



# HIV Meds Can Benefit Positive Gay Meth and Cocaine Users

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HIV-positive men who have sex with men (MSM) and who use stimulants such as methamphetamine or cocaine can benefit significantly from antiretroviral (ARV) treatment. Publishing their findings in the *Journal of Acquired Immune Deficiency Syndromes*, researchers at the University of California, San Francisco (UCSF) conducted a study of 1,313 HIV-positive MSM who started ARVs while participating in the Multicenter AIDS Cohort Study. The data on the participants was collected between 1996 and 2012.

A total of 341 of the men reported using stimulants. The researchers found no significant correlation between any level of stimulant use and risk of death from any cause. Nor did an analysis that separately examined AIDS-related deaths and non-AIDS-related deaths indicate any correlation to stimulant use.

However, analyzing data on 648 of the men who did not have an AIDS diagnosis when they started ARVs, the researchers found that reporting stimulant use at any study visit was linked to a 1.5-fold increase in the odds of progressing to AIDS or dying of any cause.

“Patients with HIV who use stimulants and other substances often experience difficulties with accessing antiretroviral therapy, partially due to the concerns of health care providers that they will not be able to take their medications as directed,” the study’s primary investigator, Adam W. Carrico, PhD, an assistant professor of nursing at UCSF, said in a press release. “Findings from this study demonstrate that many stimulant users take their antiretroviral therapy at levels sufficient to avoid negative clinical outcomes.”

“The pattern of use varies, and the real issue is whether patients can take their antiretrovirals as prescribed,” Valerie Gruber, PhD, stimulant treatment outpatient program director and a professor of psychiatry at UCSF, said in the same release. “We find that some patients are able to start taking antiretrovirals very reliably before they are able to decrease or stop their stimulant use, which often requires more complex behavioral, emotional, interpersonal and environmental changes. Being in an HIV primary care setting allows us to engage stimulant users even if they are not ready to go to specialty substance abuse programs or support groups.”

To read the study abstract, [click here](#).

To read the press release, [click here](#).

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