

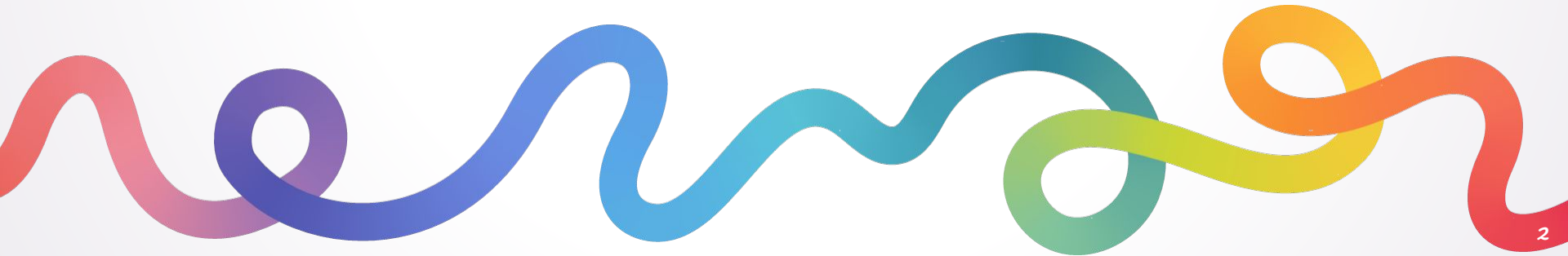


# **Addiction Care for LGBTQ+ Patients**

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# *Disclosures*

I have no financial conflicts of interest to declare.



# *Objectives*

1. Review proper terminology and language used to describe the spectrum of gender, sexual orientation, and other identities that patients will express
2. Identify population-specific risks and treatments that apply to patients within the LGBTQ+ community
3. Discuss the pharmacology and addiction-relevant properties of substances found more commonly in the LGBTQ+ community
4. Learn updated CDC recommendations for recommending and prescribing pre-exposure prophylaxis for HIV





1.  
*LGBTQ+*  
*Identities*

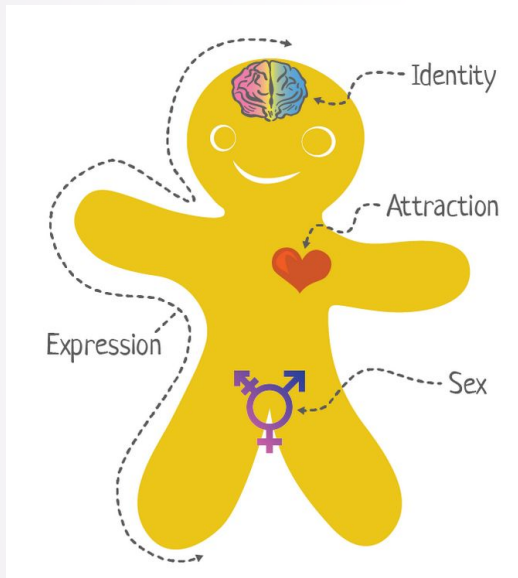
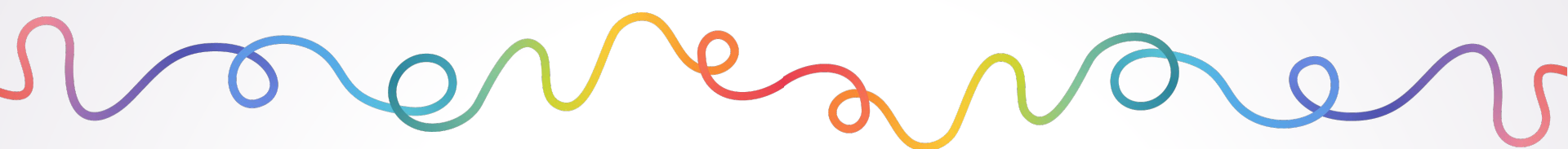
## *What is identity?*

- The term “LGBTQ+” is imperfect and fails to capture a number of identities people might express
- This term generally identifies people who experience gender or sexuality/attraction outside of rigid societal boundaries
- Gender identity, gender expression, sexual attraction, and romantic attraction can all be viewed separately and on a spectrum
- Identity terms are narrow and rigid (“straight”, “gay”, “trans”, etc) and do not carry complexity well









 **Gender Identity**

-  Woman-ness
-  Man-ness

 **Gender Expression**

-  Femininity
-  Masculinity



 **Anatomical Sex**

-  Female-ness
-  Male-ness



Identity  $\neq$  Expression  $\neq$  Sex  
 Gender  $\neq$  Sexual Orientation

Sex Assigned At Birth  
 Female  Intersex  Male

 **Sexually Attracted to...** and/or (a/o)

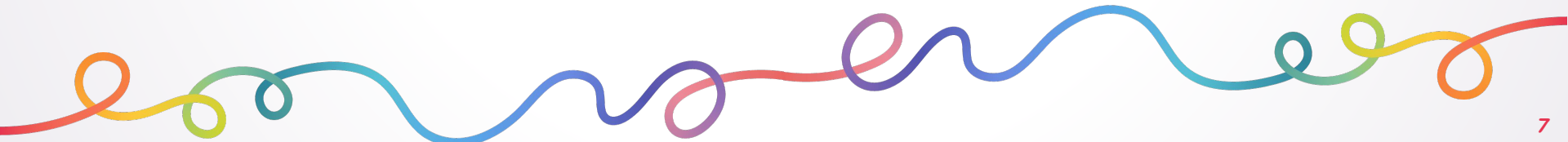
-  Women a/o Feminine a/o Female People
-  Men a/o Masculine a/o Male People

 **Romantically Attracted to...**

-  Women a/o Feminine a/o Female People
-  Men a/o Masculine a/o Male People

Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at [www.genderbread.org](http://www.genderbread.org)



# *Identity terms*

Some identity terms you might encounter:

- Queer: generally refers to identities outside of the “mainstream”. On its own usually refers to sexuality (not necessarily gender)
- Genderqueer: Gender identity or expression outside the gender binary
- Asexual/Aromantic: A lack of sexual attraction or romantic attraction (can exist together or separately). Does **not** necessarily imply a lack of sexual activity.
- Agender: A lack of gender identity or expression
- Pansexual: Attraction to all forms of gender identity/expression
- Polyamorous: Someone who has/desires multiple romantic partners

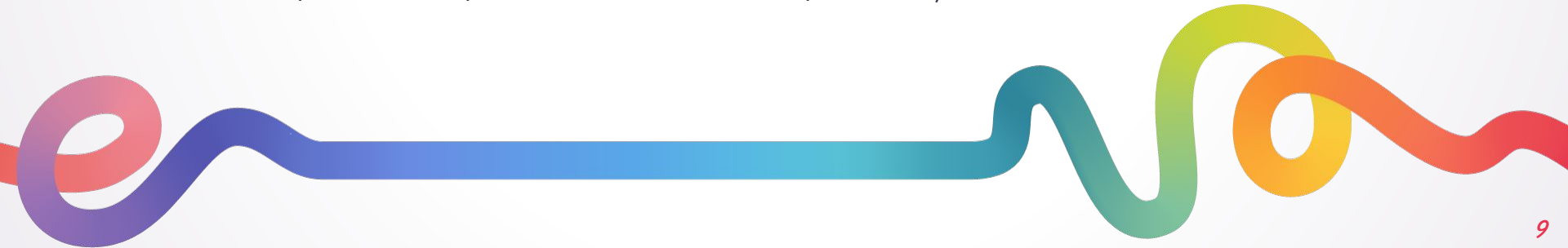




# *Epidemiology terms*

There are some terms we use to classify people that may not necessarily be an identity (though can be):

- AMAB/AFAB: Assigned Male/Female at Birth, refers to “birth sex” or the gender that was assigned/assumed based on genitalia
- Intersex: People born with differences in expected sex traits and reproductive anatomy (eg. 5-alpha-reductase deficiency, Turner syndrome)
- MSM/WSW: Men/Women who have sex with Men/Women, refers only to sexual practices and not necessarily identity
- MLM/WLW: Men/Women who love Men/Women, refers to romantic attraction



# *Working with LGBTQ+ patients*

- With the wide variability in gender expression and sexuality patients will show, it's best to ask rather than assume
- Many trans and gender non-conforming patients identify discrimination and lack of provider knowledge about identity as a source of dissatisfaction with healthcare
- Identifying your own pronouns can help patients feel more comfortable sharing their own
- Use the terms the patient uses to describe their identity (eg. don't replace "gay" with "homosexual")



# *Communication*

- When you make a mistake, apologize briefly, but don't linger on the issue. Show learning by avoiding repeating the mistake.
- Don't ask unnecessary questions (eg. what sexual organs someone has)
- Refer to patients by their **current** identity (eg. transgender man vs "female-to-male transgender")
- Avoid assuming identity based on physical appearance
- Avoid gendered terms when possible, and consider using gender neutral pronouns (they/them) when you don't know someone's identity



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2.

*Population  
Specific Issues*

# *Health Disparities*

- LGBTQ+ patients have unique barriers to healthcare and unique risks that should inform their care
- LGBTQ+ identified patients:
  - Are less likely to receive routine preventative healthcare
  - Have higher rates of smoking, substance use, depression, and anxiety
  - Youth are 2-3 times more likely to attempt suicide, more likely to experience homelessness, and more likely to contract STIs



## *SUD risks*

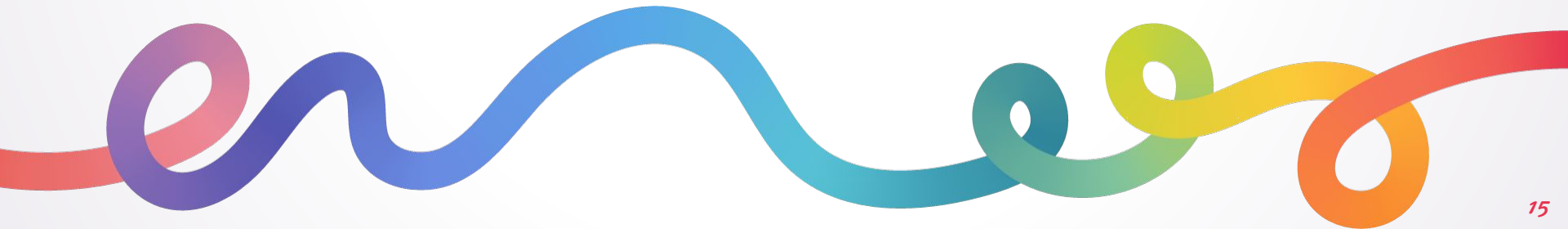
- National data suggest that LGBTQ+ identified patients are more likely to have misused prescription pain medication in the last year
- Smaller studies suggest increased prevalence of OUD among trans- and gender diverse youth compared to peers
- Non-heterosexual patients are more likely to have alcohol use disorder compared to heterosexual peers





## *Understanding risks*

- The reasons why mental health and SUD risks are higher among LGBTQ+ patients are increased are not fully understood
- Proposed rationales include increased rates of bullying among youth, increased social isolation, higher rates of trauma, and increased access to substances
- One study among Australian LGBTQ+ youth identified a positive association between active involvement in the LGBTQ+ community and SUD risk



# *Chemsex/sexualized drug use*

- SDU: Generally refers to engaging in intentional sexual activity with others while under the influence of drugs
- Chemsex: a particular form of SDU in which participants use substances to prolong or heighten the sexual experience, often with multiple partners. Generally applied exclusively to LGBTQ+ community, particularly MSM
- Other names include PnP (“party-and-play”), “hi-fun”, “parTy”, “wired play”
- Associated with higher rates of injection drug use, STI transmission, and adverse psychosocial outcomes
  - In one meta-study, 15-42% of participants reported chemsex as having a negative impact on their mental health

AT&T 5:37 PM 69%

ParTlyKloudy 25

Online now

686 m away

Can geT you whaT you looking for. Only contact me for business

Height	178 cm
Weight	70 kg
Body Type	Slim
Looking for	Networking

AT&T 1:34 AM 2%

TREATS 22

Online 53 minutes ago

808 m away

and

Height	170 cm
Weight	61 kg
Ethnicity	Black
Body Type	Toned
Position	Bottom
HIV Status	Negative
Last Tested	January 2018

Find me on

Switch and save 20% on average. Now that's extraordinary. NJM Auto Insurance. GET A QUOTE NOW

You pnp

10:53PM

Usually not. Just weed and poppers

10:54PM

I can host I'm and the hospital got my own private room if you want to come

10:55PM

Lol. I'll pass

Delivered 10:56PM

Say something...

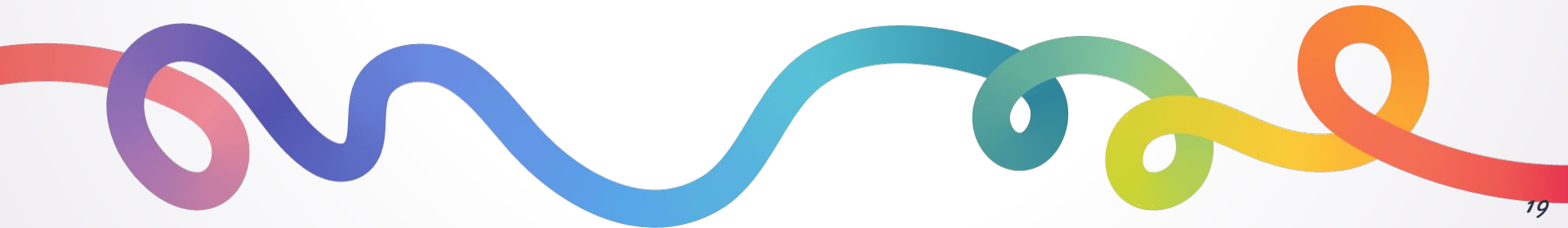
## *Chemsex details*

- Some terms you may encounter from patients:
  - Boofing/booty bumping: insertion of a substance into the rectum for transmucosal absorption
  - Slamming: IV drug use
  - Poz/neg: Refers to HIV serostatus
- Chemsex is practiced by a **minority** of MSM and should not be assumed
- May not meet criteria for a use disorder, though associated risks should prompt discussion of treatment



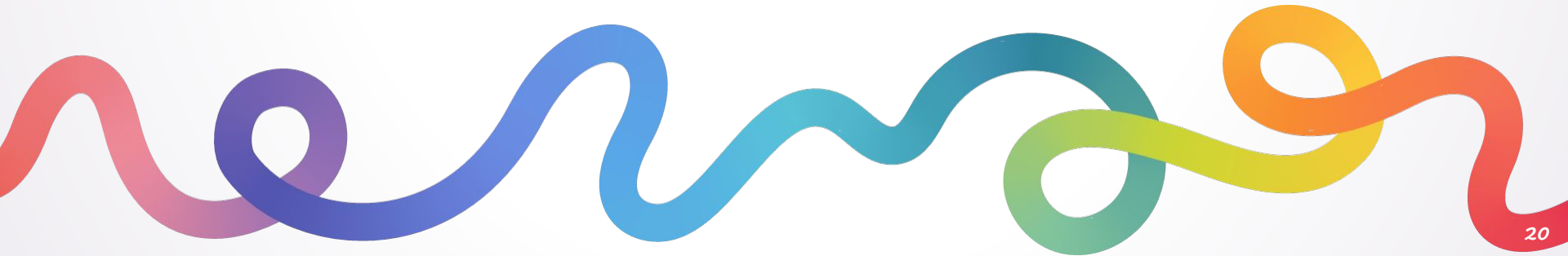
## *Consequences of chemsex*

- Multiple studies have found an association between chemsex and HIV prevalence, STI transmission, and high-risk sexual behavior in MSM
- Strength of association varies by drug used, but strongest evidence for stimulants and poppers (amyl nitrite)
- Paucity of research on gender diverse people and WSW
- Global public health impact, though believed most prevalent in US, UK, and Southeast Asia



## *SUD treatment*

- Very little evidence guiding treatment for chemsex, complicated by already-limited options for stimulant and sedative-hypnotic use disorders
- Population-specific treatment for LGBTQ+ patients is fairly rare and highly variable (“LGBT friendly” may not differ from standard treatment)
- LGBTQ+ patients are more likely to experience stigma and discrimination in group settings
- Chemsex in particular is difficult to treat due to substance use being paired with reinforcing behavior or used to reduce negative impacts of sex





# Getting Off:

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



*Cathy J. Reback, Ph.D.  
Steven Shoptaw, Ph.D.  
James A. Peck, PsyD.  
Sherry Larkins, Ph.D.  
Thomas E. Freese, Ph.D.  
Richard A. Rawson, Ph.D.*

## 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

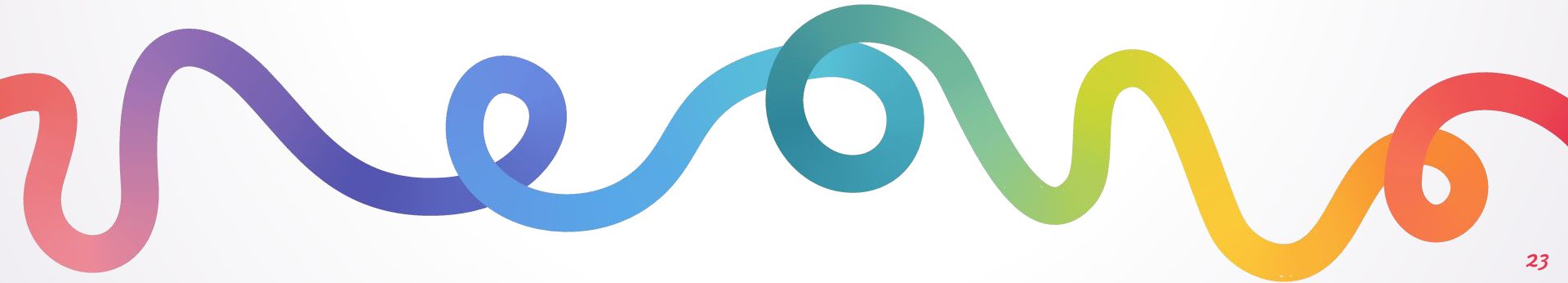
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3.

*Substances of  
Interest*

# *Methamphetamine*

- Often referred to as “ice” or “tina” in LGBTQ+ communities
- Commonly smoked, injected, insufflated, or rectally absorbed
- Perceived benefits of use: increased energy, increased sexual stamina, prolonged orgasm, euphoria, increased sensitivity
- Can be associated with “marathon sex” and prolonged periods without sleep



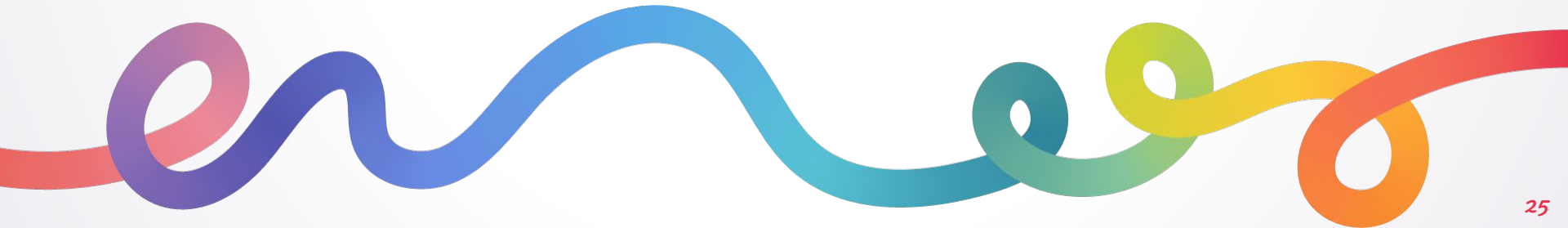
# *GHB (gamma-hydroxybutyrate)*

- Short-chain fatty acid present endogenously in the brain
- Acts at GHB and GABA<sub>B</sub> receptors, promoting dopamine, glutamate, and GABA activity, leading to mixed stimulant-sedative effect
- Perceived benefits of use: feeling relaxed/sociable, alcohol-like intoxication, amnestic
- **Severe** withdrawal syndrome with risk of seizure, difficult to treat
- Also available as prodrug (GBL, gamma-butyrolactone) and pharmaceutically (Xyrem, sodium oxybate)



## *Amyl nitrites ("poppers")*

- Class of alkyl nitrites includes amyl nitrite, butyl nitrite, n-butyl nitrite
- Leads to formation of NO with widespread vasodilatory effects
- Perceived benefits: warm/woozy feeling, increased sexual desire, increased blood flow, relaxation of sphincter muscles
- Can lead to facial dermatitis and retinal damage with ongoing exposure
- Extreme use or ingestion can lead to methemoglobinemia
- Available over the counter without significant regulation
- Very challenging to test







# *Ketamine*

- Can be injected, insufflated, ingested, rectally absorbed or smoked
- NMDA receptor antagonist, but has many other receptor effects including decreased catecholamine uptake and dopamine transporter inhibition
- Perceived benefits: relaxing or energizing (dose dependent), numbness, relaxed sphincter muscles, hallucination
- Generally does not cause respiratory suppression in overdose
- Illicit use associated with negative mental health outcomes
- Relatively mild withdrawal syndrome



# *Mephedrone ("meow-meow", "M-CAT")*

- Cathinone derivative similar to methcathinone and methylone
- Similar effects to MDMA, also often compared to cocaine
- Potent CNS stimulant with dopaminergic and serotonergic activity
- Perceived benefits: euphoria and increased sensitivity similar to MDMA, sexual arousal, increased energy
- Come-down associated with profound rebound depression and serotonin depletion (as seen in MDMA)



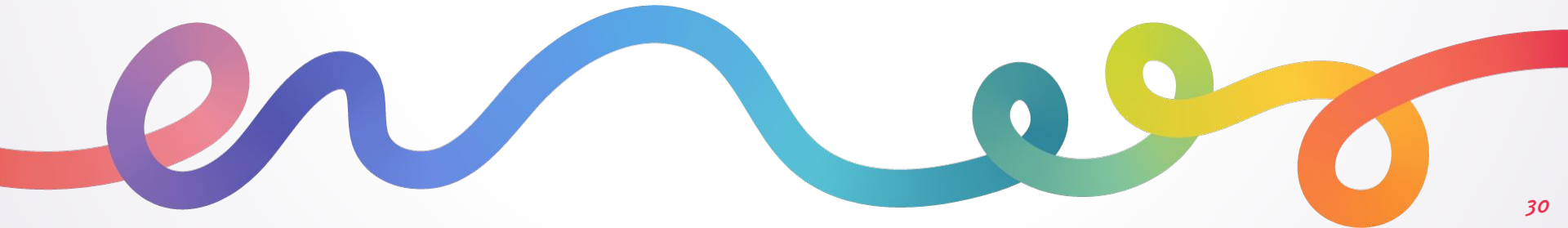


4.

*HIV  
Prophylaxis*

## *HIV Prevalence*

- Despite ongoing public health efforts, there were more than 30,000 new HIV diagnoses in the US in 2020
- In Minnesota, male-with-male sexual activity remains the highest risk for HIV transmission among men, followed by IV drug use
- HIV pre-exposure prophylaxis (PrEP) has been shown to be effective in preventing the transmission of HIV (both sexual and IV transmission)



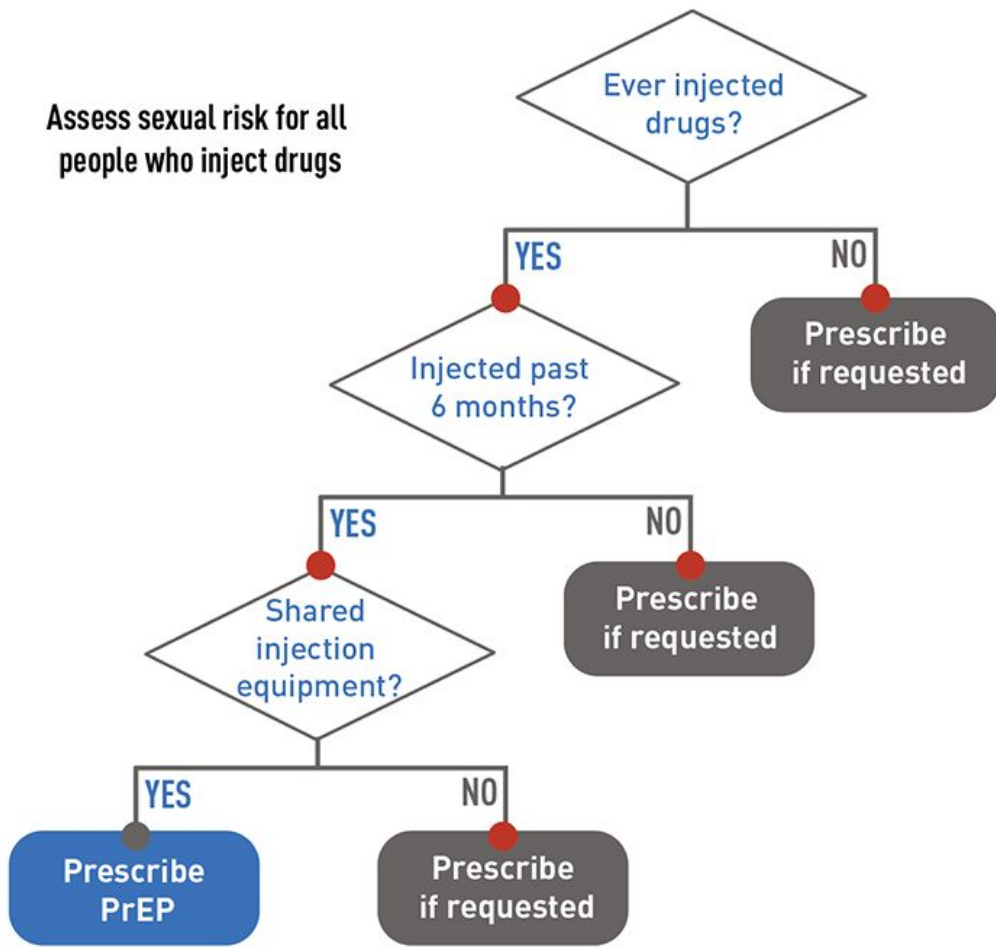
# *HIV Prevention*

Injection drug use:

- Never share supplies
- Use clean supplies each time
- Take advantage of syringe exchange programs
- Dispose of materials safely
- Always use clean water
- If shared supplies must be used, bleach-sterilize supplies
- PrEP should be offered to anybody who uses injection drugs



**Assess sexual risk for all people who inject drugs**





US Public Health Service

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

A CLINICAL PRACTICE GUIDELINE





*Thank you for listening!*

*Questions?  
latha023@umn.edu*

# Resources

- [Fenway Health - Providing inclusive services and care for LGBT people](#)
- [AIDS United Chemsex Toolkit](#)
- [Getting Off - A Behavioral Treatment Intervention](#)
- [Hennepin ECHO Chemsex Series - 1](#)
- [Hennepin ECHO Chemsex Series - 2](#)
- [Hennepin ECHO Chemsex Series - 3](#)
- [CDC PrEP Guidelines - 2021 Update](#)



# References

1. Hibbert MP, Hillis A, Brett CE, Porcellato LA, Hope VD. A narrative systematic review of sexualised drug use and sexual health outcomes among LGBT people. *International Journal of Drug Policy*. 2021;93:103187. doi:10.1016/j.drugpo.2021.103187
2. Peralta RL, Victory E, Thompson CL. Alcohol use disorder in sexual minority adults: Age- and sex- specific prevalence estimates from a national survey, 2015-2017. *Drug and Alcohol Dependence*. 2019;205:107673. doi:10.1016/j.drugalcdep.2019.107673
3. Maxwell S, Shahmanesh M, Gafos M. Chemsex behaviours among men who have sex with men: A systematic review of the literature. *International Journal of Drug Policy*. 2019;63:74-89. doi:10.1016/j.drugpo.2018.11.014
4. Bolmont M, Tshikung ON, Trelu LT. Chemsex, a Contemporary Challenge for Public Health. *The Journal of Sexual Medicine*. 2022;19(8):1210-1213. doi:10.1016/j.jsxm.2022.03.616
5. Jaspal R. Chemsex, Identity and Sexual Health among Gay and Bisexual Men. *Int J Environ Res Public Health*. 2022;19(19):12124. doi:10.3390/ijerph191912124
6. Demant D, Hides L, White KM, Kavanagh DJ. Effects of participation in and connectedness to the LGBT community on substance use involvement of sexual minority young people. *Addict Behav*. 2018;81:167-174. doi:10.1016/j.addbeh.2018.01.028
7. Reback CJ, Veniegas R, Shoptaw S. Getting Off: development of a model program for gay and bisexual male methamphetamine users. *J Homosex*. 2014;61(4):540-553. doi:10.1080/00918369.2014.865459
8. Frankis J, Flowers P, McDaid L, Bourne A. Low levels of chemsex amongst men who have sex with men, but high levels of risk amongst men who engage in chemsex: analysis of a cross-sectional online survey across four countries. *Sex Health*. 2018;15(2):144-150. doi:10.1071/SH17159
9. Barceloux DG. *Medical Toxicology of Drug Abuse: Synthesized Chemicals and Psychoactive Plants*. John Wiley & Sons; 2012. <http://site.ebrary.com/id/10630640>

# References

10. Íncera-Fernández D, Gámez-Guadix M, Moreno-Guillén S. Mental Health Symptoms Associated with Sexualized Drug Use (Chemsex) among Men Who Have Sex with Men: A Systematic Review. *Int J Environ Res Public Health*. 2021;18(24):13299. doi:10.3390/ijerph182413299
11. Bowden-Jones O, Whitelock C, Abdulrahim D, Hemmings S, Margetts A, Crawford M. Prevalence of HIV risk-related drug use and sexual activity among men who have sex with men attending a specialist UK club drug clinic. *Drugs and Alcohol Today*. 2017;17(1):50-59. doi:10.1108/DAT-01-2017-0001
12. Dennermalm N, Scarlett J, Thomsen S, Persson KI, Alvesson HM. Sex, drugs and techno – a qualitative study on finding the balance between risk, safety and pleasure among men who have sex with men engaging in recreational and sexualised drug use. *BMC Public Health*. 2021;21:863. doi:10.1186/s12889-021-10906-6
13. Hoornenborg E, Coyer L, Achterbergh RCA, et al. Sexual behaviour and incidence of HIV and sexually transmitted infections among men who have sex with men using daily and event-driven pre-exposure prophylaxis in AMPrEP: 2 year results from a demonstration study. *The Lancet HIV*. 2019;6(7):e447-e455. doi:10.1016/S2352-3018(19)30136-5
14. Paschen-Wolff MM, Velasquez R, Aydinoglo N, Campbell ANC. Simulating the experience of searching for LGBTQ-specific opioid use disorder treatment in the United States. *Journal of Substance Abuse Treatment*. 2022;140:108828. doi:10.1016/j.jsat.2022.108828
15. Johns MM, Lowry R, Andrzejewski J, et al. Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017. *MMWR Morb Mortal Wkly Rep*. 2019;68(3):67-71. doi:10.15585/mmwr.mm6803a3
16. Hobster K, McLuskey J. Transgender patients' experiences of health care. *Br J Nurs*. 2020;29(22):1348-1353. doi:10.12968/bjon.2020.29.22.1348
17. Girouard MP, Goldhammer H, Keuroghlian AS. Understanding and treating opioid use disorders in lesbian, gay, bisexual, transgender, and queer populations. *Subst Abus*. 2019;40(3):335-339. doi:10.1080/08897077.2018.1544963
18. Felmlee MA, Morse BL, Morris ME.  $\gamma$ -Hydroxybutyric Acid: Pharmacokinetics, Pharmacodynamics, and Toxicology. *AAPS J*. 2021;23(1):22. doi:10.1208/s12248-020-00543-z