

CONFIDENTIAL

*Action Steps and Report on the  
Northwest Regional Workshop  
HIV Prevention Approaches for  
Alcohol and Drug Use  
Among Men Who Have Sex with Men*

*Held at the  
University of Washington  
Seattle, Washington  
September 3-5, 1997*

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## **APPENDICES**

**Planning Committee Members**

**Workshop Agenda**

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## **BACKGROUND**

Late in 1996, United States Representative Jim McDermott (7th District, Washington) sent a letter to Helene Gayle, M.D., M.P.H., Director, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention (CDC), urging the development of a workshop to address the development of effective prevention programs that focus on human immunodeficiency virus (hereinafter HIV) prevention and alcohol and other drug use among men who have sex with men (MSM)<sup>1</sup>. Rep. McDermott said the workshop would be a good vehicle to examine also what research is needed to investigate alcohol and other drug use and sexual activity among MSM, and in particular methamphetamines, which are prevalent in the Northwest. In response to that letter, a group of researchers and program staff at the federal, state and local levels came together to plan a Northwest Regional Workshop entitled *HIV Prevention Approaches for Alcohol and Other Drug Use Among Men Who Have Sex with Men*.

The Planning Committee envisioned a workshop that would enable researchers, HIV prevention experts, substance abuse treatment experts, state and local government representatives, and other interested parties to develop a research agenda for the months and years to come on alcohol and other drug use and sexual activity among MSM.

To achieve this overall goal, the workshop had three objectives:

- To develop a series of recommendations to plan research activities in the next several years.
- To develop research recommendations that would address the specific population of gay, bisexual, transgender men and MSM who do not necessarily identify as being gay or bisexual.
- To disseminate a series of recommendations on research and program development on HIV prevention and alcohol and other drug use among MSM for use in the Northwest and in other parts of the country where they may be applicable.

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<sup>1</sup> The term men who have sex with men or MSM includes gay- and bisexual-identified men as well as men who have sex with men without identifying as gay or bisexual. This term is used as an all-encompassing designator based on sexual behavior.

## ***INTRODUCTION***

The workshop was held in Seattle, Washington, September 3 - 5, 1997 and brought together approximately 130 participants from various parts of the country (but predominantly from Western states). This report summarizes the proceedings conducted and records the action items and research and program recommendations resulting from the proceedings.

The workshop consisted of two types of sessions, research presentations and working sessions. During the research presentations, researchers presented the findings of both quantitative and qualitative studies that were conducted to investigate the substance use and sexual behavior of MSM. Results of epidemiologic and ethnographic studies provided insight into the characteristics and the behavioral tendencies that may make MSM more vulnerable to substance abuse and more prone to engage in behaviors that may place them at higher risk for HIV transmission.

The goal of the working sessions was to identify what concepts or assumptions about the targeted population required further research and also to recommend a number of action items to begin the implementation of the research agenda. During the working sessions, the participants were divided into breakout teams to discuss recommendations in their particular areas of expertise including epidemiology, HIV prevention and substance abuse treatment. Their recommendations are summarized later in this document.

This document will provide decision-makers with background information they can use to plan how recommendations can be implemented in an efficient and cost-effective manner. The recommendations have not been rank-ordered in terms of importance. The participants indicated that all the recommendations have equal weight.

### ***WORKSHOP SPONSORS***

The workshop was sponsored by the following Operating Divisions of the U.S. Department of Health and Human Services: National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention; Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration; and the National Institute on Drug Abuse of the National Institutes of Health.

The following non-federal governmental agencies also helped to sponsor the workshop: the Seattle King County Department of Public Health; the Washington State Department of Health; the Washington State Division of Alcohol and Substance Abuse; and the following entities within the University of Washington: Alcohol and Drug Abuse Institute, Center for AIDS Research, and the School of Public Health and the School of Nursing.

The Planning Committee also wishes to acknowledge the generosity of Glaxo Wellcome and Merck & Co., Inc.

## **ACTION ITEMS**

The action items that follow are based on the recommendations presented by the work teams, and signify those high priority areas where, in the view of the Planning Committee, implementation should occur in the most expeditious manner possible.

### **1.A. More research is needed on alcohol and other drug use among MSM and its relationship to sexual behavior and high-risk sexual behavior.**

#### **1.B. Rationale**

Alcohol and other drug use, including methamphetamine use, appear to be linked with gay identity, and is used as a means of identifying with the community and for achieving intimacy and heightened sexual experiences.

- There appears to be an additional link between alcohol and other drug use and sexual activity for most MSM. In the West and Northwest regions, this appears to be particularly true in relation to methamphetamines.
- There is insufficient research on the relationship between alcohol and other drug use and sexual behavior among MSM.

#### **1.C. Suggested implementation steps:**

Give increased priority among HHS Operating Divisions to conduct research on alcohol and other drug use, including methamphetamines, among MSM.

Conduct behavioral research on the impact of alcohol and other drug use on high-risk sexual behavior.

With the assistance of researchers, develop program evaluation guidelines for grantees on the measurement of the impact of alcohol and other drugs on sexual behavior and high-risk sexual behavior.

### **2.A. Develop new intervention evaluation measures that examine a full spectrum of programming effectiveness, including harm and risk reduction interventions that do not require abstinence.**

#### **2.B. Rationale**

- Risk and harm reduction goals that do not require complete abstinence appear to be useful either as steps toward becoming drug-free (abstinent) or as pragmatic techniques to reduce the risks of behaviors that MSM are unwilling or unable to forego.
- Many substance abuse and HIV prevention programs seek 100% behavior change from the participants (e.g., abstinence from drug use, consistent and correct condom use), although

these goals may not be the most appropriate behavioral changes in all instances.

- There are insufficient data on the effectiveness of risk and harm reduction approaches.

### 2.C. Suggested implementation steps:

Develop evaluation methodologies, using standardized language, to measure whether incremental change has been attained.

Develop outcome measures that can ascertain whether goals and objectives other than full compliance are successful for MSM (e.g., decreased use of alcohol and other drugs instead of full abstinence, limiting unprotected sex to monogamous partner whose HIV status is known).

Obtain data on the effectiveness of programs and whether goals and objectives, even if not fully attained, are able to provide effective interventions (e.g. is decreased use of alcohol and other drugs effective in attaining consistent and correct condom use).

**3.A. Ensure that research methods are sensitive to the communities affected by involving members of the community in the research design, implementation and interpretation of findings.**

### 3.B. Rationale

- Greater coordination of research findings and program development among Federal agencies is necessary, including the standardization of terms used for research on alcohol and other drugs among MSM.
- Too few ethnographers, especially MSM and minority, have been trained to conduct the necessary research among MSM. Ethnography has received insufficient emphasis on research on HIV prevention, substance abuse and MSM risk behaviors.
- Increased participation by MSM and community-based organizations serving MSM is likely to increase the effectiveness of research by providing insight into the behaviors and thinking of MSM.

### 3.C. Suggested implementation steps:

Create a federal and non-federal cross-agency working group to identify highest priority research areas related to MSM and alcohol and other drug use, including strategies to resolve methodological issues.

Provide increased training opportunities and support for ethnographers, researchers representative of the affected communities, and minorities (including ethnic and sexual minorities, youth and rural populations).

Increase collaboration between researchers conducting research among MSM and the community.

**4.A. Conduct further research and program intervention development on MSM at high risk for HIV, including MSM who use alcohol and other drugs, MSM of color and young MSM.**

**4.B. Rationale**

- Epidemiologic data and other research presented at the workshop pointed to high rates of HIV incidence among MSM who use alcohol and other drugs, MSM of color and young MSM.
- More research is needed to ascertain why many MSM are at higher risk for alcohol and other drug use and HIV transmission.
- More research is needed on the effectiveness of HIV prevention and substance abuse treatment interventions among MSM who use alcohol and other drugs, MSM of color, young and rural MSM.

**4.C. Suggested implementation steps:**

Increase participation of MSM with relevant expertise on HHS advisory and review groups.

More research specifically addressing alcohol and other drug use among MSM of color and young MSM and sexual behavior.

**5.A. Conduct further research to identify the most effective substance abuse treatment approaches for MSM.**

**5.B. Rationale**

- Additional data is necessary on substance abuse treatment outcomes for MSM in either mainstream or "gay friendly" substance abuse treatment programs.
- While there is agreement that "gay-friendly" substance abuse treatment programs successfully treat MSM with alcohol and drug problems, there needs to be additional research aimed at defining the characteristics of successful programs.
- More research is needed on the most effective substance abuse treatment for MSM at high risk for HIV, including MSM who use alcohol and other drugs (including methamphetamines), MSM of color, young MSM, and MSM in rural communities.

**5.C. Suggested implementation steps:**

Gather data on the effectiveness of various types of alcohol and other substance abuse treatment programs for MSM.

Conduct further research on prevention and substance abuse treatment program development,



including regional differences in both HIV and alcohol and other drug use issues for MSM.

Gather data on the effectiveness of programs that provide substance abuse treatment and HIV prevention to MSM.

**6.A. Hold additional regional workshops on alcohol and other drug use and HIV prevention among MSM.**

**6.B. Rationale**

- There appear to be regional variations on HIV risks and alcohol and other drug use among MSM.
- To better develop strategies to address the needs of MSM, regional meetings may be important catalysts in determining research priorities and program development.

## **RECOMMENDATIONS BY ISSUE AREA**

The following are the recommendations presented by the participants in the three working sessions along with narrative explanations:

### **EPIDEMIOLOGY**

*The Secretary of Health and Human Services should establish a team of experts in epidemiology, HIV prevention and substance abuse prevention and treatment, to identify high priority research topics related to MSM and alcohol and other drug use. Among the issues to be addressed are methodological issues related to long term research projects.*

The participants indicated that the composition of review committees, initial review panels and other panels in the Department of Health and Human Services (HHS) required examination. In the past, these panels have not included a sufficient number of specialists familiar with the literature on MSM who use alcohol and other drugs and that can make informed recommendations on what research should be funded. The team suggested that, generally, funding for research has been hampered by a lack of understanding of the issues. The participants also stressed the need to provide briefing sessions to staff and grant reviewers in order to increase understanding of the issues surrounding MSM, HIV and substance abuse.

*Funders of research should provide mechanisms for collaborative, multi-site research studies (including cooperative agreements and investigator-driven collaboration) to investigate drug/alcohol use among MSM.*

Several recommendations addressed the need to better coordinate research efforts for MSM, including: developing a comprehensive directory of researchers and service providers, and using conferences as a venue by which researchers, HIV prevention, substance abuse treatment providers and consumers could exchange information and development of program models.

*Increase training opportunities and support for ethnographers, behavioral epidemiologists and other researchers who are representative of the affected communities, with a particular emphasis on racial/ethnic and sexual minorities, youth and rural communities.*

The research findings presented at the workshop indicated that there might be variables and determinants that predict whether MSM will use alcohol and other drugs and engage in behavior that may place them at high risk for HIV. To investigate these assumptions, research models should be developed with assistance from individuals who are members of the population being researched or who have extensive contact with the population.

*Strengthen research methodologies and conduct research that can be generalized and have wide applicability. Some of the suggested steps include: standardizing and operationalizing terminology, choosing different measurement tools, and examining different relationships and outcome assessments.*

*Conduct research using adapted clinical trials model (phases I, II, and III) to help identify promising interventions, focusing on, but not limited to:*

- ◇ the relationship between alcohol and other drugs, especially methamphetamines, and sexual activity,*
- ◇ the impact of predisposing factors (e.g., genetic, child abuse, poverty),*
- ◇ co-existing mental health disorders,*
- ◇ determinants of MSM who reduce drug use and/or achieve sobriety and have achieved a "healthy" balance,*
- ◇ basic epidemiologic and ethnographic studies of human sexuality (both MSM and heterosexual), and*
- ◇ increased intervention research relating to drug use among MSMs.*

In this recommendation the participants agreed that there are specific issues that have an effect on the level of vulnerability of MSMs to alcohol abuse and high-risk sexual behavior. The use of a clinical trials model would provide consistency in the research methods and would allow for relatively simple replication studies.

## **PREVENTION**

***Conduct additional research to develop evaluation methodologies to measure the impact of programs using social and environmental change to promote individual change.***

Programs that rely on social change as a means to bring about individual change may not be properly evaluated using evaluation methodologies. As a result, current research cannot investigate whether certain populations that have faced past discrimination may be favorably impacted by this type of program. Therefore it is imperative to develop the tools that can measure the effectiveness of this mode.

***Conduct research that identifies "safe place" factors used by MSM who succeed in self-change prevention and create a topology of safe places.***

Those individuals who are better able to change their alcohol and other drug use and their high risk sexual behavior are those who have access to safe places in which they can address the issues that may aggravate their risk-taking behavior. Some of these safe places have been described as locales where individuals can express their innermost feelings without fear of reprisal. Research needs to be conducted to identify the elements necessary to create a safe space so that safe houses can be replicated.

***Develop closer linkages between researchers and prevention programs, including community-based organizations, to make research findings transferable to operational programs.***

Research can be made stronger by closer collaboration between the researchers and staff of prevention programs, including community-based organizations. The closer collaboration must extend to the design of the research model, the implementation of the research methodology and the interpretation of the research findings.

***Conduct research to investigate the impact of recovery on gay culture to determine whether issues of sexual identity prevent individuals from changing their behavior.***

There is limited information on the impact of recovery from substance abuse among individuals that self-identify as gay or bisexual. Issues of cultural identity for MSM may be directly tied to issues of alcohol and other drug use. If issues of gay identity are in the way of making individuals avoid alcohol and other drug use and may hamper permanent behavior change.

***Develop funding mechanisms that require linkages between researchers and HIV prevention programs, including community-based organizations operated by and for racial and ethnic minority populations and MSM.***

Research models should rely on collaboration with community-based organizations in the development of the research model, the implementation of the methodology and the interpretation of the research findings. Therefore, funders must make allowances for providing funding to support the infrastructure of the community-based organization so that collaboration can take place.

***Train more researchers who are either MSM or have close ties to MSM, especially in racial and ethnic minority communities, youth communities and rural communities and provide opportunities for researchers of color to exchange information and research.***

MSM should be encouraged to engage in the research being conducted. In the case of racial and ethnic minority communities, there are limited opportunities for training in the research area. Additional funding must be provided to ensure that quality researchers belonging to these communities are training other MSM to participate. Funding should also provide adequate incentives to ensure that they will participate in research activities.

***MSM who belong to racial and ethnic minority communities face additional barriers they must overcome in order to address issues of alcohol and other drug use and high risk sexual behavior. Develop interventions that address specific cultural and societal factors in the case of MSMs of color.***

Populations that have been subjected traditionally to discrimination face additional hurdles when dealing with substance abuse and high-risk sexual practices. There is limited information on the impact of discrimination on members of historically disenfranchised populations, in particular men who face homophobia and racism. Further research is needed to study the effect of culture and discrimination on high-risk behavior and on the impact of culturally-based programs in addressing HIV prevention and substance abuse treatment.

***Examine the impact of government policies on HIV prevention among MSM.***

Since the early days of the HIV/AIDS epidemic, government institutions have been limited in their activities by legislation, regulations and funding allocations.

***Develop models for harm reduction in substance abuse treatment.***

The participants stressed the fact that abstinence from alcohol and drug use may not be the only solution available to all individuals. Incremental change based on harm reduction models may be more attractive to those who may not want to engage in total abstinence. More research is needed to develop harm reduction models and to examine how to measure whether an incremental change approach to substance abuse treatment is producing a sufficient level of success.

***Evaluate the impact and effectiveness of various interventions and substance abuse treatment on HIV prevention among MSM.***

The HIV harm reduction model examines sexual behaviors that are safe, those that are perceived to be safe, those that are less safe and those that are unsafe. The participants agreed that there is a need for additional information on the harm reduction model, its long-term impact and other determinants that may impact on sustaining behavior change.

## ***SUBSTANCE ABUSE TREATMENT***

***Facilitate greater efforts to recruit gay men and other sexual minorities to serve on initial review groups, agency advisory committees at the federal, state, city and county levels with respect to HIV prevention and alcohol and other drug use issues.***

The participants suggested that there is a need to increase the number of MSM who are members of review groups, advisory committees and other bodies at all levels of government. This would ensure that review committees have the necessary expertise to identify critical issues among MSM.

***Expand the definition of substance abuse treatment to incorporate:***

- ◇ ***harm reduction counseling,***
- ◇ ***a range of interventions appropriate to different stages of readiness to change,***
- ◇ ***cultural and community issues and contexts, and***
- ◇ ***a new approach to success in substance abuse treatment, which may include incremental markers such as retention, change modification, or reduction of problematic drug use, and development of skills, coping mechanisms, and building of social and practical supports in existing communities.***

Research is needed in the development of models that can address the individual's level of readiness to change behavior. Similarly, program models must also deal with specific cultural determinants that may hamper the individuals ability to change.

***Secure additional funding to provide substance abuse treatment on demand.***

***Enhance communications between researchers, service providers, community leaders, and active and former users.***

***Increase access to substance abuse treatment to address the needs of sexual minorities, and especially the issues of traditionally disenfranchised groups such as ethnic minorities and transgender persons.***

Specific cultural issues must be addressed when designing research methods and program models. Culture, whether it is gay and bisexual or related to a racial or ethnic minority, is an essential component in the definition of identity. Many cultural factors impact on whether an individual will be vulnerable to alcohol and other drug use or high-risk sexual behavior.

***Conduct research on the development of substance abuse treatment programs for gay, bisexual, transgender adolescents and other MSM adolescents to address the following issues:***

- ◇ *harm reduction models that suit their specific needs; and*
- ◇ *substance abuse treatment that recognizes the “pan sexual” nature of adolescents (i.e., the fluidity of sexual preference and application of developmental theory).*

Gay, bisexual, transgender and other MSM adolescents, are at increased risk for HIV transmission and for alcohol and other drug use. Additional research is necessary to examine the effectiveness of various substance abuse treatment alternatives for young MSM.

***Expand comprehensive case management and outreach for MSM beyond information dissemination to include, among others: counseling, relationship building, crisis intervention, recruitment and referral.***

Programs should be designed to address the specific cultural determinants that influence on alcohol and other drug use behavior among MSM. Some of the services being proposed here deal with skills building and referral, which are necessary as steps to avoid high-risk behavior. Research models to be developed that can address the most effective way of developing program models that can incorporate psychosocial and skills building elements.

***Conduct research on the needs and differences between rural and urban gay and bisexual men, adolescents and men of color.***

Lack of information on MSM is more extreme in rural communities, where it is more difficult to find places where MSM congregate and where it is much more difficult to disseminate information to this population. Research should be conducted in rural areas and program models should be developed to address the needs of rural populations.



*APPENDICES*

***PLANNING COMMITTEE MEMBERS***

## *PLANNING COMMITTEE MEMBERS*

**Brad Austin, MPH**

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Health

**Fritz Wrede, MEd**

Division of Alcohol and Substance Abuse  
Washington State Department of Social & Health  
Services

**AGENDA**



**AGENDA**



**NORTHWEST REGIONAL WORKSHOP**

**ON**

**HIV PREVENTION APPROACHES FOR  
ALCOHOL AND DRUG USE AMONG MEN  
WHO HAVE SEX WITH MEN**

**SEPTEMBER 3 - 5, 1997**

**CENTER FOR URBAN HORTICULTURE  
UNIVERSITY OF WASHINGTON  
SEATTLE, WASHINGTON**



SEPTEMBER 3, 1997

7:30-8:30 REGISTRATION AND CONTINENTAL BREAKFAST

8:30-9:00 OPENING SESSION

*Moderator: Mike Gorman, PhD*

Honorable United States Congressman Jim McDermott,

*as represented by Aide Rita Patel*

Honorable State Representative Ed Murray, Washington State - 43rd District

Honorable State Representative Frank Chopp, Washington State - 43rd District

Ronald O. Valdiserri, MD, MPH, CDC

9:00-10:00 EPIDEMIOLOGY STUDIES: NATIONAL AND REGIONAL DATA

*Moderator: King K. Holmes, MD*

*Commissioned Paper* - Non-injecting and injecting substance use among

HIV-seropositive MSM: Results from a multisite interview project

Patrick S. Sullivan, DVM, PhD, CDC

NIDA Cooperative Agreement Study: prevalence of drug and HIV-related behaviors among MSM in 5 sites

Antonio Estrada, PhD, University of Arizona

HIV/AIDS data on drug use among MSM in Washington State

Lennox M. Ryland, DVM, MPH, Washington State Department of Health

10:00-10:30 BREAK

10:30-11:30 EPIDEMIOLOGY STUDIES IN CALIFORNIA AND VANCOUVER

*Moderator: Mariella Cummings, RN, MS*

Recent surveillance data and review of young MSM drug use data - California

Matthew Facer, MS, California State Department of Health Services

Young MSM study, Vancouver, British Columbia

Steffanie Strathdee, PhD, British Columbia Centre for Excellence in HIV/AIDS

11:30-1:00 LUNCH

1:00-2:00 HIV RISKS ASSOCIATED WITH ALCOHOL AND OTHER DRUG USE BY MSM

*Moderator: Dennis M. Donovan, PhD*

*Commissioned paper:* Intertwining epidemics: a short history of the research on substance use and its relationship to the AIDS epidemic among gay men

Ron Stall, PhD, UCSF, San Francisco

The 1994-1997 Young Men's Survey: the prevalence of HIV, alcohol and drug use, and other HIV-related risk behaviors among young men who have sex with men sampled in six urban counties in the USA

**Linda Valleroy, PhD, CDC**

An epidemiologic survey of HIV risk behaviors among MSM in a resort area: the South Beach Health Survey, Miami, Florida

**Robert D. Webster, MPH, Florida International University, Miami**

**2:00-2:30 BREAK**

**2:30-3:30 PERSONAL PERSPECTIVES ON HIV RISK ASSOCIATED WITH ALCOHOL AND DRUG USE BY MSMS**

*Moderator: Hank Wilson*

**3:30-5:15 BREAKOUT SESSION #1 - IDENTIFYING HIGH PRIORITY NEEDS**

*I. Epidemiology/Ethnography priorities and gaps: the interface between AOD/HIV*

**Moderators: Richard Needle, Patrick Sullivan, Bob Wood**

*II. Prevention/Intervention/Community planning*

**Moderators: John Peppert, David Purcell, Cameron Lewis**

*III. Treatment strategies and linkages: substance abuse and HIV*

**Moderators: Fritz Wrede, David Thompson, Tim Popanz**

*Cross-cutting issues to be considered by all three breakout groups*

*a. Gay-identified MSM*

*b. Men of color*

*c. HIV positive MSM*

*d. Youth*

*e. Epidemiology/Ethnography*

**6:00-8:00 WORKSHOP RECEPTION**

**Walker-Ames Room, Kane Hall, Red Square, University of Washington**

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**SEPTEMBER 4, 1997**

**7:30-8:30 CONTINENTAL BREAKFAST**

**8:30-8:45 INTRODUCTION**

*Moderator: Bob Wood, MD*

**8:45-10:00 ETHNOGRAPHIC STUDIES**

*Moderator: James McGough, PhD*

*Commissioned paper* Methodological and analytical strengths of ethnographic approaches for drug use among MSM and HIV prevention  
**Michael Clatts, PhD, NDRI, New York City**

Ecological perspectives on co-occurring epidemics in the Pacific Northwest: HIV, drugs, and MSM: context and meaning  
**Mike Gorman, PhD, University of Washington**

The social construction of a gay drug: methamphetamine use among gay and bisexual males in Los Angeles  
**Cathy J. Reback, PhD, Van Ness Recovery House, Los Angeles**

**10:00-10:30 BREAK**

**10:30-11:30 ETHNOGRAPHIC STUDIES (SESSION 2)**

*Moderator: Chilly Clay, MA*

Sexual risk and substance use in an urban bathhouse: a collaborative study by public and private agencies.

**Kerth O'Brien, PhD, Oregon State Health Division & Portland State University**

Ethnographic and clinical perspectives on HIV risks and drug use among MSM youth  
**Jim Farrow, MD, University of Washington**

Treatment issues for alcohol and other drug use among African-American MSMs  
**Michael Browning, Director, Day One, Pasadena, CA**

**11:30-12:45 LUNCH**

**12:45-2:00 SUBSTANCE ABUSE TREATMENT ISSUES AND LINKAGES TO HIV: PREVENTION AND INTERVENTION**

*Moderator: Kenneth D. Stark, MEd*

Perspective of the Center for Substance Abuse Treatment  
**David J. Mactas, Center for Substance Abuse Treatment, SAMHSA**

*Commissioned Paper:* The science and politics of interventions for AODA men who have sex with men: a review and commentary on progress since 1986  
**David Ostrow, MD, PhD, University of Illinois and Howard Brown Clinic**

*Commissioned Paper:* Substance abuse treatment as HIV prevention for MSMs  
**Steven Shoptaw, PhD, Los Angeles Addiction Treatment Research Center**

**2:00-2:30 BREAK**



**2:30-3:30 SUBSTANCE ABUSE TREATMENT ISSUES AND LINKAGES TO HIV:  
PREVENTION AND INTERVENTION (SESSION 2)**  
*Moderator: Benjamin Barr, MSW*

The Substance Use, Counseling, and Education Program  
Richard Elovich, GMHC, New York City

HIV prevention and related substance abuse issues for Latino MSM  
Rafael Diaz, MSW, PhD

San Francisco Bay Area interventions for MSM alcohol and drug use  
Matthew Denckla, San Francisco

**3:30-5:00 BREAKOUT SESSION #2 - DESCRIBING THE HIGHEST PRIORITY ACTIONS  
NEEDED TO IMPROVE HIV PREVENTION EFFORTS**

*I. Epidemiology/Ethnography priorities and gaps: the interface between AOD and HIV*

*II. Prevention/Intervention/Community planning*

*III. Treatment strategies and linkages: substance abuse and HIV*

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**SEPTEMBER 5, 1997**

**7:30-8:30 CONTINENTAL BREAKFAST**

**8:30-9:30 SUMMARY OF BREAKOUT GROUPS**  
*Moderator: Paul Gaist, PhD, MPH*

Steffanie Strathdee, Ph.D - Epidemiology and Ethnography  
Monty Levine, MPH - Prevention/Intervention/Community Planning  
Michael Siever, Ph.D- Treatment Strategies and Linkages: substance abuse and HIV

**9:30-10:00 BREAK**

**10:00-11:30 PLENARY SESSION TO FORMULATE RECOMMENDATIONS AND IDENTIFY  
HIGHEST PRIORITY ACTION ITEMS**

**Group Discussion - Facilitators Steve Jones & Bob Wood**

**11:30 WRAP-UP AND CLOSING**