Widening the Net: Engaging Sexual and Gender Minority Youth in Addiction Treatment

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#ASAMAnnual2022

Disclosure Information

- Presenter 1: Paula Goldman, MD
  - No Disclosures
- Presenter 2: Megana Dwarakanath, MD, MEd
  - No Disclosures
- Presenter 3: Stephanie Klipp, RN, CARN, CAAP. CRS
  - No Disclosures
- Presenter 4: J. Deanna Wilson, MD, MPH
  - No Disclosures

Learning Objectives

1. Describe the disproportionate effects of substance use on sexual and gender minority youth and factors that may contribute to this disparity, including minority stress and effects of the COVID-19 pandemic.
2. Discuss the relationship between substance use and high-risk sexual behaviors and apply harm reduction strategies for youth engaging in high risk sexual behavior, including evidence-based STI screening, initiation and monitoring of PrEP, and office-based counseling to reduce risk.
3. Implement innovative and affirming approaches to addressing substance use for sexual and gender minority youth.

Epidemiology: SGM and SUD

Disparities in Substance Use

Higher rates of past-year substance use among different SGM populations

4x more likely to develop a SUD

Bisexual women appear to be at particularly heightened risk for developing substance use disorders

Family rejection has also been found to be related to smoking and elevated drug and alcohol use

Disparities in Treatment

Sexual orientation and gender identity are rarely reported

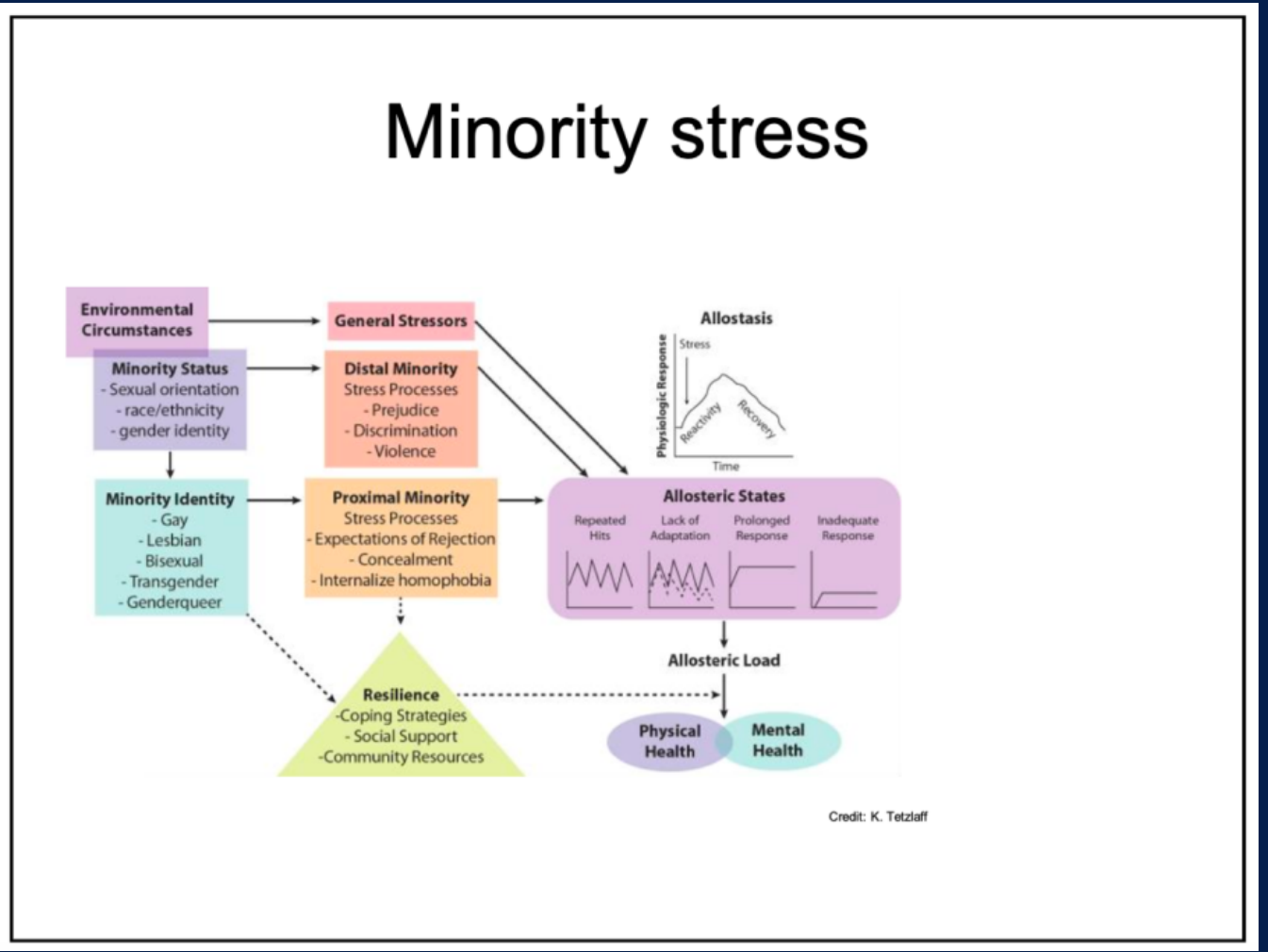
Limited research aimed at preventing or reducing substance use within this population

In general: Adolescents are the most under-treated age group

Treatment is often sub-optimal

Barriers may be amplified for SGM youth due

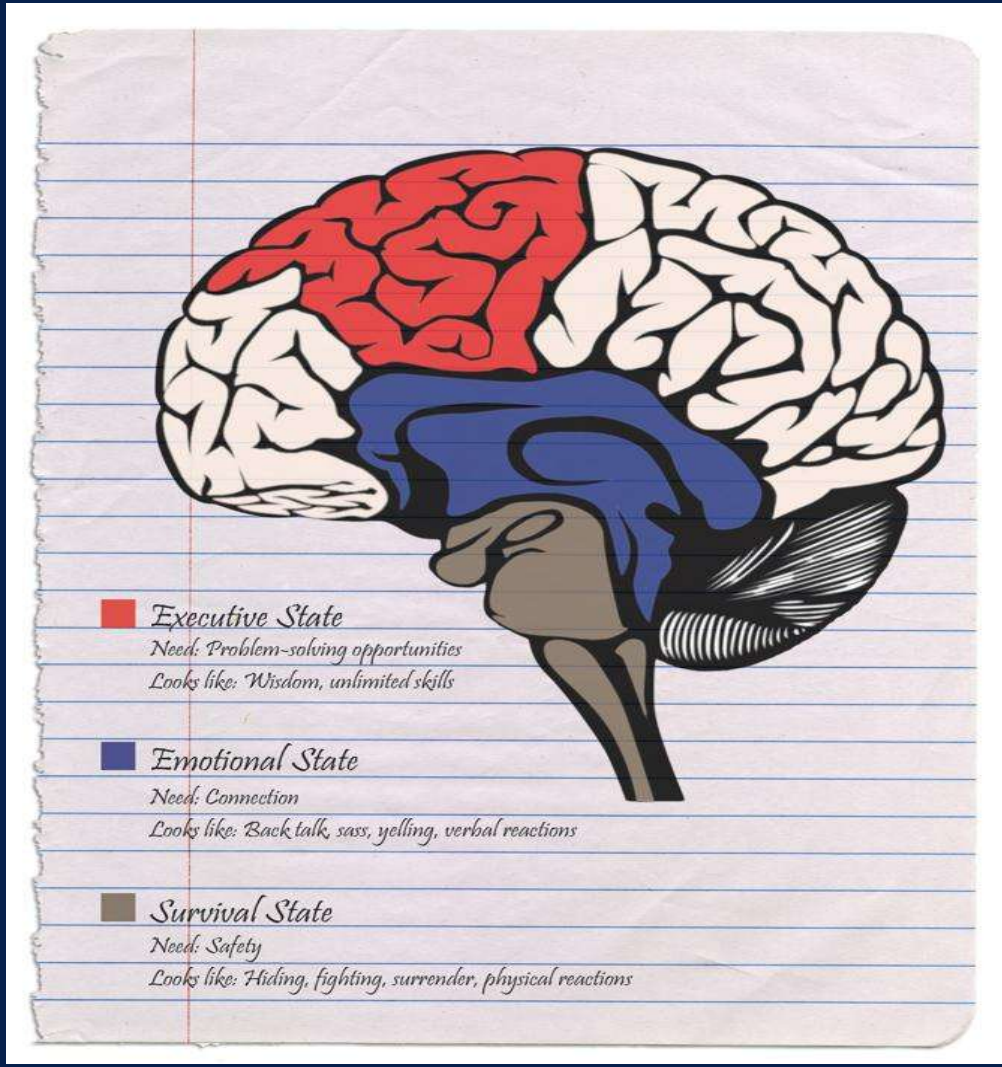
Minority Stress Model



- Tetzlaff et al., 2009

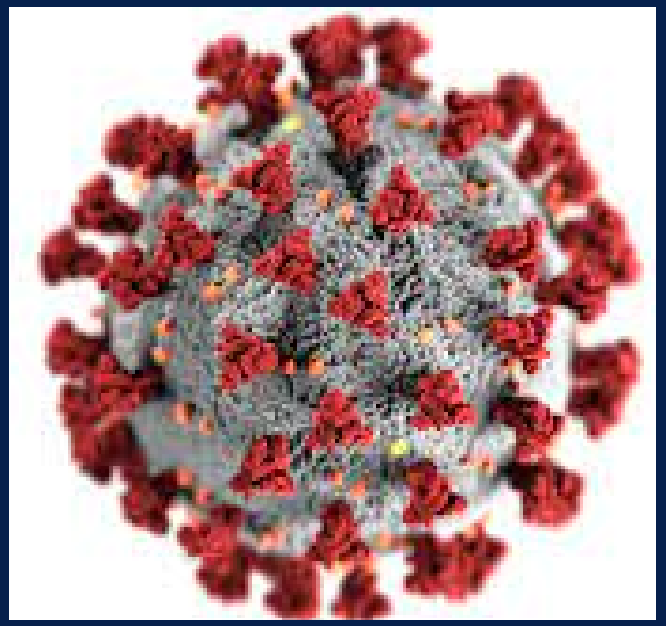
Minority Stress as a Precipitant for SUD

- Anti-SGM bullying elevate risk of SUD
- Homelessness among youth with SGM also risk factor for SUD



Russell et al., 2011, Cochran et al., 2003

Exacerbation by COVID-19



- Substance use heightened among SGM during the pandemic in survey of 1404 Canadian youths.
  - 31.2% of participants reported illicit substance
  - Barriers to accessing mental health and addiction services
- Additional barriers to Telehealth platforms (cell phone, reliable Internet) among SGM youth
- Remote learning

Chaiton et al., 2021

Case 1

- A 19 year old non-binary youth with chosen name Raj of South Asian American descent (they/them) to establish at your clinic for alcohol use disorder (AUD)
  - On chart review, multiple no-shows, invalid phone number
  - During intake, called by dead name and incorrect pronouns
  - Prior to rooming them, the MA hands the patient an empty cup, saying “All girls need to pee in a cup to make sure they are not pregnant.”

Let's discuss

- What are the explicit and implicit messages this patient is receiving?

Creating an Affirming Space: Explicit and Implicit Messages

- Explicit
  - misgendering patient
  - calling patient by a *dead* name (a name they no longer use, but was previously assigned to them)

- Implicit
  - Triggering protocols
  - not recognizing patterns of care barriers (telephone access)

Strategies for Inclusivity: Using Inclusive Language

- Cisgender vs. transgender
- Transgender woman (AMAB, MTF)
- Transgender man (AFAB, FTM)
- Non-binary
- Gender fluid
- Gender non-conforming or gender diverse
- Gender identity vs. gender expression
- Chosen pronouns (he/him, she/her, they/them, zee/zir, etc.)

Strategies to Make Spaces More Inclusive: Avoiding Assumptions

- Using non-gendered language
  - *Instead* of, “Are you sexually active with men*?*”
  - *Rephrase* to “Are you sexually active with a sperm-producing partner*?*”
  - *Instead* of “do you have a boyfriend?”
  - *Rephrase* to “are you in a relationship?”
  - *Instead* of “Do you want to have a baby?”
  - *Rephrase* to “What are your reproductive goals?”

Strategies for Making Spaces Inclusive: Staff Training

- Standardization of pronouns at the beginning of all patient encounters
  - What are the pronouns/chosen name?

- Ensuring patient safety in encounters
  - When to use?

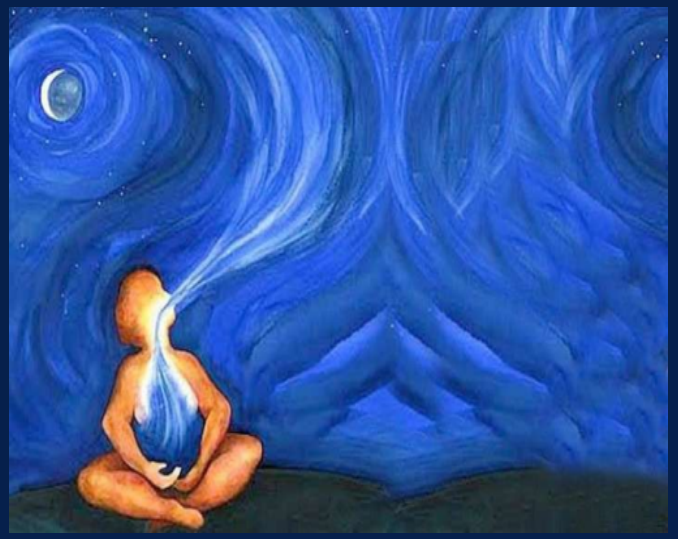
Strategies for Making Spaces More Inclusive: Responding to Disclosure

- Clinical spaces may present themselves as the first/only opportunities for patients to disclose their gender identities

  - Example language: “Thank you for trusting me enough to tell me about who you are. I want to make sure that you feel safe and affirmed while you’re here. What some ways can I make sure that happens?”

Strategies for Making Spaces More Inclusive: Acknowledging Mistakes

- If you use the wrong pronouns
  - *Take* a breath
  - *Notice* discomfort (or a patient may tell you explicitly)
  - *Apologize*: ***I'm sorry, it's important to me that you feel supported and affirmed in this space. Could you help me understand what I can do better?***



- CAYAH Tip Sheet by Caitlin Thornburgh, LCSW

Other Considerations for Maximizing Inclusivity

- *Chosen* versus *Preferred*

- Smart text incorporation into EMRs to have pronouns and chosen name in medical chart
- Being mindful about pharmacy scripts, AVS, lab scripts not having the chosen name

Case 2: Laura, a 17 yo

- 17 y/o transgender female patient had presented to ED for a non-fatal overdose
- Referred to your clinic to engage in care for her OUD
- Patient was displaced from her home due to family conflict and rejection.
- Reports emotional and physical abuse from her father because of her gender identity
- She feels her home is unsafe for her to return to home

Case 2: Laura, a 17 yo

- She states she has been homeless for about three months
- Reports she has been using about 4-6 bags of heroin a day
  - Using IV for the last 4-6 weeks
  - States she has also been sharing needles, but only with friends
- She reports engaging in sex work and has not been using condoms
- She also discloses that her recent overdose was frightening, and that it really scared her.
- She is interested in possibly starting medication for her opioid use disorder, and to discuss how she can keep herself more safe during this time

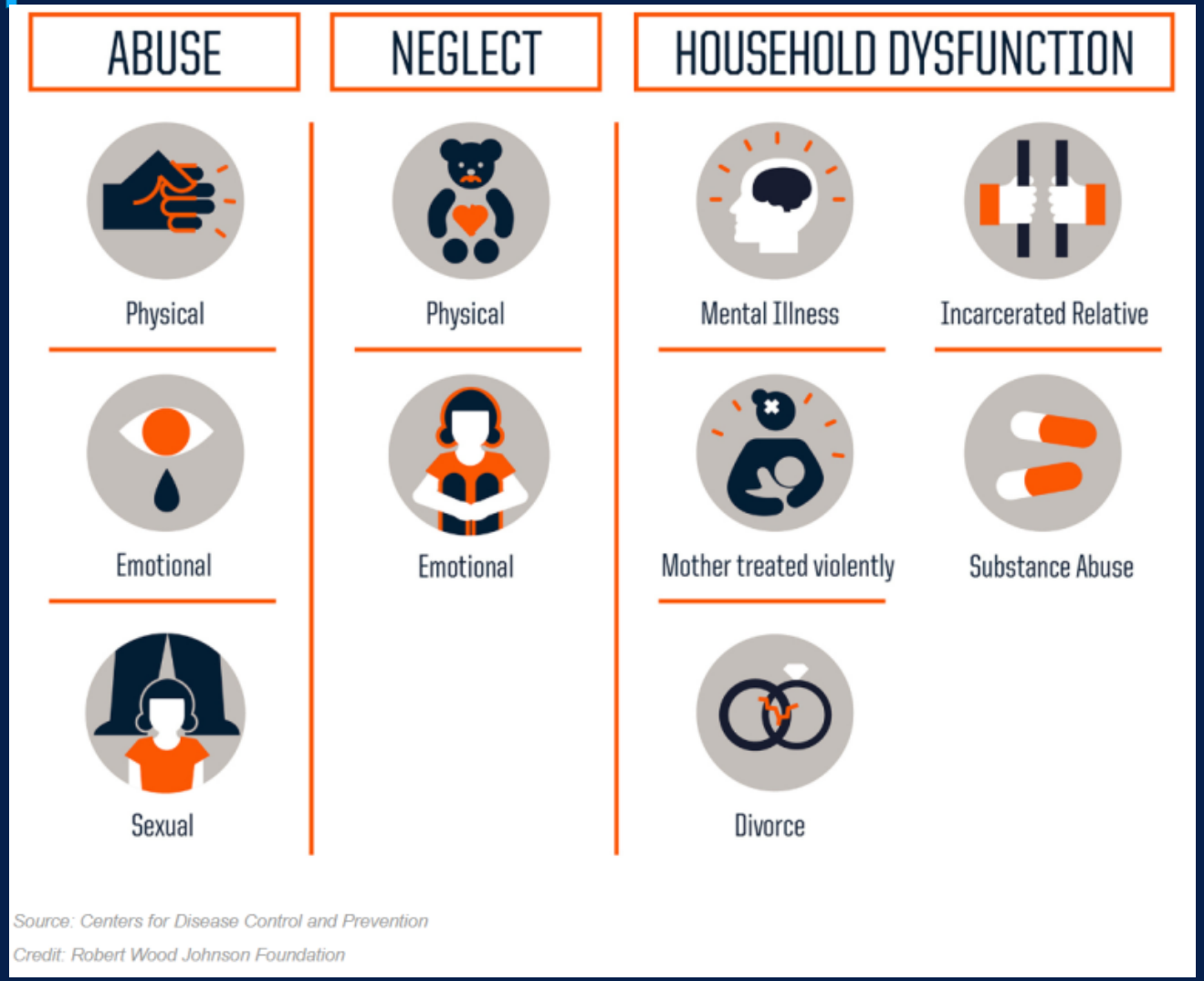
Trauma and SUD in Young People

- Trauma: Increases risk for SUD, Mental health, Housing Instability, & Suicide
  - Risk Factors:
    - Discrimination, bullying, verbal, mental, and physical abuse, sexual assault
    - Rejection - Family, friends, school settings, or faith communities
- Statistics on LGBTQI Youth
  - 86% reported being harassed or assaulted at school
  - 4x more likely to attempt suicide (8x higher if family is not accepting)
  - 120% higher risk for experiencing homelessness

(NAMI: National Alliance on Mental Illness, 2022)

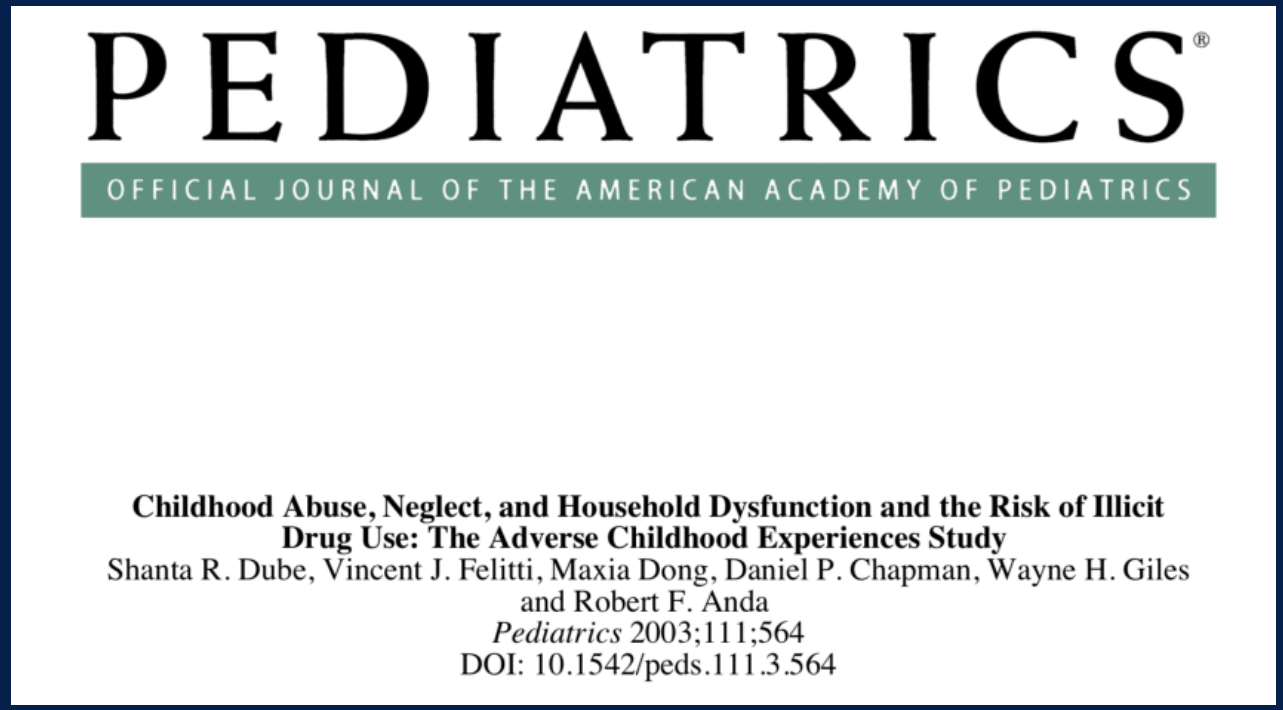
Integrate understanding about trauma into clinical approach

- Adverse Childhood Experiences are strongly associated with SUD
- Those with **4+** ACEs have a **4 to 12-fold** increased risk of SUD
- *Trauma* and *PTSD* associated with worse SUD treatment outcomes



Felitti et al. 1998; Taylor et al. 2017

"Our estimates of the ARFs [attributable risk fraction]… are of an order of magnitude rarely seen in epidemiology and public health…. approximately two thirds (64%) of parenteral drug use is attributable to… abusive or traumatic childhood experiences."



PEDIATRICS®
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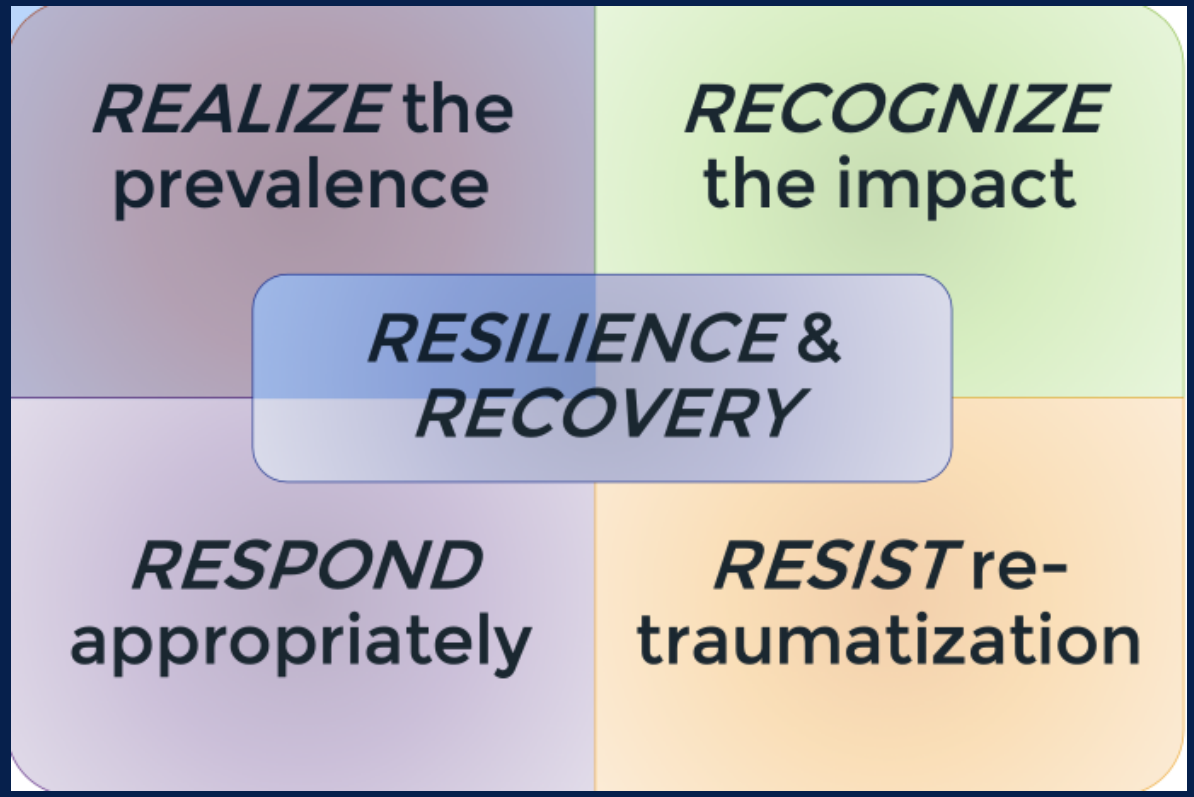
Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study

Shanta R. Dube, Vincent J. Felitti, Maxia Dong, Daniel P. Chapman, Wayne H. Giles and Robert F. Anda

Pediatrics 2003;111;564
DOI: 10.1542/peds.111.3.564

Trauma-Informed Approaches to Care

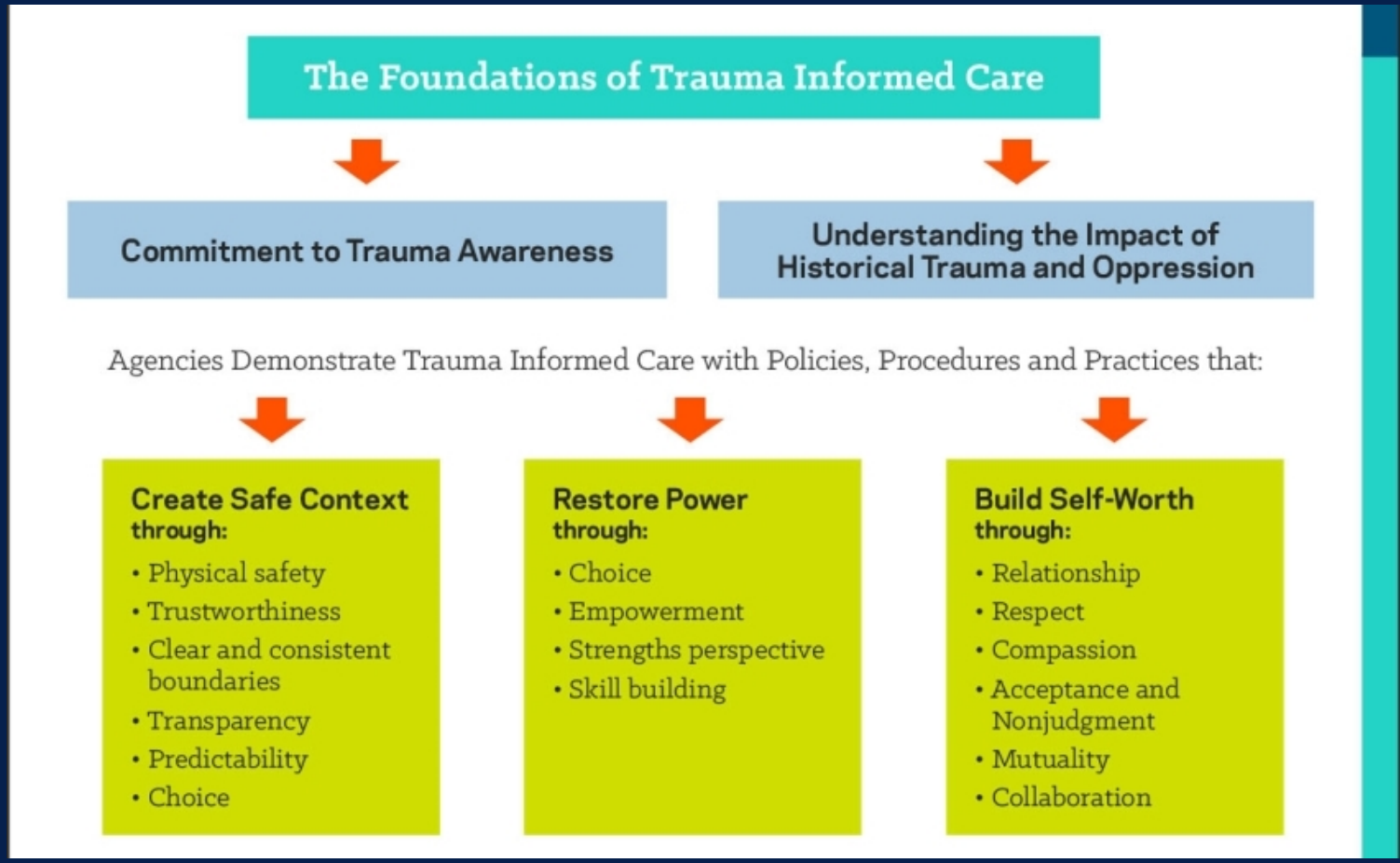
- **Realize** the widespread impact of trauma
- **Recognize** the signs and symptoms of trauma in clients, families, staff and others involved with the system of care
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices
- **Resist** re-traumatization



Charles, 2014

Trauma-Informed Approaches to Care

- Safety
- Trustworthiness and Transparency
- Acknowledge fears/concerns
- Peer Support/community
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historic & Gender Issues



LGBTQIA+ Health Education Center, 2022

Address trauma holistically through delivery of trauma-informed care

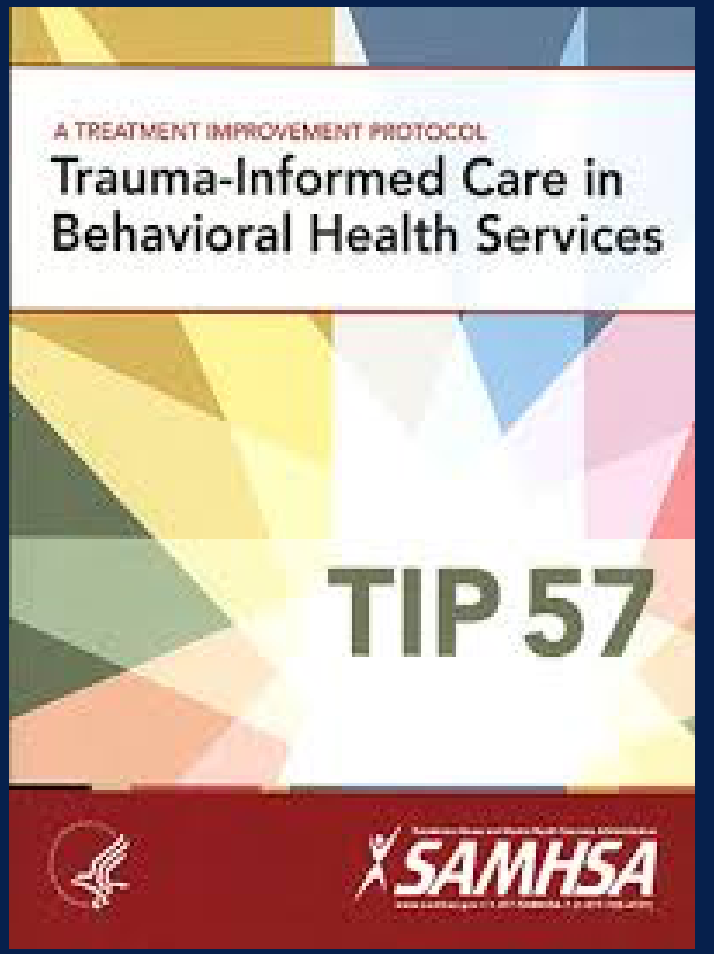


IMAGE: www.ahrq.gov

How can we help Laura stay safe?

Using a Harm Reduction Approach

Create personalized health promotion strategies in collaboration with youth

Understands substance use as a complex, multi-faceted issue, that is on a spectrum from severe use to abstinence

Reduces negative consequences associated with stigmatized behaviors

Recognizes inherent strengths and motivation to be well

It does not attempt to minimize the real dangers associated with licit and illicit drug use, and how those issues impact lives

Understands that a return to use is not a sign of failure

Using a Harm Reduction Approach

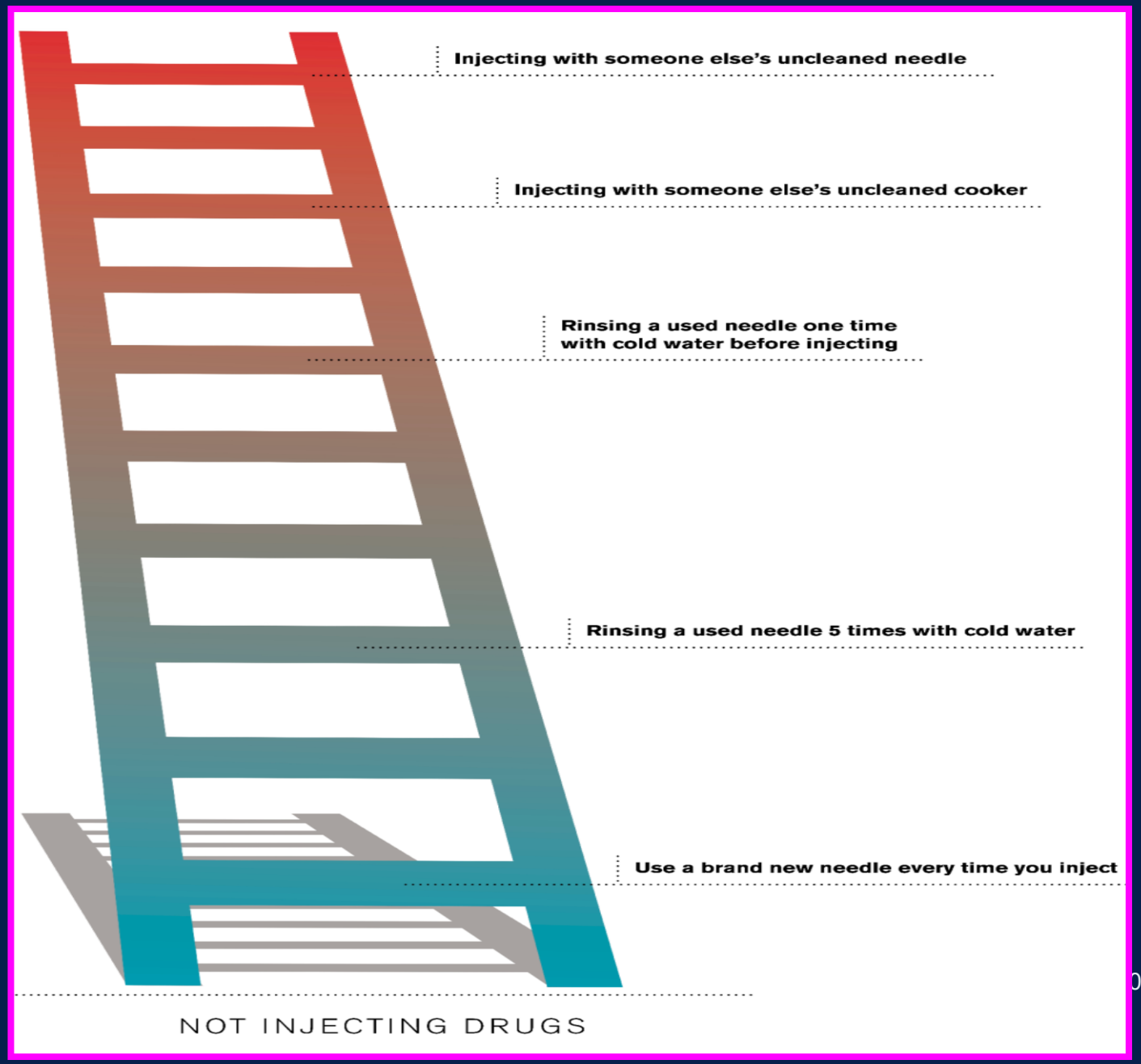
Able to be contextually relevant and responsive to the lived experiences of youth

- Offers options so the youth themselves can determine what is right for them at that time
- Places focus on reducing morbidity and mortality,

Applies evidence-based interventions to reduce negative consequences of behaviors

So what do you say?

- Be concrete
  - Remember developmental stage
  - Use simple language
- Recognize the goal is to help move people from more to less harmful behaviors



A framework for safer injection education:

The 5S's

Educate on Safer

- **S**ettings
- **S**upplies
- **S**ubstances
- **S**ites
- **S**kin prep

Wilson and Klipp, 2022

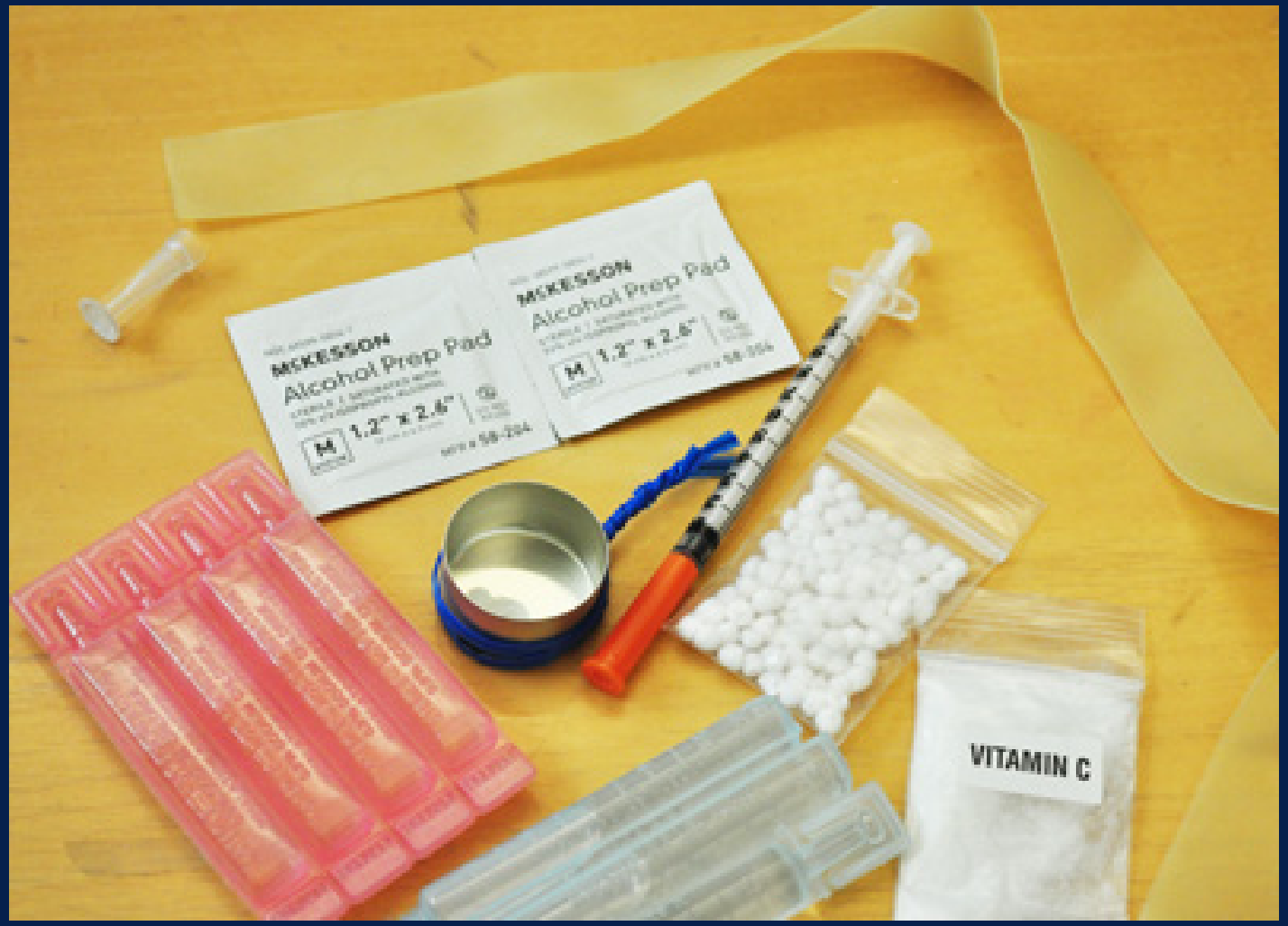
Safer settings

- **Find a safe place to inject**
  - Access to clean water
  - Safe from crime/risk of arrest
  - Inside or away from the elements
- **Have a partner and alternate use (in case of overdose)**
  - Have naloxone available
  - Make sure partner knows how to administer

Image: www.lacedandlethal.com

Safer supplies

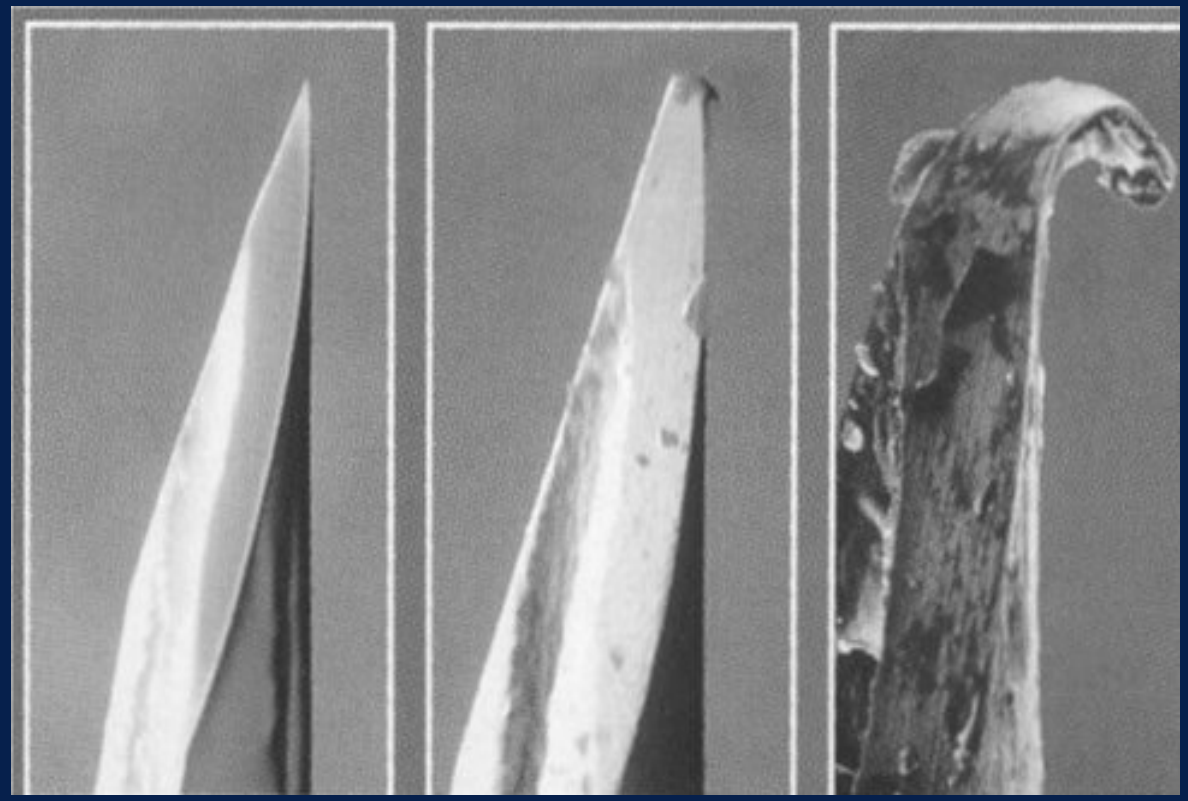
- Asking about where she accesses supplies
  - Aware of syringe service programs?
  - Accessed them in the past?
  - Barriers to connecting?
- Asking about how if she shares, reuses, cleans her supplies



Safer supplies

<u>One shot</u> = <u>one new needle and syringe each time</u>

- If re-used even for a few uses, it will become dull
- Leads to larger puncture and higher risk for infection



Before Use **After 1 Use** **After 6 Uses**

Image: www.quora.com

Safer substances

Test for fentanyl using fentanyl test strips

Do a “test” dose and go slow

Use sterile water, but if not then boil

If no boiled water, then tap/ bottled

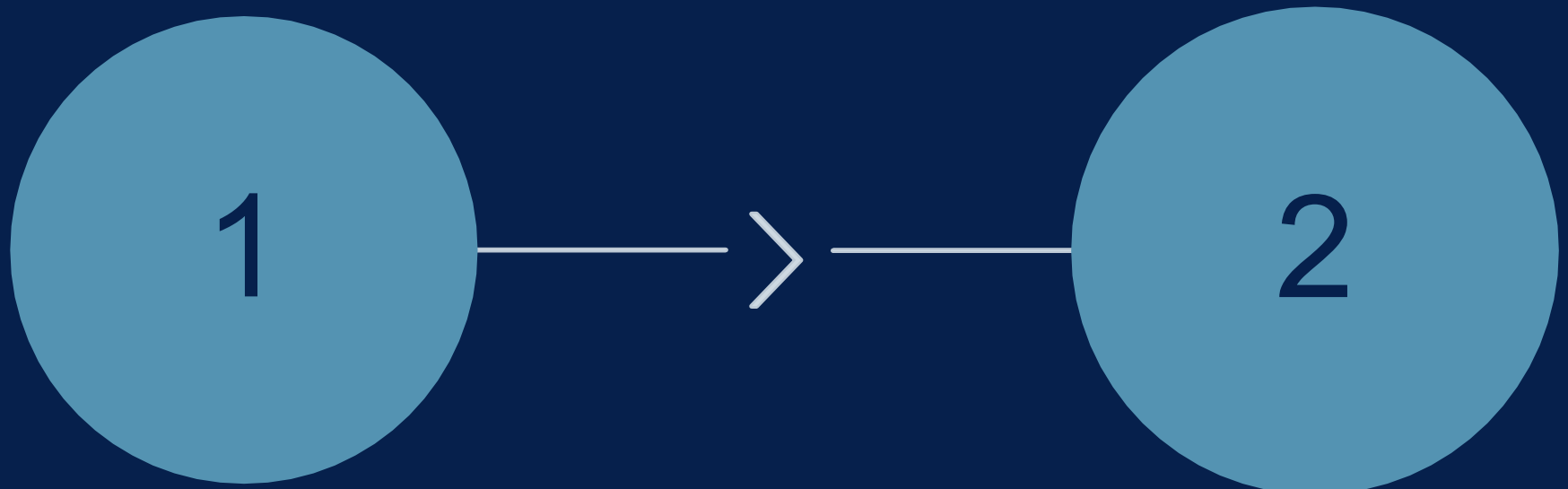
If no other water, then water from

Safer sites

- Pictures and posters are helpful when discussing with young adults
- Discuss areas to avoid most, or have the highest risk
- Outline the safest places on the body to inject

Image: https://ncurbansurvivorunion.org

Safer skin prep



Always clean hands prior to injecting with soap and water (or sanitizer)

Always clean skin prior to injecting with alcohol wipe

Offer Overdose Prevention

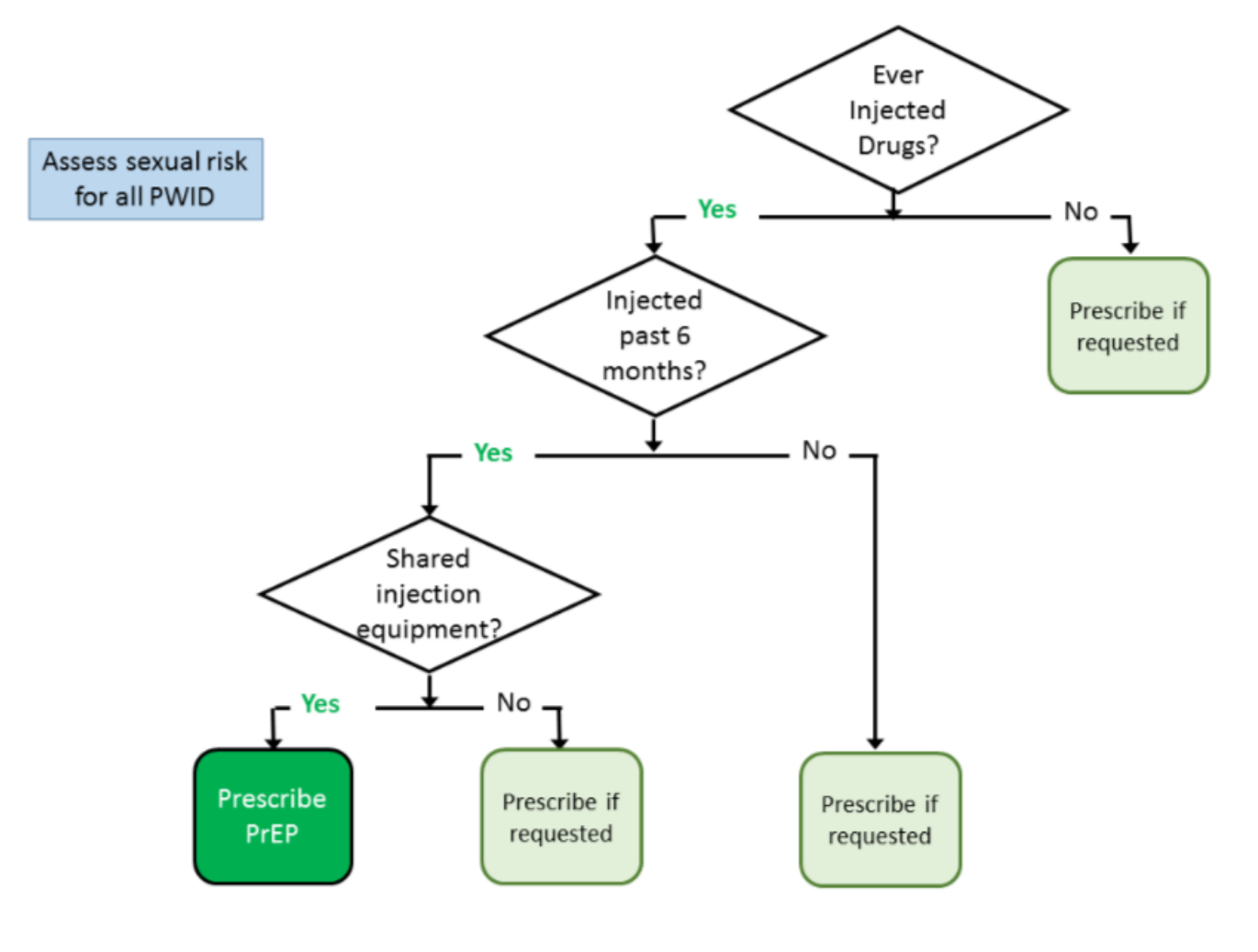
- **Test supply**—Use Fentanyl test strips
- **Go-slow** —Do a test shot
- **Don't use alone**
  - Have naloxone available
  - Alternate with a partner
- **Use in safe settings** — away from elements, away from police)

Imager: https://natick180.org

What else can we discuss with this patient?

- Offer screening for HCV/HIV and STI
- Initiate buprenorphine – low threshold, minimize barriers
- Reduce sexual risks
  - Condoms
  - Lube
  - Other protective barriers to use during sex work
  - Minimize substance use while having sex
- PrEP

Consider PrEP



2021 CDC PrEP update

- OFFER all who injected in the past 6 months AND shared equipment
- 18.5% of people with IDU would meet eligibility
- Consider for all who report IDU
- Despite evidence of feasibility, acceptability, and efficacy, uptake is poor

PWID (IDU) Risk Index [14]

1	How old are you today (in years)?	If <30 years, score 38 If 30-39 years, score 24 If 40-49 years, score 7 If ≥50 years, score 0		_____
2	In the last 6 months, were you in a methadone maintenance program?	If yes, score 0 If no, score 31		_____
3	In the last 6 months, how often did you inject heroin?	If 1 or more times, If 0 times,	Injection sub-score 1 Injection sub-score 0	_____
	In the last 6 months, how often did you inject cocaine?	If 1 or more times, If 0 times,	Injection sub-score 1 Injection sub-score 0	_____
	In the last 6 months, how often did you share a cooker?	If 1 or more times, If 0 times,	Injection sub-score 1 Injection sub-score 0	_____
	In the last 6 months, how often did you share needles?	If 1 or more times, If 0 times,	Injection sub-score 1 Injection sub-score 0	_____
	In the last 6 months, how often did you visit a shooting gallery?	If 1 or more times, If 0 times,	Injection sub-score 1 Injection sub-score 0	_____

Add the five injection subscores to obtain a Composite Injection Subscore	If sum of five injection subscores is; then Composite Injection Score is: 0 → 0 1 → 7 2 → 21 3 → 24 4 → 24 5 → 31	_____
Add the scores for age and methadone use to the Composite Injection Subscore to yield a Total Score		_____ Total Score*

* If the total score is 46 or greater, evaluate for PrEP or other intensive HIV prevention services for PWID. If score is 45 or less, provide indicated standard HIV prevention services for PWID. To identify active PWID in a clinician's practice, we recommend asking all their patients a routine question: "Have you ever injected drugs that were not prescribed for you by a physician?" If yes, ask, "When was the last time you injected any drugs?" Only complete PWID risk index if

Regimens

F/TDF (Truvada)

- Approved for adults AND adolescents
- Studied for PWID
- Available as generic

F/TAF (Descovy)

- Approved for MSM and TGWSM
- Preferred for patients with impaired renal function

Cabotegravir

- Injectable
- Approved Dec 2021
- Indicated currently for reducing risk of sexually acquired

2021 CDC PrEP update

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- Injectable
- Approved Dec 2021
- "Tail" has risk with declining levels

Side-effects

- <10% of patients experience a start-up syndrome
  - Resolves in first month
  - Headache, nausea, or abdominal discomfort

- **Side-effects**
  - Weight loss
  - Risk of Fanconi Syndrome, although rare
  - Decrease in GFR

- Bone mineral density
  - Loss of bone mineral density (~1-2%)
  - No increased fracture risk

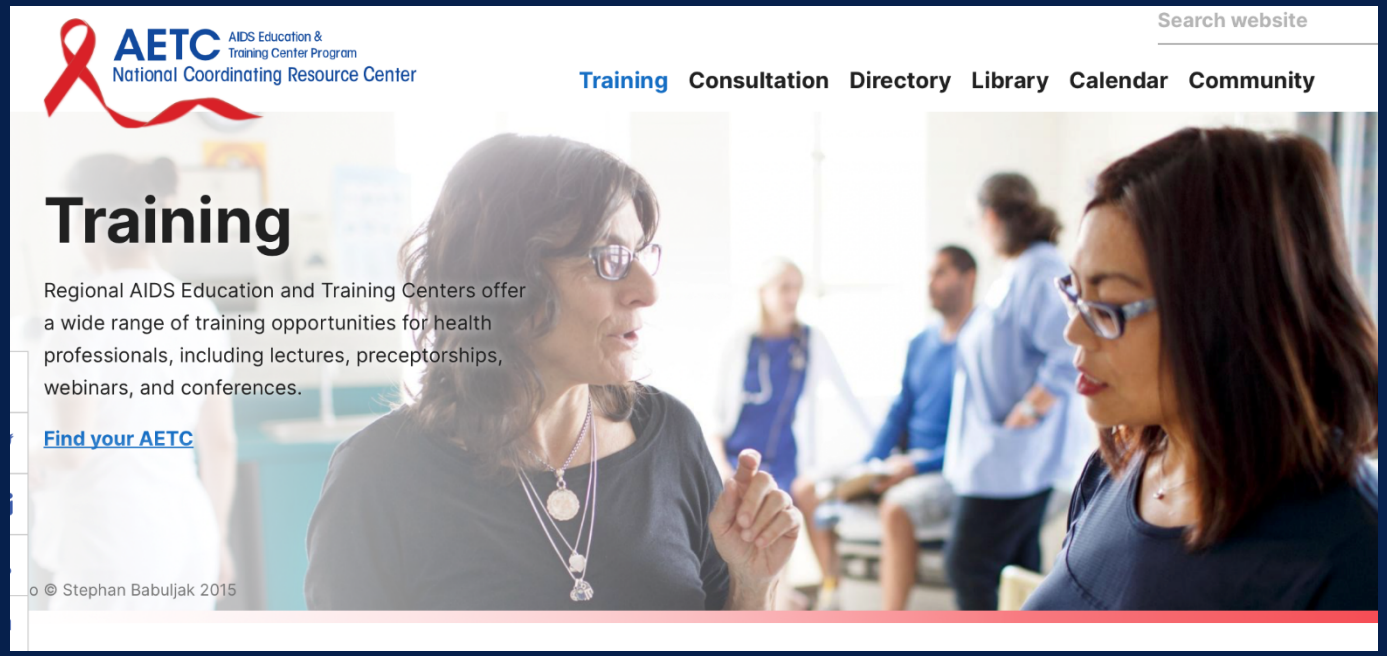
Table 5 Timing of Oral PrEP-associated Laboratory Tests

Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test	X*	X			X*
eCrCl	X		If age ≥50 or eCrCL <90 ml/min at PrEP initiation	If age <50 and eCrCl ≥90 ml/min at PrEP initiation	X
Syphilis	X	MSM /TGW	X		MSM/TGW
Gonorrhea	X	MSM /TGW	X		MSM /TGW
Chlamydia	X	MSM /TGW	X		MSM /TGW
Lipid panel (F/TAF)	X			X	
Hep B serology	X				
Hep C serology	MSM, TGW, and PWID only			MSM,TGW, and PWID only	

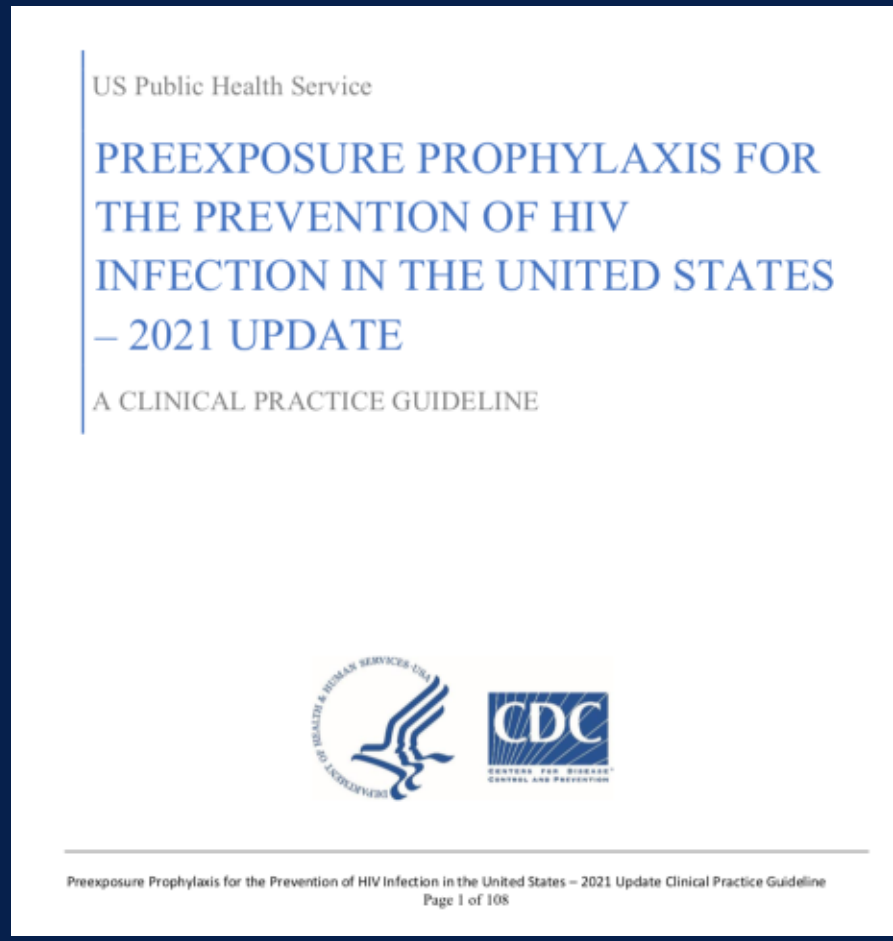
* Assess for acute HIV infection (see Figure 4)

NATIONAL CLINICIANS CONSULTATION CENTER
PREPLINE: 855-448-7737

- **ADVICE ABOUT INTERPRETATION OF HIV TEST RESULTS**
- **MANAGEMENT OF PATIENTS TAKING PREP**



https://aidsetc.org/training


US Public Health Service

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

A CLINICAL PRACTICE GUIDELINE

Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update Clinical Practice Guideline
Page 1 of 108

https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf

Leverage a Multidisciplinary Team

Medical services

- **Pharmacotherapy**
  - Treatment of OUD
  - Consideration of PrEP
- **Health Education**
- **Evaluations for complications of use**
  - Evidence of infection

Behavioral Health

- **Risk assessment**
- **Medical management of comorbidities**
- **Evidence-based counseling**
- **Psychoeducation**
- **Level of care assessment**

Case management

- Screen for social determinants of health
- Refer to community resources
  - e.g. Housing First program
- Consider linking to local Sex Workers Union or Drug Users Union, support groups for individuals engaging in or who have engaged in sex work
- Warm-referral to local syringe service organization

Case 3: Theo, 19 y.o. cis-gender, MSM

- Theo is a 19 yo young man (he/him) referred to clinic from ED
  - Seen for rectal pain/discharge and treated for rectal gonorrhea
- He reports methamphetamine use (“smoking mostly, but not always”)
  - Does not think it is a problem as he does not do it alone or daily
- Introduced to methamphetamine by a previous sexual partner
- Using with increasing frequency and in larger amounts
  - A partner injected him a month ago, but he is too scared to try on his own
  - Has done ”booty-bumping” and thinks high even better than smoking
- Ambivalent about quitting because he likes how methamphetamine makes him feel
  - Has been an important part of his sexual identity
  - Associated with sexual pleasure

Relationship Between Substance Use, Sexual Behaviors, and Risks

- **Methamphetamine contributes to HIV transmission among MSM**
- **Commonly used to enhance sex among certain sub-groups of MSM**
  - As high as 19% in some communities
- **Lowers inhibitions**
  - Decrease adoption of prevention measures
  - Increased odds of sex with multiple partners or strangers
- **Sex itself can be riskier**
  - Numbing can lead to more forceful sex

Rivera, AIDS Behav, 2021; Hoenigl, J AIDS, 2015; Blanchard, Filtermag, 2019

A note on "Booty-Bumping"

- Insertion of substances in rectum via needle-less syringe
- Reduces IDU-associated risks, but also increases risks of STI acquisition
  - Can irritate or tear delicate anal tissue
  - Introduce infection if sharing booty-bumping works
- Increased risk of "overamping" because of rapid delivery

Rivera, AIDS Behav, 2021; Hoenigl, J AIDS, 2015; Blanchard, Filtermag, 2019

How do we talk to Theo about his sexual behavior?

General tips for talking about sex

- Make your patient feel comfortable first--establish rapport
- Check your own biases and discomfort
  - No overt reactions—check your body language/posture
- Be neutral and inclusive
  - Avoid assumptions
- Be prepared to rephrase questions—remember developmental level

Questions to ask: 5 Ps

- **Partners**
  - Where do you meet your partners? On dating/hook-up apps? Social media? Social networking sites?
- **Practices**
  - In the past 3 months, what kinds of sex have you had?
    - Anal? Vaginal? Oral?
    - For MSM, receptive, insertive, or both?
    - Use drugs before or during sex?
- **Past history of STI**
- **Protection**
- **Pregnancy prevention/reproductive life plan**

Remember developmental stage of your patient—may need to use simple language and define what exactly you mean.

Sex under the influence

Image: https://wehoville.com/2016/09/19/looking-buy-meth-weho-business-makes-easy/

- Chemsex-sex under influence
- Slang terms: party and play, PnP, GnT
- Advertise preferences as part of dating/hook up app profile

https://www.avert.org/sex-stis/safer-sex-hiv/chemsex-and-hiv

How can we keep Theo healthy?

Counseling to reduce risks

SAFER WAYS TO PARTY AND PLAY...

PACK SOME PROTECTION

Always carry condoms and plenty of lube!

PARTY WITH PEOPLE YOU TRUST

Remember to look out for each other!

SET YOUR LIMITS

Be clear about what kinds of sex you're into

STAY AWARE

...of what drugs you've taken

CONSIDER PREP

PREP

AVERT.org

https://www.avert.org/sex-stis/safer-sex-hiv/chemsex-and-hiv

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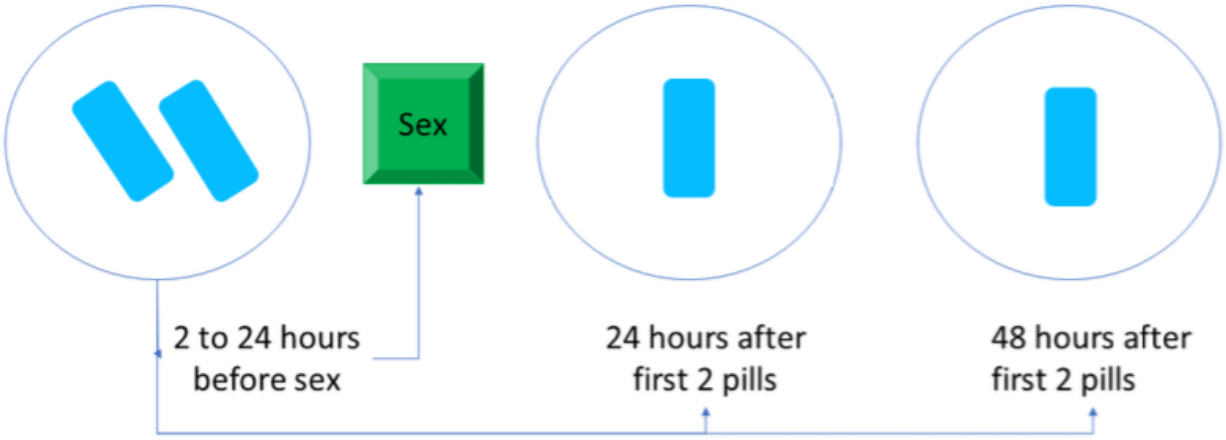
2021 CDC PrEP update

Dosing regimens

- Could do daily with F/TDF and F/TAF
- Could do dose using 2-1-1 with F/TDF and F/TAF



Promising updates

- 600 mg of cabotegravir injected into gluteal muscle every 2 months
- Favorable side-effect profile means do NOT need creatine, lipid panels, liver function tests

Table 7 Timing of CAB PrEP-associated Laboratory Tests

Test	Initiation Visit	1 month visit	Q2 months	Q4 months	Q6 months	Q12 months	When Stopping CAB
HIV*	X	X	X	X	X	X	X
Syphilis	X			MSM^/TGW~ only	Heterosexually active women and men only	X	MSM/TGW only
Gonorrhea	X			MSM/TGW only	Heterosexually active women and men only	X	MSM/TGW only
Chlamydia	X			MSM/TGW only	MSM/TGW only	Heterosexually active women and men only	MSM/TGW only

* HIV-1 RNA assay
X all PrEP patients
^ men who have sex with men
~ persons assigned male sex at birth whose gender identification is female

Side-effects/Risks of CAB

- Injection site reactions (pain, tenderness, induration) were frequent
  - Lasted only a few days
  - Occurred most frequently after the first 2-3 injections.

- BUT creates a “tail” with declining levels post-injection
  - Possible risk for acquiring virus and then developing resistance

Offer to treat methamphetamine use

XR-NTX and bupropion po

Mirtazapine po

Trivedi, NEJM, 2021 Trial; Coffin, Jama Psych, 2020

Theo

- Not interested in treatment of methamphetamine use at this time
- Interested in referral to a SMART recovery meeting for LGBT youth
- Did not want to engage parents, but plans to talk about his use with his aunt to get some additional support
- Not sure about starting PrEP today, but wants to discuss at follow-up visit
- Took condoms, lubricant, and naloxone with him today

Case 4: Alex 15 yo gender minority youth

Alex is a 15-year-old patient assigned female at birth who establishes with your clinic due to parental concerns about escalating marijuana use.

In confidential interview, the patient reports identifying as male and requests that you use the pronouns he/him/his.

He has been experiencing bullying.

He tried to talk to his parents, who reassured him that this is a “phase” and he will “grow out of it.”

He uses marijuana to cope with feelings of isolation, rejection, and gender dysphoria.

He has been feeling very depressed.

There have been times he has thought about suicide.

Let's Discuss

What would you do next?

What are the potential benefits of connecting this young person to gender-affirming care?

How is Gender Dysphoria Defined?

Marked incongruence in assigned gender and experienced/expressed gender (2+ of the following):

1. Incongruence in experienced gender and sex characteristics
2. Strong desire to rid assigned sex characteristics
3. Strong desire for another gender's secondary sex characteristics
4. Strong desire to be of another gender
5. Strong desire to be treated as another gender
6. Strong conviction of feelings of another gender

Lasting for >6 months

Causing distress and/or impaired function

www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria

Why Connect Patients to Gender-Affirming Care?

Disproportionate morbidity and mortality for gender diverse youth

- 60% engaged in self-harm in 12mo
- 52% contemplated suicide in 12mo
- 20% attempted suicide in 12mo
- Increased risk of anxiety, depression, and eating disorders
- Increased risk of substance use
- Increased risk of trauma victimization

Austin et al. 2020; Connolly et al. 2016; www.thetrevorproject.org

Why Connect Patients to Gender-Affirming Care?

Gender affirmation improves health outcomes

- Improved depression – *similar to cisgender peers*
- Improved anxiety
- Reduced suicidal ideation and suicide attempts
- Improved body image and reduced disordered eating
- Improved psychosocial functioning and feelings of social acceptance

Olson et al. 2018; Turban, 2022

Gender Affirming Care 101

- Social Transition
- Non-pharmacologic affirmation (e.g. binders, tucking)
- Pubertal blockers
- Cross-sex hormones
- Surgery
- Therapy support
- Support groups/peer networks
- Treatment for co-occurring mental health diagnoses and trauma related to gender identity

Medication Interactions

- **Combinations without any Interactions:**
  - Buprenorphine with Testosterone or Estradiol
  - Methadone with Testosterone or Estradiol
  - Naltrexone with Estradiol or Leuprolide

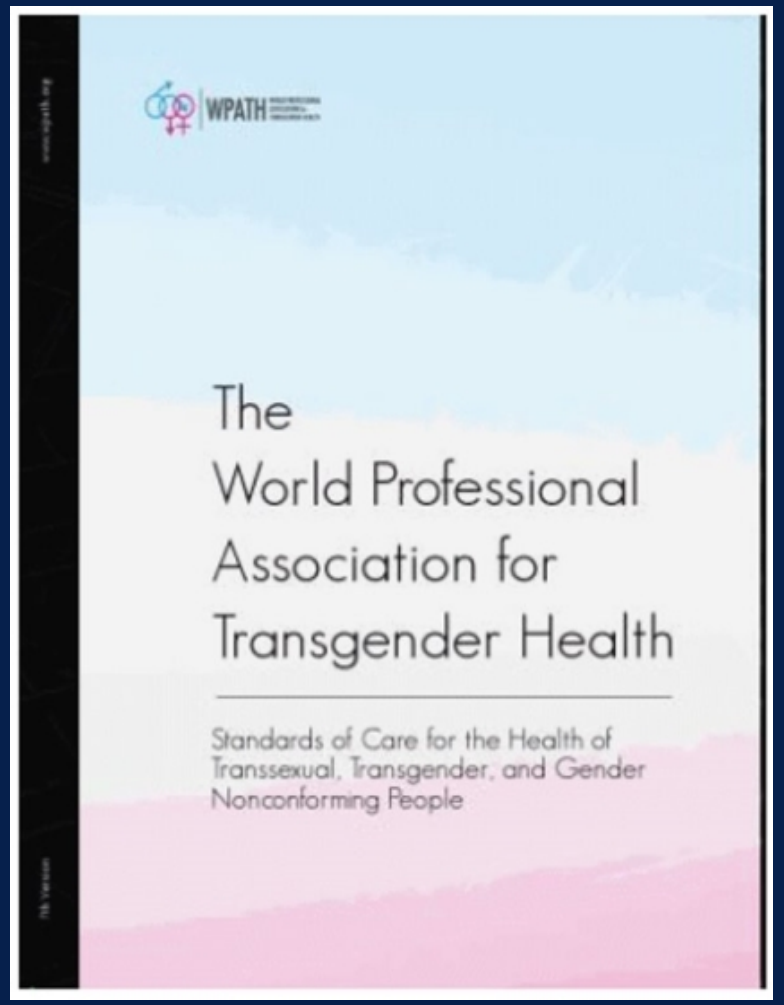
- **Possible Interactions to Consider:**
  - Naltrexone and Testosterone: MODERATE

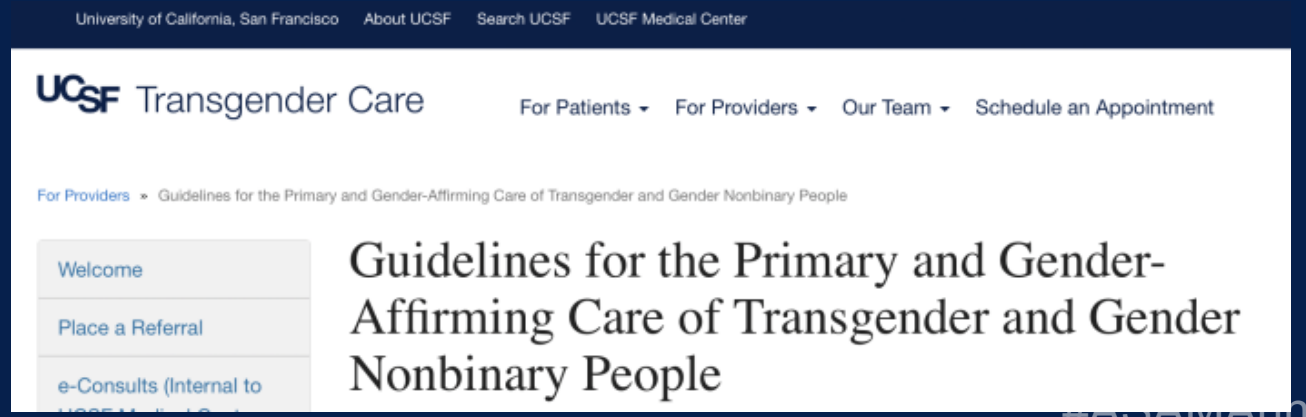
  monitor liver function
  - Buprenorphine and Leuprolide: MODERATE
  - Methadone and Leuprolide: MAJOR

  due to compounded risk of QTc prolongation

Abbasi et al. 2020; Gagliano-Juca et al. 2018; www.drugs.com/drug_interactions.html

How To Learn About Gender Affirming Care





Back to the Case…

Alex expresses that if he felt affirmed and supported, he doesn't think he would even need to use marijuana.

So what are some ways that you could facilitate making him feel more affirmed today?

What is your comprehensive treatment plan?

Final Takeaways

- SGM youth are at higher risk of substance use and mental health comorbidities
- SGM youth experience barriers in connecting to SUD and gender affirming care
- All addiction team members can take steps to create a more welcoming, affirming environment for SGM youth
  - Learn and incorporate affirming language
  - Ask hard questions and assess sexual risk factors
- Trauma informed approaches are critical
- Harm reduction strategies can protect and empower youth
- Connecting youth to gender-affirming care improves health outcomes
  - Care may include non-pharmacologic affirmation, puberty blockers, cross-sex hormones, surgery, therapy and/or community engagement
  - Consider any medication interactions

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