NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Methadone for LGBTQIA+ Populations and People Living with HIV

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Disclosures

- Program Faculty: Alex S. Keuroghlian, MD, MPH;
- Current Position: Director, Division of Education and Training at The Fenway Institute; Director, Psychiatry Gender Identity Program, Massachusetts General Hospital; Associate Professor of Psychiatry, Harvard Medical School
- Disclosure: Will receive royalties as editor of McGraw-Hill Textbook on transgender and gender diverse health care.

Fenway Health in Boston, Massachusetts

Fenway Health

- Independent 501(c)(3) Federally Qualified Health Center
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV, behavioral health, addictions, and transgender health services

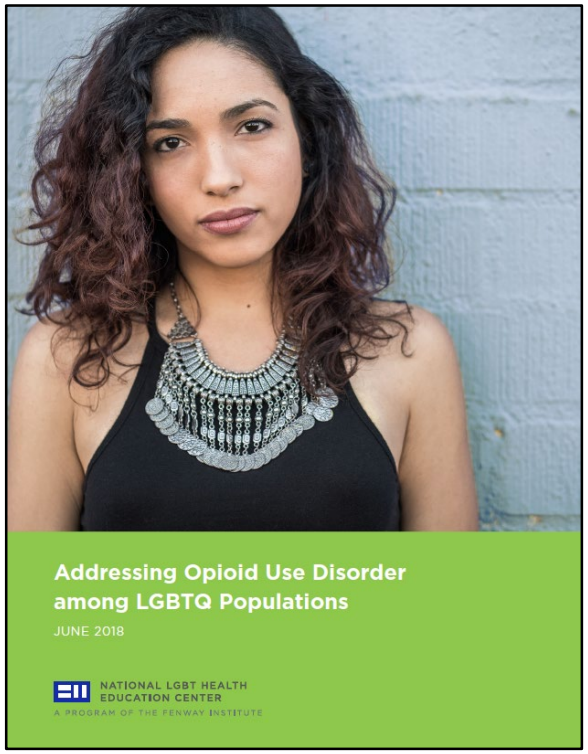
The Fenway Institute

- Research, Education, Policy

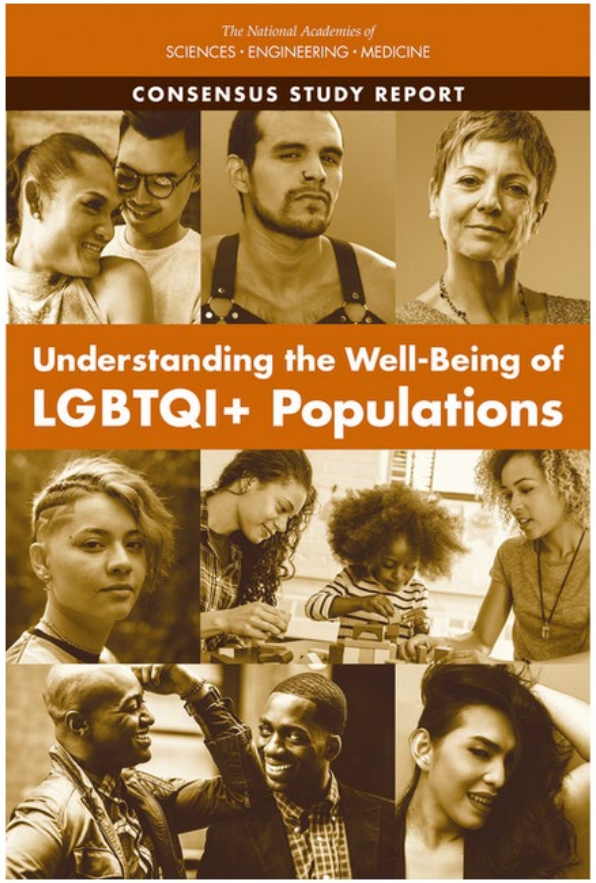
LGBTQIA+ Health Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex and asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- ECHO Programs
- Online Learning
  - Webinars and Learning Modules
  - CE, and HEI Credit
- Resources and Publications
- www.lgbtqiahealtheducation.org



Why Focus on LGBTQIA+ People?



BOX 1-1
Statement of Task

The Committee on Population (CPOP) of the National Academies of Sciences, Engineering, and Medicine will undertake a consensus study that will review the available data and future research needs on persons of diverse sexualities and genders (e.g., LGBTQ+ and MSM), as well as persons with differences in sex development (sometimes known as intersex), along multiple intersecting dimensions across the life course. Areas of focus will include, but are not limited to, the following:

- Families and social relationships
- Patterns of stigma, violence, and victimization
- Role of community, cultural, educational, healthcare, and religious organizations and institutions
- Civic engagement, political participation, and military service
- Socioeconomic status/stratification, housing, and workforce issues
- Justice and legal systems
- Social change and geographic variations in public attitudes and public policies
- Population health and well-being

From NASEM Consensus Study Report: Understanding the Well-Being of LGBTQI+ Populations (2020)

Minority Stress Framework

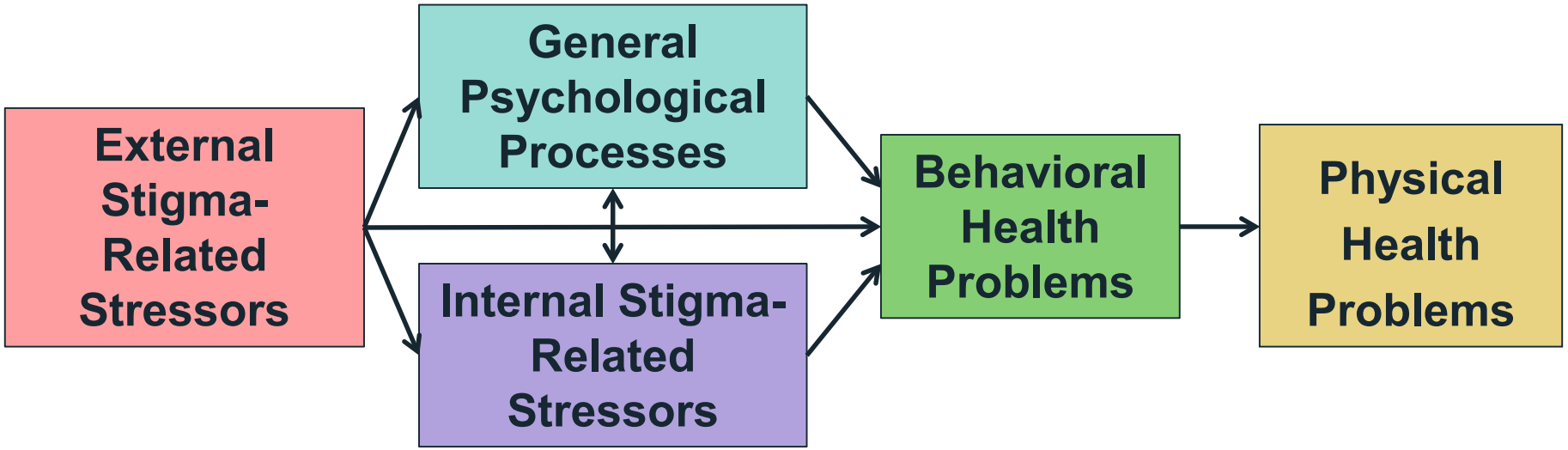


Fig. 1: Adapted from Hatzenbuehler, 2009

SUBSTANCE ABUSE
https://doi.org/10.1080/08897077.2018.1544963

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Check for updates

COMMENTARY

Understanding and treating opioid use disorders in lesbian, gay, bisexual, transgender, and queer populations

Michael P. Girouard, BA[a], Hilary Goldhammer, SM[b], and Alex S. Keuroghlian, MD, MPH[a,b,c]

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ABSTRACT

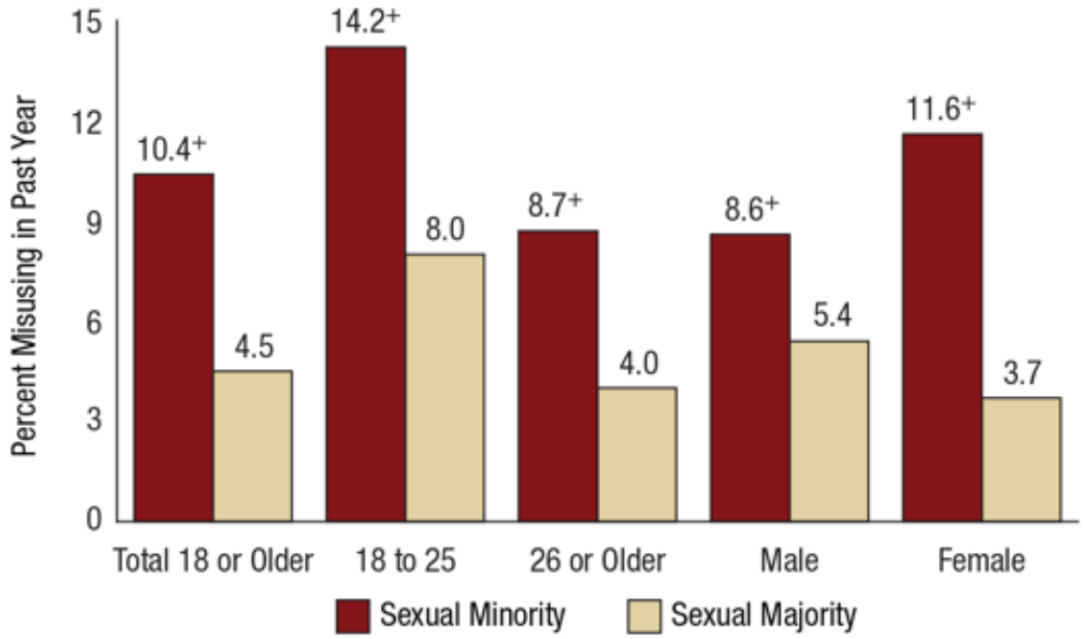
Although little is known about the specific burden of the opioid epidemic on lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations, there is evidence to suggest that opioid use disorders are disproportionately prevalent in the LGBTQ community. In this commentary, we present an overview of the current state of evidence on opioid use and misuse among LGBTQ-identified people in the United States and suggest ways to adapt behavioral health interventions to the specific needs of this population. Programs that integrate behavioral health with primary care, address minority stress, and use a trauma-informed approach have the most potential to produce effective, long-term benefits for LGBTQ-identified people with opioid use disorders.

KEYWORDS

Cognitive-behavioral therapy; gay; opioid-related disorders; opioids; prescription drug misuse; sexual and gender minorities; substance use disorders

2015 National Survey on Drug Use and Mental Health

Figure 5. Past Year Misuse of Prescription Pain Relievers among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Age Group and Sex: Percentages, 2015



D

+ Difference between this estimate and the sexual majority estimate is statistically significant at the .05 level.
Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.

SAMHSA (2015)

Opioid Use, Stress, and Risk Behaviors among Men Who Have Sex with Men

- Sexual minority youth aged 16 to 25 are more likely to initiate prescription opioid misuse early in life compared with their sexual majority counterparts (Kecojevic et al., 2012).
- Among young men who have sex with men (MSM) aged 18 to 29, higher perceived stress is associated with higher opioid misuse (Kecojevic et al., 2015).
- Higher life stress among young Black MSM in Chicago was associated with greater odds of prescription opioid use (Voisin et al., 2017).
- Nonmedical opioid use among MSM is associated with increased risk of condomless sexual intercourse and sharing syringes (Zule et al., 2016).

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Full length article

Substance use and treatment of substance use disorders in a community sample of transgender adults

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SUDs among Transgender and Gender Diverse (TGD) Adults

- Among 452 TGD adults, increased odds of SUD treatment history plus recent substance use were associated with:
  - intimate partner violence
  - PTSD
  - public accommodations discrimination
  - unstable housing
  - sex work
- Higher SUD prevalence increasingly viewed as downstream effects of chronic gender minority stress

Keuroghlian *et al*. (2015)

Opioid Use Disorders among TGD People

- Transgender middle school and high school students more than twice as likely to report recent prescription pain medication use compared to other students
- Transgender adults on Medicare have increased prevalence of chronic pain compared to cisgender adults.
- Transgender patients may be at increased risk post-operatively of developing an opioid use disorder.

De Pedro *et al.* (2017); Dragon *et al.* (2017)

Opioid Agonists and Gender-affirming Hormone Therapy

- Co-prescription of methadone and gender-affirming hormone therapy
  - Safe and feasible with appropriate monitoring and follow-up

Kerridge *et al.* (2017); Dragon *et al.* (2017)

Cognitive Behavioral Therapy (CBT) for SUDs

- Adapting selected topics and practice exercises from the manual by Carroll
- Focus:
  - Coping With Craving (triggers, managing cues, craving control)
  - Shoring Up Motivation and Commitment (clarifying and prioritizing goals, addressing ambivalence)
  - Refusal Skills and Assertiveness (substance refusal skills, passive/aggressive/assertive responding)
  - All-Purpose Coping Plan (anticipating high-risk situations, personal coping plan)
  - HIV Risk Reduction

Carroll (1998)

Cultural Tailoring of CBT for SUDs

- Possible tailoring for LGBTQIA+ people:
  - Minority stress-specific triggers for cravings (e.g., identity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized homophobia/transphobia)
  - SUDs as barriers to personalized health goals
  - Assertive substance refusal with sex partners; HIV transmission via hormone and silicone self-injections; SUDs as barriers to personalized health goals

Girouard *et al.* (2019)

Organizational Strategies and Inclusive Language to Build Culturally Responsive Health Care Environments for Lesbian, Gay, Bisexual, Transgender, and Queer People

Hilary Goldhammer, SM
Alicia C. Smart, MD
Laura A. Kissock, MPH
Alex S. Keuroghlian, MD, MPH

Summary: This report shares examples of organizational strategies and inclusive language that can be integrated into standard patient-facing processes, forms, and materials to create culturally responsive health care environments for lesbian, gay, bisexual, transgender, and queer people.

Key words: Cultural competency, gay, gender identity, health disparities, LGBTQ, organization & administration, sexual and gender minorities, sexual orientation, transgender, terminology as topic

Goldhammer *et al.* (2021)

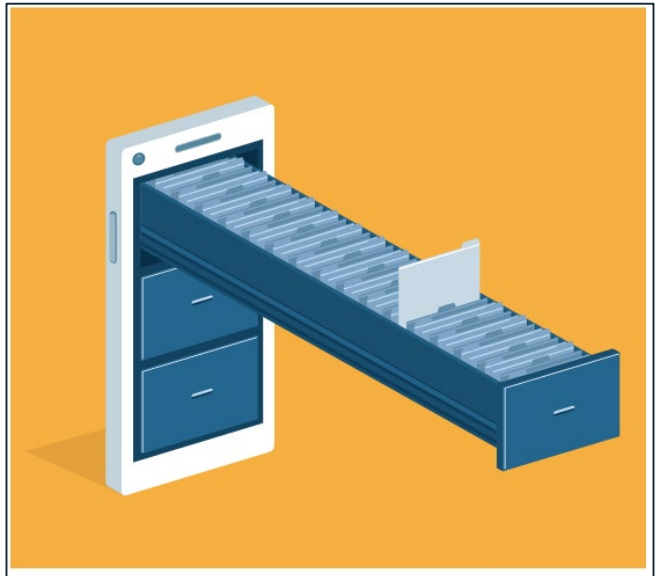
Harnessing Patient Sexual Orientation and Gender Identity Data in Electronic Health Records

Planning and implementing sexual orientation and gender identity data collection in electronic health records

Chris Grasso,[1,*] Michal J McDowell,[2,4,*] Hilary Goldhammer,[3] and Alex S Keuroghlian[2,3,4]

Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems

Chris Grasso,[1] Hilary Goldhammer,[2] Julie Thompson,[3] and Alex S. Keuroghlian[4,5]



Credit: sorbetto / DigitalVision Vectors / Getty

Electronic health records as an equity tool for LGBTQIA+ people

Collection of data on sexual orientation, gender identity and intersex status will help to reduce health disparities that affect people from sexual and gender minority communities.

Alex S. Keuroghlian **NATURE MEDICINE** | www.nature.com/naturemedicine

Sexual Orientation and Gender Identity Data Collection at US Health Centers: Impact of City-Level Structural Stigma in 2018

Anthony N. Almazan, BA, Dana King, ALM, Chris Grasso, MPH, Sean Cahill, PhD, Micah Lattanner, PhD, Mark L. Hatzenbuehler, PhD, and Alex S. Keuroghlian, MD, MPH

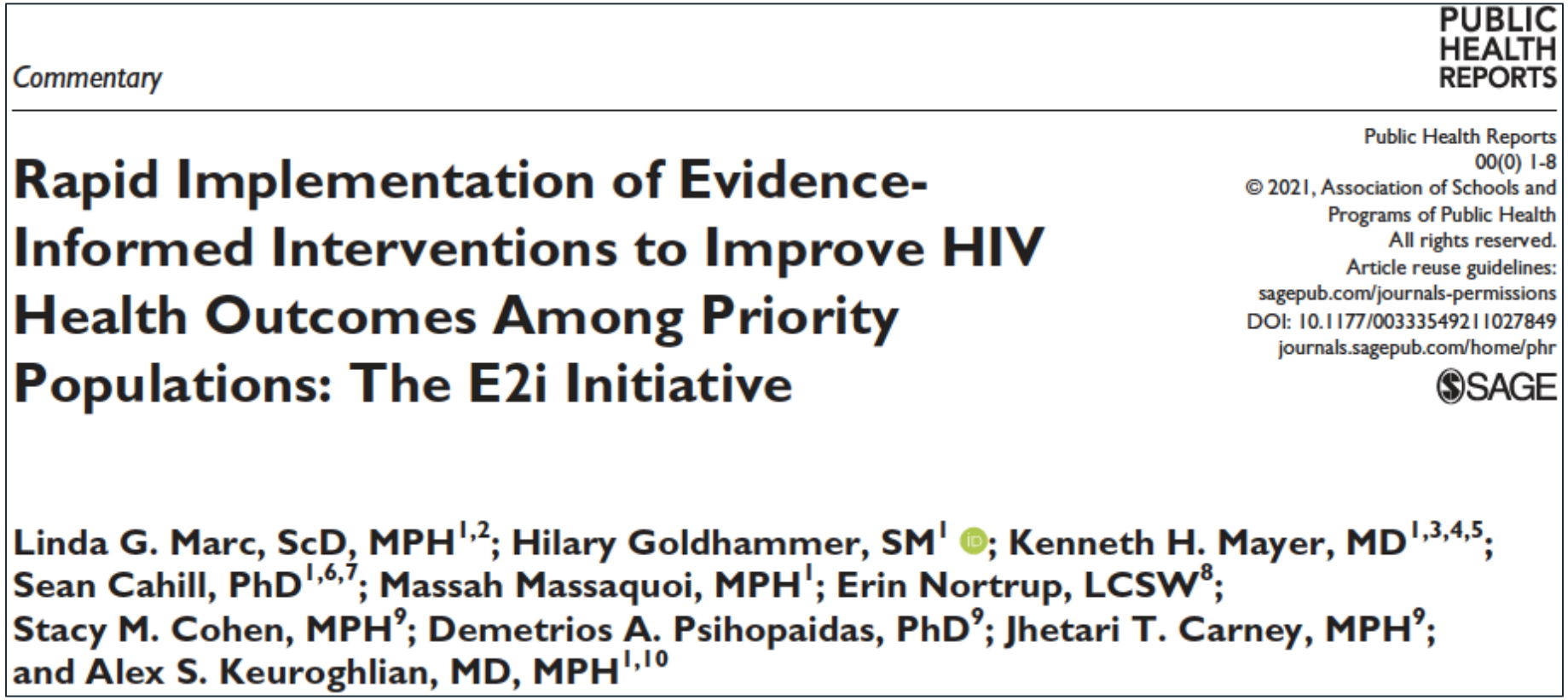
Objectives. To examine the relationship between city-level structural stigma pertaining to sexual orientation and gender identity (SOGI) and completeness of patient SOGI data collection at US federally qualified health centers (FQHCs).

Methods. We used the Human Rights Campaign's Municipal Equality Index to quantify city-level structural stigma against sexual and gender minority people in 506 US cities across 49 states. We ascertained the completeness of SOGI data collection at FQHCs from the 2018 Uniform Data System, which describes FQHC patient demographics and service utilization. We included FQHCs in cities captured by the structural stigma index in multinomial generalized linear mixed models to examine the relationship between city-level structural stigma and SOGI data completeness.

Results. FQHCs in cities with more protective sexual orientation nondiscrimination policies reported more complete patient sexual orientation data (adjusted odds ratio [AOR] = 1.6; 95% confidence interval [CI] = 1.2, 2.1). This association was also found for gender identity nondiscrimination policies and gender identity data collection (AOR = 1.7; 95% CI = 1.3, 2.2).

Conclusions. Municipal sexual and gender minority nondiscrimination laws are associated with social and municipal environments that facilitate patient SOGI data collection. (*Am J Public Health*. 2021;111(11): 2059–2063. https://doi.org/10.2105/AJPH.2021.306414)

Expanding Access for People Living with HIV through Implementation Science



Commentary

PUBLIC HEALTH REPORTS

Rapid Implementation of Evidence-Informed Interventions to Improve HIV Health Outcomes Among Priority Populations: The E2i Initiative

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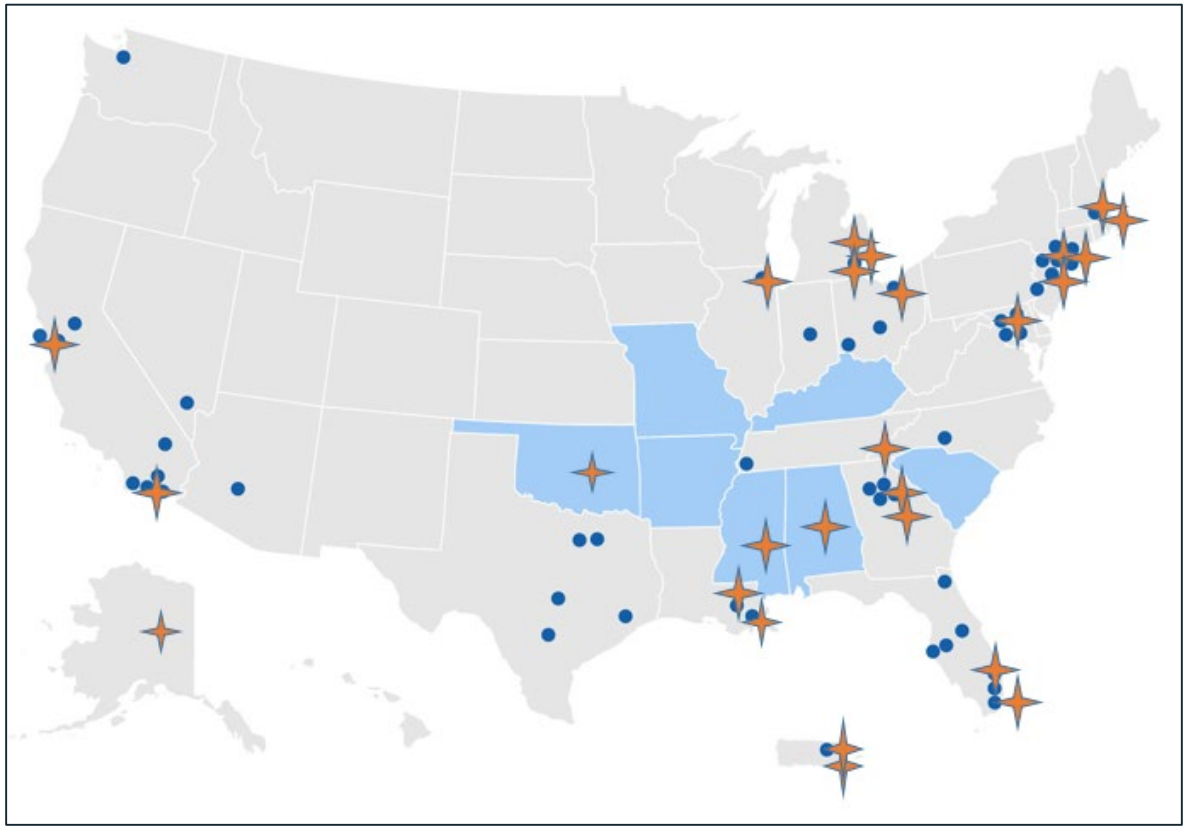
Linda G. Marc, ScD, MPH[1,2]; Hilary Goldhammer, SM[1]; Kenneth H. Mayer, MD[1,3,4,5]; Sean Cahill, PhD[1,6,7]; Massah Massaquoi, MPH[1]; Erin Nortrup, LCSW[8]; Stacy M. Cohen, MPH[9]; Demetrios A. Psihopaidas, PhD[9]; Jhetari T. Carney, MPH[9]; and Alex S. Keuroghlian, MD, MPH[1,10]

HRSA
Health Resources & Services Administration

Focusing Implementation Efforts Within U.S. HIV Priority Jurisdictions



= Intervention site; ● = the 48 counties, Washington, D.C., and San Juan, Puerto Rico where more than 50% of new HIV diagnoses occurred in 2016-2017. States shaded in blue represent states with a substantial rural burden. Adapted from: U.S. Department of Health & Human Services. Federal response: Ending the HIV epidemic. https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

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