This project evaluated two behavioral therapies for substance abuse and concomitant sexual risk behaviors applied to primarily stimulant abusing gay and bisexual men in Los Angeles. One hundred twenty-eight participants were randomly assigned to 16 weeks of a gay-specific cognitive–behavioral therapy (GCBT, n = 64) or to a gay-specific social support therapy (GSST; n = 64), with follow-up evaluations at 17, 26, and 52 weeks after randomization. No overall statistically significant differences were observed between conditions along retention, substance use, or HIV-related sexual risk behaviors. All participants showed a minimum of two-fold reductions in substance use and concomitant sexual risk behaviors from baseline to 52-week evaluations. Among methamphetamine-using participants, the GCBT condition showed significant effects over GSST for reducing and sustaining reductions of methamphetamine. Findings replicate prior work and indicate that GCBT produces reliable, significant, and sustained reductions in stimulant use and sexual risk behaviors, particularly in methamphetamine-abusing gay and bisexual men.