are eager to understand the particular issues around MA use among Latino gay men. They have promised an attentive ear to our study findings in order to enhance the sensitivity of their treatment offerings to the specific situation of Latino gay men who use MA. Because out-patient services (with harm reduction philosophies) that are responsive to the specific needs and culture of Latino gay men are rare in either city, we believe this collaboration will result in an expanded set of substance abuse treatment offerings that will become accessible and responsive to drug-using Latino gay men.

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