



Meth Use Strongly Tied to New HIV Cases in Gay and Bi Men

In a large study that included a substantial cohort of meth users, the drug was the dominant risk factor for testing positive for HIV.

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A recent large study of HIV-negative sexual and gender minorities who have sex with men that included a substantial proportion who used crystal meth, the highly addictive drug emerged as the dominant risk factor associated with testing positive for the virus, [aidsmap](#) reports.

The study, which was published in the *Journal of Acquired Immune Deficiency Syndromes*, noted that meth use is on the rise in this U.S. demographic.

Christian Grov, PhD, MPH, of The City University of New York, and his colleagues analyzed data from the Together 5000 study, an ongoing cohort study of people recruited nationwide in 2017 and 2018 from gay dating and hookup apps. The participants were all HIV-negative when they entered the study, had risk factors for contracting the virus and were not taking pre-exposure prophylaxis (PrEP).

Of the 4,786 participants, 98% were cisgender men; the remainder were transgender or nonbinary. All had sex with cisgender men.

The participants were tested for HIV and received an assessment for meth use upon entering the study and again 12 months later. The study considered an individual to be a persistent meth user if they reported use of the drug at both time points.

Nine percent of the cisgender men were persistent meth users, compared with 4% of the gender minority individuals. The highest rate of meth use was among those 36 to 45 years old, at 16%.

Because this study did not recruit a representative sample of sexual and gender minorities who have sex with men (SGMSM) at risk of HIV or a representative sample of all people in this demographic regardless of HIV risk, the meth use rates seen in the study cannot be generalized into either real-world context.

During the study's follow-up, 115 of the cohort members tested positive for HIV. This translated to an HIV acquisition rate of 25 cases per 1,000 cumulative years of follow-up. Thirty-six percent of

those who tested positive for the virus persistently used meth.

After adjusting the data to account for various differences between the study participants, the investigators found that when compared with those who did not report using meth, those who reported such use at either of the study's time points were 3.95-fold more likely to test positive for HIV, and those who reported persistent use of meth were 7.11-fold more likely to test positive.

Compared with being white, being Black was associated with a 2.88-fold greater likelihood of contracting the virus. And compared with not testing positive for syphilis during the study's follow-up period, testing positive for the sexually transmitted infection was associated with a 2.47-fold greater likelihood of testing positive for HIV.

"Among SGMSM at elevated risk for HIV, persistent methamphetamine use was prevalent and associated with substantially amplified risk for HIV seroconversion. Expanded efforts are needed to test implementation strategies for scalable, evidence-based interventions to reduce HIV risk in SGMSM who use methamphetamine," the study authors concluded.

To read the aidsmap article, [click here](#).

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

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