



## MINUTES

**Southern Nevada HIV Prevention Planning Group  
January 15, 2025, 2:00 PM - 4:00 PM  
Lone Mountain Conf. Room/ 280 S Decatur Blvd, Las Vegas 89107/(TEAMS)**

### MEMBERS/VISITORS/PUBLIC ATTENDANCE

Please see attached sign-in sheet for further information on attendance. Due to unexpected circumstances this meeting was solely an informational meeting, and no voting took place.

- I. CALL TO ORDER - NOTICE OF POSTING AGENDA**  
SNHPPG Cheryl Radeloff confirmed this was an informational meeting only. Stated the meeting will be recorded.
- II. WELCOME AND INTRODUCTIONS OF MEMBERS AND GUESTS**  
This meeting was recorded. No public health information was shared during the meeting.
- III. ESTABLISHMENT OF QUORUM** – This meeting is solely informational. Attendance did not meet quorum guidelines; no voting took place.
- IV. PUBLIC COMMENT**  
Public comment is a period devoted to comments by the general public on items appearing on the agenda. All comments are limited to five (5) minutes. Public Health Co-Chair C. Radeloff asked if anyone wished to address the group pertaining to items appearing on the agenda.  
No public comments were presented.  
None
- V. CONSENT AGENDA**  
Items for action to be considered by the Southern Nevada HIV Prevention Planning Group were given via email. No consent will be given for this meeting as it is solely for informational purposes.
- VI. REPORT/ Discussion/ Possible Action**  
Southern Nevada HIV Prevention Planning Group may take any necessary action for any item under this section. Members of the public can speak on action items after Southern Nevada HIV Prevention Planning Group’s discussion and prior to their vote. Once the action item is closed, no additional public comment will be accepted.  
A. New members of the SUN HPPG were acknowledged: Albert Sedano, Bishop Bonnie Radden, and Isabell Rowland-Santillan.
- VII. INFORMATIONAL ITEMS/ DISCUSSION ONLY**  
A. "From Passion to Practice: Current Work in Public Health" Bryan C. Heitz, MA, Project Director Center for Health Justice Los Angeles, CA

See presentation titled *“From Passion to Practice: Current Work in Public Health”*

- Guiding Principles
  - Culturally sustained pedagogy
  - Health centered engagement
  - Trauma informed education and care
- Ariadne Getty Foundation Senior Housing
- Center for Health Justice
  - Deputy Empathy and Awareness Training
  - LGBTQ training
  - HIV, HCV Training – HIV clients can be connected to prescription and treatment, PEP and PrEP
- CHJ Current Programs
  - Deputy Empathy and Awareness Training
  - Re-entry Programs – Hope, renew, gang tattoo removal
- CHJ Initiatives in Progress
  - MSM in cross-generational relationships
  - End of life peer caregiver/hospice program
- Program Need

Contact: heitzbryan@gmail.com

Q: How was it working with staff to lobby for transmen in the unit and for the condom distribution program?

A: The new sheriff is very receptive to the need for growth within to meet the needs of clients.

Q: Deputy Empathy Training, was this the first training?

A: There was one held prior, and the next one is for the women’s jail.

Q: With fires, how is the moral in the jails?

A: The jails are currently on lockdown due to reduced staff to address the fires and extensions of the challenges from the fires.

Bryan expressed the need for support and assistance for his community.

B. “The Highs and The Lows: Exploring the PNP Subculture” Christopher Conner, PhD. University of Missouri, Columbia, Department of Sociology

See presentation titled “Highs and Lows: The “Party and Play” Subculture

- What is PNP? It stands for party and play, the use of drugs while having sex among MSM. Drugs include meth, cocaine, GHB, ketamine for the purpose to decrease inhibitions.
- Subculture with a shared sense of style, behaviors, dress, rituals, and identity
  - Subcultures, sociologically speaking, either oppose or are rejected by the larger culture.
- Two noted documentaries – Crystal City and Chem Sex
- Data is from SAMSHA (see presentation slide on demographics)
- Why does this happen?
  - Anxiety, inadequacies, fear
  - Lack of education for gay men, especially in high school
- Where is this happening?
  - Predominately urban areas – gay baths, sexual venues, and gay nightclubs
  - Specialty apps and sites – Grindr, Sniffies, and BBRTS
- General strain theory – see slides
- Conclusion and resources – see slides

Q: Any data on accidental deaths due to drug use during PNP?

A: No, it's hard data to collect because they don't know who is overdosing from opioids, and also how they categorize the data. Some users will use, and some may not use FTS/XTS due to lack of knowledge or how to acquire; it's hard data to collect.

Q: Any studies on alcohol as a gateway to drugs?

A: Christopher hasn't looked into, but there is an old study from the 1970's that makes that argument. Within the gay community, there is more conversation about meeting up outside of bars; hiking, board games, and choral groups have started to steer away.

Q: With the risk of fentanyl, does this deter drug use?

A: Not sure. When Christopher was reviewing data and sources, he couldn't report on it to make it ethical and without harming those sources. When marijuana was legalized, there was a decrease in other substance use. Currently drugs are a part of mental health treatment, so they are accepted and used.

With the drug use in Chem Sex participants, we see young and then much older; and within jails, we see an aging population. The younger participants bring the drugs into relationships; older participants were never tested; therefore, don't know their HIV status. There is a lot of age discrepancy in the app groups for PNP. There are many circuit parties taking place. We're seeing private sex parties in LA, and we're sure they are happening elsewhere. PNP has been happening for a long time.

C: This PNP affecting heterosexuals such as swingers groups as well. There was a situation in Phoenix with a swingers group where several women contracted HIV. Now they allow testing via mobile units during their events. I think these populations as well as bisexual groups may not be educated to the available resources.

C: There needs to be more education in bisexual groups. Education needs to be tailored to all groups to include MSM, MSM and women, men, and women sex. MSM has been the catch all group, but we need to widen the education.

C. SoN HPPG Orientation – Cheryl Radeloff

See presentation titled “SoN HPPG Orientation January 2025”

- Bylaws – in the process of being updated; edits noted on slide
- Voting membership as of December 2023
- Grid categories – cross section representation of the community
- SoN HPPG, CDC and HRSA Planning Guidance
- Integrated HIV Prevention and Care Plan – 2022-2026
- EHE Plans – Getting to Zero, Fast Track Cities, Cluster and Outbreak Response
- HIV Prevention and Care Plan 2022-2027
  - Goal to reduce new HIV transmission by 75% in the US by 2025 and by 90% in 2030
  - Injectable PrEP – 3 years since introduction
  - Recommendation to inform all sexually active persons about PrEP
- EHE Pillars
- SoN HPPG Activities 2024
- SoN HPPG and Community Planning – if anyone has ideas, presenters, please reach out to Cheryl Radeloff

CI. SoN HPPG Proposed Bylaw Updates – Cheryl Radeloff

CII. Introduction: Emma Rodriguez, SNHD Communications and Legislative Affairs Administrator  
Emma was not able to attend the meeting. This has been tabled for the next SoN HPPG meeting.

CIII. SoN HPPG related activities:

- Consortium Meeting – January 17 at the Nunnery at 2pm-4pm
- National Black HIV/AIDS Awareness Fair – February 7, 2025, from 12pm – 4pm at Marios on the Westside; NV Mammovan will be present
- Client-Centered Practices for HIV Prevention Webinar – February 26, 2025, from 3pm -5pm  
Register here:  
[https://paetc.caspio.com/dp/050e700090280c9da9194a3daf9c?ER\\_ID=20018526](https://paetc.caspio.com/dp/050e700090280c9da9194a3daf9c?ER_ID=20018526)

- Mistrust and Distrust in a Whole-Person Care Approach to HIV Care and Prevention Webinar – March 5, 2025, from 10am – 12pm  
[https://paetc.caspio.com/dp/050e700090280c9da9194a3daf9c?ER\\_ID=20018448](https://paetc.caspio.com/dp/050e700090280c9da9194a3daf9c?ER_ID=20018448)
- Climbing Higher Mountains – National Black HIV/AIDS Awareness Day 2025 Dinner – February 7, 2025, from 5:30pm – 8:30pm; 401 S Maryland Pkwy  
RSVP: [thecenterlv.org/form/climbing-higher-mountains](http://thecenterlv.org/form/climbing-higher-mountains) (see attached flyer)
- Creating Change Conference – January 22-26, 2025; Rio Hotel & Casino  
Visit: [creatingchange.org](http://creatingchange.org) for more information (see attached flyer)
- Dignity Health- hosting 2025 Community Health Workers Summit on April 25, 2025, from 8am-4pm at College of Southern Nevada (CSN) – also looking for abstract submissions
- Dignity offering Spanish support groups; women living with HIV, caregivers, bereavement, cognitive relation therapy
- UNLV Sociology Society – starting their sociology collective with a focus on sexual health; offering volunteers for events, education distribution to students, etc.
- AFAN – offering HIV testing; Monday -Friday 9am – 4pm
- Ryan White Planning Council – January 29, 2025, from 3pm-5pm at SNHD
- SNHD offers Fundamentals of Harm Reduction training – January 28, 2025

G. SoN HPPG schedule:

- March 19, 2025, Calico Hills Conference Room, SNHD – 280 S Decatur Blvd, 2pm-4pm
- June 18, 2025, Lone Mountain Conference Room, SNHD – 280 S Decatur Blvd, 2pm-4pm
- October 22, 2025, Lone Mountain Conference Room, SNHD – 280 S Decatur Blvd, 2pm-4pm

H. Empower Change-HIV Testing and Training Program

- March 19-20, 2025
- May 21-22, 2025
- July 16-17, 2025
- September 17-18, 2025
- November 12-13, 2025

**VIII. PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments about matters relevant to the planning group’s jurisdiction will be held. No action may be taken upon a matter raised under this item on this Agenda until the matter itself has been specifically included on the agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. If any member of the general public wishes to make a public comment, either in person or via MS Teams, request time from a SoN HPPG co-chair, clearly state your name and address, and spell your last name for the record. Please state whether you have any direct or indirect interest in or relationship with any individual or organization that proposes to enter any transaction with Southern Nevada HIV Prevention Planning Group. If any member of the Southern Nevada HIV Prevention Planning Group wishes to extend the length of a public comment, this may be done by the Co-Chairs or the Southern Nevada HIV Prevention Planning Group by majority vote.

**IX. ADJOURNMENT**

Meeting adjourned at 4:00pm.



# FROM PASSION TO PRACTICE: Current Work in Public Health

**Bryan C. Heitz**  
**Project Director, Center for Health Justice**  
**Los Angeles, CA**



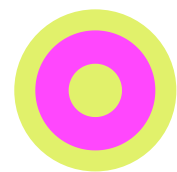
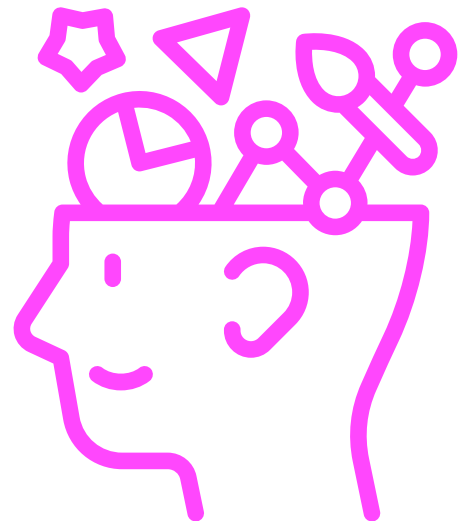
# Education

**B.S.** in Psychological Science

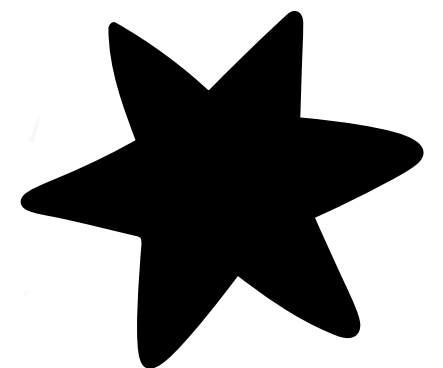
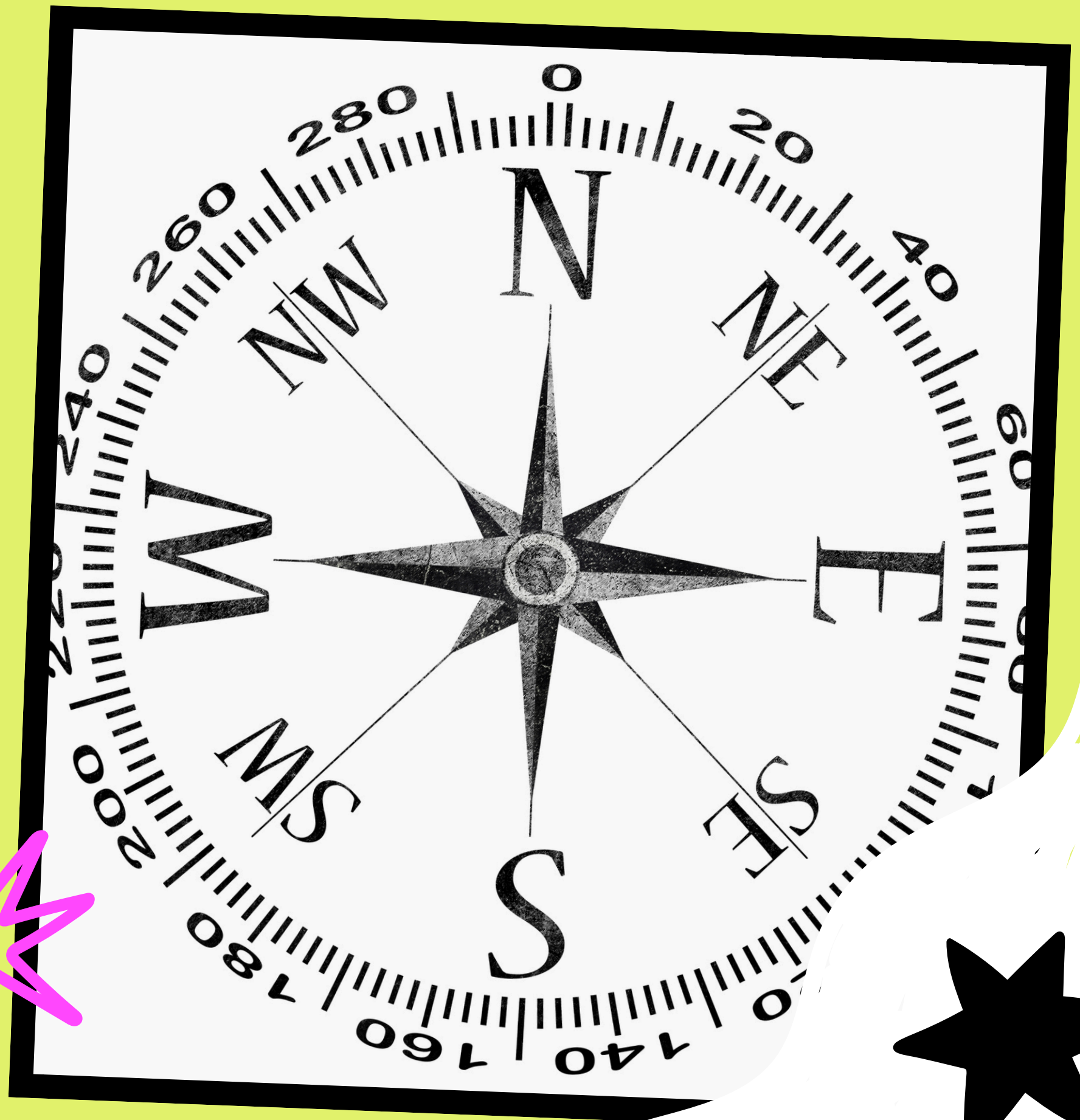
**Focus:** Trauma-Informed Counseling

**M.A.** in Adult and Community Education

**Focus:** Public Health



# Guiding Principles



# Culturally Sustaining Pedagogy (CSP)

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**Underscores ethnic, cultural and linguistic diversity as assets rather than liabilities. This disrupts the hegemonic oppression and trauma which can appear in education in the form of ethnic, cultural and linguistic devaluation.**



# Healthy Centered Engagement (HCE)

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**An approach to trauma that uses a resource orientation to center repair and resilience rather than pathologizing damage caused by trauma. This approach goes hand-in-hand with the Trauma-Informed Care model.**



# Trauma-Informed Education and Care

- **An approach that recognizes the impact of trauma on individuals, educators and the community.**
- **Focus on creating a safe, inclusive and supportive space to learn for those who have experienced trauma.**
- **Recognize the prevalence of trauma in the general population, including our own trauma.**







# From Las Vegas to Los Angeles







# Ariadne Getty Foundation Senior Housing

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- 2nd LGBTQ-affirming Senior Housing in US
  - Priority for HIV+ Seniors
  - LA LGBT Center campus
  - Hollywood, CA
  - Onsite Case Management
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# Center for Health Justice (CHJ) Highlights

- Founded 1999 to serve the Justice impacted LGBTQIA2S+ HIV+Community
- 10+ years as the sole Public Health provider in LAC Men's and Women's Jails
- Founded Condom Distribution program in the LAC Jails
  - Dental Dams/Feminine Hygiene Cups
- Drop-In Center
- Collaborates with LAC Sheriff's Dept. to manage the K6G Unit - "Gay Men's Unit"
- (Est. 1985, CHJ successfully lobbied to include Trans-Identified Men)





# CHJs Current Programs



**TWIN TOWERS**





# Deputy Empathy and Awareness Training

## In response to:

Law Enforcement suicides  
High rates of Mental Health (MH) Dx in Deputies  
LGBTQIA+ discrimination and violence in-custody



## Train:

Incoming Deputies  
Deputies new to the LAC Jail System

## Focus:

Empathy  
MH Awareness, emphasis on PTSD  
Suicide Prevention  
LGBTQIA+ Awareness  
HIV/Hepatitis/STI/Biomedical Prevention 101



# CHJ Re-Entry Programs and Services

## HOPE

- Incarcerated MSM LGTBQIA2S+
- SUD/COD + HIV/STI Dx
- Recovery and Tx assistance
- Coming Out (v. Inviting In) Support Plans
- Harm Reduction, OD Prevention
- Anti-recidivism and Reentry plan



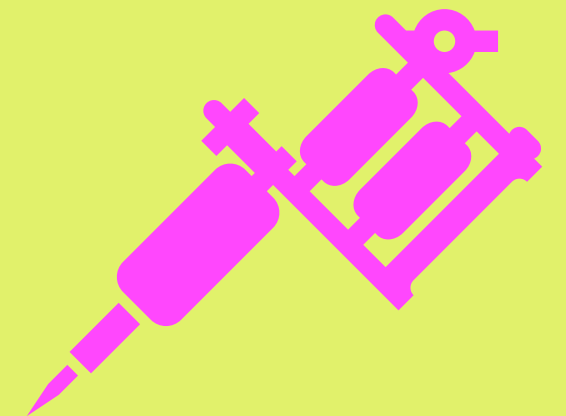
## RENEW

- Incarcerated MSM LGTBQIA2S+
- SUD/COD + PTSD Dx
- HIV+ or at-risk
- Recovery, Tx and PTSD-counseling assistance
- Anti-recidivism and Reentry plan



## Gang Tattoo Removal Program

- Incarcerated MSM LGTBQIA2S+
- Living with HIV or at-risk of HIV
- 'Dropped Out' or pledged to leave gang affiliation in-custody/upon release (if release is possible)
- Visible face, neck, throat and hand tattoos





CHJ

Initiatives in  
Progress

*OPPORTUNITY*  
**AHEAD**





# MSM in Cross-Generational (Age-Discrepant) Relationships

## Focus:

- Incarcerated MSM (including Trans-Identified Males)
- Black and Latinx
- LGBTQIA2S+
- Living with or at-risk of HIV/AIDS
- In or expect to be in a sexual or intimate relationship with a 10-15+ year age-gap between partners

## Priority:

- Sex Workers/Transactional Sex
- PWUID
- Reentry





# End-of-Life Peer Caregiver and Hospice Program

## Caregiver (Death Doula) provides:

- Possible certification program
- Palliative Care and Hospice Care
- Non-medical companion to the dying (and families)
- Assistance with “legacy work” to the dying

## Caregiver/Doula matched to a peer inmate who is:

- Chronically Ill
- Terminally ill
- Possible ‘cell mates’

*This raises both a moral and practical policy question that lawmakers have to face: Why are we forcing older people to spend their dying years in prison when they can get better care elsewhere?*





# Program Need

- 936 people died in Prison 2022
- Lack of Hospice/Palliative Care to dying inmates
- Compassionate Release – Too long/Non-existent
- Number of inmates 55+ increasing
- 5 X higher than 30 yrs. ago = 186,000+ older inmates in 2022
  - More than 10% of people in state prisons are 55+
  - Incarcerated individuals age faster than general pop.
- Geriatric can mean as young as 50 in jail/prison
- 70,341 to 211,020 of the est. 400,000 elderly in jails/prisons will develop dementia by 2030
- 1.1% of older prison/jail inmates are HIV+ (2021)



**Thank You!**  
**Questions?**

**heitzbryan@gmail.com**



# The "Party and Play" Subculture

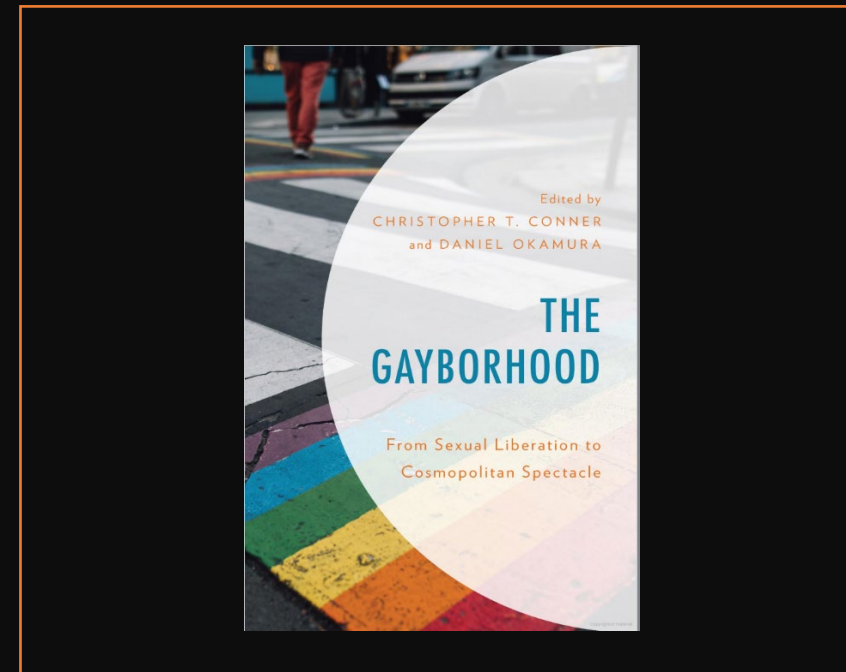
Exploring the Intersection of Drug Use and Sexual Behavior



Christopher T. Conner  
Assistant Professor of Sociology  
University of Missouri

# Biography

- Researching LGBT+ culture since 2001.
- Emphasis is on culture, subcultures, HIV, deviance & criminology.
- Have taught Drugs and Society since 2019.
- Have been personally impacted by this phenomenon via social networks.
- HIV/AIDS activist w/ experience in non-profits.



5,809 Views

47 CrossRef citations to date

184 Altmetric

Original Articles

**The Gay Gayze: Expressions of Inequality on Grindr**

Christopher T. Conner

Pages 397-419 | Published online: 26 Oct 2018

[Cite this article](#) <https://doi.org/10.1080/00380253.2018.1533394> [Check for updates](#)



# What is PNP?

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- Defining PNP (Party and Play) – A subculture involving the use of drugs during or before sexual encounters among MSM. The Drugs we PNP refers to:
  - **Methamphetamine**: Increases libido and energy.
  - **GHB (Gamma-Hydroxybutyrate)**: Induces relaxation and euphoria.
  - **Ketamine**: Dissociative effects; used to enhance sensations.
  - **Cocaine**: Stimulant that increases confidence and energy.
  - **Risks**: Addiction, overdose, and drug interactions.
- Like all subcultures they have a shared sense of style, behaviors, dress, rituals, and identity—short answer: they use symbols to effectively communicate with each other.
- Sociologically subcultures oppose, or are rejected by, the larger culture.

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# Audience Participation

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- 1. Show of hands how many people have been intimate with someone while drinking?
- 2. While on other substances?
- Point: Drug use prior to sex is not limited to MSM, lots of heterosexuals engage in this behavior. We are interested in it because of the potential risks for public health and to prevent disease not pass a moral judgment on these behaviors.



# Theoretical Perspectives

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- Queer Criminology
    - We don't know a lot about this!
    - Research stigma
    - Ethics of this work
  - Interpretive Sociology
    - Identity and Meaning Making
    - Symbolic Interactionism
    - Deviance as learned behavior
  - Social Structure
    - Heteronormativity
    - Social Class
    - Reproduction of hierarchies found elsewhere
  - Increasing journalistic Accounts
- 



"Perhaps no movie has ever addressed the LGBTQ community's crystal meth epidemic as candidly as this vital documentary."  
NBC News

"Crystal City makes it clear that this is not just a gay problem but one for our whole society to think about & address."  
Psychology Today

"A highly polished documentary about how gay men are forging new lives after meth addiction."  
The Body

"The film differs from most documentaries about recovery with complex, relatable characters & quality camerawork, editing."  
South Florida Gay News

"A gritty but ultimately hopeful film infused with heart & compassion."  
Positively Aware

"Powerful, eye opening & tragic."  
The Plain Dealer

"Filmmaker Terrence Crawford's stunning documentary debut is an impressive, even-handed, thought-provoking investigation of NYC's gay meth epidemic."  
Queer Guru



## CRYSTAL CITY

From the Gutter to the Penthouse

GRAVITAS VENTURES IN ASSOCIATION WITH FORMERLY PRODUCTIONS PRESENTS A TERENCE CRAWFORD FILM "CRYSTAL CITY"  
ORIGINAL MUSIC DANA P. ROWE DIRECTOR OF PHOTOGRAPHY JOHN MAIDMAN EDITOR TERENCE CRAWFORD CO-PRODUCERS BRUCE WEINER ALEX SHEBANOW  
PRODUCERS TERENCE CRAWFORD JOHN MAIDMAN EXECUTIVE PRODUCERS MARK BENJAMIN JANIS CRAWFORD DAVID FAWCETT DIRECTOR TERENCE CRAWFORD

Gravitas Ventures

amazon video

Google Play

App Store

WWW.CRYSTALCITYMOVIE.COM

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# Findings

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- Data come from SAMHSA, Ethnographic and Interview Notes, and other sources as appropriate.
- Users tend to skew on average 30+.
- Most have college degrees.
- Predominately urban (note on risk in smaller areas)
- Tends to be two clusters those who are affluent and those from lower SES backgrounds.

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# Demographics and Key Variables

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- Total Sample Size = 30,294
- Total Chemsex Sample Size = 3,113
  
- Race –
  - **59.2% White**
  - 20.9% Hispanic,
- Education –
  - **40.2% College Degree,**
  - 36.4% Some College
- Age –
  - **15-24 = 33%,**
  - **25-34 = 24.6%**
  - 25-39 = 18%
  - **>= 40 = 24.4%**



**Table 1.**

Characteristics of sexually active men who have sex with men who reported Chemsex drug use in the past 12 months and those who did not – American Men’s Internet Survey (Amis), 2017–2020 cycles, ( $N = 30,294$ ).

Variable	Used chemsex drugs in past 12 months	Did not use chemsex drugs in past 12 months	Total
Variable	<i>n</i> (column %)	<i>n</i> (column %)	<i>N</i> (column %)
	3,113 (10.3)	27,181 (89.7)	30,294 (100.0)
<b>Race</b>	3,113 (10.3)	27,181 (89.7)	30,294 (100.0)
Non-Hispanic black	289 (9.3)	2,906 (10.7)	3,195 (10.6)
Hispanic	625 (20.1)	4,435 (16.3)	5,060 (16.7)
Other/multiple/unknown <sup>a</sup>	288 (9.3)	2,002 (7.4)	2,290 (7.6)
Non-Hispanic White	1,842 (59.2)	17,305 (63.7)	19,147 (63.2)
Missing	69 (2.2)	533 (2.0)	602 (2.0)
<b>Age (years)</b>			
15–24	1,027 (33.0)	9,553 (35.2)	10,580 (34.9)
25–34	767 (24.6)	4,527 (16.7)	5,294 (17.5)
35–39	561 (18.0)	3,632 (13.4)	4,193 (13.8)
≥40	758 (24.4)	9,469 (34.8)	10,227 (33.8)
<b>Highest level of education</b>			
≤High school/GeD	494 (15.8)	4,301 (15.8)	4,795 (15.8)
Some college/technical degree	1,134 (36.4)	7,845 (28.9)	8,979 (29.6)
≥College degree	1,250 (40.2)	12,432 (45.8)	13,682 (45.2)
Missing	235 (7.6)	2,603 (9.6)	2,838 (9.4)
<b>Condomless anal sex in the past 12 months</b>			
Yes	2,643 (84.9)	17,841 (65.6)	20,484 (67.6)
No	470 (15.1)	9,340 (34.4)	9,810 (32.4)
<b>Problem drinking in the past 12 months<sup>b</sup></b>			
Yes	1,444 (46.4)	7,055 (26.0)	8,499 (28.1)
No	586 (18.8)	8,446 (31.0)	9,032 (29.8)
Missing	1,083 (34.8)	11,680 (43.0)	12,763 (42.1)
<b>Tested for a bacterial sexually transmitted infection in the past 12 months<sup>c</sup></b>			

Variable	Used chemsex drugs in past 12 months	Did not use chemsex drugs in past 12 months	Total
Variable	<i>n</i> (column %)	<i>n</i> (column %)	<i>N</i> (column %)
Yes	1,748 (56.2)	9,956 (36.6)	11,704 (38.6)
No	1,365 (43.9)	17,225 (63.4)	18,590 (61.4)
<b>Bacterial sexually transmitted infection diagnosis in the past 12 months<sup>d</sup> (n = 11,704)</b>			
Yes	751 (43.0)	2,312 (23.2)	8,641 (73.8)
No	997 (57.0)	7,644 (76.8)	3,063 (26.2)
<b>Living with HIV</b>			
Yes	536 (17.2)	1,918 (7.1)	2,454 (8.1)
No	2,094 (67.3)	18,162 (66.8)	20,256 (66.9)
Unknown/Untested <sup>e</sup>	405 (13.0)	6,219 (22.9)	6,624 (21.9)
Missing	78 (2.5)	882 (3.2)	960 (3.1)
<b>HIV pre-exposure prophylaxis use (n = 20,256)<sup>f</sup></b>			
Yes	628 (30.0)	3,076 (16.9)	3,704 (18.3)
No	1,466 (70.0)	15,086 (83.1)	16,552 (81.7)
<b>Called names or insulted because someone knew or assumed you were attracted to men in past 12 months</b>			
Yes	907 (29.1)	6,190 (22.7)	7,097 (23.4)
No	1,088 (35.0)	11,684 (43.0)	12,772 (42.2)
Other	68 (2.2)	994 (3.7)	1,062 (3.5)
Missing	1,050 (33.7)	8,313 (30.6)	9,363 (30.9)
<b>Treated unfairly at work or school because someone knew or assumed you were attracted to men in past 12 months</b>			
Yes	376 (12.1)	2,673 (9.8)	3,049 (10.1)
No	1,503 (48.3)	14,462 (53.2)	15,965 (52.7)
Other	160 (5.1)	1,378 (5.1)	1,538 (5.1)
Missing	1,074 (34.5)	8,668 (31.9)	9,742 (32.2)
<b>Probable serious mental illness<sup>g</sup></b>			
Yes	914 (34.7)	4,751 (20.7)	5,665 (22.1)
No	1,719 (65.3)	18,241 (79.4)	19,960 (77.9)
<b>Data collection year</b>			

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# Why?

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- Many users report feelings of anxiety and inadequacy:
  - “When I use it’s like nothing else matters. I’m not fat, I’m not ugly, and I feel gorgeous. There’s also no more hangups or fear about others finding out I’m gay.” – Latino Gay Man 40s
  - “It started out with wanting to go out and party all night. Somewhere along the line I began using while having sex. I didn’t feel like I belonged in the clubs and so I started going to the baths, and I found other people using there. I just kind of fell in.” – White Gay Man 30s.
  - “It turns me into a sex god, its fun, I like it. I can’t go back to “normal” sex anymore and I don’t know that I want to. – White Gay Man late 20s.



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# Why Pt 2?

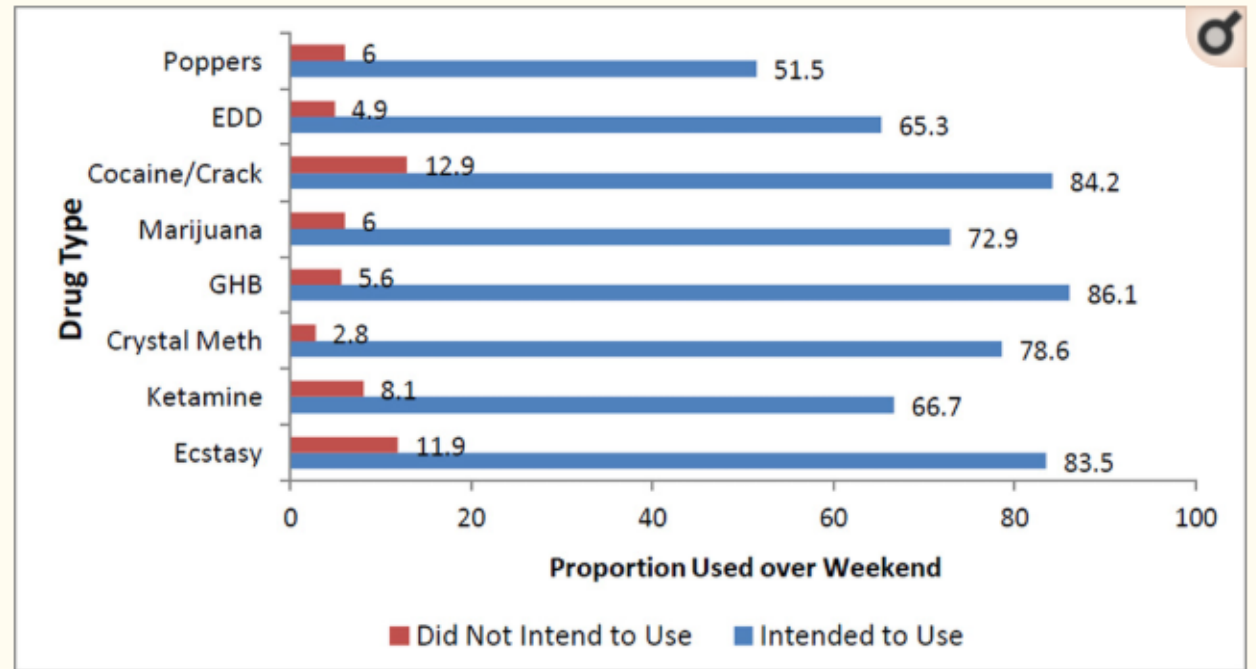
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- Many of these men talked about their use as part of a larger coming out narrative.
  - Rejection from family.
  - Rejection from peers.
  - Rejection from the broader LGBT community
- Others reported about using as way to escape the pressures of “straights.”
  - Party and be around others just a little bit longer.
  - Offers a sense of escape and control.
- Sexual Hangups.
  - These drugs pair well together and allow users to fulfill sexual fantasies.
  - Many reported doing things on the drug they would never while not on it.
  - Speaks to broader social forces moving them into this subculture.

# Where?

- Predominately Urban Areas
  - Spaces like gay baths and commercial sexual venues.
  - Some gay nightclubs.
- Apps and Specialty Websites
  - Grindr & Sniffies
  - BBRTS
  - Less so on apps like scruff (better content moderation?)
- Less populated areas still at risk.
  - These men have less info, less access to healthcare, and presumably experience greater marginalization.
  - Tendency for smaller cities to be more “clicky” and thus offer fewer opportunities for socialization.
- As with anything some venues, apps, and sites police this better than others. There are some great owners out there who actually care about their community.

# Circuit Parties

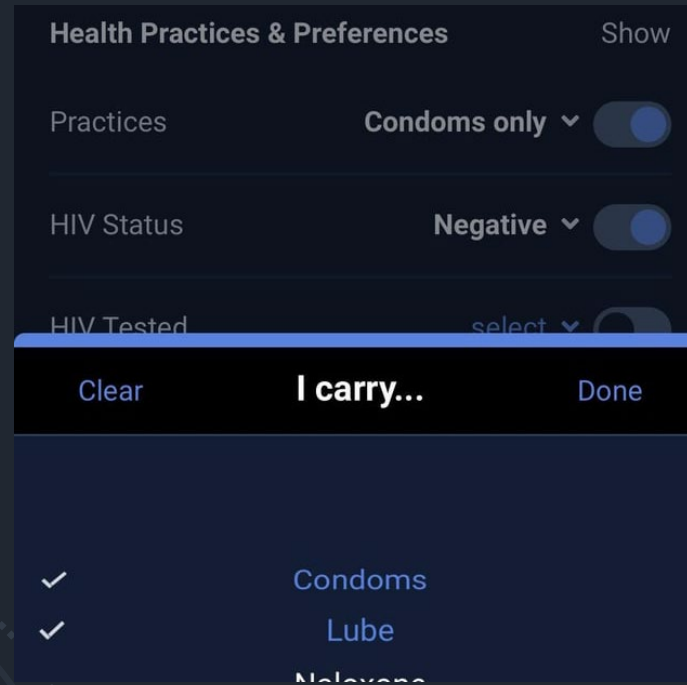
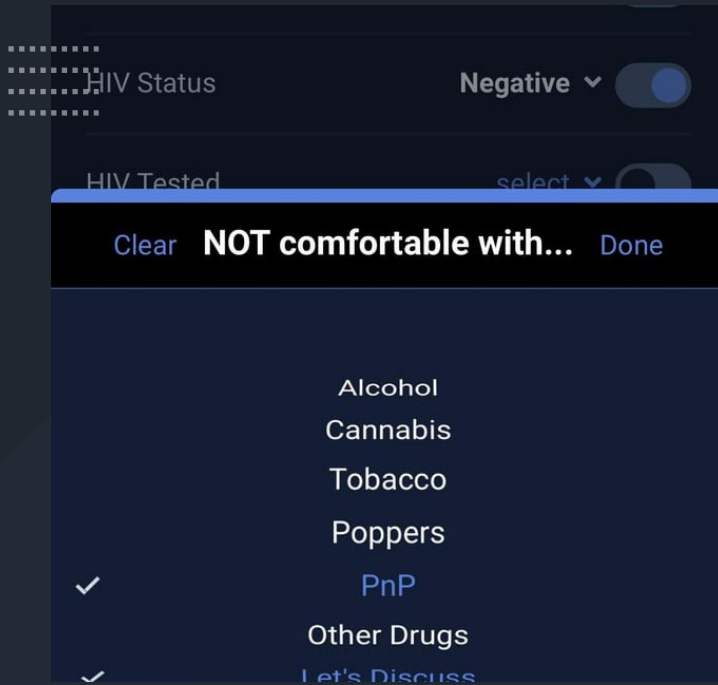


[Figure 1](#)

Weekend use of specific drug types among those who intended or did not intend to use that drug type

# How

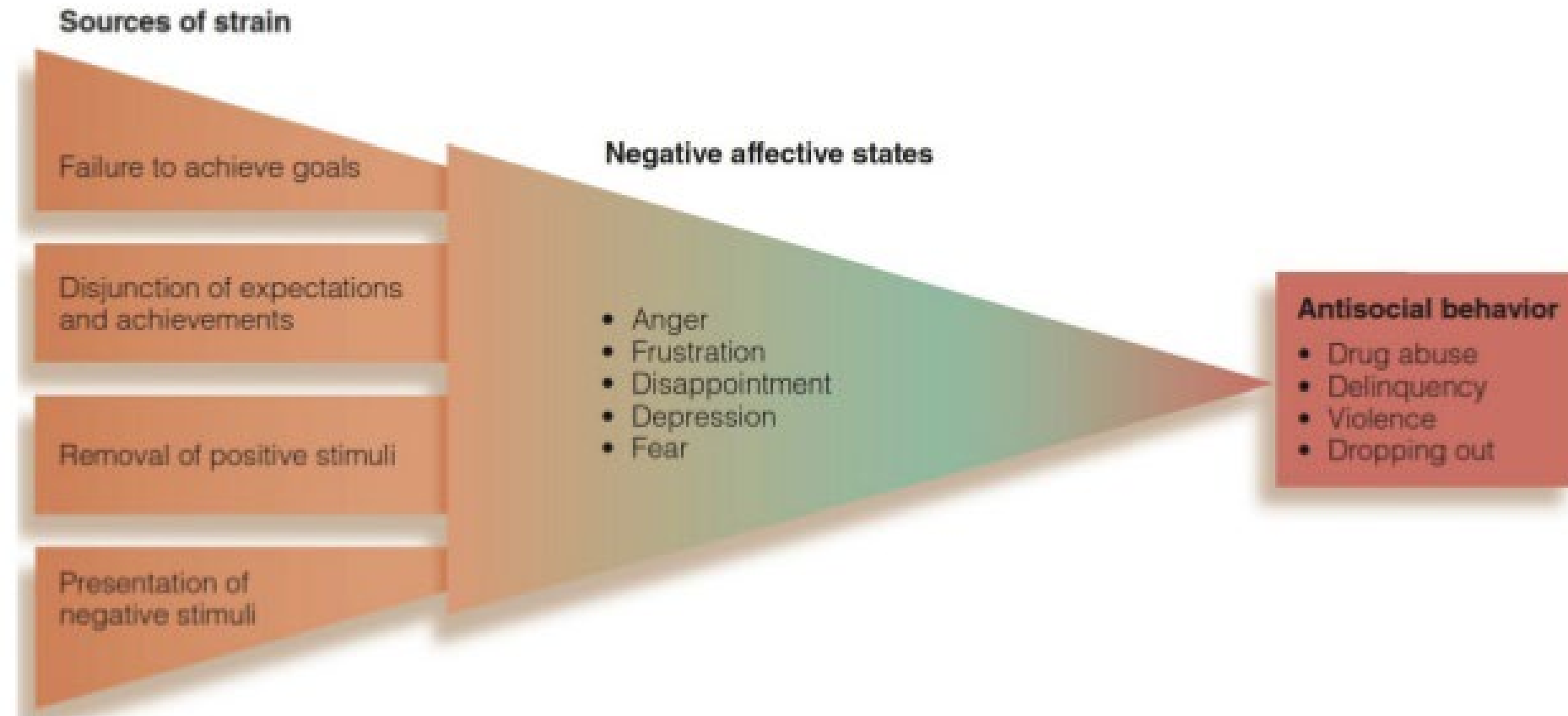
- “I’ll never forget the man who introduced me to the drug. He told me to inhale the smoke from the pipe and that it would make me feel better. I wish I had never listened to him, it nearly ruined my life.” – Lawyer, Male, 50s
- Some reported to me that they were introduced to the drug by a friend, acquaintance, lover, etc. Others noted that prominent members of the community used the drug.



# Examples From Grindr & Sniffies

- Grindr – Geo-location, some content moderation, easy to by pass.
- Scruff – Geo-location, decent content moderation, not easy to bypass.
- Sniffies – Very open about drugs on the app.
- BBRTS – Can indicate drug use as yes, no, or 420 only
- Etc.

# General Strain Theory



Why?

Heteronormativity

Hypervigilance

Internalized Homophobia

Psychological Issues



# Why?

- Data suggests there are two groups of users one at the upper and lower end of SES.
  - These two groups likely experience strain very differently.
  - Most at risk are likely those at the bottom end of SES.
  - Privileged groups likely underestimate their level or risk (aka Blinded by privilege)

# Conclusion

- Calls by medical professionals may be moral panics not backed by data.
  - This makes up a small subsection of people.
  - Avoid sensationalizing or demonizing.
- The more we know the more we know we don't know, and we are flying with empirical blindness.
  - LGBT people are understudied in some regards, overstudied in others.
  - Often those doing the research struggle with the ethics.
- Apps could do better to partner with health organizations as they are a primary route to usage. Success in the UK.
  - Health agencies using apps like Grindr as outreach.
  - Develop better partnerships with app companies/developers.
- Online allies and enemies?
  - Recovery Influencers (documenting their struggle).
  - Triggering Influencers (content that makes light).

# Additional Resource and Suggested Readings

- **Green, Adam Isaiah, and Jamie M. Halkitis.** 2006. "Crystal Methamphetamine and Sexual Sociality in an Urban Gay Subculture: An Elective Affinity." *Culture, Health & Sexuality* 8(4):317-333.
- **McCall, Hannah, and Tim McNally.** 2021. "The Role of Chemsex in LGBTQ+ Communities: Risks, Identities, and Support." *Drugs and Alcohol Today* 21(1):77-87.
- **Race, Kane.** 2015. "'Party and Play': Online Hook-Up Devices and the Emergence of PNP Practices Among Gay Men." *Sexualities* 18(3):253-275.
- **Wharton, James.** 2019. *Something for the Weekend: Life in the Chemsex Subculture*. London: Blink Publishing.
- **Crawford, Terrence, dir.** 2019. *Crystal City*. New York: Crawford Films.



SoN HPPG  
Orientation  
January 2025

**So.N HPPG**

Southern Nevada HIV Prevention Planning Group

# Bylaws

## Article III. Mission

### Section 3.01 Section A. Mission Statement

To reduce and prevent the exposure to and/or transmission of HIV in Southern Nevada through community involvement in a prevention planning process leading to a Nevada Integrated HIV Prevention and Care Plan ensuring effective evidence-based intervention prevention programs and care activities that are responsive to community-identified needs within prioritized populations.

### Section 3.02 Section B. Goals and Objectives

The primary goal of So.N HPPG is to inform the development or update the Nevada Integrated HIV Prevention and Care Plan that will contribute to the reduction of new HIV acquisitions within the jurisdiction. Thus the task of So.N HPPG is to partner with SNHD to address how the jurisdiction can collaborate to accomplish the activities set forth in the HIV Prevention Program grant requirements. To best achieve this goal, So.N HPPG needs to engage and involve a diverse group of people with a wide range of viewpoints and an understanding that differences in backgrounds, perspectives, and experiences are essential and valued.

The fundamental tenets of community planning are parity, inclusion, and representation (often referred to as PIR). Although these tenets are not accomplished or achieved in a linear fashion, there is a strong relationship between each – with one building on another. For a more detailed description of PIR, please refer to the *HIV Planning Guidance* (CDC 2012).

Last Revised 2019

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Yearly Epi Profile (Summer or Fall 2025)

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Prevention and other grant applications

---

NV Integrated Care and Prevention Plan

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Membership and Co-Chairs

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Meetings, committees, and other processes

# Voting Membership-December 2023

3	Lyell Collins	HIV Prevention Planning Co-ordinator. Non Voting Member
4	Cheryl Radeloff	HPG Public Health Co-Chair-Voting Member
5	Chris Reynolds	Voting Member
6	Preston Tang	Voting Member
7	Xavier Foster	Voting Member
8	Robert Thurmond	Voting Member
9	Leana Ramirez	Voting Member -Community Co-Chair
10	Raychel Holbert	Voting Member
11	Krystal Griffin	Voting Member-Community Co-Chair Elect
12	Mona Lisa Paulo	Voting Member
13	Bishop Bonnie Radden	Voting Member (11_24)
14	Isabell Rowland-Santillan	Voting Member (11_24)
15	Albert Sedano	Voting Member (11_24)

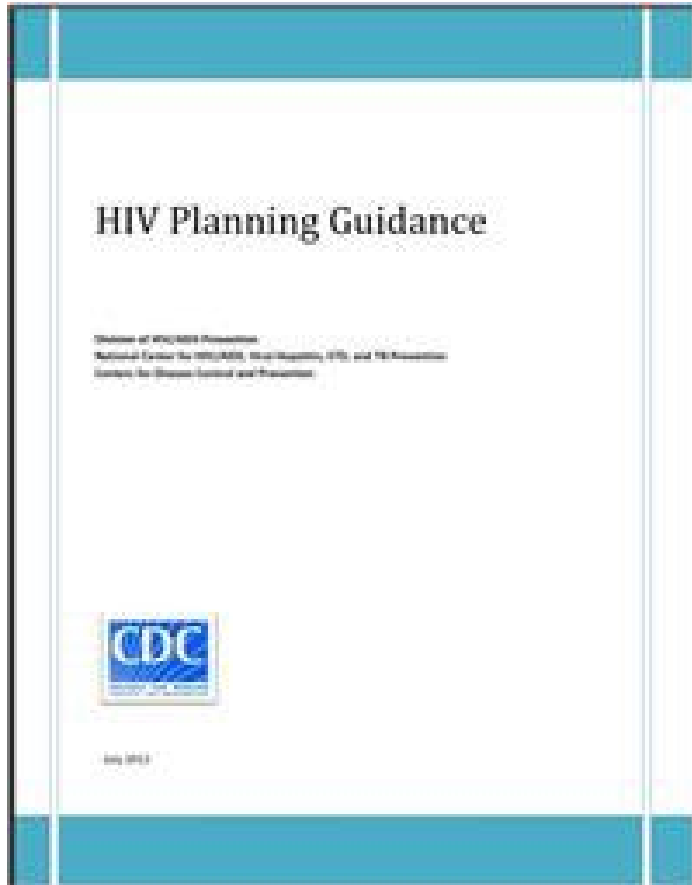


# “Grid” Categories

17	State Health Division
18	Local Health Department
19	Funded ASO/CBO
20	Person Living with HIV-open
21	Business/Labor
22	Heterosexual Person of Color
23	Latino/a/Latinx
24	Asian/Pacific Islander
25	African American
26	Native American
27	Ryan White/Clinical Care
28	Education K-12
29	Corrections/Law Enforcement
30	African American MSM
31	Family Planning/Reproductive
32	Transportation
33	Senior/Elder
34	MSM Youth (24 and under)
35	MSM
36	Heterosexual Female Youth (24 and under)
37	Sex Worker/Advocate
38	Substance Abuse/Mental Health
39	IDU/PWID/PWUD
40	Homeless/Housing
41	Trans*/Gender Non-Conforming
42	Incarcerated/Re-entry
43	Epidemiology Expert
44	Pharmacy

45	University and Community College
46	Faith Based Organization
47	Community Health Care/Policy
48	Refugee/Immigrant service Provider
49	Medical/Allied Health
50	Social Services/Benefits
51	Other -SBH Training
52	Other -PrEP/PEP Provider
53	Other-CHW
54	LGB/WSW
55	LGB/WSW/Youth 24 and under

# SoN HPPG and CDC and HRSA Guidance's: HIV Planning Guidance PS12-1201



- Updated guidance and effective July 2012.
- In response to NHAS (National HIV AIDS Strategy) 2010 and HIP or High Impact Prevention approaches
- Defines the CDC's expectations of HDs and HPGs in implementing HIV prevention planning
- Official planning body for HDs in the development or update of Jurisdictional and/or integrated plans
- Outlines HIV Planning process

# Nevada Integrated HIV Prevention and Care Plan 2022-2026: Prevention Guiding Documents

- There are several key changes in the Integrated Plan Guidance for CY 2022-2026 from the Integrated Plan Guidance for CY 2017-2021.
- Recipients who have already conducted planning processes as part of the development of their EHE awards and in conjunction with CDC's Strategic Partnerships and Planning to Support the Ending the HIV Epidemic in the United States(PS19-1906) program or through other jurisdictional efforts (e.g., Getting to Zero plans, Fast Track Cities, Cluster and Outbreak Detection and Response plans) may submit portions of those plans to satisfy this Integrated Plan Guidance as long as the Integrated Plan submission addresses the broader needs of the geographic jurisdiction and applies to the entire HRSA and CDC HIV funding portfolio..

## Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026

Division of HIV/AIDS Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention

HIV/AIDS Bureau

Health Resources and Services Administration

June 2021



# Nevada Integrated HIV Prevention and Care Plan 2022-2027: Prevention Guiding Documents : NHAS 2022-2025

- The National HIV/AIDS Strategy (NHAS) and the [Ending the HIV Epidemic in the U.S.](#) (EHE) initiative are closely aligned and complementary.
- They both have the common goal of reducing new HIV transmissions in the United States by 75% by 2025 and by 90% by 2030.
- NHAS or the Strategy is the broader, overarching national plan that extends across many federal departments and encompasses the entire nation.
- The EHE initiative will be a leading component of the work by the Department of Health and Human Services – in collaboration with state, tribal, territorial, and local partners – to implement the Strategy.
- The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.. Retrieved January 6, 2022. <https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/NHAS-2022-2025.pdf>

# NATIONAL HIV/AIDS STRATEGY



for the **United States**  
**2022–2025**





# Nevada Integrated HIV Prevention and Care Plan 2022-2027: Prevention Guiding Documents

- **What's new?**
- With FDA approval of cabotegravir (CAB) a new section was added about prescribing PrEP with intramuscular injections of CAB every 2 months for sexually active men, women, and transgender persons with indications for PrEP use.
- **Summary (of graded recommendations)**
- A recommendation was added to inform all sexually active adults and adolescents about PrEP
- CDC 2021. *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update Clinical Practice Guideline*. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Retrieved January 6, 2022.

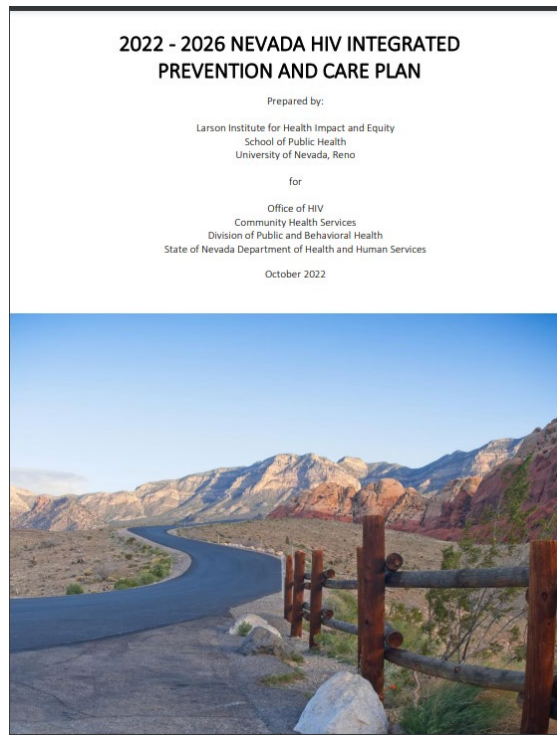
Public Health Service

## PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2021 UPDATE

A CLINICAL PRACTICE GUIDELINE



# Nevada Integrated HIV Prevention and Care Plan 2022-2026



- Second Integrated Prevention and Care Plan. Prior to the 2017-2022 plan, HIV Prevention and Care created and implemented separate documents
- Developed to describe the current state of HIV prevention, treatment, and ancillary care services in Nevada and to outline aggressive actions to reduce the burden of HIV in Nevada
- Utilized a collaborative and community-engaged process and included input from programs, agencies, community-based organizations (CBOs), and service providers engaged in HIV prevention, treatment, and ancillary care services, as well as people living with HIV (PLWH), at-risk populations, people affected by HIV, community members
- Includes needs assessments, situational analysis (including challenges and needs pertaining to service providers), and the goals and objectives are framed within the four EHE pillars. (e.g., Diagnose, Treat, Prevent, Respond)
- The Integrated Plan is meant to be a living document that will be continuously revised and improved with input from the Internal Workgroup and Northern and Southern HPPGs

<https://endhivnevada.org/wp-content/uploads/2022/12/NV-22-26-HIV-Integrated-Plan.pdf>

# EHE Clark County (and Nevada) 2021-2026 Plans

## Examples-Pilar 1 and 3: Prevent and DX

### Pillar One: Strengths

- Increase in rapid testing over past several years
- Increased promotion of rapid testing and locations
- Training and certification for CBOs to provide rapid testing



### Pillar One: Needs

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Expand testing availability</li> <li>• Increase awareness of HIV risks in the community</li> <li>• Awareness of the importance of HIV testing</li> <li>• Reduction of stigma</li> <li>• Primary care provider training on HIV and STI screening, and taking sexual history</li> </ul> | <ul style="list-style-type: none"> <li>• Awareness of testing locations</li> <li>• Free or low-cost testing</li> <li>• Access to rapid HIV testing</li> <li>• Discreet or private testing</li> <li>• Increase the availability of mobile testing</li> <li>• Normalization of HIV testing</li> </ul> |
|--|---|

### Pillar One: Gaps

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Universal testing is not being done at all primary care settings, urgent cares, ERs and hospitals.</li> <li>• Lack of education about risk</li> <li>• Lack of knowledge about where to get tested</li> <li>• Materials about HIV prevention, testing, and locations in other languages</li> </ul> | <ul style="list-style-type: none"> <li>• Access to community-based testing for high risk populations</li> <li>• Expanded variety of locations and hours for community testing—rehabilitation centers, jails, social service offices</li> <li>• At-home testing and pharmacist testing</li> <li>• Non-stigmatizing programming and messaging</li> </ul> |
|--|--|

### Clark County EHE Plan 2021-2026



### Pillar Three: Gaps

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Consistent comprehensive HIV prevention education in schools statewide</li> <li>• Curricula for provider and providers-in-training on PrEP, PEP, and when to recommend needle exchange services</li> <li>• Improve access to HIV prevention materials, programs, and campaigns for a variety of cultures and languages</li> <li>• Access to community-based testing for high risk populations</li> <li>• Lack of discreet testing and harm reduction services</li> <li>• Lack of convenient services</li> </ul> | <ul style="list-style-type: none"> <li>• Increase awareness syringe services programs</li> <li>• Usage of condoms among high risk populations</li> <li>• Knowledge and awareness of PrEP, PEP, and condoms availability in the community</li> <li>• Access to PrEP and PEP</li> <li>• Increase provider and community awareness of PrEP financial assistance program</li> <li>• Services for homeless</li> <li>• Universal testing in medical settings</li> </ul> |
|--|---|



### Pillar Three: Barriers

- Stigma related to HIV and drug use
- Fear of people knowing they have HIV
- Transiency
- Fear of deportation among undocumented immigrants
- False beliefs that HIV is non-life threatening
- Lack of funding and personnel for prevention efforts

# SoN HPPG Activities 2024

- Hyflex model for meetings (both in-person/remote)
- One (1) joint NNHPPG and SoN HPPG meetings (June)
- Education and updates:
  - Presentation: “The Nevada Condom Distribution Plan” Scarlett Cazares
  - Presentation “Condom Distribution SNHD” Treva Palmer SNHD
  - Presentation: “Legislative Successes and Future Opportunities of HIV Prevention and Care” by Senator Dallas Harris
  - Presentation: “IPV/DV and HIV” Courteney Cross UNLV School of Law
  - Presentation: “Ryan White Part B Program and CQM” Geremy Hurley
  - Presentation: Findings from Molecular Surveillance Project in Clark County for HIV Prevention Efforts” Dr. Ravi Goyal and Dr. Jessica Montoya UCSD
  - Presentation “HIV/STI Risk Among Secondary Students in Nevada: Results from Nevada YRBS” Dr. Kristin Clements Noelle UNR
  - Presentation “Long-Acting HIV Prevention in Women” Natalie Nix ViiV Healthcare
  - Presentation: “Overview of Change-Lab Solutions” Becky Johnson





# Son HPPG and Community Planning

- EHE Workgroup Monthly Meeting
- Nevada Health Consortium
- Las Vegas TGA Part A Planning Council (Ryan White)
- Other?
- What other topics, speakers, requests for 2025?

When it's time, join your Webex meeting here.

[Join meeting](#)

**More ways to join:**

**Join from the meeting link**

<https://snhd.webex.com/snhd/j.php?MTID=m9067812463>

**Join by meeting number**

Meeting number (access code): 2557 471 1077

Meeting password: QRnN38weGN2

**Tap to join from a mobile device (attendees only)**

[+1-415-655-0001](tel:+1-415-655-0001),,[25574711077##](tel:+1-415-655-0001) US Toll

**Join by phone**

+1-415-655-0001 US Toll

[Global call-in numbers](#)

**Join from a video system or application**

Dial [25574711077](tel:25574711077)@[snhd.webex.com](mailto:snhd.webex.com)

You can also dial 173.243.2.68 and enter your meeting nu

# CLIMBING HIGHER MOUNTAINS



## National Black HIV/AIDS Awareness Day 2025 Dinner

Friday, February 7th  
5:30 - 8:30 PM | 401 S. Maryland Pkwy

Join us at The Center for an evening of food, family and community to celebrate our victories and triumphs. This free event will include presentations from community leaders and performances from local talent. **FREE HIV TESTING AVAILABLE**



**RSVP:** [thecenterlv.org/form/  
climbing-higher-mountains](https://thecenterlv.org/form/climbing-higher-mountains)



For questions and vendor opportunities, contact  
Kiande at 702-802-5412 or [kjakada@thecenterlv.org](mailto:kjakada@thecenterlv.org)



INTRODUCING THE CREATING CHANGE CONFERENCE

\$50

WEEKEND  
PARTY PASS

Perfect for local attendees or Creating Change enthusiasts looking to experience the evening energy of CC25, the Weekend Party Pass includes entry to the Desert Sun Meets Vegas Lights House Ball and Kierra's Kabaret.

Go to [creatingchange.org](https://creatingchange.org) for more information!

January 22-26, 2025

Rio Hotel & Casino Las Vegas | Las Vegas, NV

ROOTED IN RESISTANCE  
POWER & LOVE  
CREATING CHANGE 2025

NATIONAL  
LGBTQ  
TASK FORCE



# 2025 Community Health Worker Summit

## Mapping Community Health: Discovering Nevada's Potential

**April 25, 2025 | 8:30 am to 4 pm**

**College of Southern Nevada - Charleston Campus**

6375 W. Charleston Blvd. Las Vegas, NV 89146

Attention all community health workers! Join us for a day of learning and networking designed to help you strengthen your skills and discover new resources to better serve your community.

**If you are interested in presenting at the Summit, please send us your abstract by January 31.**

For more information and to submit your abstract, please e-mail [angel.garciasaavedra@commonspirit.org](mailto:angel.garciasaavedra@commonspirit.org).

Slots are limited.

**Hello humankindness®**





MEETING	SON HPPG
FACILITATOR	Radeloff
LOCATION	Calico Hills Conference Room / Teams

DATE	1/15/2024
TIME	2-4 pm



NO.	NAME (PLEASE PRINT)	PROGRAM/AGENCY/AFFILIATION	EMAIL	PHONE	SIGNATURE
1	SANDI SAITO	ODS			<i>[Signature]</i>
2	Victoria Hughes	ODS			<i>[Signature]</i>
3	Wendy Collins	DPBH			<i>[Signature]</i>
4	Isabella Reuben	DPBH			<i>[Signature]</i>
5	Rachel Holbert	ODS			<i>[Signature]</i>
6	Heather Smith	Gilead		515-333-2110	<i>[Signature]</i>
7	Cheyl Radeloff	ODS-HEA			
8	VICTUAL ATTENDEES				
9	Christopher Jenner		Tonia Atencio-CHNSHD		
10	Bryan Heitz		Tory Johnson		
11	Xavier Foster		Mary Lisa Paulo		
12	Chris Reynolds		Torrah Kilgore		
13	Derial Lauria-CAHS		Christian Casarman		
14	Victoria Burns		Jessica Johnson-SHD		
15	Lynthia Sotelo		Albert Solano - Center		
16	Bishop Bonnie		Joseph Murray		
17	Maria Montes-Dignity		Laura Valentino		
18	John Sapers		Malcolm A.		
19	Patrick Ford-cad				
20	Victoria Young				