

Getting Off:

*A Behavioral Treatment Intervention
For Gay and Bisexual Male
Methamphetamine Users*



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Session 1: Calendars and Dots Around the Clock

People with drug dependence often feel their behavior is “out of control.” Over time, this can lead to feelings of hopelessness about ever changing their behavior. However, change begins with a single step. Simply noticing your behavior can lead to changes in how you behave. In this session, we will start to work on noticing patterns of behavior.

Did you know?
*Noticing what you do leads to
changes in what you do.*

On the next page is a calendar for a week. Think about the last time that you used meth. Write in the date(s) for the day(s) of the week in which this occurred. This exercise is to provide an example for how to fill in the calendars; if you don't remember the exact date(s), just number the day(s) from 1 to 7. Complete the calendar as follows:

1. Starting with the first day of this week, place a dot on any day that you did not use any meth.
2. On each of the days that you did use during this week, write in the substance or substances that you used (for example, alcohol, meth, poppers).
3. Think about what was going on that day. What events or activities may have “triggered” you to use (examples include going to a bathhouse or club, visiting a family member, engaging in sex work, Pride events, Halloween, circuit parties)?
4. On which of the days did you have sex? Write this in your calendar, including who your partner was and where the activity occurred. See if there is a connection between your meth use and sexual behaviors.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

We will be talking a lot more about the relationships between the different things you have just noted in this one-week calendar throughout this group: events in your life, episodes of meth use, other drug use, and your sexual behavior.

Day-to-Day Routine

There is a basic truth: *Drug use takes a lot of time.* When people stop using meth, they often find that they're bored; they often complain that they have nothing to do and nowhere to go. One way to fill this time is to think about past drug use, but these thoughts can often be a trigger and start the craving process.

This raises the question: Now that you have made the decision to stop using meth, how will you spend your time? Your answer will affect your ability to avoid meth use in the future. So we now need to focus on a plan for spending time that includes:

- How to organize your day.
- How to stay busy.
- How to have fun without meth.

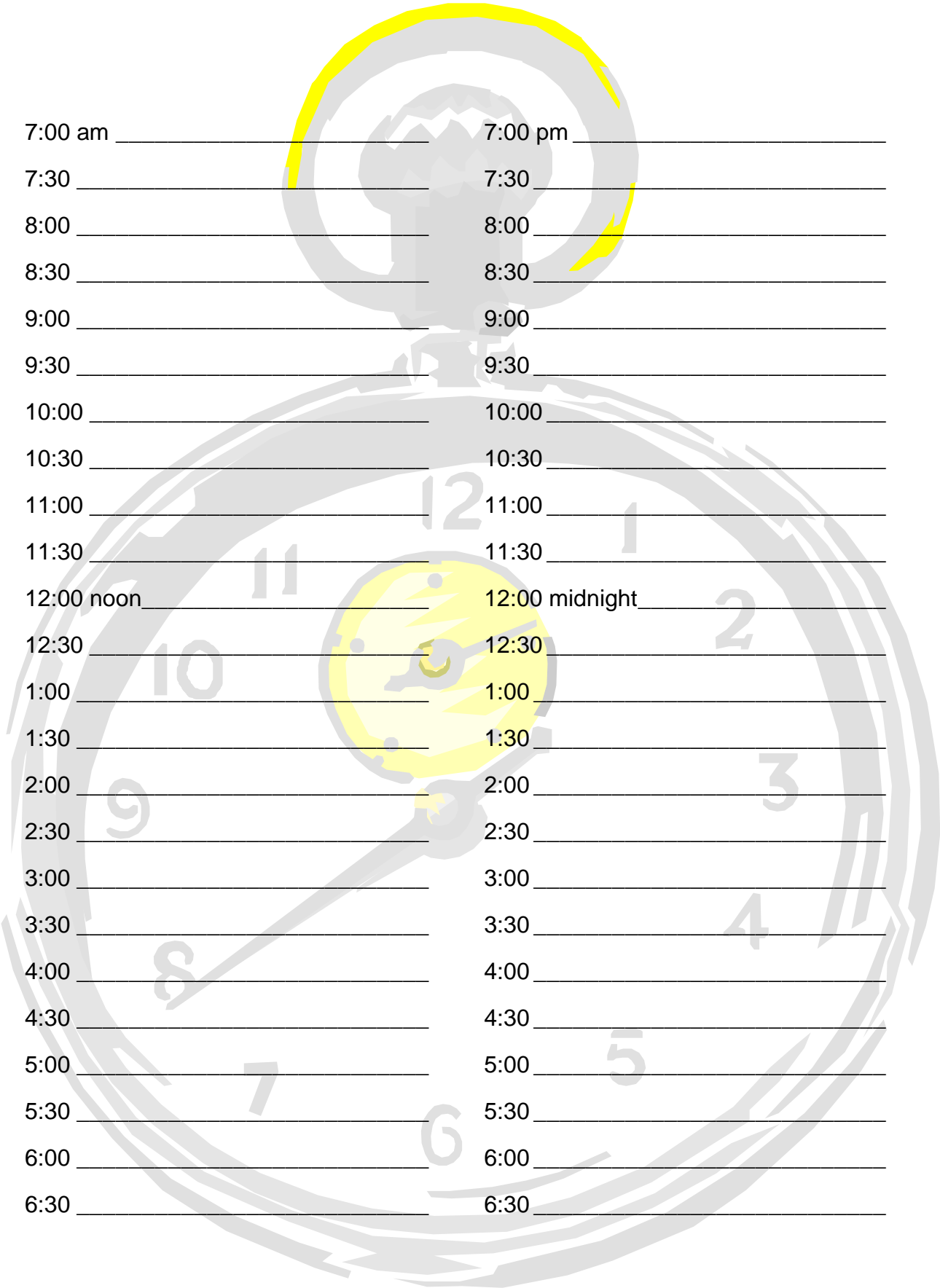
How did you spend your time when using meth? Think about all the things you did to plan how to get the drug, get it, use it, and what you did after you used it.

Think about the last time you used meth. How much time did you spend in a 24-hour period in meth-related activities including planning time, time spent getting the drug, using, and then “partying” and recovering? Think carefully; include all time spent on activities that you only did because of your use of meth.

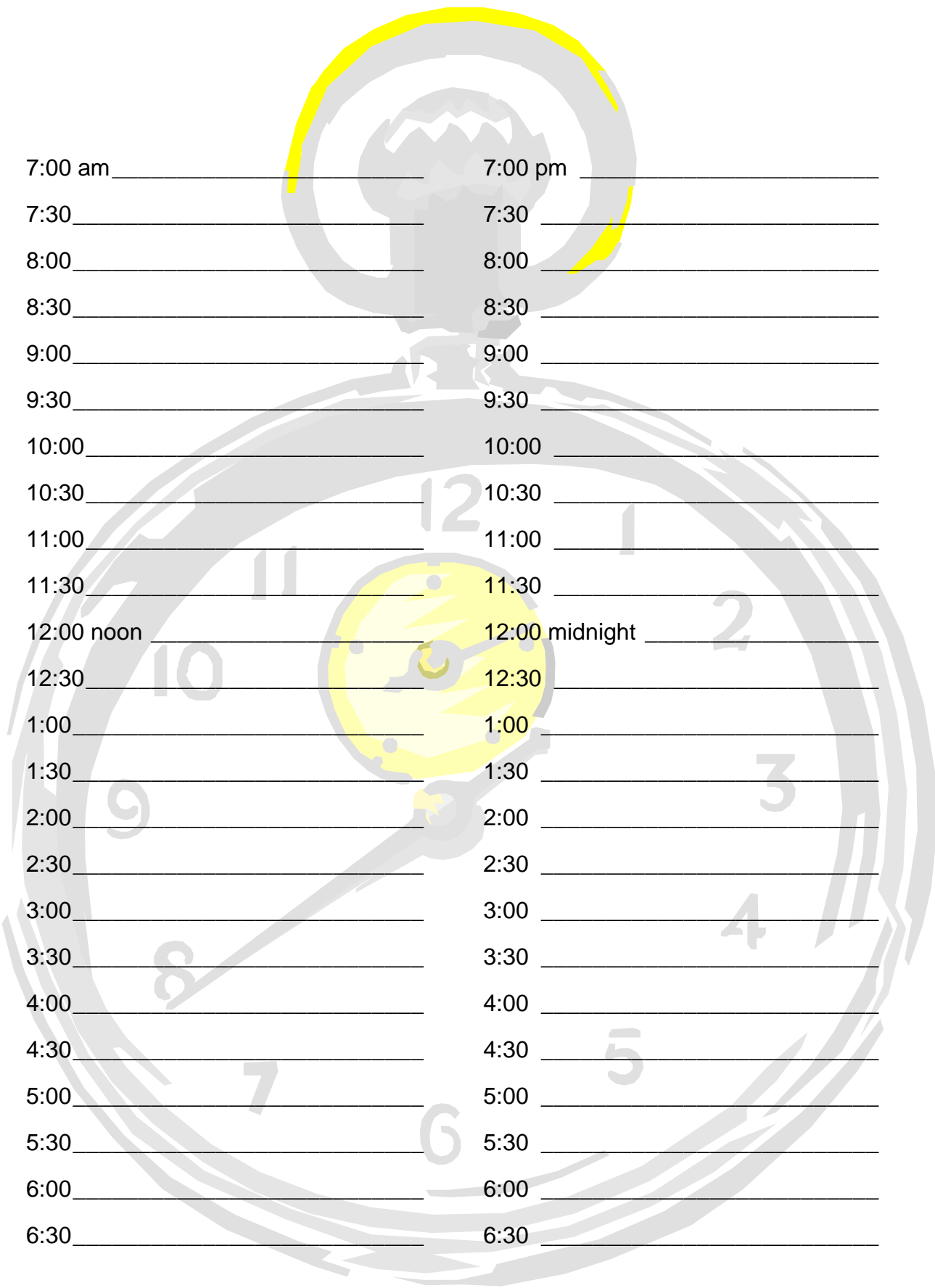
Now let’s think about some of the things you liked to do before you began using meth.

What things can you do with your time now?

Use the planning sheet on the next page to plan your days until your next clinic visit. You can also use a digital calendar on your device. Plan activities that do not include meth use. Plan the entire day from the time you get up until you go to bed. Make the schedule do-able; don’t include things you have no intention of doing. If you stick to the schedule, you will find that at the end of the day you will not have used meth. The simple act of making a schedule for 24 hours and following it will bring you closer to your goal of recovery.



7:00 am	_____	7:00 pm	_____
7:30	_____	7:30	_____
8:00	_____	8:00	_____
8:30	_____	8:30	_____
9:00	_____	9:00	_____
9:30	_____	9:30	_____
10:00	_____	10:00	_____
10:30	_____	10:30	_____
11:00	_____	11:00	_____
11:30	_____	11:30	_____
12:00 noon	_____	12:00 midnight	_____
12:30	_____	12:30	_____
1:00	_____	1:00	_____
1:30	_____	1:30	_____
2:00	_____	2:00	_____
2:30	_____	2:30	_____
3:00	_____	3:00	_____
3:30	_____	3:30	_____
4:00	_____	4:00	_____
4:30	_____	4:30	_____
5:00	_____	5:00	_____
5:30	_____	5:30	_____
6:00	_____	6:00	_____
6:30	_____	6:30	_____



7:00 am _____ 7:00 pm _____

7:30 _____ 7:30 _____

8:00 _____ 8:00 _____

8:30 _____ 8:30 _____

9:00 _____ 9:00 _____

9:30 _____ 9:30 _____

10:00 _____ 10:00 _____

10:30 _____ 10:30 _____

11:00 _____ 11:00 _____

11:30 _____ 11:30 _____

12:00 noon _____ 12:00 midnight _____

12:30 _____ 12:30 _____

1:00 _____ 1:00 _____

1:30 _____ 1:30 _____

2:00 _____ 2:00 _____

2:30 _____ 2:30 _____

3:00 _____ 3:00 _____

3:30 _____ 3:30 _____

4:00 _____ 4:00 _____

4:30 _____ 4:30 _____

5:00 _____ 5:00 _____

5:30 _____ 5:30 _____

6:00 _____ 6:00 _____

6:30 _____ 6:30 _____

7:00 am _____ 7:00 pm _____
7:30 _____ 7:30 _____
8:00 _____ 8:00 _____
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10:30 _____ 10:30 _____
11:00 _____ 11:00 _____
11:30 _____ 11:30 _____
12:00 noon _____ 12:00 midnight _____
12:30 _____ 12:30 _____
1:00 _____ 1:00 _____
1:30 _____ 1:30 _____
2:00 _____ 2:00 _____
2:30 _____ 2:30 _____
3:00 _____ 3:00 _____
3:30 _____ 3:30 _____
4:00 _____ 4:00 _____
4:30 _____ 4:30 _____
5:00 _____ 5:00 _____
5:30 _____ 5:30 _____
6:00 _____ 6:00 _____
6:30 _____ 6:30 _____

Initial Assessment

In order to measure the progress you make during this program, you have to know where you started. Think about your life right now and what's good and what's not. How satisfied are you with each of the following areas of your life?

	1	2	3	4	5
	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Career	1	2	3	4	5
Friends/Companionship	1	2	3	4	5
Family	1	2	3	4	5
Leisure Activities	1	2	3	4	5
Drug Use/Cravings	1	2	3	4	5
Alcohol Use/Cravings	1	2	3	4	5
Self-Esteem	1	2	3	4	5
Physical Health	1	2	3	4	5
Sexual Behavior	1	2	3	4	5
Psychological Well-Being	1	2	3	4	5
Intimate Relationships	1	2	3	4	5
Spiritual Well-Being	1	2	3	4	5

You'll have opportunities during this program to look at these areas of your life again so you can see the areas where you're making improvements and the areas you may need to focus more energy on.

Session 2: The Talking Wall

All of us have come to this treatment group to address problems we're having with meth. A number of years ago, gay and bisexual men in San Francisco who were concerned about the growing impact of drugs, particularly meth, on their communities started a conversation with the people who live in those communities. They called it "The Talking Wall." Along a busy city street, prevention workers constructed a large, blank, white board with colored markers for anyone who walked by to respond to this question: "Why do we love meth so much?" The responses from the community, which expanded to comments about other drugs and alcohol, were carefully copied onto notebooks and the board was changed frequently to allow lots of people to speak to the issue.

Some people wrote silly things. Others wrote painful things. Some drew pictures. But the exercise showed that lots of people had strong feelings and beliefs about meth and that it probably helped to air some of these in a public arena.

Today, we'd like you to spend some time doing the same exercise. We'll provide you with what we think are important questions. We'll give you a place to write and markers to write with. While you're doing this, keep it fresh. Write about your feelings and thoughts at this moment without judging them. You may have reactions to the feelings and thoughts that others write down. Listen to your own inner voice in response to their comments, rather than being persuaded by what they write. Write down what comes up for you inside.

Each of these questions is intended for you to fill the boards/papers with your thoughts, feelings, art, poems...anything that captures what's inside of you. Spend 10 or 15 minutes responding to each of these questions.

FIRST PANEL OF THE TALKING WALL:

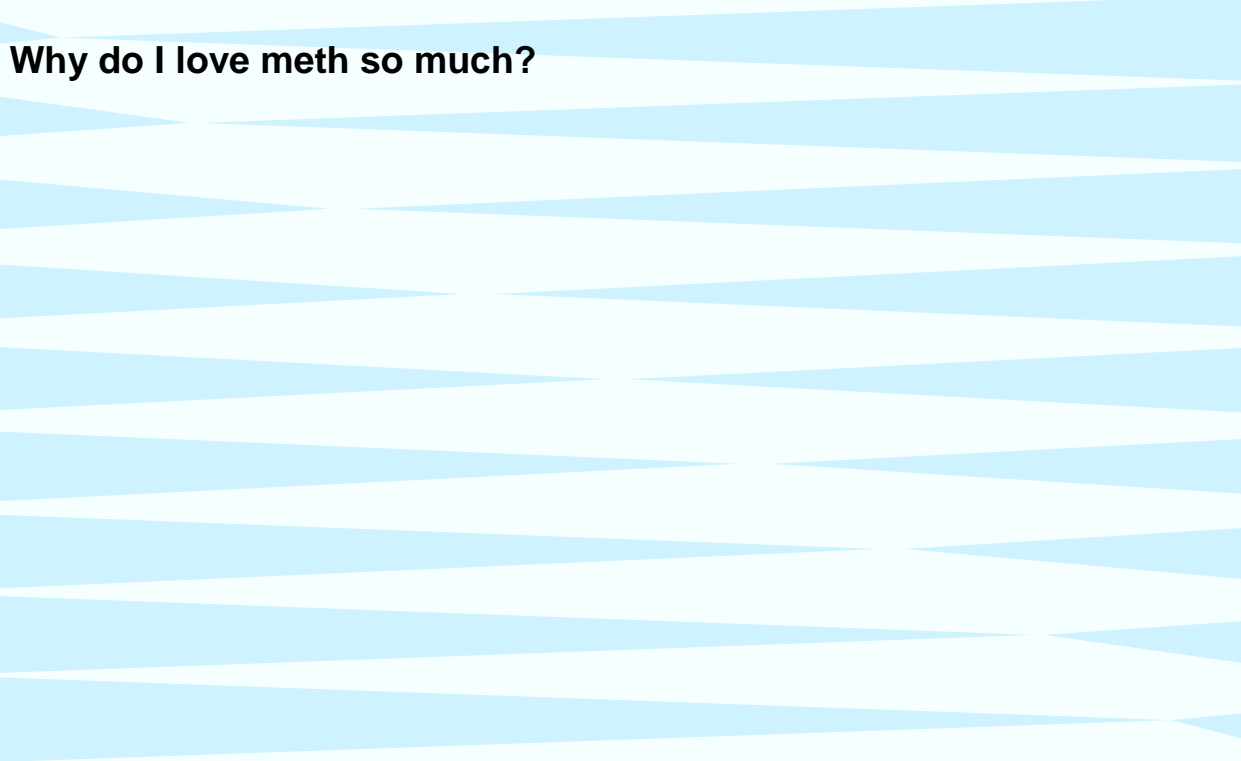
When I first met meth...

SECOND PANEL OF THE TALKING WALL:

When do I use meth?

THIRD PANEL OF THE TALKING WALL:

Why do I love meth so much?



FOURTH PANEL OF THE TALKING WALL:

What has meth done for me lately?



You are here because the balance of positives and negatives in "What has meth done for me lately?" has added up to a negative. This is not to say that you won't feel a sense of loss in giving up meth. We will try to help you deal with that sense of loss in this group. Many men write things about their meth use in The Talking Wall exercise that are very enticing. However, as you start to become meth-free your decision will bring you some of the rewards of being clean.

These rewards include beginning to feel your feelings; getting a job or becoming more responsible on the job; and being "present" or "in the moment"—both physically and emotionally—in your relationships with others.

Take some time to discuss the costs of your meth use with the group.

Building the *Good* Back into Your Life

The rewards of stopping drug use are the building blocks for constructing a good life. A good life is filled with honest activities—positive activities. A good life is directly connected to what you do. As a reminder of this point, we want you to spend time thinking about activities you can do to build your own good life.

Activities to Feel Better

(This is my list of activities I can use when I am feeling down.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Activities to Relieve Boredom

(This is my list of activities I can use when I am bored.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Activities to Have Fun

(This is my list of activities for when I want to have a good time.)

Homework

The Good in the Good Life

Now it's time to put this into practice. Look at the list in the morning and in the evening to remind yourself of these activities.

Between now and the next session do at least one of the activities from each section. Take the time to notice how much (or how little) work each activity takes.

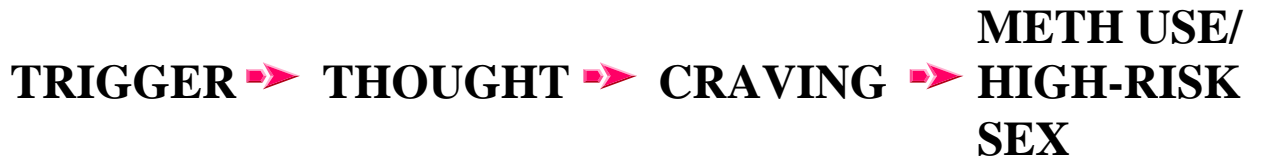
Session 3: Trigger - Thought - Craving - Use

Thoughts Become Cravings

The beginnings of cravings to use meth or have unsafe sex are not always easy to recognize. Somehow a thought about using seems to get stuck in your mind. The longer you think about it, the more you find yourself wanting to use. But you do have a CHOICE about continuing to think about it. Remember that the longer you CHOOSE to think about using, the closer you let yourself get to a relapse.

The "Automatic" Process

Thinking about meth, wanting to use, and actually using can all seem to run together. But there is a typical order to this:

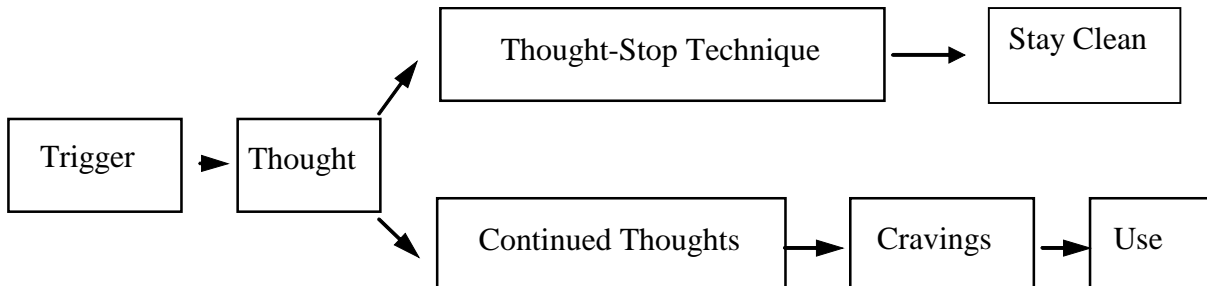


Thought-Stopping

Stopping the thought as soon as you recognize it is the key to success in avoiding this road to relapse. The sooner you stop the thoughts, the less time the urges have a chance to build.

A New Sequence

Once recovery has started, it is necessary to change the "from trigger to use" sequence. Thought-stopping provides a tool for breaking the cycle. The new choice is:



What are some situations you have been in that fit this model? Have you ever been able to avoid using by stopping thoughts about meth use and thinking about or doing something else?

Techniques for Thought-Stopping

What has worked for you in the past to stop your thoughts about meth use?

What has worked for you in the past to stop the urge to have risky sex?

Try the following ideas and use those that work best for you. Here are some other techniques:

Snapping:

Wear a rubber band on your wrist loosely. Each time you become aware of meth thoughts, snap the band and say "NO!" to the thoughts as you make yourself think about something else. Plan ahead to have something that is meaningful and interesting to you to think about.



Visualization:



Picture a switch or a lever in your mind. Imagine yourself actually moving it from **ON** to **OFF** to stop the meth thoughts. Have another picture ready to think about in place of the meth thoughts. You may have to change what you are doing to make this switch.

Urge Surfing:

Cravings can feel so strong that you may feel as though they will never end. However, cravings are very much like the swells in the ocean. As they reach the shore they get bigger and seem to have more energy, but then they reach a peak and slide back into calm water. One way to stop cravings is to ride them out; other activities or thoughts will soon take over and the craving will go away. Doing something else to take your mind off the feelings may speed this process along. "Sit Therapy" is also very effective for this—sit in a chair and wait until the feelings go away. Another alternative to "surfing the urge" is to picture your mind as if it were a non-stick pan—allow the urges to slide right off the non-stick surface of your mind.



Relaxation:



Feelings of hollowness, heaviness, and cramping in the stomach are physical manifestations of cravings. These can often be relieved by breathing in deeply and breathing out very slowly. Do this three times. You should be able to feel the tightness leaving your body. Repeat this whenever the feeling returns.

As with any new coping skill, these techniques take practice in order to be effective. Choose one and make a commitment to practicing it at least once a day.



Reminder

ALLOWING THE THOUGHTS
TO DEVELOP INTO
CRAVINGS IS MAKING THE
CHOICE TO CONTINUE
USING.

**MAKE THE CHOICE TO
STOP THE THOUGHTS.**

Session 4: A Private Matter

This is a group where we will talk a lot about sexual behavior. Not just who-did-what-to-whom, but where sex fits in our lives. That means getting comfortable talking about sex with one another. We all have sexual secrets; this isn't about "telling all." But it is about being as honest as possible with yourself about your sexuality and how it fits in with your meth use patterns. This exercise is one way to begin. It is for your eyes only; your answers will not be shared with the other group members.

Sexual Behaviors Questionnaire:

Over the past month, have you done any of the following? Mark whether you did it without using any drugs, using meth, or while using other drugs. Mark as many items for each behavior as you need.

Behavior	Without Using	With Meth	Other Drug(s) Used:
<input type="checkbox"/> Fucked a partner and			
<input type="checkbox"/> Used a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Didn't use a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Been fucked by a partner and			
<input type="checkbox"/> Used a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Didn't use a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Used sex toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Felching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Participated in group sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Been top in S&M sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Been bottom in S&M sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rimmed a man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Had sex for money or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Went to a sex club/cruising park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Went on a PnP site or app	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Met a sex partner online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Guided Imagery: Visualize the Difference

Think back over the recent past and think of a situation in which you had sex that you really weren't into. Either you weren't in the mood or into the person, the situation, or the specific kind of sex. Try to remember what you were feeling as you went through the experience. Where were you? What were you doing? What were you feeling? Think about the physical sensations (like a pit in your stomach), the emotional experience (like feelings of anxiety or sadness). What kinds of things did you say to yourself during and after the experience?

Now think of a second situation in which you had sex that you really wanted. Again, think about the physical, emotional, and spiritual sensations that gave you the information that this was a good situation for you to be in. Where were you? What were you doing? What were you feeling? Where did you get the information that this was a good situation for you?

What are the internal cues that give you the most information about what a sexual situation provides for you emotionally, physically, and spiritually?

Focus on those same internal cues. What do they tell you about having sex without meth? What feels safe and what feels scary?

Talking about sex:

Talking about sex can cause some people to get aroused or experience cravings. If this happens, it is important to diffuse the situation so we can refocus on the group. You can do this by talking about the exercise or something completely different for a few minutes. Once the craving has subsided, try discussing with the group some ways that you can deal with cravings.

Discussion:

What was your experience during the discussion? Was anything particularly uncomfortable to talk about? Were cravings an issue?



Homework

What do these physical, emotional, and spiritual messages tell you about how ready you are to be sexual with others without meth, and what situations are safe for you? If you are currently involved in any sexual relationships or scenarios, check in with yourself about these situations to see if they are the kind of sex you want to have.

Session 5: External and Internal Triggers

There are many events, people, places, and things that become very connected with meth use and with risky sexual activity. These events or places are called “triggers,” and they can lead to thoughts and/or feelings about using or about sex. Thoughts and feelings about sex can, in turn, lead to thoughts or craving for meth. Look at the following list of potential triggers. Think about which ones apply to you and your meth use.

- ✓ Halloween
- ✓ Driving through a using area
- ✓ Pay day
- ✓ Bathhouse
- ✓ Gym
- ✓ Watching porn
- ✓ Family get-together
- ✓ Sex club
- ✓ Hook-up apps
- ✓ Watching a movie or a TV show
- ✓ Seeing an old boyfriend or sex partner
- ✓ Sex shop/sex toys/smoke shops
- ✓ Adult bookstore
- ✓ Phone sex
- ✓ Park/Bathroom
- ✓ Circuit party
- ✓ Seeing someone you used with
- ✓ PnP websites
- ✓ Pride Festival
- ✓ Hearing a familiar song

External Trigger Chart

Instructions: Using the list of potential triggers and any others you can think of, fill in the following chart. On the upper half of the chart, list people, places, objects, or situations in each column, based upon their degree of association with meth use, or not. Then use the lower half of the chart to list people, places, objects, or situations in each column, based upon their degree of association with high-risk sexual activity, or not. When considering the risk level in the sexual activity chart, you may also include whether you are on PrEP and adherent, if HIV negative, or on HIV meds and have an undetectable viral load, if HIV positive.

	Never Use	Sometimes Use	Always Use
Association with Meth Use			
	Never High Risk	Sometimes High Risk	Always High Risk
Association with High-Risk Sex			
	These are “safe” situations.	Placing yourself in these situations may be setting yourself up for relapse.	Getting involved in these situations is deciding to stay addicted. Avoid completely.

Internal Trigger Questionnaire

We just looked at situations in the world around us that lead to meth use or high-risk sex. There are also triggers inside of us—how we are feeling—that can lead to craving meth or to putting ourselves at risk sexually. Read the following list of possible internal triggers and see if any of them apply to you.

When I'm Feeling...

_____ Affectionate

_____ Exhausted

_____ Lonely

_____ Fearful

_____ Frustrated

_____ Tired

_____ Angry



_____ Guilty

_____ Neglected



_____ Bored

_____ Happy



_____ Anxious

_____ Confident

_____ Hopeless

_____ Jealous

_____ Excited

_____ Horny



_____ Under Pressure

_____ Defiant

_____ Inadequate

_____ Relaxed

_____ Depressed



_____ Insecure

_____ Sad



_____ Irritable

_____ Embarrassed /
Ashamed

_____ Sexy

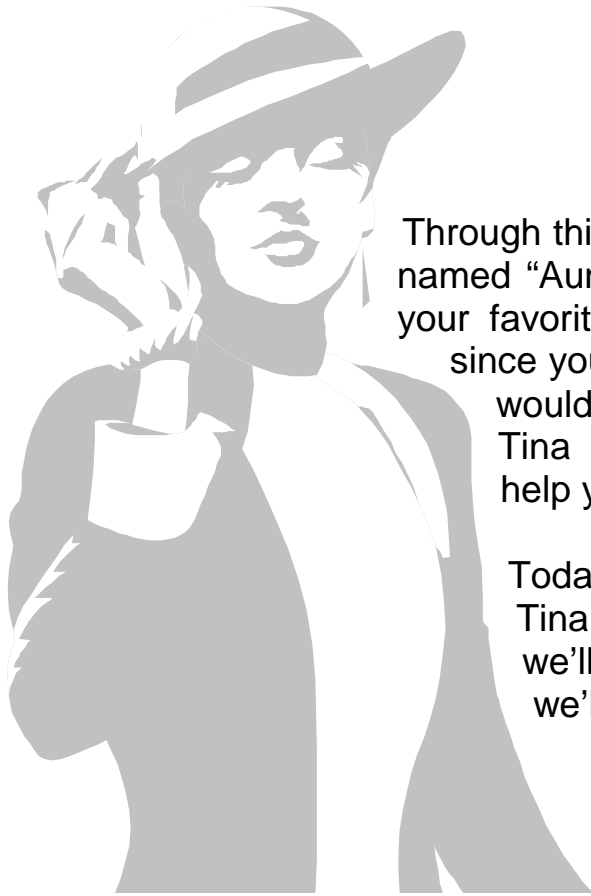
Many of the same feelings lead to either meth use or high-risk sex (or both of them at the same time). In the next exercise, we will explore this.

C. Have there been any times in the recent past in which you were attempting to stay meth-free and a specific change in your mood resulted in use? (For example, you got in a fight with someone and used in response to getting angry.)

Yes _____ No _____

If yes, describe: _____

Session 6: Meet Auntie Tina



Through this program, you'll come to know a character named "Auntie Tina." We'd like you to think of her as your favorite aunt because, as the story goes, ever since you were little you could tell her anything; she would listen and give you wise advice. Auntie Tina will follow you through this program and help you by listening and sharing her wisdom.

Today we'd like you to write a letter to Auntie Tina telling her about your meth use, but first we'll take a look at an example letter from a guy we'll call James.

Dear Auntie Tina,

I've been using meth for a couple of years now. I started doing meth at clubs and circuit parties. When I'm on meth I'm not as shy and it's a lot easier for me to go up and talk to guys I like. I also had amazing sex on it, at least at first. When I'm high I really get into leather and bondage scenes. The problem is that lately the scenes have been getting more and more extreme and they're starting to scare me.

Recently I got into an S&M scene with a guy and he wanted to quit before I did. I figured it was just part of the scene and kept going. I didn't care about anything he was telling me. I just wanted to keep getting off. I only stopped when he started screaming at me and hitting me.

I'm really kind of worried that I could get so out of control and not even realize it. I'm also afraid to show my face if I run into him again. What ever shall I do?

Love, James

Session 7: Other Drugs & Alcohol: Do They Count?

People who have recognized they have a problem with a particular substance sometimes believe it is okay to use other drugs that are not their primary drug of choice. For example, a meth abuser might feel it's okay to use ecstasy at parties, or an alcoholic might feel it's okay to smoke pot to relax. Thinking about the role other drugs, such as marijuana, poppers, ecstasy, GHB, ketamine, cocaine or crack cocaine play in your treatment is important because they can:

- (a) lead to serious problems in your life on their own;
- (b) make it harder to stay off meth.



By looking at your use of other drugs, you can figure out if any substances are causing you problems or leading to your use of meth.

REMEMBER

Some people can continue using other drugs while not using their primary drug, but people who stop ALL drugs are generally more successful in staying away from their drug of choice.

How often do you drink? On average, how much do you drink on any single evening when you do drink alcohol? Do you drink to get drunk? What about other drugs? How often do you use marijuana, poppers, ecstasy, ketamine, or other drugs?

Is being with people who use drugs, or being in places where they are used, connected with how you use meth?

What activities seem to go with drinking for you (dancing, sex, etc.)? Do you find yourself using other drugs (for example, GHB, ketamine, poppers, ecstasy, cocaine or crack cocaine)?

Do you want to drink or use other drugs when you experience certain feelings?

Has your use of alcohol or other drugs caused any problems in your life?

Have you ever asked yourself the question, "Should I really have this drink?" or "Will it be okay if I only smoke a little weed?" There is an old saying that if you have to ask questions such as these about your substance use, you probably shouldn't use the substance in question. These questions reflect your concern about the meaning and the consequences of doing the drug.

Each of you came here specifically for help with your meth use. Many separate their recovery from meth from their recovery from other drugs. As we have discussed before, people who give up all drugs and alcohol tend to have better success in staying away from meth than people who continue to use other drugs recreationally. For this reason, this program promotes total drug abstinence, though total abstinence from drugs and alcohol is not required or necessary for participation in the program. Take a minute to think about the following questions.

How has your drug use changed since beginning this program?

Put an **X** in the box that corresponds to your level of use for each drug.

	Never Used	Stopped Using	Using less	No Change	Began Using	Using More
Meth						
Beer						
Wine						
Liquor						
Marijuana						
Cocaine						
Crack						
Opioids (Heroin, Fentanyl, Oxy)						
Ketamine						
Ecstasy						
GHB						
Poppers						
Tobacco						
Valium/Xanax						
Prescription Meds						
ED Drugs (Viagra, Cialis, Levitra)						
Other						
Other						

How have your drug using patterns changed since you decided to enter treatment? Which drugs have you decreased or stopped? Do you notice *increased* use of any substance?

History has taught us that if you are dependent on a drug and it is removed, over time the addiction may be transferred to another drug. This often happens so gradually that you may not notice it and is another form of relapse. How would you know if you were developing a problem with another substance? What signs do you need to identify a gradual drift into a problem with another substance?

What are your thoughts about being addicted to any substances, not just to meth?

What are your thoughts about addiction being a lifelong problem?

What does total abstinence from drugs mean to you? Is it possible or even desirable?

Session 8: Redefining Your Place in the World

Sometimes one of the things that people who have been involved in meth use and meth sex come to feel is that their meth use provides a sense of identity and a subculture to which they belong. Giving up meth might mean re-examining what it means for you to be gay or bisexual, and where you fit in. Being gay or bisexual is often described as being part of a community, yet we don't always clearly feel that there is a community out there welcoming us. Our sense of self as a gay or bisexual man is strongly influenced by where we see ourselves fitting in. Now that you are leaving behind the meth subculture, you will need to find a new social group that feels like a good fit with who you are.

What does it mean for you to be a gay or bisexual man?

How does sex fit into your definition of yourself as a gay or bisexual man?

How does your HIV status fit into your definition of yourself as a gay or bisexual man?

What part does meth play in your life as a gay or bisexual man?

Is there anything positive about meth use in terms of the sense of self it has given you?

What's unhealthy about meth use in terms of the sense of self it has given you?

An important part of your recovery is finding ways to bring healthy sexual behaviors into your life. Because many meth users often have sex when they are high (or only use substances when having sex), feeling "horny" can bring on the urge to use.

Have you ever had sex without meth? Think back to what you used to do *(If you've only had sex on meth, think about what it would be like if you had sex without it)*:

-
- How often did you have sex?
 - With whom?
 - Where did you have sex?
 - What's good about sex **WITHOUT** meth?
 - What's bad about sex **WITHOUT** meth?
 - What risky behaviors did you engage in **WITHOUT** meth?

Now think about sex on meth:

- How often did you have sex?
- With whom?
- Where did you have sex?
- What's good about sex **WITH** meth?
- What's bad about sex **WITH** meth?
- What risky behaviors are you willing to do on meth that you wouldn't do when not using meth?

What does it mean to be a gay or bisexual man who doesn't use meth?

Session 9: Knowing How to Handle a Relapse is NOT Permission to *Have* a Relapse

This program encourages you to set a goal of abstinence from meth. Yet some people who are trying to get off of meth will relapse in their struggle to remain clean. The same is true for involvement in high-risk sex.

Relapse to meth or high-risk sexual behaviors will not affect your participation in this group. In fact, if you relapse you are encouraged to talk about your relapse experience and what you learned from it in this group. Although many people stay clean, others relapse. You will not be punished or shamed in any way for a relapse.

Most important, we must think about how to handle a relapse if it does occur and how to reduce the potential damage as much as possible. In other words, if you relapse, it is important to be safe. This is true of meth-related behaviors and it is true if you return to old, high-risk sexual practices.

With this in mind, the following principles are offered:

If you inject:

- < If you are an injection drug user and you are unable to remain drug-free, obtain new needles from a pharmacy, or locate a needle exchange program in your community and participate in it.
- < Bring your used needles to the clinic for safe disposal.
- < Do not share your needles or works.
- < If you share, go first.
- < If you share needles, carry bleach. Before your turn, flush three times with water. Then fill the needle and syringe with bleach and let it sit for one minute. Push the bleach out and flush three times with water. Repeat flushing with bleach and then water two more times. Remember - it's the bleach that kills HIV. There can easily be enough HIV left in the syringe after rinsing only with water to infect others.

For all drug use:

- < Think about your safety before you use. Are you with someone you can trust? Are you in a safe place?

For sex behaviors:

- < Some sexual behaviors have greater health risks than others. Think about the risks that you're willing to accept before having sex. Are you on PrEP (if negative), or have an undetectable viral load (if positive)? If so, how does being on PrEP/being undetectable affect or influence your sexual decisions?

For some people, relapse occurs over the course of recovery. The best thing that can happen after a relapse is:

1. For a meth relapse, stop meth use.
2. For a high-risk sex relapse, start practicing safer sex again, or talk to a medical provider about PrEP or HIV med adherence.
3. Talk to a counselor and/or go to a meeting.
4. Plan to prevent relapse in the future.

Use the worksheet on the next page to develop ideas on how to minimize the harmful effects of a relapse, if it were to occur.

First, think about the areas that are most dangerous to you by thinking about your triggers. What kind of relapse are you most likely to have (meth, high-risk sex, or both)?

What high-risk behaviors can you change? Consider such things as getting on and staying on PrEP if you are HIV negative or taking your HIV medication as prescribed if you are HIV positive, getting clean needles if you inject, making sure that you have condoms, planning to have different kinds of sex?

What support systems and resources can you utilize to reduce the amount of time you use and help you get back into recovery?

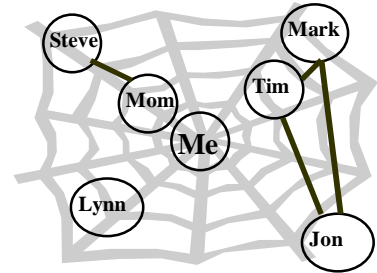
As you have become more familiar with the relationship between meth and sexuality, what have you learned about being able to stop thoughts of drug use?

What have you learned about being able to stop high-risk sex fantasies?

What are some things that you can do to stop a relapse from becoming re-addiction?

Session 10: Your Social Web

We often don't take time to think about all of the people who have some effect on our lives. We are going to do an exercise to show the social web that you interact within (notice the example on the right). Think about your friends, sex partners, family, or others whom you come in contact with. Decide how close you are to each of them. Draw circles for these people on the web on the following page, drawing circles representing those closest to you nearest to the circle labeled "ME." Draw lines between people who know and see each other regularly. This is your web of interactions.



Example of a Web

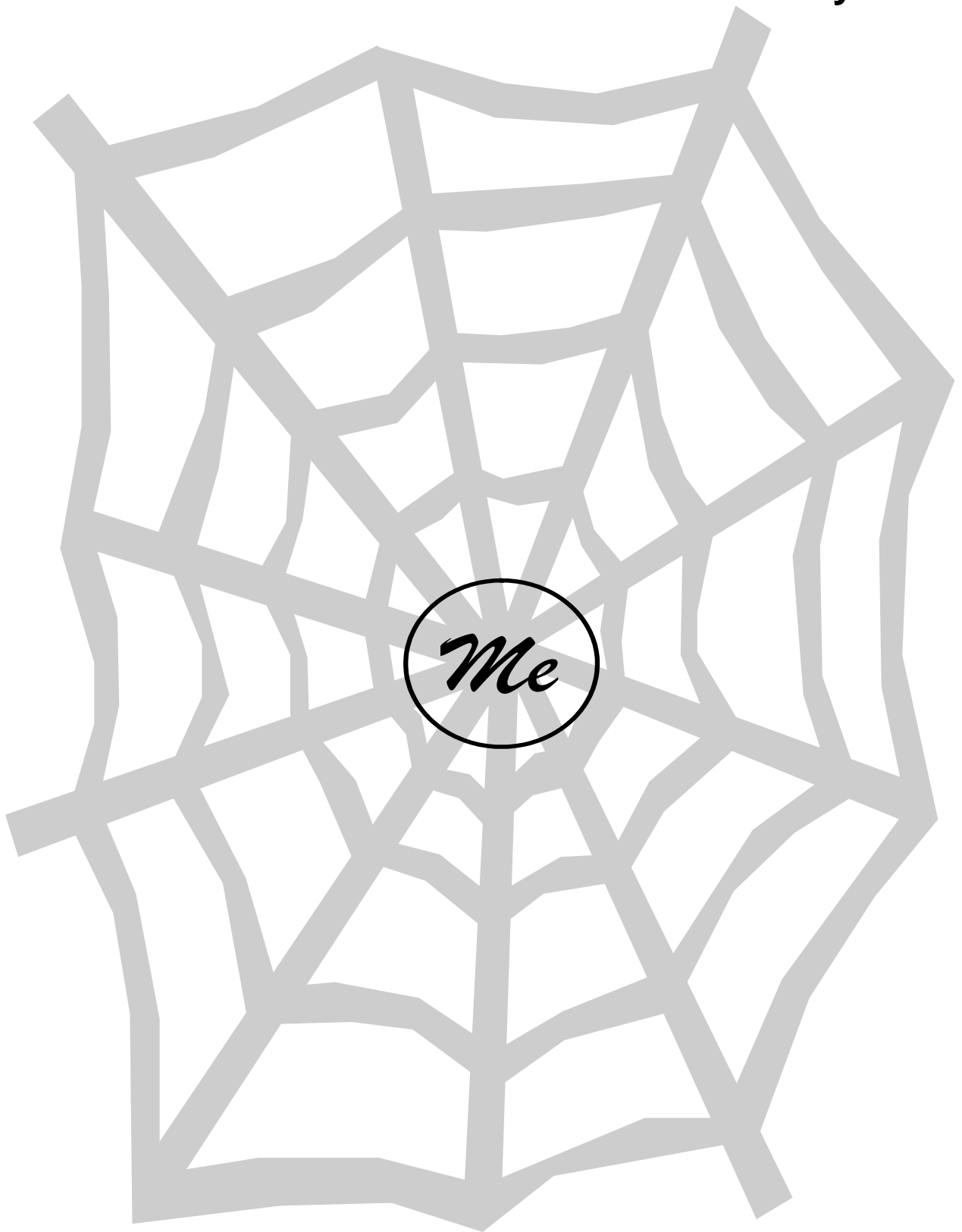
How many people are in your web? Are there any circles close to you or do you keep most people away?

What groups are represented in your web (for example, meth-using friends, family, non-using friends, sex partners)?

Who are you likely to use meth with?

Is there anyone in your web that you can talk to for support if you are feeling down or need help staying away from meth?

My Web



Look at the table below. Although it looks complicated, it really isn't. First, look down the left hand side. In each of the 4 categories, write in the names of 1 to 4 people in your life who fit in that category. Next, use the scale below to rank how often you do each of the activities listed at the top of the table with that person. Finally, look through each of the activities you've ranked for each person and circle the ones that you think are most helpful and important in your recovery. **0 = Not at all; 1 = On occasion; 2 = Frequently; 3 = Always.**

	12-step meetings	Dinners out or at home	Going to the movies	Exercising	Going out on a date	Bars/clubs/dancing	Sex club/Bathhouse	Spend time at home with a friend
Clean/Sober Sex Partners:								

Other Clean/Sober People:								

Meth-using Sex Partners:								

Other Meth-using People:								

Homework

Find a non-using friend and decide together on a way that you can talk to or see each other between now and the next meeting. Call each other, set a date for coffee, or set a time to take a walk.

Session 11: Creating a Safe Space

Whole Truths, Half Truths, and Lies:

It is difficult to use meth regularly and continue to be honest with both yourself and others. This is not a judgment, but rather a statement about the realities of the constant challenges and the conflicts that arise when meeting the demands of daily life and using meth regularly. Often these challenges and conflicts can lead to people compromising the degree of honesty they choose to have with particular people. However, an individual should not necessarily have to disclose his drug-using history to just anyone. There is a filtering process that allows the individual to actively gauge what to be honest about and to whom--for the sake of preserving one's safety and privacy.

Being truthful can be very hard. Do you ever:

- Change the truth to avoid feeling embarrassed or ashamed?
- Worry that someone's feelings will be hurt or that someone will not approve of your behavior.
- Decide to let someone believe a partial truth?
- Tell people what they want to hear?
- Tell people what you wish were true?
- Tell less than the whole truth?
- "Forget" to tell a sex partner that you have HIV or another sexually transmitted infection?

What are the dangers of being completely truthful? Are there areas of your life where it is or has been too dangerous to be truthful?

What would it mean for you to be totally honest? What are the costs of being totally honest in your life today?

What are the benefits of being totally honest in this group? How might you benefit if you were totally honest in your close relationships?

Being honest with yourself and others is critical during the recovery process; otherwise treatment is just a waste of time.

One place you can begin practicing complete truthfulness is in this group. Being a part of a group like this can be a scary experience. The goal is to help you to learn about yourself and your feelings and how they relate to your meth use. You will probably discover things about yourself that you have never thought about before. Many people also experience very strong emotional reactions to some of the material we talk about.

The only way that this group can be successful is to ensure that it is a safe place where issues can be discussed openly and confidentially. The group leader has a part in creating a safe space by making sure that everyone has a chance to express themselves and that no one is attacked for expressing feelings or being who they are.

You also have a role. It is important to be aware of your feelings. Allow yourself to decide how much you want to share in each group session. Sharing too much all at once can sometimes make you feel exposed and uncomfortable. Sometimes you may want to sit back and listen to others before sharing, to give yourself time to think. The group leader will also help with this process.

How has the group been for you so far? What is working for you? Is there anything that is making you feel uncomfortable?

Have you been bothered by negative or uncomfortable emotions experienced in this group? How have you been dealing with them? Do these feelings lead to cravings? Have you found ways to get through the negative feelings without using?

Have group discussions about sex made you uncomfortable? If so, what is it that has felt uncomfortable?

Have you ever felt lonely even while sitting in this group? If so, do you know why? What might you do to help you feel more connected to the group?

Session 12: Where Have We Been & Where Are We Heading?

During this session, we'll take a look at the progress you have made and identify areas where you're encountering barriers to your progress.

First, think about some of the areas we've emphasized in group that affect sexual risk behaviors and meth use. Rate how well you are progressing using the following scale:

1 = Poor

2 = Fair

3 = Good

4 = Excellent

	Poor	Fair	Good	Excellent
Organizing Your Life				
➤ Doing some regular activity (List activities you do on a regular basis)	1	2	3	4
➤	1	2	3	4
➤	1	2	3	4
➤	1	2	3	4
➤	1	2	3	4
➤ Scheduling your time	1	2	3	4
Using New Coping Strategies				
➤ Handling uncomfortable emotions	1	2	3	4
➤ Being truthful to yourself and others	1	2	3	4
➤ Keeping in contact with friends	1	2	3	4

	Poor	Fair	Good	Excellent
Progress with Health Behaviors				
➤ Exercising on a regular basis	1	2	3	4
➤ Getting enough rest	1	2	3	4
➤ Eating nutritious, well-balanced meals regularly	1	2	3	4
Progress with Sexual Health				
➤ Having satisfying sex	1	2	3	4
➤ Using PrEP if you're negative or taking HIV meds if you're positive	1	2	3	4
➤ Using condoms with a partner whose HIV status is different than yours or unknown	1	2	3	4
➤ Discussing/disclosing HIV status with potential sexual partners	1	2	3	4
➤ Get tested regularly for STIs	1	2	3	4
Progress in Dealing with Drug Addiction				
➤ Using the calendar and dots to monitor drug use	1	2	3	4
➤ Dealing with triggers and cravings	1	2	3	4
➤ Reducing/not using marijuana and other drugs	1	2	3	4
➤ If applicable, using clean needles during drug use	1	2	3	4
➤ Thought-stopping	1	2	3	4

Which of the preceding areas would you like to focus on improving over the next few weeks? What are some steps you can take to improve those areas?

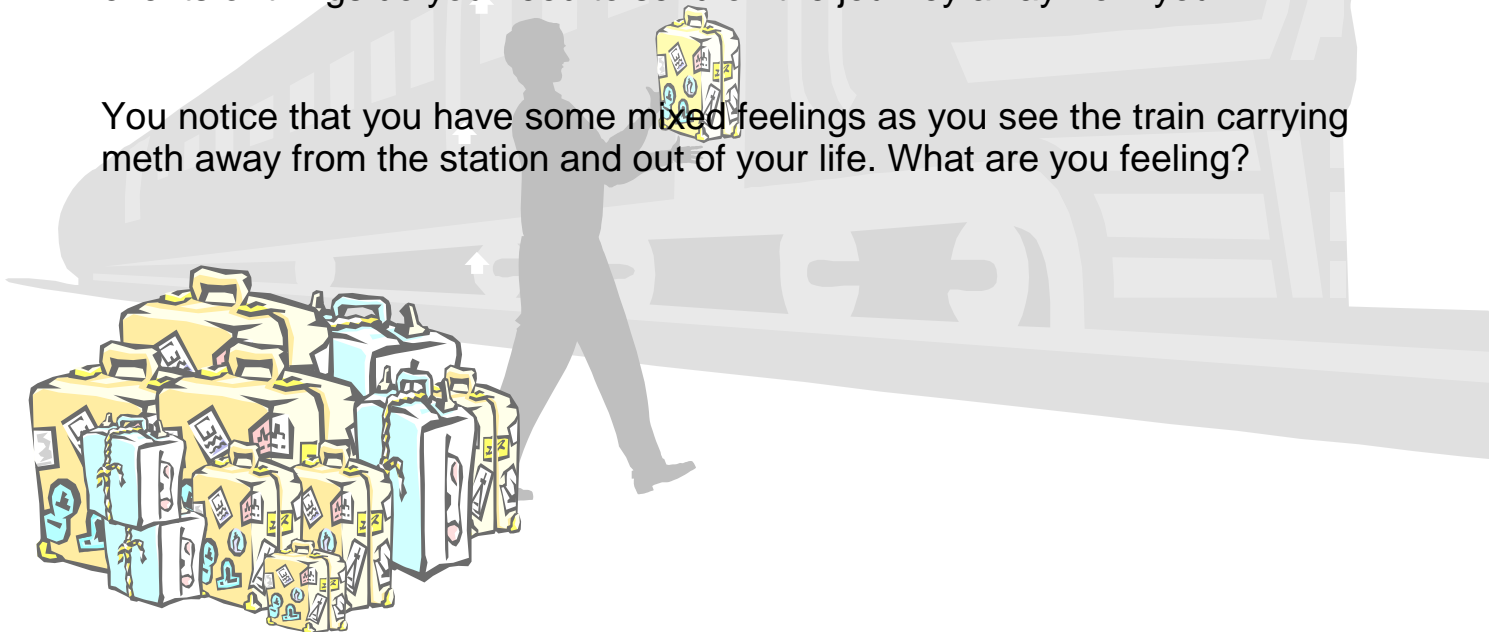
We've been taking a look at some of the changes that you are starting to put into place in your life on many different levels. But these changes only represent parts of the biggest change that is going on in your life: ending your meth use. To examine what that means on a deeper level, we are going to go through an exercise.

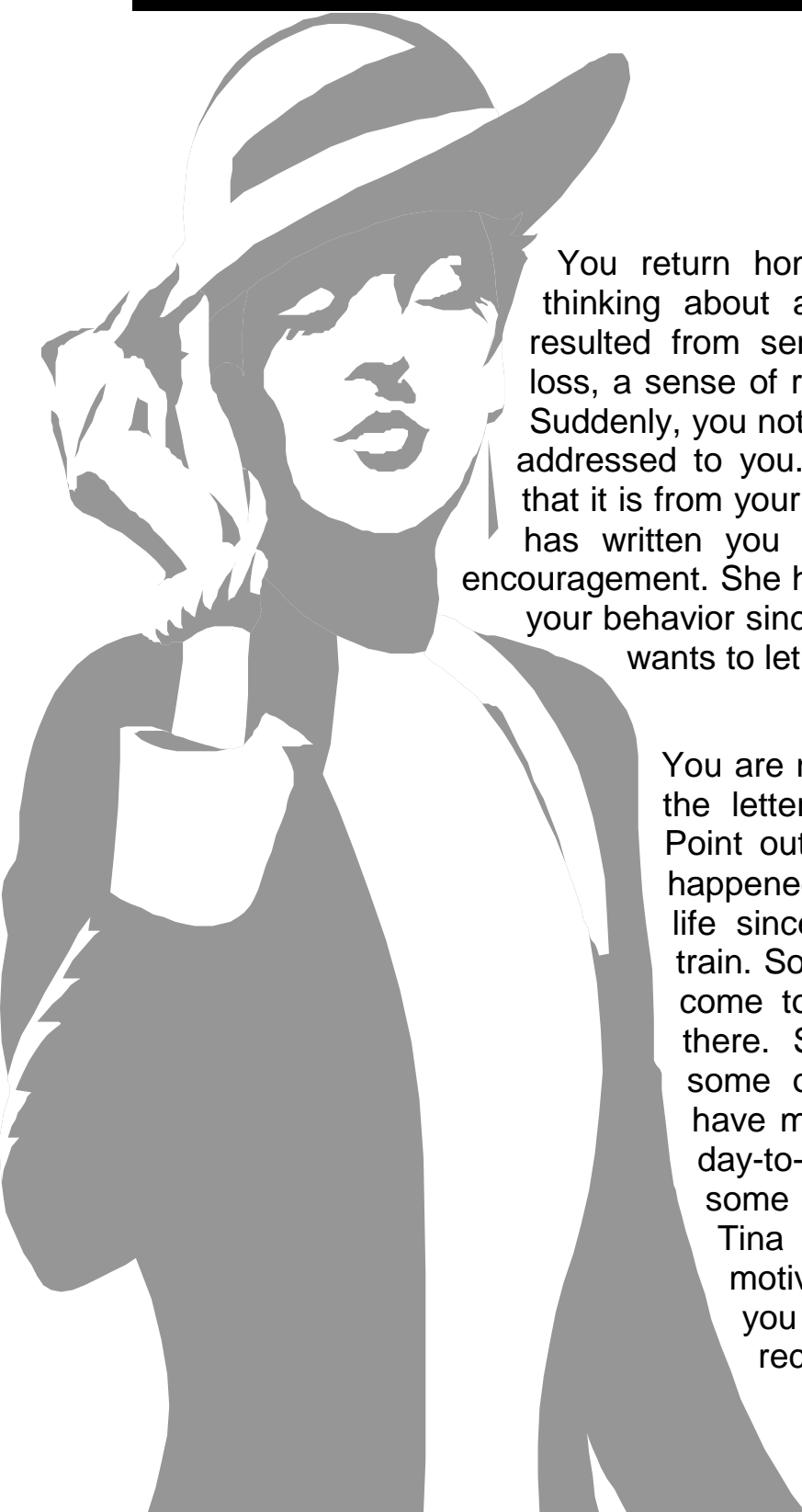
Letting Go Exercise

You are standing at a train station. It is a bright and sunny day. You are here to load some baggage on this train and send it away. You have put meth on the train and are about to say goodbye.

What else would you want to put on the train with meth? What people, events or things do you need to send on the journey away from you?

You notice that you have some mixed feelings as you see the train carrying meth away from the station and out of your life. What are you feeling?





You return home from the station and are thinking about all of the changes that have resulted from sending meth away—feelings of loss, a sense of relief, and feeling your *feelings*. Suddenly, you notice a letter on your table that is addressed to you. The return address indicates that it is from your favorite aunt, Auntie Tina. She has written you a letter to offer support and encouragement. She has also seen some changes in your behavior since you sent the drug away. She wants to let you know what she has seen.

You are now Auntie Tina. Write or draw the letter you just received from her. Point out the positive things that have happened in your behavior and in your life since sending meth away on the train. Some things may be obvious and come to mind quickly, but don't stop there. Spend some time thinking of some of the little changes that you have made that keep you going on a day-to-day basis. End the letter with some encouragement that Auntie Tina knows will help keep you motivated to continue and support you on your journey through the recovery process.

Session 13: Addiction & the Brain; Stages of Recovery

The Brain Disease

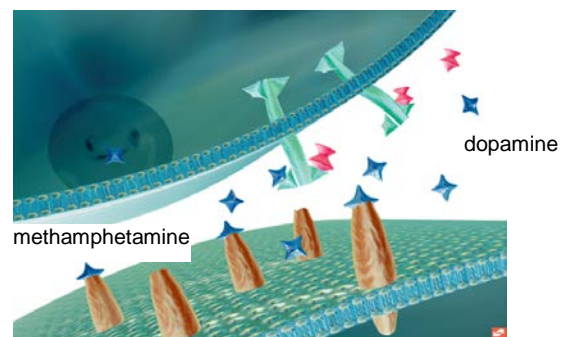
Saying goodbye to meth entails experiencing many changes, not only in your life, but in your body and brain. An important part of the recovery process is learning about the impact meth has on your brain chemistry, and how those brain processes affect you in recovery.

The National Institute on Drug Abuse defines drug addiction as a brain disease. Twelve-step programs such as Alcoholics Anonymous, Narcotics Anonymous, and Crystal Meth Anonymous define addiction as a threefold disease: physical, emotional, and spiritual. Both definitions are helpful to people in recovery.

Physical recovery (care for the addicted brain) must be addressed first. The following description will make the concept of addiction as a brain disease clearer:

Information travels around the brain through a series of electrical and chemical processes. Neurotransmitters, such as dopamine, norepinephrine, and serotonin, carry signals from one neuron to another by crossing the space, or synapse, between neurons. Dopamine is the primary neurotransmitter involved with the brain's reward system, which is what makes us feel good. Here's how methamphetamine affects the process: It produces its effects by causing extra dopamine and norepinephrine to be released into the synapse in several areas of the brain.

Once in the synapse, the high concentration of dopamine leads to feelings of pleasure and euphoria. The excess norepinephrine is responsible for the alertness and anti-fatigue effects of methamphetamine.



Over time, the brain recognizes the excess of dopamine in the synapses and begins making less in order to compensate.

This has two effects:

- As the brain begins making less dopamine, dopamine levels in the synapse decrease toward normal levels. More meth is then needed to boost levels back up and cause the same effect. This is known as tolerance, or needing more and more of a drug over time to produce the same high.
- When the drug is not present, the brain has less dopamine available, which results in fatigue, depression, and cravings for the drug to bring back the energy and pleasure.

Over time, continued meth use causes deficits in cognitive functioning (your ability to think, make decisions, exercise good judgment, and remember things) and for some people, psychotic symptoms such as hearing voices, paranoia, and “meth bugs,” which is the sensation of bugs crawling under your skin or the obsession to pick at your skin. The longer you use meth, the longer it takes your brain to recover each time.

Recent brain scans of HIV-positive meth users suggest that HIV and methamphetamine combine in the brain to produce more brain damage than either HIV or meth alone.

In the first few months of recovery, your attention must be focused primarily on the physical dimension. Once you have begun the process of healing your body and brain, your attention can begin to shift to some of the emotional and spiritual aspects of recovery.

Write down some needs that you’re aware of in each of these three areas. Have you considered these needs to be part of your recovery from meth?

Physical:

Emotional:

Spiritual:

This group teaches some cognitive and behavioral techniques to deal with cravings and triggers for drug use. We also provide some skills for beginning to deal with the emotional recovery. However, ongoing attention

Physical	Emotional	Spiritual
Examples: aches, pains, nausea, insomnia	Examples: anger, sadness, short-temper	Example: feeling a loss of spiritual connectedness

to all three parts of the disease—physical, emotional, and spiritual—is essential. It is therefore critical that you find an appropriate aftercare setting that will allow you to continue the healing process.

Stages of Meth Recovery

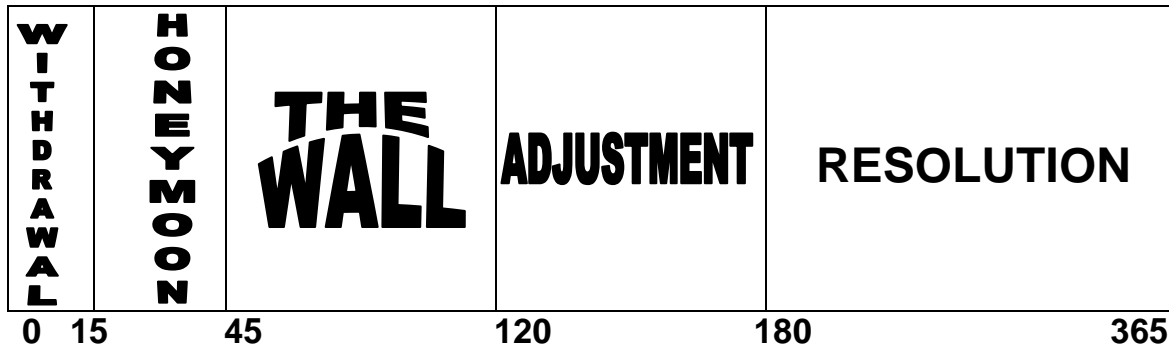
It's important that you have some idea of what to expect in the recovery process. Over the years, we've heard from thousands of meth users as they've moved through recovery, and we've realized that there are five general stages of recovery. Each of these stages is linked to changes that take place as your body repairs itself from the long-term effects of this powerful drug. Each stage of recovery also has certain problems that call for specific actions in order for you to stay clean. These stages are illustrated below:

Early Abstinence

Problems encountered are mostly physical

Solid Recovery

Problems encountered are mostly emotional or personal



← **Days in Recovery** →

While dividing the recovery process into stages like this helps you to know what to expect, it is important to remember that recovery is different for everyone because no two brains function in exactly the same way, and no two people engage in the recovery process in exactly the same way. You may experience aspects of two different stages simultaneously, and how much time you spend in each one will depend to some extent on your activities. It's also important to remember that if you relapse, you start back at Day 0.

Stage 1: Withdrawal Stage (Days 1 to 15)

People usually feel bad when they stop using meth. In the first two weeks of sobriety, the body goes into overdrive to repair the damage from substance use. People usually need a lot of rest and sometimes get physically sick during this period. Here are common problems during the withdrawal stage and things you can do to get through this period:

<i>Problems</i>	<i>What to do</i>
Medical Problems	Medical Examination
Depression	Exercise
Out-of-Control Behavior	Daily Visits to Therapist/12-step Meetings
Contact With Triggers	Eliminate Triggers
Exhaustion	Allow Time For Sleep
Lack of Sex Drive	Let Time Pass/Talk to Therapist or Friend

Stage 2: Honeymoon Stage (Days 16 to 45)

In the Honeymoon Stage, the body has made most of the immediately necessary repairs and people usually feel better. Unfortunately, this can lead to overconfidence, which increases the likelihood of relapse. The following are common problems during this stage and things you can do about them:

<i>Problems</i>	<i>Suggested Actions</i>
Too Much/Too Little Work	Schedule Time/Structure Your Time
Overconfidence	Educate Yourself About Dependence
Occasional Cravings	Thought-stopping
Insomnia/Anxiety	Exercise/Therapy
Loneliness/Boredom	12-Step Meetings/Time with Friends
Strong Sexual Desire/Sexual Acting Out	Reasoned Action—Identify Risks and Limit Exposure to Triggers

Stage 3: The Wall (Days 46 to 120)

The hallmark of The Wall is boredom. Meth use is often exciting. With dependence, your brain becomes accustomed to high levels of stimulation and sends you messages saying, “I need more!” These messages are in the form of strong cravings, using thoughts, fantasies about intense sexual experiences, boredom, sluggishness, and depression. The key to making it through The Wall is to increase your level of sober activities. The following are some suggestions for dealing with problems you might face when you’re at The Wall:

<i>Problems</i>	<i>Suggested Actions</i>
Sluggishness/Depression	Exercise/Therapy
Relapse Justification for Drugs and High-Risk Sex	Identifying Relapse Justifications
Thinking About Using or Returning to High-risk Sex	Thought-stopping
Unfocused Activity	Schedule Time/Structure Your Time
Loneliness/Boredom	Group Involvement
Family Problems	Couple or Family Counseling

Stage 4: Adjustment Stage (Days 121 to 180)

The Adjustment Stage typically begins after the fourth month of abstinence. People in this stage say that they get relief from the boredom and the strong cravings for meth and high-risk sex that they experienced in The Wall. The body has learned to operate without meth. It is during this period that many of the problems created by long-term substance use need to be addressed:

<i>Problems</i>	<i>Suggested Actions</i>
Relationship Problems	Relationship Counseling
Overconfidence	Group Involvement
Lack of Goals	Goal Setting
Job/Career Dissatisfaction	Vocational Counseling
Boredom with Sobriety	Starting New Activities
Boredom with Sex Life	Redefine Meaning of Sex and Sexuality

Stage 5: Resolution Stage (Days 181 to 365)

During the Resolution Stage, your dependence problem can seem distant. However, it is important to remember that meth dependence needs some ongoing attention in order to support continued abstinence. This means you should exercise, eat right, get rest, and attend counseling when needed. Twelve-step group attendance or other recovery-based program is often necessary for long-term recovery.

<i>Problems</i>	<i>Suggested Actions</i>
Depression, Anger, and Guilt	Exercise, Counseling, and Group Therapy
Boredom	12-step Meetings/Spend Time with Friends
Relationship/Sexual Problems	Couples or Individual Therapy

Your Place in the Stages of Recovery

What stage of recovery do you think you are currently in? Maybe it feels like you're solidly in one stage, or maybe it feels like you're straddling more than one. What challenges did you experience or do you expect to experience as you move through each stage?

Stage 1: **Withdrawal** _____

Stage 2: **Honeymoon** _____

Stage 3: **The Wall** _____

Stage 4: *Adjustment* _____

Stage 5: **Resolution** _____

Homework

Healing the body takes time. As the body gets used to lowered levels of a drug in the brain, many physical symptoms are experienced. Between now and the next group make a list of the symptoms that you experience. Keep track of your aches and pains, sleep patterns, strong and quickly changing emotions, and eating patterns. Learning to listen to the information that your body is giving you will help you cope with the experiences.

Session 14: Drugs, Sex, and Euphoric Recall

Some drugs, such as meth, can both intensify focus and lessen inhibitions. Many gay and bisexual men use meth before, during, and after sex. What do you think about when you think of sex on meth? Is it only exciting images, or is there anything else? People tend to only remember the good parts, and forget about the negatives.

In the following exercise, we would like you to think about how meth was appealing in the beginning. Which of the following were true for you?

In the Beginning, meth use . . .

Increased sexual pleasure

Made sex last longer

Let me do things I might not have done without it

Helped me meet people by making me less self-conscious

Helped me forget about HIV/AIDS

Are these the only things you remember when you think about sex on meth? As the addiction gets worse, less pleasant things often begin to happen. Now, we would like you to think about how meth has become unappealing. Which of the following is true for you now or has been true recently?

Near the End, meth use . . .

Made sex-and-meth fantasizing more exciting than the real thing

Led to poor/dangerous sexual choices

Made me forget what sex is like *not* on meth

Made it difficult to get and maintain an erection

Replaced sex altogether

Made me forget to take my HIV (or other) meds or PrEP

Changed my physical appearance, such as my skin and teeth

Depleted my finances

Increased my paranoia and anxiety

Socially isolated me

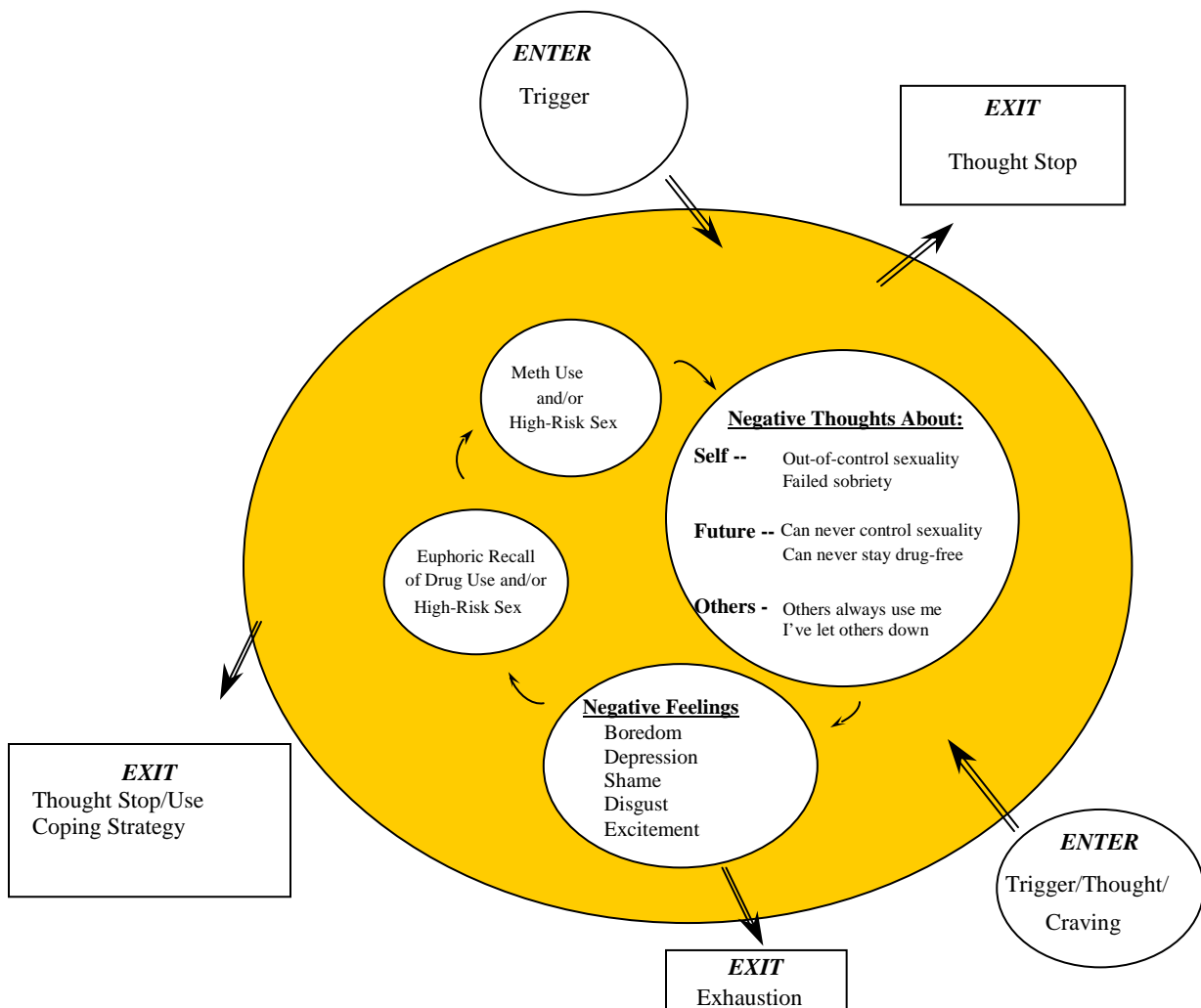
Created an endless search for sexual excitement, but the result was continual disappointment

Made reality never seem exciting enough

The tendency to only remember the good things about drug use and forget the bad things is called ***euphoric recall***.

This can be a warning sign of an upcoming relapse to meth use, or high-risk sex. After all, if your memory has you believing that using is not so bad, there may be no reason NOT to use. So, remember to stop those thoughts as soon as they occur. **Remember: relapse is not automatic!!** If you choose to continue obsessing over these thoughts, you are choosing to risk relapse. When you find yourself engaged in euphoric recall, only remembering the positives of your meth use experiences, you are steering dangerously close to a relapse. Remember that relapse is not automatic; you have control. If you choose to continue these thoughts, you are choosing to risk relapse.

The picture below explains how the process works:



You can enter the cycle anywhere—coming up against a trigger, having thoughts about using or cravings, experiencing negative thoughts or feelings. As these feelings pile up, you may start thinking about using. If you let thoughts of using continue, one of two things will happen: you will use, or you will begin to have euphoric recall, which in turn can lead to use.

Notice, however, that you can make a choice at each step in the cycle—either continue in the cycle or use thought-stopping or another coping strategy and exit the cycle. If you choose to remain in the cycle for a long period of time, you will eventually become exhausted (sapped of energy and/or finances) and that will push you out of the cycle.

Thought-stopping not only stops the relapse cycle, but helps create and reinforce *positive* feelings and thoughts about yourself, your future, and important others in your life.

Positive Thoughts such as:

- Self- “I will have fewer health problems.”
 “I am no longer destroying my body and compromising my immune system.”
 “I am moving forward and making positive changes in my life.”
- Future- “I won’t have to go through these cycles of euphoria and depression anymore.”
 “I can learn how to enjoy sex without meth and have true intimacy again.”
- Others- “I can build or regain a circle of friends who don’t use meth.”

Thought-stopping works best when you practice it **before** you find yourself in a risky situation. Think about the events or feelings that pull you toward risky sexual behavior or to meth use (for example, going to a particular club, or seeing a friend who is also your dealer). Practice thought-stopping using the exercise below.

Exercise

Find a partner and help each other develop a plan that you can use to exit the relapse cycle. For example, picture yourself going to the phone and calling your sponsor or friend while at a sex club. Imagine pulling the car to the side of the road and stopping on the way to the bar. Make your thought-stopping plan as close to real life as you can. Over the next week, practice your thought-stopping plan repeatedly.

Session 15: Talking Meth, Talking Recovery

All of us need to have people with whom we can share important things and from whom we receive support from day to day. However, many things can get in the way of reaching out to people who are in our lives for that kind of sharing and support. Important aspects of our lives may be hard to share because we feel embarrassed or ashamed of them, or we might be afraid of being judged by others and possibly losing relationships if we are truthful about those matters.

We may fear that non-using friends would judge our meth use and meth-using friends would judge our entry into treatment and recovery. To imagine sharing details of our sexual behavior with those close to us might feel very scary. The split between the life we have led and the life we want to lead is played out in how information is shared or compartmentalized among the various people in our lives.

Sharing this information may mean exposing ourselves to others' potential judgments; but even when people respond in a positive, non-judgmental fashion, sharing can leave us feeling vulnerable. That is because we can no longer hide or mask that side of ourselves in the same way from people who are close to us.

In addition, this means asking friends to hear us out about some difficult and scary issues: meth use, sexual risk-taking, HIV, loss, health issues, etc. We may worry about asking for too much from our friends, overwhelming them with our problems, especially in a world where we all have our share of difficulties. It is important, however, to not allow these worries to get in our way and become justifications for continuing to keep secrets.

The following exercise will help you examine the topics that you feel safe in sharing with various people in your life. It will help you choose which people or topics you may need to focus on in order to have more truthful and meaningful conversations.

For the exercise, go through the table and rate how often you talk with each of your support members using the scale: **0 = Never; 1 = Once or twice a month; 2 = Several times a month; or 3 = at least once a week.** Next, circle the people and topics with whom you know you're not always truthful. These are relationships that might be beneficial to re-evaluate.

Meth Use History	Urges for Risky Behavior	Relapse Experiences	High-risk Sex	HIV Issues	Future, Hopes & Goals
------------------	--------------------------	---------------------	---------------	------------	-----------------------

Non-using Sex Partners:

Other Non-using People:

Meth-using Sex Partners:

Other Meth-using People:

Take a few minutes to look at the grid of your support system.

What stands out to you about your support system? What can you talk about? With whom?

Would you want to change anything about your support system?

Auntie Tina Is Coming For A Visit!

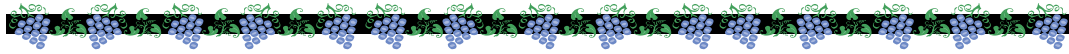
My dear, dear nephew,

I am so proud of you. You are doing one of the hardest things that a person can do: to look closely and examine your life. But the rewards can be great. After all, as Socrates said, "An unexamined life is not worth living."

I am coming to town next week and I would love to spend some time with you. I can't think of a better way to spend a week than to give my favorite nephew a little support. My plans are to fly in early next week and spend about five days with you. I would love to meet some of your friends and see some of the sites. Of course, I don't want to be a bother - I'm too old for that! I'll just tag along and do whatever you feel like doing. I so look forward to spending time with you, talking to you about your recovery journey, meeting your friends, and learning more about your new life.

Love,

Auntie Tina



Including Auntie Tina in your support system

You have just examined your support system. Who in your support system would you like to introduce to Auntie Tina? Make a list of the people below. Include friends and people who have either been or whom you anticipate being important in your recovery.

Session 16: Coming Out All Over Again: Reconstructing Your Identity

When you first start sharing that you are a gay or bisexual man recovering from meth use, it can make you feel very vulnerable. Although you are doing this with people with whom you are close—such as friends, lovers, and family—your meth use can feel like a big dark secret or a huge wall between you and these people in your life.

This process of disclosing your meth use can feel just like coming out as a gay or bisexual man, or as an HIV-positive man. It can be just as anxiety provoking to decide when and if to disclose your meth use. You realize that it is important to extend your support system; to find people in your life who can be supportive with respect to who you truly are and to help reinforce a newer, healthier, and more honest sense of yourself. Yet, when you are completely honest, you run the risk that someone might reject you. Today we're going to go through a process that is meant to help you recognize some of the strengths and tools that you already have for dealing with negative reactions that you may come to face.

First, who have you told about your meth use so far?

<input type="checkbox"/> Parents	<input type="checkbox"/> Partner/Spouse	<input type="checkbox"/> Therapist
<input type="checkbox"/> Brothers/Sisters	<input type="checkbox"/> Other Family/Friends	<input type="checkbox"/> Doctor
<input type="checkbox"/> Sexual Partners	<input type="checkbox"/> Meth-using Friends	<input type="checkbox"/> Employer
<input type="checkbox"/> Priest/Minister/Rabbi	<input type="checkbox"/> Distant Family/Friends	
<input type="checkbox"/> HIV Care Professionals	<input type="checkbox"/> Others	

When telling these people, what kinds of reactions did you anticipate?
What kind of reactions did you actually get?

Whom do you currently plan to NOT tell about stopping your meth use?

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Partner/Spouse | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Brothers/Sisters | <input type="checkbox"/> Other Family/Friends | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Sexual Partners | <input type="checkbox"/> Meth-using Friends | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Priest/Minister/Rabbi | <input type="checkbox"/> Distant Family/Friends | |
| <input type="checkbox"/> HIV Care Professionals | <input type="checkbox"/> Others | |

What are the specific reactions you think you might get if you told these people?

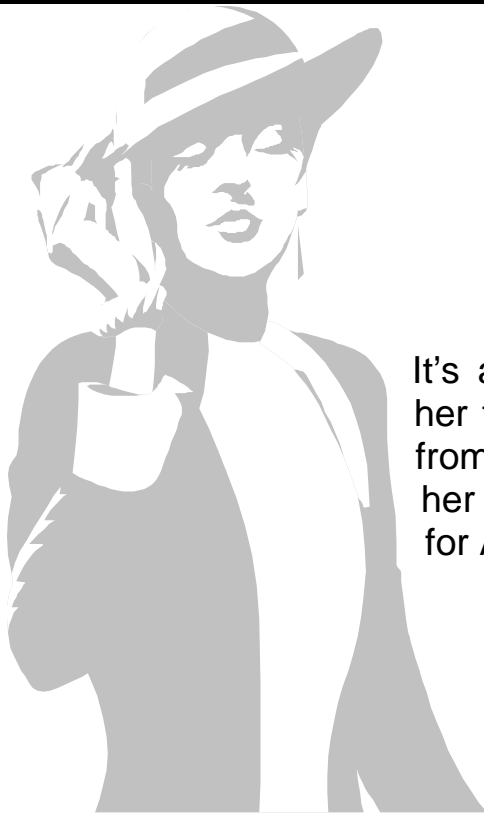
Keeping secrets is one way of protecting yourself from hurtful responses, but it is not healthy. So, it is important to feel more comfortable about sharing, which means finding good ways to cope with any negative reactions. You can draw from your own life experiences (coming out to people as gay/bisexual and/or as HIV-positive) to do this.

Have you experienced rejection as a result of being a gay or bisexual man? How did you experience it and how did you cope with it?

Have you experienced rejection due to your HIV status or stigma for being on PrEP? If so, describe the experience and how you coped with it.

Given these experiences and what you've learned from them, what are some specific techniques or actions that you can take to minimize the chances of facing rejection when you share information about your meth use and recovery?

Take a few moments to create a plan or write a script to help you prepare to tell the next person.



It's almost time for Auntie Tina's visit with you, her favorite nephew! You will be picking her up from the airport in two days; are you prepared for her visit? What do you need to do to get ready for Auntie Tina and to show her your city?

Preparing for Auntie Tina's Visit . . .

Is your apartment/condo/house ready for her visit?

Take a look at your living space. Does it represent your commitment to recovery from meth? Do you need to make any changes to prepare for Auntie Tina's visit?

Hanging out with Auntie Tina

There are lots of things to do in your town, but when we use meth we often get stuck doing the same thing over and over. How would you explore the city with Auntie Tina? What are some of the places you would take her that do not involve meth use or sex? Do you want to explore new places in the city that you haven't been to or perhaps take her to some of your favorite sites? Make a list of the places you would like to take Auntie Tina to show her your city, such as restaurants, coffee shops, the beach, cultural and entertainment venues (movies, plays, museums), places to shop, people watch, or just hang out.

Auntie Tina can only spend a week with you. What would you like her to remember most about her visit with you?

Homework

When you go home tonight take a look at your living space. Does it represent your commitment to recovery from meth and risky sex? Do you need to make any changes that better reflect your choice to live a healthier lifestyle? If so, what changes do you need to make? Do you need the help of a non-using friend to make these changes safely? (for example, *support while cleaning out drug and high-risk sex paraphernalia?*)

Session 17: Preventing Relapse

Often a person decides not to use meth anymore, but he ends up using again. How does that happen? Is there a way of avoiding the relapse?

Relapse justification is the story your addicted brain uses to explain a relapse. If a decision has been made to stop using but the addiction still has strength, the game gets tricky. The addicted part of the brain invents excuses that move the addict close to relapse situations so that "accidents" can and do happen. The situation seems unrelated to substance use, but suddenly using seems logical and relapse occurs.

A similar process can occur with high-risk sexual behaviors. You may have become so used to the intensity of certain sexual experiences or your sexual behavior may be so connected with your meth use that you find justifications for returning to high-risk sex. In fact, for many people, a relapse to meth use often leads to a return to high-risk sexual behaviors. Likewise, being in certain sexual situations can lead to meth relapse.

You can learn to spot these justifications. The sooner you can see them for what they are and interrupt the process, the better chance you have of not using meth or engaging in dangerous sexual behaviors. The following will help you identify justifications your brain might use. Add any you can think of that aren't listed here.

Relapse Justification: "Accidents"

Does your brain ever try to convince you that you have no choice but to use or to have high-risk sex when you stumble on an unexpected situation? Have you ever said to yourself:

- 1. It was offered to me and I was embarrassed to say no.**
- 2. I was cleaning my house and found drugs I'd forgotten about.**
- 3. This guy that I've wanted forever came over and he was just too hot to think about using a condom.**

-
4. I was turning a trick and the date offered me more money if I did drugs with him.
 5. It all happened so fast—before I even knew what was happening he had his dick in my ass and the condoms were in the other room.
 6. _____

Relapse Justification: "Catastrophic Events"

Is there one unlikely, major event that is the only reason you would use? What might such an event be for you? How would meth use improve the situation?

1. My boyfriend left me. There's no reason to stay clean.
2. I just lost my job/I don't have a job. Why not get high so I don't have to think about it?
3. My friend just died and using will make me forget for a while.
4. I stopped taking my HIV meds/PrEP and had unprotected sex, now I feel guilty. If I use I know that I won't think about it for a while.
5. I tested positive so I might as well use meth.
6. _____

Relapse Justification: "For a Specific Purpose"

Has your addicted brain ever suggested that using is the only way to accomplish something?

1. **I'm gaining weight and need meth to control my weight.**
2. **I need to pay bills and I don't have the energy. If I use, I'll function better.**
3. **I need meth to meet people more easily.**
4. **I can't enjoy sex without meth.**
5. **My HIV meds make me feel tired and using will make me feel better.**
6. _____

Sometimes your brain tells you that high-risk sex can be used to accomplish something as well.

1. **I'm lonely and don't want to risk rejection so I won't bother to bring up condoms or disclose that I'm positive.**
2. **I needed the cash and my date was willing to pay more to bareback.**
3. **In order for sex to be hot, I need to feel skin.**
4. **My friends want to go to a bathhouse tonight and I don't want to be alone. If I go with them I won't feel lonely but I know I'll have high-risk sex.**
5. **I was invited to a circuit party and I want to go.**
6. _____

Relapse Justification: "Depression, Anger, Loneliness and Fear"

Does feeling depressed, angry, lonely, or afraid make using or having risky sex seem like the answer? Is it really? What might you do when your addicted brain raises these issues?

- 1. I'm depressed. What difference does it make if I use or not?**
- 2. When I get mad I can't control what I do.**
- 3. I already have HIV so I don't really care if I get syphilis or herpes or any other sexually transmitted infection.**
- 4. I'm scared. I know how to make that feeling go away.**
- 5. If he thinks I've used, I might as well use.**

- 6.**

Relapse Justification: "Addiction is Cured"

Everyone struggles with the fact that addiction and recovery are ongoing processes. Likewise, learning new sexual behaviors is a continuing process. Do you ever try to convince yourself to believe thoughts like these?

- 1. I'm back in control. I can stop whenever I want to.**
- 2. I've learned—I'll only use small amounts or only once in a while.**
- 3. Alcohol isn't my problem—meth is my problem. So I can drink and not relapse on meth.**
- 4. I can use a little; I'll just be careful about sex while I'm high.**
- 5. I can go online and not wind up having high-risk sex or using meth.**

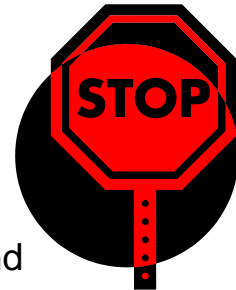
6. _____

As we discussed earlier:

Remember: Trigger ➡ Thoughts ➡ Cravings ➡ Use

1. **Prevent exposure to triggers.** Stay away from people, places, and activities that you associate with meth use or high-risk sex.

2. **Stop the thoughts that may lead to relapse.**
There are many techniques that can be used to do this.
Some examples of thought-stopping techniques are:



Relaxation - Take three slow, deep breaths and concentrate on feelings of well-being and relaxation.

Snapping - Wear a rubber band loosely on your wrist and every time you become aware of a triggering thought, snap the band and say "NO!" to the thought.

Visualization - Imagine an "on/off" switch in your head that you can turn "off" to stop the triggering thoughts.

These techniques can be very effective in preventing relapse. It helps to have different pictures or thoughts ready to replace the triggering thoughts. Try these techniques out and use those that work best for you.

3. **Schedule your time.**
Put structure into your day and fill blocks of free time with activities such as spending time with "non-risky" friends, exercising, or doing volunteer work.



4. Do something completely different.

If you haven't ridden a bike in a while, rent or borrow one. Go for a hike. Go fishing, you can rent the equipment you need. Take a long walk.

What do you plan to do the next time you notice relapse justification thoughts occurring to you?



Reminder

There are a million excuses to explain away a relapse. Staying in control of your recovery means not accepting excuses.

Session 18: Relapse Analysis

Relapse is not automatic, but a relapse can occur either with drug use or risky sex. And no matter which comes first, if a relapse happens, it is important to figure out what was going on at the time. By doing this, you can change how you will respond the next time you face that situation and avoid future relapse. The relapse analysis chart on the next page can be used to help you zero in on the causes of relapse.

If you have relapsed, use this exercise to help you understand your last relapse. If you haven't relapsed, use this exercise to help you understand your cravings and triggers. Look at events over the 1- to 4-week period preceding your relapse or craving. Note every change or event that stressed you out, even if it doesn't seem relevant. Things to include are:

1. Money Events - Events or changes in a job or other sources of income.
2. Personal Events - Events or changes in relationships with family or friends. Conflict with a lover/sex partner or difficulty finding satisfying sexual interactions. Going to a sex club or becoming involved in a group sex situation. Turning a trick. Running into an old boyfriend or breaking up with a boyfriend. Also included in this category are other events or situations that are unrelated to any other category.
3. Drug Treatment Events - Events or changes in your regular treatment plan, such as coming to the end of participation in this group. Remember that even positive things such as beginning treatment or seeking additional support may be stressful because they make you face your problems.
4. Meth-related Venues - Venues that are directly related to meth consumption (for example, bars, sex clubs, circuit parties, visiting a dealer, cruising spots). Were you at any of these places?
5. Using Behaviors - New or resumed behaviors that are part of addiction (for example, lying, stealing, behaving compulsively, getting on hook-up apps, isolating).
6. Relapse Justifications - Thoughts that make using or high-risk sex seem okay, even if the thoughts were brief and seemed minor.

Have you noticed any of these thoughts recently?

7. Health Habits Status—Events or a change to your regular routine of eating, sleeping, exercise, or grooming behaviors. Illness or injuries are particularly pertinent, as is a change or worsening of an ongoing condition such as HIV, other sexually transmitted infections, hepatitis, depression, or another serious medical condition.

It is unlikely that there will be significant events in every single category for a particular relapse. It is important to get a picture of overall vulnerability before the actual relapse occurred. Use the Relapse Analysis Chart on the following page to list things that were happening during the week before a relapse. If you haven't had a relapse since beginning this group, think about the most recent time you used. Look at the pattern of events and try to figure out which events led to using or high-risk sex. By analyzing the pre-use events in this way, you can figure out what events are likely to lead to use or high-risk sex and make decisions that will help you avoid relapse.

Relapse Analysis Chart

A relapse doesn't begin when you use the drug or have risky sex. Almost always there are pre-use events that begin the relapse cycle. Identifying these events will help you stop the relapse cycle and avoid the full relapse. Using the chart below, note things that happened during the week before the relapse being analyzed. If you haven't relapsed, use the chart to understand your cravings and triggers.

Money Events	Personal Events	Drug Treatment Events	Meth-related Venues	Using Behaviors	Relapse Justifications	Health Habits Status

Feelings related to these events:

--	--	--	--	--	--	--

Relapse Drift and Recovery Anchors

Anchors & the Dangerous Waters of Recovery

No ocean exists without dangerous waters. In recovery, dangerous waters are those things that pull you toward use. We have also referred to these as relapse triggers. List the things that threaten to pull you off of your anchors and begin the drift toward relapse.

Dangerous Waters	Sex, Drug, or Both	Date	Date	Date	Date
1.					
2.					
3.					
4.					

Now that we've looked at your most recent relapse or craving, and examined a time when you tried to stop but weren't able to, let's examine some ways to prevent the drift toward relapse from occurring.

How It Happens

As we have discussed, relapse seldom happens without warning. Gradual movement toward relapse can be so subtle and easily explained away (or denied) that it feels like it happened suddenly. This slow movement away from sobriety and toward relapse can be compared to a ship losing its anchor and drifting away from the dock. The gradual drifting movement can be so slow that you don't even notice it.

Interrupting the Process

Everyone needs behaviors and coping skills to help stay anchored to recovery. These "anchors" need to be clearly stated and listed in a very specific way so that they are clear and measurable. These behaviors anchor the recovery in place and prevent the relapse drift from sneaking up on you. Anchors can take two different shapes:

1. Positive behaviors that you initiate and bring into your life (like regular exercise, going to group and individual therapy appointments, scheduling your days, etc.) to maintain your recovery process.
2. Avoidant behaviors or decisions to cut out specific behavioral patterns from your life (for example, certain hook-up apps or websites; visiting bars, adult bookstores, or sexual venues; avoiding certain people).

Both types of anchors help provide stability in your recovery.

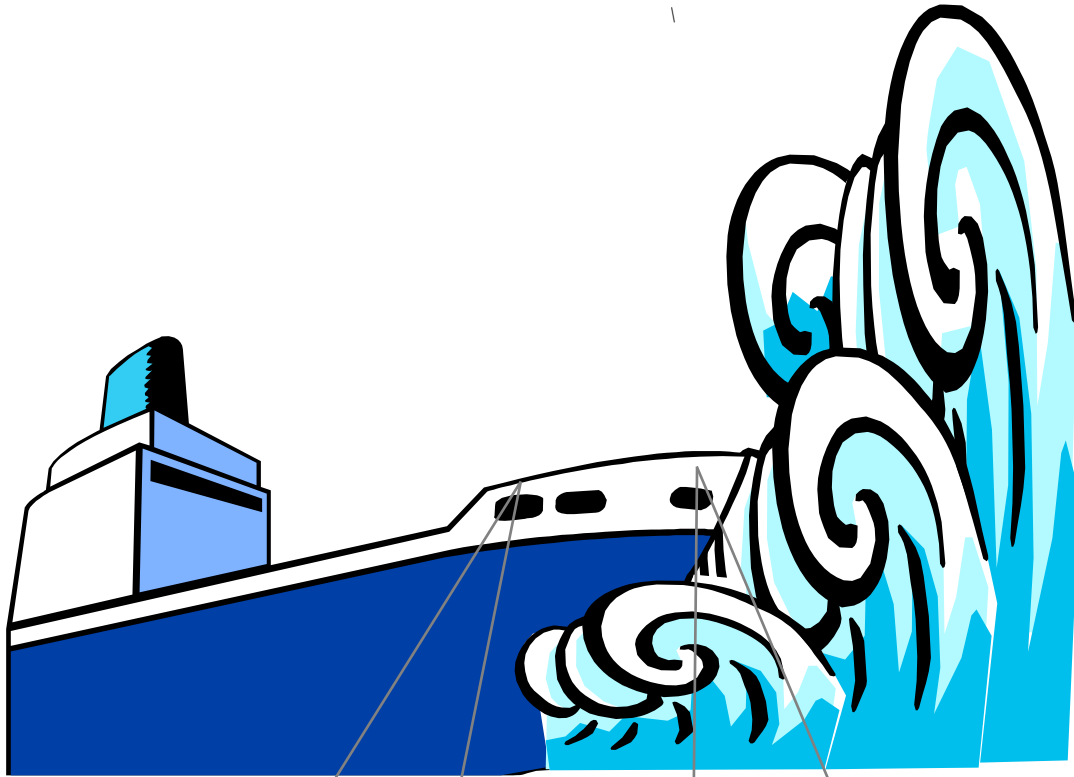
Maintaining Recovery

Use the Anchors in Recovery Chart to identify and monitor the behaviors that are holding your recovery in place. Follow these guidelines when filling out the form. Identify 3 or 4 specific behaviors, people, places, or things that are now helping you stay clean. Include items such as exercise, group and therapist appointments, scheduling, self-help meetings, eating patterns, etc. Do not list attitudes. They are not as easy to measure as behaviors. Try to have at least a couple of anchors for sex behaviors and a couple for meth-related behaviors. Those that work for both sex and meth are your most stable anchors and should be used as much as possible.

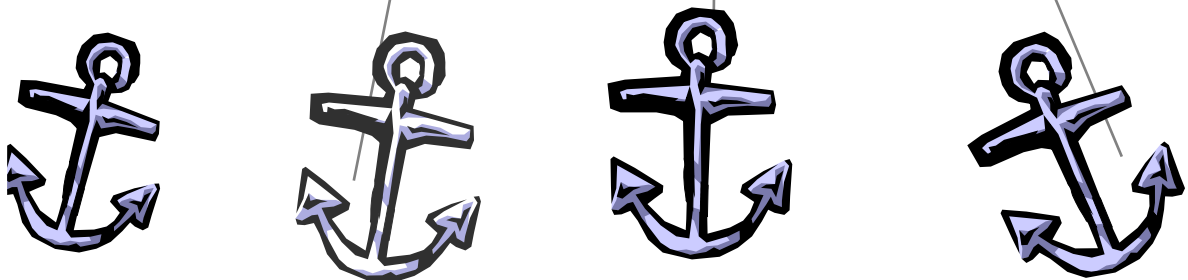
Anchors	Sex, Meth, or Both	Date	Date	Date	Date
1.					
2.					
3.					
4.					

The checklist should be completed regularly (at least weekly). When two or more items cannot be checked you should identify new anchors, or it means that relapse drift may be happening. Sometimes things happen in life to distance you from your anchors. Vacation, illnesses, and holidays are things you cannot control and may cause such a drift. Many people relapse during these times. Use the chart to show when you are more likely to relapse and decide what to do to keep this from happening. Remain aware that a relapse drift may happen when you do not stay close to your anchors.

Homework – Testing the Waters



Between now and the next session, monitor your anchors. Use as many anchors as possible, and see if they work to help you maintain your abstinence from meth, and continue healthy sex behaviors. Keep track of what worked and what didn't and we will discuss it at the next meeting.



Session 19: What About These Feelings?

We all need to pay careful attention to our feelings. Listening to what your feelings tell you provides you with crucial information about (a) what is going on in the world immediately around you, and (b) what is going on within you. If you try to "tune out" your feelings all the time, you miss an enormous amount of valuable information to guide you through your day.

However, negative feelings can be difficult to cope with and can trigger relapses. That's because we often try to DO things to push away uncomfortable feelings. Using meth can take away the painful sting of some emotions for a brief while. Similarly, intense sexual scenes, which can be high-risk, can also shut out—if only temporarily—distressing feelings. However, once the temporary relief is gone, the emotions re-emerge, sometimes stronger than ever, and sometimes made worse by feelings of guilt or shame.

Sometimes people don't let themselves feel certain emotions because they have learned specific beliefs about emotions, such as feeling hurt is not okay, or feeling sad or lonely isn't "manly." This not only leads to denial of *any* feelings, but to mislabeling emotions, such as saying "I am angry" when what you're actually feeling is sad or hurt. If you are unaware of your feelings, you cannot possibly begin to deal with them, and you can misread many situations.

Avoiding strong feelings can become such an ingrained pattern that you're not even aware of it. Many times, people feel cravings without ever first allowing themselves to *feel* the uncomfortable feelings that would lead them to wish to escape through drugs or sex. A good technique for dealing with this is to stop yourself from acting and ask yourself, "What am I feeling?" every time you feel a craving. If you can (a) recognize what you are feeling, (b) identify what might be causing that feeling, and (c) do something to address the source of the feeling, your craving is likely to go away.



Exercise *Conversations in Color*

The goal of this exercise is to communicate about feelings with a partner without using any words. You will be given paper and colored pencils or crayons. Have a nonverbal conversation with your partner about your feelings using only the colored pencils or crayons, not words. Think about emotions that you had over the past weekend; tell your partner about them using color. Converse for about 10 minutes and then we will talk about what it was like to do this exercise.

What was it like to do this exercise?

Feeling Your Feelings

One thing that can make understanding and dealing with emotions even more confusing is that they often come all lumped together and mixed up. This is particularly true for addicts in early recovery. Emotions often begin to surface as your brain recovers from meth, and it can seem very overwhelming because you may not even be able to identify what you're feeling. You may feel sad and angry or scared and lonely or you may have conflicting emotions such as feeling happy and scared at the same time.

To make things even more complicated, emotions come from many different sources. Emotions can come from:

- External events (such as a birthday party or the death of a friend).
- Internal messages (such as feeling worthless or lonely).
- Physiological causes (side effects of medications, the crash after a meth run, having a depressive or anxiety disorder, or being in "The Wall" stage of recovery).

These emotions can be very strong. While it is important to be aware of them, there are ways to effectively cope with them and prevent them from triggering a relapse.

Coping with Feelings

Many of us have learned unhealthy ways of dealing with feelings. Boys in our culture receive some pretty strong messages about what it means to be a man (such as boys don't cry, men are strong and showing feelings other than anger means we're weak). Because of this, we often deal with feelings

in ways that aren't particularly helpful. Name one feeling that you know you don't deal with very well. What makes that feeling difficult for you?

One of the more common ways to deal with feelings is to ignore them. Unfortunately, feelings tend to find ways of expressing themselves. For instance, you may feel hurt or depressed and decide not to express it to others. Later you start an argument with your partner over a little thing. Remember, when you bury a feeling, it comes back to haunt you sooner or later.

New Coping Strategies

Let it out

Once you have identified how you feel, you may want to consider expressing it. You can express feelings to supportive and trusted people (to a trusted group, friend, or therapist) or you can express feelings directly to the person you have the feelings about. Sometimes, however, expressing your feelings directly to that person wouldn't be helpful. In that case, talking with a trusted friend, sponsor, or therapist is the best solution.

Think of one situation in which you expressed your feelings to someone else this week. What was it like and how did you feel afterward?

Change your thoughts or behavior

What you think and what you *do* can both change feelings. Sometimes changing the way you are thinking about something will help reduce the intensity of your feelings. You can change, "I am so angry because he's wrong and I'm right!" to "It's okay for someone to not agree with me and using really won't make it better." Similarly, changing what you're doing is another way of coping with feelings. Have you ever taken a long walk when you're feeling down and noticed that you feel better after your walk?



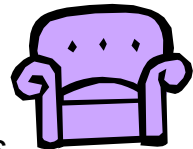
Climb on the surfboard



As with cravings, sometimes the best way to deal with feelings is to ride them out—emotion surfing. Sometimes people are afraid that if they let themselves actually feel their feelings, they'll be stuck in that space forever. This is not true. If you allow yourself to feel it and express it to someone else, it will pass and often you'll feel much better for having let it out.

Sit It Out or Butt Therapy

Practice "sitting it out." Put your butt in a chair and do something else. Finish a task, write a letter, or simply wait for a period of time. Wait a while and you will begin to feel better— it's not exciting, but it works.



The idea here is to not let out-of-control feelings drive you back to using. Learning to deal with emotions means allowing yourself to feel. Learning to balance thinking and feeling will guide your behavior. It will also help to keep you centered and improve your ability to process strong feelings.

Homework
Track Your Feelings

Between now and the next session, pay attention to your feelings and keep track of them. What are you feeling and how do you feel it in your body (for example, I was angry and I felt it as a tightness in my chest)? Remember, noticing what you do often leads to changes. The first step in learning to deal with your feelings is to notice them. Use the area below to record the feeling and how you felt it.

<i>Feeling</i>	<i>How you felt it</i>

Session 20: Setting Goals & Solving Problems

Much of the advice in relapse prevention focuses on avoiding risky situations. Despite the best plans, however, it is inevitable you will find yourself in situations that put you in danger of relapse. For example, you might:

1. Run into your old dealer or some old drug-using friends or fuck buddies.
2. Go to the club and see a baggy being passed around, or a really hot guy cruises you.
3. Go to a party or another social event where drugs are unexpectedly brought out.
4. Need a place to stay and someone offers sex, meth, and a place to sleep.
5. Find some meth that you've forgotten about.

Managing these situations successfully can help you develop a sense of your ability to handle even the most difficult challenges. This feeling that you can deal with whatever happens to you is called "self-efficacy."

As with all of the other skills we have discussed or will discuss, developing self-efficacy is a step-by-step process. It is important to set realistic goals that move you in the desired direction but are not too difficult. For example, saying, "I will be in a relationship within a few months," is probably not a realistic goal to set, especially if you are having trouble getting out of the house at all. A better goal, with a good chance of success is, "I will go for a walk today." However, for some people, even this goal may be too big. A goal such as, "I will get out of bed before 10 a.m." may be the place to start.

Make a list of relapse prevention successes and read it frequently. Remembering your successes will give you more confidence about future successes.

Determining Goals

It is likely that there will be times when you feel overwhelmed by problems you have or feelings you experience. This probably means one of two things: you are tackling too many things at once, or feelings from the past or from other situations are piling up. A few things to remember:

1. **Tackle one problem at a time.** Trying to solve two or more problems at once probably means neither one will get fixed. Figure out which problem is most important and work on it first.
2. **If it feels too big, break it down into smaller bits.** Almost always, the little steps are easier to accomplish than the whole solution. Success with the little steps will get the ball rolling in the right direction, and move you toward your final goal.
3. **Feelings are not bad—they just feel that way sometimes.** Feelings give us information about situations or problems. Learning to recognize and pay attention to them will give you information about the problem or situation generating them, and will ultimately help you reach your goal.



This table is meant to help you understand how you can break down a major goal into smaller goals until you feel comfortable with an initial goal as a first step to success. Rate and circle your level of confidence that you will be able to accomplish the following treatment-related goals (1 = *Not Confident* and 10 = *Very Confident*).

1. Getting out of bed when planned:

1 2 3 4 5 6 7 8 9 10

2. Keep to a schedule:

1 2 3 4 5 6 7 8 9 10

3. Keeping my recovery appointments and/or meetings:

1 2 3 4 5 6 7 8 9 10

4. Taking my medications when I am supposed to:

1 2 3 4 5 6 7 8 9 10

5. Not drinking:

1 2 3 4 5 6 7 8 9 10

6. Not using marijuana:

1 2 3 4 5 6 7 8 9 10

7. Refusing meth if it is offered to me:

1 2 3 4 5 6 7 8 9 10

8. Choosing *where* I have sex:

1 2 3 4 5 6 7 8 9 10

9. Choosing *how* I have sex.

1 2 3 4 5 6 7 8 9 10

When working toward goals, challenges often arise. It's important to have an effective strategy for resolving these problems.

Steps to Solving a Problem

First **Identify the problem.** Define it as carefully as possible because your definition of the problem will determine your solution. "Everything sucks" is not a good problem definition, but "I am angry at my friend" is.

Second **Brainstorm solutions.** Think of as many solutions as possible, even if they seem stupid. The longer your list, the more likely that it will include some solutions that will work. Ask a friend or family member to brainstorm with you. Two heads are better than one!

Third **Carry out your plan.** Pick one or more solutions from your list, break them down into manageable pieces (small goals), and start working on them.

Fourth **Evaluate the outcome.** Did your solution work? If not, have parts of the problem improved or has the problem changed? If your problem is solved, you are done. If not, start at the first step again. If the solution doesn't initially work, it doesn't mean you have failed because you have learned something more about the problem and how you might try to tackle it. That allows you to re-strategize and come up with new solutions.

Here is a chance to practice this process. Think of one goal you need to accomplish on your path to recovery. What are some obstacles that might get in your way? What are the steps you need to take in order to meet the goal? Remember to start by identifying the smallest steps possible.

Goal	<hr/> <hr/>
Obstacles	<hr/> <hr/> <hr/>
Steps	1. <hr/> 2. <hr/> 3. <hr/> 4. <hr/> 5. <hr/>

Homework

Identify one or two things that you will accomplish over the next couple of days. Make it a small goal that you have a good chance of accomplishing. For example, if your longer-term goal is to get a job, make your goal for the next couple of days to start looking for a job.

Session 21: Why You Use and Low-Tech Sex

Why do you use?

Gay men may use meth for many reasons. We've found that most guys use meth for one (or a combination) of three reasons. Some men use purely for sexual gratification and enhancement. Some use to escape negative feelings or responsibilities. Meth can help people forget—even if temporarily—about problems or responsibilities. When people use meth to escape, they often feel immediate relief from their problems. One of the challenges in giving up meth is that many are uncertain how to create escape time in their lives without using.

Some men use to cope with aspects of being HIV-positive.

Do you relate to any of the following HIV-related meth-use motivations?

- To cope with the emotional reactions of being diagnosed with HIV
- To cope with fatigue or lack of energy because of HIV or HIV meds
- Because of antiretroviral (ART) treatment, most people with HIV live long, productive lives. If you've been positive for 15-20 years, did you decide back then to "live like today is your last day"? Did that lead to a lifestyle of partying?
- To avoid the often anxiety-provoking choice of whether or not to disclose your HIV status to potential sex partners
- To escape, just for a little while, the awareness that you *are* positive

Being HIV-*negative* at this time in our collective history has challenges as well. Many negative guys tell us that, unless they're on PrEP, it simply isn't possible to have a carefree, spontaneous sexual experience because of the fear of contracting HIV. For some negative guys, it seems like most of the organized LGBT community effort coalesces around HIV, and that it's very easy to feel isolated and alone as a negative man. Meth allows all members of our community to "take a vacation" from living in an HIV-affected world.

While all these motivations for meth use are common among gay and bisexual men, from our work over the years we've found that whatever the reason someone began using meth, for almost all of them, meth became associated with sexual experiences. Meth often helps ease the sometimes awkward parts of meeting guys and making sexual connections. We've also learned, however, that meth can distance men from each other in important ways because so much of what happens is based on fantasy and not on who is actually in the room.

Think about your meth use. Do any of the reasons we've discussed fit you, or are there other reasons you use?

Low-Tech Sex

There are many things that can enhance sex. Meth is definitely one of them, and for many gay and bisexual men it has become the primary means of enhancing sex. We call meth sex "high-tech" sex, because sex on meth is often connected to the Internet, where guys can hookup to PnP. For this session we're going to call sex without meth and the Internet "low-tech" sex. If you've been using meth for a while, you may have even forgotten what it's like to meet someone without using the Internet. In some ways, it's become easier and faster to order meth and a guy online than it is to order a pizza!

An important part of the recovery process, particularly for gay and bisexual men who use meth, is to find ways of being sexual that do not include meth and everything associated with it. Sex without meth isn't going to be as intense as sex on meth, especially not in the early stages of recovery. However, the goal is to discover and create ways of having and enjoying "low-tech" sex. This means first figuring out what kind of connection you want to have with another guy (or guys) and then developing some steps to move you toward that connection.

How do I find guys I might want to spend time with?

Auntie Tina thought she'd share her recent experience with you to give you some ideas!



Dearest Nephew,

How are you doing? I hope this letter finds you well. I want to tell you how very much I enjoyed my recent visit. I loved meeting your friends, seeing the sites and, most of all, spending time with you. I am so proud of you and I congratulate you on the steps you are taking to live a healthier life. Our late night, heart-to-heart talks meant so much to me and now it is my turn to confide in you.

I learned a lot from you, my dear nephew, when I was visiting. Watching your recovery process has taught me a few things about having the courage to change. When I returned home I realized that I am lonely, so I took a risk and went to the Community Chess Club. So there I was, with no expectations other than learning a trick or two about miniature wooden knights riding on horses and I was paired up with a gentleman named Joseph. He's a bit younger than me, soft-spoken, and has a great sense of humor. We hit it off immediately and suddenly chess became even more interesting, challenging, and fun. Since then, Joseph and I have been playing chess together every Friday night. And no, we haven't been intimate. But if the time comes, we'll talk about it and be safe. But, in the meantime, it's so nice to have a gentleman companion to talk to, be affectionate with, and develop a friendship with, without any pressure.

Take good care of yourself. With love and kisses,

*XOXOXO,
Auntie Tina*

Session 22: A Community Changed

HIV has transformed the ways in which people all over the world negotiate and talk about sex. For gay and bisexual men, HIV has been the cornerstone of activism, visibility, and struggle. It has changed our language (“What’s your status?” “I’m clean” “D/D free?” “I take PrEP” “Undetectable=Untransmittable”) and has become a defining part of our history and identity as individuals in the larger society. On one hand, HIV has strengthened our community, empowering us to push the envelope, fight against stigma, and work for improved healthcare and resources. On the other hand, HIV has drawn a very clear line between HIV-positive and HIV-negative individuals, dividing our community on the basis of HIV status.

In this session, you will be able to talk with one another in a confidential space about your perceptions of how your HIV status influences your identity, relationships with other gay/bisexual men, particularly those with the opposite HIV status, and meth. Discuss the following questions as a group.

How has your HIV status impacted your identity as a gay or bisexual man?

How has your HIV status impacted your sense of connection to a larger LGBT community?

How does or how has your HIV status influenced or changed the ways you have sex?

Is there a connection between your HIV status and meth use? If so, what is it?

How do you relate to men of the opposite HIV status?

Session 23: Socializing vs. Isolating

When using meth, and feeling awful as a result, many learn to stay home, curl up in bed, eat and sleep, and regain strength. During the active stages of addiction, isolating is the way many users take care of themselves. During recovery, establishing a routine is critically important. Going to meetings, work, and therapy are ways to provide structured time in early recovery. The act of going to these places, that is, just showing up, is as important as what you may get from being there.

For many people, as meth use worsens, the world is slowly reduced to obtaining, using, and recovering from meth. Other aspects of life often get less attention and can seem to wither away. In addition, both while using and while recovering from using, it is common to isolate from other people to allow time to physically and emotionally recuperate.

People isolate in different ways. Most commonly, people isolate by shutting themselves off from the world—staying at home, closing the blinds, and hiding from the world. However, many people isolate in public. They can be on a crowded street or in the middle of a party and shut themselves off emotionally. The end result is the same—feelings of loneliness and isolation.

As you progress in recovery and begin to gain clarity about your life, you are confronted with many thoughts and feelings about yourself, your world, and your place in the world that require some time to sort out. Being with other people often helps us to break out of negative thought patterns, which is very difficult to do alone (simply because others can often see us more objectively than we see ourselves). Thus, it is important to avoid isolation on both levels by not physically removing yourself from the world, and by not emotionally removing yourself from the world.

Even for people who find it important to have time alone, it is important to create a schedule of activities that include interactions with other people and stick to that schedule.

Let's explore some possible differences between isolating and connecting with people:

Staying Home	vs.	Going Out
1) I will continue to feel bad		1) I will probably feel better
2) I will be alone with my negativity		2) I may experience a sense of optimism
3) I may feel guilty		3) I will probably feel satisfied
4) I will feel safe and comfortable		4) I may feel anxious and uncomfortable
5) I may feel bored		5) I will be involved with other people
6) I am giving in to weakness		6) I am demonstrating strength
7) I will be alone with my feelings		7) I might gain perspective by sharing my feelings
8) I will feel refueled		8) I will feel drained
9) I will receive no input from others		9) I may learn something useful
10) I will focus on my pain		10) I may be distracted from my problems
11) _____		11) _____
12) _____		12) _____

Discuss the following questions as a group.

How do you isolate?

What are some of the reasons that you choose to isolate?

Do you ever spend time alone that is *not* about isolating? What needs are you meeting by spending time with yourself?

As we have discussed, filling your time with activities is critical, especially in early recovery. However, being out in the world means running the risk of encountering difficult situations that may challenge your resolve to stay clean. It is important to plan ahead for situations that may be dangerous to your recovery.

Consider this list of coping strategies that can be used in various situations to avoid risky behaviors. Add any others you've found to be effective for you.

Option:

Call a friend

Don't drink alcohol

Talk about being in recovery

Have condoms/lube ready

Be willing to talk about your HIV status

Just don't go there, or get out of the situation!

Thought stopping

Call your sponsor or therapist

Butt therapy!

Enable parental controls on devices, or have a trusted friend set your password

Don't assume all sexual partners are on PrEP or have an undetectable viral load

If negative, get on PrEP, stay on PrEP

If positive, take your HIV meds daily

Others:

Now think about these different situations. Put down at least one of the coping strategies listed above for each situation that will help you maintain your sobriety and/or low-risk sexual behavior. Add to the list of coping strategies if you think of new ideas as you consider these situations.

A Date	Gym	Club	Circuit Party	Sex Club	Vacation
Bars	Bathhouse	Driving down a triggering street	PnP site/ Internet Browsing	Other:	Other:

Session 24: Auntie Tina Moves In

My Dearest Nephew,

I wanted to write you a letter and let you know that I love you very much and I think you live in a fabulous place. Most important, I love the changes that you are making in your life. It is wonderful to see that you are taking better care of yourself and making some friends who are supportive of the changes that you are making. For all of these reasons, I have decided to move closer so that I can be near my favorite nephew and spend more time enjoying your company. I will be arriving in a couple of weeks and was wondering if I could stay with you for a while until I find a faaaabulous place of my own. I look forward to spending more time with you and learning about the process you have been going through to make these wonderful changes.



Love,

Auntie Tina

Preparing for Auntie Tina's Arrival

Fun with Auntie Tina

What are some of the changes in your life that you want to show to Auntie Tina?

Make a list of some of the activities that you would like to do with Auntie Tina. Obviously, these are things you enjoy doing that don't involve meth.

Again, think of your favorite places to go: restaurants and coffee shops, and places to shop, people watch, or just hang out.

As you think of introducing Auntie Tina around, whom would you like for her to meet? Include friends and people who have either been or whom you anticipate being important in your recovery.

For you, who is Auntie Tina? Is she a part of yourself? Is she a parent? A lover? Or is she a fictional person you don't recognize? How will you remind yourself to stay in touch with Auntie Tina after she finds her own place?

CHECKING IN

Take a minute and rate how well you are progressing using the following scale:

1 = Poor

2 = Fair

3 = Good

4 = Excellent

	Poor	Fair	Good	Excellent
Organizing Your Life				
➤ Doing some regular activity (List activities you do on a regular basis)	1	2	3	4
➤	1	2	3	4
➤	1	2	3	4
➤	1	2	3	4
➤	1	2	3	4
➤ Scheduling your time	1	2	3	4
Using New Coping Strategies				
➤ Handling uncomfortable emotions	1	2	3	4
➤ Being truthful to yourself and others	1	2	3	4
➤ Keeping in contact with friends	1	2	3	4

	Poor	Fair	Good	Excellent
Progress with Health Behaviors				
➤ Exercising on a regular basis	1	2	3	4
➤ Getting enough rest	1	2	3	4
➤ Eating nutritious, well-balanced meals regularly	1	2	3	4
Progress with Sexual Health				
➤ Having satisfying sex	1	2	3	4
➤ Using PrEP if you're negative or taking HIV meds if you're positive	1	2	3	4
➤ Using condoms with a partner whose HIV status is different than yours or unknown	1	2	3	4
➤ Discussing/disclosing HIV status with potential sexual partners	1	2	3	4
➤ Get tested regularly for STIs	1	2	3	4
Progress in Dealing with Drug Addiction				
➤ Using the calendar and dots to monitor drug use	1	2	3	4
➤ Dealing with triggers and cravings	1	2	3	4
➤ Reducing/not using marijuana and other drugs	1	2	3	4
➤ If applicable, using clean needles during drug use	1	2	3	4
➤ Thought-stopping	1	2	3	4

What are your goals for recovery? What are other goals you would like to achieve in life? Has participating in a group like this helped (or do you think that it will help) you to achieve these goals?

How confident are you that you will be able to stay off meth after you complete this program?

How supported do you feel in achieving your recovery goals? Are there any people you still socialize with who try to pull you back to your old behaviors? Where can you meet people who will support you in your recovery?

Once you've completed this program and don't have group sessions to remind you, where will you get the support you need to stay off meth?
