

WEBVTT

1

00:00:41.250 --> 00:00:44.400

Ann Murphy: Welcome everyone. We're going to get started in just a moment.

2

00:01:30.360 --> 00:01:40.020

Ann Murphy: Okay, we're going to go ahead and get started. Welcome, everyone, to today's webinar on understanding opioid use disorder within the LGBT Q community.

3

00:01:40.740 --> 00:01:48.630

Ann Murphy: This webinar is sponsored by the northeast and Caribbean Mental Health Technology Transfer Center or MH TTC

4

00:01:48.960 --> 00:02:02.400

Ann Murphy: How's that Rutgers School of Health Professions in the department of psychiatric rehabilitation and counseling professions. My name's Ann Murphy and I'm the Director of the HTC northeast and Caribbean

5

00:02:02.910 --> 00:02:19.950

Ann Murphy: And I'll be facilitating the webinar today. I also have with me on the webinar. My colleague, Katia Rivera, who will be in the chat box and also addressing any other questions or concerns, you might have as we go through the webinar.

6

00:02:21.150 --> 00:02:21.720

Ann Murphy: next life.

7

00:02:26.520 --> 00:02:37.470

Ann Murphy: The HTC is funded by SAMHSA the Substance Abuse and Mental Health Services Administration to enhance the capacity of the behavioral health and other related workforces

8

00:02:37.800 --> 00:02:53.190

Ann Murphy: To deliver evidence based and empirically supported practices to individuals with mental illnesses. We encourage you to visit the MH TTC network website for additional information at MH TTC network.org

9

00:02:54.210 --> 00:03:11.970

Ann Murphy: And then from there you can search for your center and we are the northeast and Caribbean. You can also sign up at the bitly link that you see on your screen to receive notifications of our activities products we develop an upcoming events.

10

00:03:13.350 --> 00:03:28.470

Ann Murphy: Next slide. Before we begin the webinar. I wanted to quickly review some housekeeping items. Today's webinar is part of a series on effectual in gender diversity, we're coming to the end of our series, we have one more webinar scheduled

11

00:03:29.670 --> 00:03:42.600

Ann Murphy: On addressing blended family and trauma issues with a fictional and gender minority parents and that will be held on July 28 from 330 to 430 and you can register for that on our website.

12

00:03:44.130 --> 00:03:49.980

Ann Murphy: Next slide. We also wanted to ask that you complete our very brief survey that you'll receive

13

00:03:50.580 --> 00:03:57.150

Ann Murphy: Well, you will either be redirected directly from this webinar or receive the link via email, following the webinar.

14

00:03:57.900 --> 00:04:07.440

Ann Murphy: It's just a handful of questions. It only takes about two minutes to complete. And we value this feedback as we use it to improve our activities.

15

00:04:07.740 --> 00:04:23.250

Ann Murphy: And inform future activities, the surveys are also important because our funder utilizes them as one mechanism for seeing what we do and how people respond to what we're doing. So we thank you in advance for your feedback.

16

00:04:25.680 --> 00:04:41.130

Ann Murphy: We did also want to let you know that this webinar is being recorded and will be posted to our website, along with the PowerPoint slides and following the webinar. You'll, you'll receive a link to our website, where the recording and the

17

00:04:42.390 --> 00:04:44.070

Ann Murphy: PowerPoint slides will reside.

18

00:04:47.430 --> 00:04:57.180

Ann Murphy: This webinar is interactive. So you have on your screen you have the taskbar that includes a Q AMP a button and the chat.

19

00:04:57.960 --> 00:05:02.370

Ann Murphy: We encourage you to use the chat function throughout the webinar.

20

00:05:02.940 --> 00:05:21.180

Ann Murphy: To comment to your fellow participants to the panelists and to the presenter. And if you have questions as we go through the webinar if you type them in the Q AMP. A or in the chat box. I'll collect them and present them to our presenter at the end during the Q AMP a

21

00:05:22.410 --> 00:05:24.900

Ann Murphy: So now we're going to go ahead and begin

22

00:05:25.950 --> 00:05:36.570

Ann Murphy: With us today. We have our presenter doctors as a Reno. He's an assistant professor at Rutgers University in the department of psychiatric rehabilitation and counseling professions.

23

00:05:36.840 --> 00:05:46.350

Ann Murphy: Where he's currently a core faculty member in the master's program in rehabilitation counseling and the doctoral program in psychiatric rehabilitation.

24

00:05:46.890 --> 00:05:54.870

Ann Murphy: Additionally, Dr. Anthony's as a Reno is the field experience coordinator for the counselor education and supervision program.

25

00:05:55.500 --> 00:06:07.380

Ann Murphy: Previously doctors as a reno provided instruction for perfect professional education courses for New Jersey's supported housing agencies implementing Community support services.

26

00:06:07.950 --> 00:06:20.880

Ann Murphy: Doctors as a reno actively presents at local, state, national and international conferences related to affectionate and gender minorities multiculturalism psychiatric rehabilitation methods.

27

00:06:21.600 --> 00:06:25.920

Ann Murphy: Counseling Services housing supports and supervision practices.

28

00:06:26.490 --> 00:06:38.130

Ann Murphy: In addition to his work at Rutgers University doctors as a reno continues to conduct clinical work by facilitating group therapy for adolescents and adults at an intensive outpatient program.

29

00:06:38.640 --> 00:06:54.420

Ann Murphy: Providing outpatient counseling services at his private practice and providing clinical supervision for counselors who needs to provide clinical hours throughout New Jersey. We're very happy to have them here with us and I will turn it over to doctors as your, you know, at this time.

30

00:06:56.250 --> 00:07:08.970

Anthony Zazzarino: Thank you. And thank you all for being here again today. For those of you who have previously been on these webinars. And again, this is one in a series. I appreciate you coming back.

31

00:07:09.780 --> 00:07:23.460

Anthony Zazzarino: For those of you who this is your first time. Thank you and welcome. And like I mentioned on our website. And if you look at the YouTube our YouTube channel, you'll probably find some of the previously recorded webinars so

32

00:07:24.420 --> 00:07:33.720

Anthony Zazzarino: Feel free to go back and take a look and just watch some of the ones that we've done. I've had a really great opportunity really great experience doing these and

33

00:07:35.100 --> 00:07:38.670

Anthony Zazzarino: Hope that this one is just as interactive and engaging. So thank you all.

34

00:07:40.350 --> 00:07:41.280

Anthony Zazzarino: So today.

35

00:07:41.760 --> 00:07:53.070

Anthony Zazzarino: We're going to begin talking about and highlighting, just briefly, the difference between sexual a sexual identity and gender identity and obviously very quickly. Why

36

00:07:53.520 --> 00:08:02.820

Anthony Zazzarino: Those terms that term is in parentheses. We're going to describe the implications of opioid use disorder within the LGBT q plus population.

37

00:08:03.420 --> 00:08:24.210

Anthony Zazzarino: And then discuss best practices for working with the LGBT q plus who have opioid use disorder. I am going to preface this typically I do recommend. And if you go back and watch one of the the webinars about language really focusing on a sexual identity and gender identity separate

38

00:08:25.860 --> 00:08:45.900

Anthony Zazzarino: From since this is a topic that we're talking about both populations together. I am going to be using the the umbrella term of LGBT q plus. However, when we get into it. I'll explain why it really is important to kind of separate them out when you're looking at both groups very distinctively

39

00:08:48.210 --> 00:08:53.100

Anthony Zazzarino: So today is what June. I don't even know. We're in Corona lands June 30

40

00:08:54.420 --> 00:09:09.570

Anthony Zazzarino: Today is the end of national pride month 2020 I feel like it is very necessary to just highlight this and and you know, give, give a shout out to national Pride Month this month.

41

00:09:10.590 --> 00:09:23.850

Anthony Zazzarino: Some of you may know but Pride Month is an entire month dedicated to uplifting LGBT q plus voices. It's a celebration of the culture and the support of LGBT Q Right.

42

00:09:24.780 --> 00:09:33.720

Anthony Zazzarino: throughout the month of June nationwide. There's

traditionally been parades protest performances live theater and memorials.

43

00:09:34.530 --> 00:09:46.230

Anthony Zazzarino: That really celebrate the life with members of the community who not only lost their lives to HIV AIDS, but continue to struggle on a daily basis with stigma discrimination and oppression.

44

00:09:47.640 --> 00:09:54.870

Anthony Zazzarino: It is part political activism part celebration of all LGBT Q community has achieved over the years.

45

00:09:56.610 --> 00:10:06.450

Anthony Zazzarino: Why do we celebrate in June. Well we celebrate to coincide with the catalyst of the gay liberation movement that was the Stonewall uprising.

46

00:10:07.950 --> 00:10:18.090

Anthony Zazzarino: In the early morning hours of June 28 1969 police raided a popular gay bar in New York City's West Village called a stone wall in

47

00:10:19.410 --> 00:10:29.880

Anthony Zazzarino: This is commonplace for the time. But on this particular evening the patrons of the bar fought back. Starting to starting Stonewall Riots which were which went on for days.

48

00:10:31.200 --> 00:10:41.220

Anthony Zazzarino: Stonewall in with decline of historic landmark by the City of New York in 2015 and later named a national monument by President Barack Obama in 2016

49

00:10:42.840 --> 00:10:54.270

Anthony Zazzarino: So I think it's really important, especially now as we see June coming to a close to just highlight and bring more awareness to national Pride Month and all that it entails.

50

00:10:55.860 --> 00:10:59.700

Anthony Zazzarino: So thank you for being here to celebrate the end of Pride month with me.

51

00:11:01.590 --> 00:11:15.960

Anthony Zazzarino: So I previously talked a little bit about the importance of differentiating the terminology and maybe not using the full umbrella term of LGBT q plus and historically, it's because we often times group.

52

00:11:17.340 --> 00:11:20.370

Anthony Zazzarino: two very distinct populations into one.

53

00:11:21.420 --> 00:11:31.530

Anthony Zazzarino: And it's important to recognize that the difference between gender identity and sexual orientation is the difference between who you are and whom you love

54

00:11:32.400 --> 00:11:41.190

Anthony Zazzarino: So when we're looking at a fictional identity, which is a newer term, which is why I have it parentheses because it's a term that maybe not so many people are more aware of

55

00:11:42.300 --> 00:12:00.300

Anthony Zazzarino: It's a term that's currently replacing the term of the idea of sexual identity because of the word sexual identity really places too much emphasis and the focus is on sex itself. And we all know that the connection between people is much more than that.

56

00:12:01.440 --> 00:12:17.700

Anthony Zazzarino: So I will highlight the definition of sexual identity because it is more. It's a newer term, but we're talking about the direction in which one is predisposed to bond, emotionally, physically, sexually psychologically and spiritually with another

57

00:12:19.200 --> 00:12:30.540

Anthony Zazzarino: Then when we talk about gender identity, we're looking at the internal individual sense of gender. So how you identify yourself some very two distinct and separate concepts.

58

00:12:31.890 --> 00:12:37.890

Anthony Zazzarino: I'm not going too much into depth at all on the slide. Like I said, and I see

59

00:12:38.970 --> 00:12:50.160

Anthony Zazzarino: Dr. Murphy has posted a link to the webinars. There

was a full hour long webinar just on language and I really do encourage you if you work with

60

00:12:51.240 --> 00:13:03.150

Anthony Zazzarino: Any member that identifies as an affectionate money minority or gender minority or gender diverse. I think it's important that we use appropriate and adequate language.

61

00:13:04.230 --> 00:13:21.480

Anthony Zazzarino: Not saying that we will be perfect all the time. I will probably mess up at some point in this next hour. And if I do, I will correct myself and I think that webinar highlights proper ways and proper terms to use, but also proper ways to kind of make a correction, if you need to.

62

00:13:23.880 --> 00:13:32.700

Anthony Zazzarino: And same thing here, where we deal we die we dove into language and gender diversity and also on that website you'll see

63

00:13:33.090 --> 00:13:40.830

Anthony Zazzarino: One whole webinar strictly devoted to a fictional identity and one webinar strictly devoted to gender diversity.

64

00:13:41.820 --> 00:13:47.010

Anthony Zazzarino: So I don't want to go into much detail. Other to show you this slide and highlight that.

65

00:13:47.970 --> 00:14:05.010

Anthony Zazzarino: When we're talking about gender, we need to recognize that gender is much more than just male and female right that there is so many different facets to gender and that gender falls on a continuum and I implore you to go look at that resource.

66

00:14:07.740 --> 00:14:14.340

Anthony Zazzarino: So why is this conversation in this topic, one that we're talking about today, um,

67

00:14:15.270 --> 00:14:29.100

Anthony Zazzarino: I don't think any of you would be surprised that talking about opioid use is something that's important when we're providing services and support to the people nowadays because of the prevalence of opioid use disorders.

68

00:14:30.390 --> 00:14:40.530

Anthony Zazzarino: Specifically, members of the LGBT q plus community had been disproportionately affected by substance use disorders.

69

00:14:42.090 --> 00:14:50.550

Anthony Zazzarino: When I was looking at some research at this sadly the research does not hit the current, current trends in terms of attracting this a little bit better but

70

00:14:51.060 --> 00:15:02.760

Anthony Zazzarino: In 2015 the National Survey on Drug use and health identified that lesbian, gay, bisexual men and women across all age bracket.

71

00:15:03.570 --> 00:15:10.980

Anthony Zazzarino: Were significantly more likely to have misused prescription pain relievers. In the last year compared to heterosexual adult

72

00:15:11.880 --> 00:15:23.610

Anthony Zazzarino: And that's the slide that you're looking at here. It's really important to look at. And this is a little bit of a dated figure from a resource. So you see the terms like sexual minority and sexual majority.

73

00:15:24.210 --> 00:15:39.150

Anthony Zazzarino: But this is specifically related to lesbian, gay, and bisexual. This has nothing to do with gender, gender identity and you can see that the the darker green bar graph shows how much greater

74

00:15:39.690 --> 00:15:52.830

Anthony Zazzarino: Then sexual majority counterparts. How much greater substance of misusing prescription drugs that lesbian, gay, bisexual individuals experience.

75

00:15:55.380 --> 00:16:07.830

Anthony Zazzarino: On top of this, this study also found that lesbian, gay, bisexual individuals almost had three times a greater risk of opioid use disorder compared to heterosexual adult

76

00:16:09.000 --> 00:16:21.420

Anthony Zazzarino: Although little is known about opioid use among transgender and gender diverse individuals, a few studies that do exist, have found an elevated prevalence of illicit drug use within this population.

77

00:16:22.230 --> 00:16:34.380

Anthony Zazzarino: I continue to try and track down data specifically on gender diversity and gender, gender identity and substance use and it's really hard to really piecemeal this out.

78

00:16:34.920 --> 00:16:50.580

Anthony Zazzarino: Specifically because when researchers are still conducting research. We're still using that umbrella term of LGBT Q and NOT LOOKING AT separate groups of affectionate identity and gender diversity. So we'll talk about the need for that later on.

79

00:16:54.420 --> 00:17:01.170

Anthony Zazzarino: It's important just to make sure that we're all on the same common ground and common language in terms of what we're discussing right

80

00:17:01.740 --> 00:17:18.150

Anthony Zazzarino: So what are opioids opioids are class of drugs that include the legal drug heroin synthetic opioids, such as fentanyl and Tang relievers available legally by prescription, such as oxycodone, hydrocodone coding morphine and many others.

81

00:17:19.170 --> 00:17:33.870

Anthony Zazzarino: Really like this picture here, to really give you a sense of different types of opiates and their level of addiction. Right. And some of these. We know of and and some of these we've heard of

82

00:17:35.760 --> 00:17:40.800

Anthony Zazzarino: But when we're talking about opioid use disorder. This is what we're grounding all of that in

83

00:17:43.860 --> 00:17:57.180

Anthony Zazzarino: All also when we're talking about opioid use disorder. We just need to make sure that we are speaking the language of the DSM five the Diagnostic and Statistical Manual of Mental illnesses. The fifth edition.

84

00:17:57.570 --> 00:18:18.330

Anthony Zazzarino: Which really breaks out the criteria for opioid use disorder. I'm not asking anybody to remember this verbatim. I'm not asking people who are not licensed clinicians to go out and diagnose people. It's just more for your own awareness about if somebody has an opioid use disorder.

85

00:18:20.790 --> 00:18:22.020

Anthony Zazzarino: What does that really mean.

86

00:18:23.610 --> 00:18:28.560

Anthony Zazzarino: And these are some of the criteria that clinicians and practitioners use to diagnose

87

00:18:30.480 --> 00:18:36.390

Anthony Zazzarino: And you can see, depending on the number of symptoms describes if it's mild, moderate, or severe

88

00:18:40.020 --> 00:18:50.940

Anthony Zazzarino: If you've been in some of my presentation. This slide is probably familiar to all of you. And it's really important to highlighted here right when we're talking about the minority stress.

89

00:18:52.290 --> 00:19:05.550

Anthony Zazzarino: The higher the prevalence of substance use disorders including opioid use disorder among the LGBT q plus population can truly be best understood within the framework of minority stress.

90

00:19:06.840 --> 00:19:21.420

Anthony Zazzarino: So if we think about it, starting at a young age LGBT q plus people live with everyday discrimination, marginalization and victimization based on their affectionate and gender identity statuses.

91

00:19:22.650 --> 00:19:28.590

Anthony Zazzarino: So the minority stress model really highlights that stigma associated with minority identity.

92

00:19:29.430 --> 00:19:39.300

Anthony Zazzarino: Confers additional chronic stress which contributes to negative health, health outcomes. And when we look when we are looking at that we're looking at the external stressors.

93

00:19:39.900 --> 00:19:54.060

Anthony Zazzarino: And the internal stressors, coupled with choosing regular general psychological prophecies and how that can foster additional mental health needs and mental health problems and ultimately physical health problems.

94

00:19:55.620 --> 00:20:10.560

Anthony Zazzarino: Why it's so important to highlight this today is because we're going to see that sometimes people start taking opioids, just for general physical health problems. And then that could perpetuate into our into an addiction.

95

00:20:13.200 --> 00:20:24.510

Anthony Zazzarino: minority stress occurs along this continuum right from distill prophecies, known as the inactive stigma, which includes discrimination victimization or harassment.

96

00:20:25.350 --> 00:20:45.600

Anthony Zazzarino: To proximal processes which is known as felt stigma, which includes expecting rejection concealment or identity and internalized stigma, the internalization of gender related stigma through everyday discrimination experiences perpetuates feelings of minority stress.

97

00:20:46.950 --> 00:20:50.820

Anthony Zazzarino: And significantly can lead to worsening psychological health

98

00:20:52.110 --> 00:20:56.640

Anthony Zazzarino: The development of traumatic stress responses can lead to worsening psychological health

99

00:20:58.140 --> 00:21:07.680

Anthony Zazzarino: And from multiple acts of discrimination can lead to even greater risk. So it's important to really understand how the fear of

100

00:21:09.330 --> 00:21:15.630

Anthony Zazzarino: Fear of oppression and discrimination can lead to different mental health problems.

101

00:21:21.300 --> 00:21:31.260

Anthony Zazzarino: External stigma can become internalized right so I start to feel like other people might be looking at me or thinking of me differently. And then I start to feel that myself.

102

00:21:32.010 --> 00:21:50.100

Anthony Zazzarino: Leading to identity concealment self hate feelings of worthlessness and fear of rejection to escape or to really meet these challenging emotion. Some LGBT q plus people turn to opioids and other substances that provide a sense of euphoria or relief.

103

00:21:51.810 --> 00:22:08.430

Anthony Zazzarino: These behavioral coping mechanisms can lead to worse mental health and physical health problems such as psychological dependence and addiction, depression and other mental health disorders and HIV, and other sexually and intravenously transmitted infectious diseases.

104

00:22:09.900 --> 00:22:26.760

Anthony Zazzarino: Miss minority stress theory has been proposed as a way to understand the health disparities to, for example, LGBT q plus youth in particular may turn to opioid use to cope with stigma related stressors. One study of the youth.

105

00:22:28.110 --> 00:22:39.030

Anthony Zazzarino: That really looked at a sexual minority youth indicated that they are more likely to initiate opioid misuse early in life, compared to sexual majority peers.

106

00:22:40.380 --> 00:22:51.660

Anthony Zazzarino: Other studies to sound associations between the stress and higher opioid use among young men who have sex with men, and it's typically black men who have sex with men.

107

00:22:52.560 --> 00:23:03.360

Anthony Zazzarino: A large survey a transgender Americans found that that 35% of those who experienced school related harassment or assault reported using substances to deal with this mistreatment.

108

00:23:04.110 --> 00:23:24.180

Anthony Zazzarino: So when we look down and we try to look at the the root of why our LGBT q plus individuals experiencing higher rates of substance use specifically opioid use disorder it really does boil down to this concept of minority stress the external stigma, the internal stigma.

109

00:23:28.860 --> 00:23:40.860

Anthony Zazzarino: In medical settings LGBT q plus people are exposed to opioids at disproportionate rates as well. According to a recent Massachusetts behavioral risk factors surveillance system.

110

00:23:42.150 --> 00:23:45.810

Anthony Zazzarino: 58% of sexual and gender minority.

111

00:23:47.190 --> 00:24:01.500

Anthony Zazzarino: I'll correct myself 58% of affectionate and gender minority respondents between 35 and 44 years of age report ever being prescribed an opiate by a medical professional compared with just 35% of their

112

00:24:02.580 --> 00:24:20.490

Anthony Zazzarino: sexual and gender majority counterparts. So we're looking at about one the 3% increase certain clinical situations place LGBT q plus people at increased risk for opioid exposure and medical settings, a really concrete example of this.

113

00:24:22.080 --> 00:24:40.860

Anthony Zazzarino: Is related to gender affirmation surgery. Right. So, though we know that not all transgender individuals proceed surgical methods or gender affirmation, the data from the American Society of Plastic surgeon suggests that gender affirmation surgery is on the rise.

114

00:24:42.090 --> 00:24:59.250

Anthony Zazzarino: As opioid therapy is by far the most common form of post surgical pain management, an opioid dependence is correlated with frequency of opioid exposure. Each of these procedures places transgender patients at increased risk of developing opioid dependence.

115

00:25:00.510 --> 00:25:16.830

Anthony Zazzarino: So we have to, we're working with people that

identify as transgender and and are thinking about the gender affirmation surgery. It's important to recognize and really plan for these things ahead of time since we already know that this exists and that increasing

116

00:25:18.240 --> 00:25:29.760

Anthony Zazzarino: Additionally, both transgender people and older people living with HIV have increased prevalence of chronic pain and up to one fifth report taking opioid based pain medication.

117

00:25:31.020 --> 00:25:45.060

Anthony Zazzarino: Taken together, these clinical situation suggests that certain subpopulations of the LGBT q plus community are at an increased risk of developing opioid use disorder and signal, the need for special care in prescribing opiates.

118

00:25:46.500 --> 00:26:03.210

Anthony Zazzarino: And sometimes we are the voices and advocates for out of the people that we provide services for and it's important to have these conversations, not only with the people that we support, but with practitioners and with a, with the doctors to also support.

119

00:26:04.710 --> 00:26:05.400

Anthony Zazzarino: Our clients.

120

00:26:09.870 --> 00:26:16.020

Anthony Zazzarino: We also know that substance use is known to mediate the relationship between life stress and sexual risk.

121

00:26:16.620 --> 00:26:25.650

Anthony Zazzarino: An opioid use in particular has the potential to increase HIV risk be a sexual and injection drug behaviors to, for example,

122

00:26:26.400 --> 00:26:35.970

Anthony Zazzarino: When we talk about non medical opioid use among men who sleep with men, and I'm very strategic and using that language men who sleep with men.

123

00:26:36.360 --> 00:26:47.340

Anthony Zazzarino: And I'm not using the term gay men because these are men who might identify as heterosexual and we know that a sexual

identity is something that only the personal could identify as

124

00:26:47.970 --> 00:27:02.490

Anthony Zazzarino: Some non medical opioid use among men who sleep with men was associated with increased risk of London with sexual intercourse increased number of sexual partners and sharing syringes.

125

00:27:03.630 --> 00:27:18.990

Anthony Zazzarino: Additionally, we know that opioid use make compromise obtaining and giving sexual consent and these are all factors that we need to be aware of. So we can educate the people that we're providing services to and as well as educate ourselves.

126

00:27:20.580 --> 00:27:30.600

Anthony Zazzarino: Furthermore, treatment for opioid use disorder has been shown to be associated with reduction in certain high risk sexual and injection drug behaviors.

127

00:27:31.200 --> 00:27:40.590

Anthony Zazzarino: And increasing condom use bolstering the case for drifting opioid use disorder in the LGBT q plus popular population. So as we continue to address.

128

00:27:41.400 --> 00:27:59.190

Anthony Zazzarino: Opioid Use we're starting to see and I'm talking with my hands right now. Sorry, that you are not seeing this, but as we begin to support opioid use within the population, we're seeing better results related to decrease in condom less decks decrease in

129

00:28:00.360 --> 00:28:01.500

Anthony Zazzarino: HIV risk.

130

00:28:02.640 --> 00:28:06.990

Anthony Zazzarino: And just fostering greater sense of overall physical and sexual health

131

00:28:09.270 --> 00:28:20.850

Anthony Zazzarino: So sadly, we know that this population is at a greater risk. Right. We know the reasons why we understand that most of this is related to the minority stress that people are using

132

00:28:21.960 --> 00:28:34.440

Anthony Zazzarino: How do we support this population. How do we support a sexual and gender diverse people who are struggling with opioid use disorder or just struggling with opioids in general.

133

00:28:36.270 --> 00:28:38.790

Anthony Zazzarino: One of the best ways and this is also

134

00:28:40.380 --> 00:28:42.300

Anthony Zazzarino: What's most prevalent for working with

135

00:28:43.800 --> 00:28:45.630

Anthony Zazzarino: opioid use disorder in

136

00:28:47.370 --> 00:28:54.120

Anthony Zazzarino: A sexual and gender majority counterparts is the medication assisted therapy plus counseling.

137

00:28:55.170 --> 00:28:59.460

Anthony Zazzarino: Really supporting people and connecting them with all of these resources.

138

00:29:02.940 --> 00:29:13.290

Anthony Zazzarino: Sadly, even though we know that this is the best form of treatment given the multiple layers and nature of opioid use in the LGBT q plus population.

139

00:29:13.890 --> 00:29:22.230

Anthony Zazzarino: And the complex medical needs of this population certain concerns and considerations may arise during the course of opioid use disorder treatment.

140

00:29:22.770 --> 00:29:41.160

Anthony Zazzarino: And some of these issues that might arise are really important to have these conversations with our clients to kind of help them process these a little bit more. For example, how will treatment effect adherence to hormone therapy for transgender individuals.

141

00:29:43.680 --> 00:29:44.760

Anthony Zazzarino: How treatment.

142

00:29:46.350 --> 00:29:55.440

Anthony Zazzarino: That he effect adhering to anti retroviral therapy for sex for a sexual and gender minority people living with HIV.

143

00:29:56.400 --> 00:30:04.050

Anthony Zazzarino: And to pre exposure prophylactics or PrEP right for those who are at risk acquiring HIV so

144

00:30:04.800 --> 00:30:14.220

Anthony Zazzarino: Just like we would have conversations and it had these conversations in the past with people who were taking some really strong anti psychotic medications and

145

00:30:14.610 --> 00:30:30.960

Anthony Zazzarino: We're hoping to get pregnant right having these conversations ahead of time and talking to the doctor, what would this, what would this look like, how could you know how could this course of treatment impact my life. These are the same conversations that we need to be having

146

00:30:31.980 --> 00:30:33.360

Anthony Zazzarino: Just from a different

147

00:30:34.650 --> 00:30:36.360

Anthony Zazzarino: Outlook. Right. How can

148

00:30:37.710 --> 00:30:52.260

Anthony Zazzarino: The medication assisted therapy. How could that impact already what I'm taking, whether that's prep or medication for HIV and sometimes it's really having those conversations more what's more important. Are there other alternatives.

149

00:30:56.430 --> 00:31:02.460

Anthony Zazzarino: We also look at different ways and different strategies to work with the counseling route. And I think for

150

00:31:02.820 --> 00:31:15.090

Anthony Zazzarino: Us. It's getting getting this awareness so that when we're maybe working with people and trying to refer them for mental health counseling. What are certain questions that we should be

asking right. Who are we looking for to best support.

151

00:31:16.410 --> 00:31:23.730

Anthony Zazzarino: Individuals who struggle with opioid use disorder and identify a member of the LGBT q plus community.

152

00:31:24.780 --> 00:31:31.050

Anthony Zazzarino: We know that already many LGBT q plus individuals are currently under utilized in counseling services.

153

00:31:31.590 --> 00:31:41.010

Anthony Zazzarino: Right. And some of the factors that research highlights that may lead to the under utilization, or the negative experience that these individuals feel and encounter.

154

00:31:41.910 --> 00:31:50.880

Anthony Zazzarino: So if we are making a referral. We need to make sure that that referral to a counselor is have a character who is aware, educated and open

155

00:31:52.590 --> 00:31:56.460

Anthony Zazzarino: And accepting to members of the LGBT q plus community.

156

00:31:57.480 --> 00:32:09.990

Anthony Zazzarino: We also know that lack of counselor and staff competency leads to people under utilizing services. So how do we inquire what kind of education and what kind of competence.

157

00:32:10.860 --> 00:32:32.670

Anthony Zazzarino: Counselors have regarding this population. And I will say working in this field, but obtaining my master's degree and it's 60 credit master's program. I learned how to work with members of the LGBT q plus population for one week in my multicultural counseling class.

158

00:32:34.470 --> 00:32:46.680

Anthony Zazzarino: In my dissertation research I did some interviews and it asks some other counselors will tell me about your training and your education and working with a professional identity.

159

00:32:47.130 --> 00:32:57.930

Anthony Zazzarino: I factional diverse individuals and sadly throughout all of my interviews I heard a recurring theme of, well, I really didn't get any in grad school, or I got very little.

160

00:32:59.430 --> 00:33:06.030

Anthony Zazzarino: And sadly, we always hear that I had to seek out these this information and this competence on my own and

161

00:33:06.330 --> 00:33:20.310

Anthony Zazzarino: This is what everybody here is doing and it would be really important to maybe ask a counselor if you're helping link or refer a client to a counselor to say, hey, what kind of training do you have, what kind of workshops. Have you attended

162

00:33:21.420 --> 00:33:30.540

Anthony Zazzarino: You know, most social workers and mental health counselors all have to complete continuing education units.

163

00:33:31.680 --> 00:33:38.670

Anthony Zazzarino: It would be empowering, I think, to educate your clients and say, hey, have this conversation. So we can pick that right fit.

164

00:33:40.020 --> 00:33:47.490

Anthony Zazzarino: And the other thing, I think, to look for is the affirming environment. I think I talked about affirming environment in

165

00:33:48.960 --> 00:33:51.810

Anthony Zazzarino: Maybe both of the other webinars that I've done, but

166

00:33:52.860 --> 00:34:03.780

Anthony Zazzarino: What kind of documentation. What does the documentation look like when you're a new client in accounting program. What's the language saying in the intake form.

167

00:34:04.260 --> 00:34:25.200

Anthony Zazzarino: Do you your do the counselors have a sign or a picture or even a rainbow flag to recognize that affirming environment. And it really is kind of trying to match down and pare down the best counselor clients fit and use that in conjunction with

the medication assisted therapy.

168

00:34:27.420 --> 00:34:36.510

Anthony Zazzarino: So here is actually what I'm going to ask you all specifically around this question. Are there anything that you have done.

169

00:34:37.590 --> 00:34:43.560

Anthony Zazzarino: To try to either yourself be and to demonstrate that you are a an affirming

170

00:34:44.580 --> 00:34:48.660

Anthony Zazzarino: Accepting counselor practitioner or

171

00:34:50.040 --> 00:34:54.360

Anthony Zazzarino: What do you look for when you're trying to pair clients up with a counselor.

172

00:34:55.860 --> 00:35:04.350

Anthony Zazzarino: To make sure that you know that there are affirming so just take a couple seconds and just input it in the chat box, because I think sometimes in

173

00:35:06.540 --> 00:35:19.410

Anthony Zazzarino: This environment when we start to see different responses from different participants, we might get some other ideas. So what have you done yourself to demonstrate an open accepting

174

00:35:20.550 --> 00:35:27.900

Anthony Zazzarino: Environment for clients and or what do you encourage people to look for or to ask

175

00:35:28.950 --> 00:35:30.420

Anthony Zazzarino: When trying to find

176

00:35:31.890 --> 00:35:34.020

Anthony Zazzarino: Somebody that's warm and accepting and open

177

00:35:40.410 --> 00:35:47.040

Anthony Zazzarino: And the way you type it in. Thank you. I see a

couple responses is on the bottom. You could just type it in the in the chat box.

178

00:35:49.680 --> 00:35:50.340

Anthony Zazzarino: I'll say

179

00:35:51.780 --> 00:36:02.910

Anthony Zazzarino: I don't know why. Typically in June. I see a lot of rainbow flags everywhere and then July 1 they tend to come down. I don't know. Maybe if I haven't been out as much. But, uh, I just

180

00:36:04.080 --> 00:36:14.220

Anthony Zazzarino: I haven't seen as many rainbow flag, but I'll tell you, I'll say this. And as somebody who identifies as as a gay man, seeing that rainbow flag, even though some people think it's

181

00:36:14.880 --> 00:36:28.650

Anthony Zazzarino: Not that important to me, I look at that and I say, okay, there's somebody who at least is aware and is attempting to create a safe space. And I think sometimes that's important.

182

00:36:30.420 --> 00:36:32.130

Anthony Zazzarino: Pronouns on my badge. Yes.

183

00:36:34.560 --> 00:36:39.000

Anthony Zazzarino: Pronouns and talking about appropriate language is always really important

184

00:36:40.590 --> 00:36:58.560

Anthony Zazzarino: Queer imagery flags queer language absolutely language that we use is so important. And as you heard, I had to correct myself already so it's okay if we mess up. It's just about how we correct ourselves and and continue to be more aware of using the right words.

185

00:36:59.670 --> 00:37:03.390

Anthony Zazzarino: In public schools, maybe a GSA a gay. Straight Alliance.

186

00:37:04.620 --> 00:37:09.540

Anthony Zazzarino: rainbow color items informational booklets. Okay.

Thank you all.

187

00:37:11.130 --> 00:37:14.970

Anthony Zazzarino: Yes, I asked this question and you thought to yourself.

188

00:37:16.320 --> 00:37:16.950

Anthony Zazzarino: Oh, man.

189

00:37:18.900 --> 00:37:20.550

Anthony Zazzarino: I don't know what I do.

190

00:37:22.230 --> 00:37:28.980

Anthony Zazzarino: Use use this time to really think about in here, some suggestions, because I think we know.

191

00:37:31.440 --> 00:37:47.820

Anthony Zazzarino: That's something substance use and specifically opioid use is, is that a much greater rate with the LGBT q plus populations and trying to figure out ways to get people to start utilizing services and feel more comfortable utilizing services is really important here.

192

00:37:53.610 --> 00:37:55.890

Anthony Zazzarino: Thank you all. Alright.

193

00:37:57.660 --> 00:38:04.590

Anthony Zazzarino: So one of the things in that we need to be really mindful of is a more trauma informed approach.

194

00:38:05.790 --> 00:38:14.700

Anthony Zazzarino: The co occurrence of substance use disorders including opioid use disorders with post traumatic stress disorder is common in the general population.

195

00:38:15.480 --> 00:38:27.000

Anthony Zazzarino: Having a substance use disorder is associated with increased TREATMENT COSTS decreased treatment adherence and worse physical and mental health outcomes for those with PTSD.

196

00:38:28.770 --> 00:38:34.710

Anthony Zazzarino: Post Traumatic Stress can occur as a result of an identical traumatic identifiable traumatic incidents.

197

00:38:35.850 --> 00:38:57.540

Anthony Zazzarino: Such a sexual violence assault other hate crimes, but is also believed to occur after chronic pain insidious minority stress which many LGBT q plus people experienced throughout their lives. So now we're starting to see a combination of all different factors here.

198

00:39:00.360 --> 00:39:16.680

Anthony Zazzarino: Oh, thank you. Sorry, I'm looking at this. It's not called gay, straight alliances anymore. Thank you so much. Somebody corrected me instead of called gender and sexuality alliances. That's awesome. Thank you for for educating me and educating the group.

199

00:39:18.000 --> 00:39:22.950

Anthony Zazzarino: I haven't been in many highs in many school lately, so thank you for that update

200

00:39:25.650 --> 00:39:38.310

Anthony Zazzarino: Those substance use is really quite as a common avoidance strategy for PTSD treatment for substance use disorders and also target trauma and stress is integrated fashion has proven acceptable.

201

00:39:38.910 --> 00:39:45.750

Anthony Zazzarino: In the community addiction treatment program. So now we're also looking for a counselor that has a more trauma informed approach.

202

00:39:47.910 --> 00:39:51.540

Anthony Zazzarino: The Substance Abuse and Mental Health Services Administration or stamps. The

203

00:39:52.410 --> 00:39:59.970

Anthony Zazzarino: Center for trauma informed care offers really great resources and I'll show you some resources at the end of this presentation for organizations.

204

00:40:00.540 --> 00:40:11.460

Anthony Zazzarino: And best practices for providing trauma informed care for substance use disorder treatment which can broadly be applied to LGBT q plus individuals with opioid use disorder.

205

00:40:11.940 --> 00:40:21.360

Anthony Zazzarino: I will say there is nothing concrete or specific for this population and the intersection with opioid use however really has some

206

00:40:23.310 --> 00:40:26.880

Anthony Zazzarino: Has some good generalizations that we can take a look at

207

00:40:28.260 --> 00:40:45.000

Anthony Zazzarino: And according to sampler a trauma informed service organization realizes and recognizes these five bullet points here, right. So we realize the wide widespread impact of trauma and understand the potential paths for recovery.

208

00:40:46.050 --> 00:40:53.520

Anthony Zazzarino: We recognize signs and symptoms of trauma and client staff and others involved in the system.

209

00:40:54.810 --> 00:41:07.440

Anthony Zazzarino: We respond fully by integrating knowledge about trauma into policies, procedures, and practices we seek to actively promote a sense of safety and resist reach romanization

210

00:41:08.760 --> 00:41:21.840

Anthony Zazzarino: And we allow for trauma sensitive practice for trauma sensitive practice environment. And one of the things I always think about what I talked about trauma informed approach is just the space that we're meeting with people.

211

00:41:23.010 --> 00:41:33.120

Anthony Zazzarino: And I won't. Maybe now we don't have to worry about this because many of us are saying six feet away, but being more mindful of personal space, right.

212

00:41:34.350 --> 00:41:41.040

Anthony Zazzarino: Being more mindful of coming from behind a client, you know, being more mindful of maybe tapping

213

00:41:41.610 --> 00:41:56.040

Anthony Zazzarino: Somebody on their shoulder to say, hey, I'm here. That could be really triggering and it's not necessarily a trauma informed approach. Right. So thinking about how physical space and how we can try to be a little bit more trauma sensitive

214

00:41:57.690 --> 00:42:06.570

Anthony Zazzarino: Several evidence informed treatments designed to improve per post traumatic stress symptoms are emerging, including models for people living with HIV.

215

00:42:08.160 --> 00:42:16.830

Anthony Zazzarino: trauma informed approaches to opioid use disorder among LGBT Q people should incorporate all of these things as well as

216

00:42:17.520 --> 00:42:30.420

Anthony Zazzarino: Education about the connection between trauma and negative behavior or physical health outcomes and all of this, you'll see a share a really good resource related to fans at the end of this

217

00:42:38.130 --> 00:42:55.110

Anthony Zazzarino: Not going to go through this slide line by line, there is a lot here. It really is just for our own awareness and to keep in mind that we can adapt behavioral health addiction treatments for LGBT q plus individuals.

218

00:42:56.760 --> 00:43:11.820

Anthony Zazzarino: And it is readable and when you have this, you'll be able to see. So we know that cognitive behavioral therapy has been shown to improve treatment outcomes for people receiving medical system treatments for opioid use disorder.

219

00:43:12.330 --> 00:43:20.580

Anthony Zazzarino: And we also know that cognitive processing therapy has been shown to be effective in treating trauma based stress disorders.

220

00:43:22.800 --> 00:43:39.630

Anthony Zazzarino: Research really highlights and believes that these frameworks can truly be applied to the LGBT q plus the population with an opioid use disorder that is mediated by post traumatic stress

symptoms and maybe even more effective.

221

00:43:40.950 --> 00:44:00.660

Anthony Zazzarino: With certain adaptation. So you can see here on the slide, the basic principles and then maybe how to tell her, and this would be a really good question. Again, to ask, maybe, whoever you're referring or whoever you're supporting you know ask the the the counselor or the

222

00:44:01.680 --> 00:44:06.510

Anthony Zazzarino: The social worker. What is your knowledge of this, I often find

223

00:44:08.610 --> 00:44:13.980

Anthony Zazzarino: When I get new intakes they don't ask me a lot of questions and I always tell my new clients.

224

00:44:15.660 --> 00:44:22.050

Anthony Zazzarino: I'm asking you questions, but at the same time you are interviewing me as a counselor to make sure that I'm a good fit for you.

225

00:44:22.770 --> 00:44:32.700

Anthony Zazzarino: And when I was working in the community and a housing agency, I would always before I made a referral to a counselor or to any kind of behavioral health

226

00:44:33.600 --> 00:44:48.510

Anthony Zazzarino: Treatment would sit down and develop a list of questions with my clients and say, Listen, this is what you know, maybe. Here are some questions that you should ask the counselor, so that you can get a better understanding of who that character is for that better fit.

227

00:44:52.020 --> 00:45:02.880

Anthony Zazzarino: In this situation, we look at the idea of how providers really need to stop to start helping patients, recognizing the adverse impacts of minority stress.

228

00:45:03.810 --> 00:45:12.810

Anthony Zazzarino: As LGBT q plus people often attribute these effects the personal failures as opposed to external stressors, you start to

see a lot more

229

00:45:13.860 --> 00:45:25.170

Anthony Zazzarino: Internalization happening here some other strategies for providers really includes facilitating emotional awareness regulation and acceptance.

230

00:45:26.670 --> 00:45:32.520

Anthony Zazzarino: Empowering assertive communication restructuring harmful minority stress.

231

00:45:33.900 --> 00:45:44.040

Anthony Zazzarino: And validating the unique strengths of the LGBT q plus population. That was one of the slides. If you look in the sexual identity.

232

00:45:44.760 --> 00:46:00.720

Anthony Zazzarino: Power plant where you looked at the impact of using a positive psychology approach because that really grounds and harnesses the strength of the people that you work with. And then last but not least, fostering supportive relationships with

233

00:46:03.480 --> 00:46:05.850

Anthony Zazzarino: LGBT q plus community and allies.

234

00:46:12.810 --> 00:46:16.800

Anthony Zazzarino: The other thing that we see check on time. Alright, perfect.

235

00:46:18.030 --> 00:46:23.610

Anthony Zazzarino: Is we're starting to see more and more integration of behavioral health in primary care.

236

00:46:27.330 --> 00:46:34.860

Anthony Zazzarino: I actually just last semester was supervising some faculty members that were providing supervision of

237

00:46:35.430 --> 00:46:52.620

Anthony Zazzarino: A multi disciplinary team. They were working within six different primary care settings and it was a team of rehabilitation counselor, a social worker and a nurse and they were

able to provide behavioral health care within this primary care setting as a team and

238

00:46:54.030 --> 00:47:08.760

Anthony Zazzarino: They were able to meet with some pretty neat clients that would probably otherwise never meet with with a counselor or with a behavioral health care team member. So we're starting to see more and more of this happen, not only in New Jersey, but across the country.

239

00:47:10.770 --> 00:47:18.660

Anthony Zazzarino: And I think when it comes to opioid use and within the LGBT q plus population is going to be very helpful.

240

00:47:19.290 --> 00:47:29.790

Anthony Zazzarino: So we see that opioid use disorder and other substance use disorders grandly occur in isolation. Right. And this is definitely true within the LGBT q plus populations.

241

00:47:30.570 --> 00:47:41.100

Anthony Zazzarino: More commonly, these disorders exists within a complex interplay of other mental health problems poly substance use disorders and CO occurring physical health problems.

242

00:47:43.170 --> 00:47:53.970

Anthony Zazzarino: Therefore, what an integrated models of behavioral health and primary care services really have emerged as effective comprehensive programs for addressing these health issues.

243

00:47:56.190 --> 00:48:10.050

Anthony Zazzarino: I'll use my mom for an example, which she always loves when I tell her that I use for her. For example, and and asked for a cut of my paycheck, but she did not get that she struggles with anxiety and

244

00:48:11.640 --> 00:48:20.970

Anthony Zazzarino: We'll get a prescription for Xanax quite regularly. However, my mom has never saw any kind of mental health care.

245

00:48:21.930 --> 00:48:32.880

Anthony Zazzarino: Instead, she go straight to her primary care doctor and I often wonder. Her primary care doctor had this integrated

approach would she be more likely

246

00:48:33.300 --> 00:48:49.290

Anthony Zazzarino: To maybe speak to a mental health counselor or social worker. And what we see is most people go to primary care settings, more often than mental health settings. Because of the stigma that's associated with mental health care so

247

00:48:50.400 --> 00:48:59.190

Anthony Zazzarino: We really see that this integrated primary care integrating behavioral health with primary care has some positive outcomes and

248

00:49:00.960 --> 00:49:04.440

Anthony Zazzarino: It would be helpful. I think if we're making connections and referrals.

249

00:49:06.510 --> 00:49:11.940

Anthony Zazzarino: With our clients, maybe finding a primary care setting that is more of an integrated facility.

250

00:49:12.840 --> 00:49:30.750

Anthony Zazzarino: So we see these three overall positive outcomes related to integrating these settings. The first one being an improved experience with care. So the patient experience of care within an integrated behavioral health care program may improve by reducing the stigma of substance use disorders.

251

00:49:31.950 --> 00:49:41.010

Anthony Zazzarino: It also improves an individual's access to behavioral health interventions substance use disorder treatment medical care and has shown

252

00:49:41.610 --> 00:50:01.200

Anthony Zazzarino: To improve health outcomes, it reduces patient care fragmentation and cultural barriers among medical and behavioral health providers and often offers an opportunity to address opioid use disorder with people currently receiving treatment for other mental and physical health problems.

253

00:50:02.430 --> 00:50:10.590

Anthony Zazzarino: We also see the positive outcome of improved

population health. So these integrated health settings within primary care.

254

00:50:11.070 --> 00:50:29.970

Anthony Zazzarino: Increases the uptake of a variety of universal screening programs and intimate partner violence screening. It also allows for a lot of prevention and early intervention efforts. So it can be structured as an outcome driven with a focus on quality and performance measures.

255

00:50:31.500 --> 00:50:47.040

Anthony Zazzarino: related to population health. It can also serve as a tool for collecting mental and physical health outcomes on a sectional identity and gender identity and medical settings and we know the greater the research and the more data we have.

256

00:50:48.060 --> 00:51:02.700

Anthony Zazzarino: This is why the defensive. So it's so important. The more reporting, we have on specific numbers for affection and gender diverse individuals, potentially, the greater the funds we have to support these these individuals.

257

00:51:04.200 --> 00:51:06.720

Anthony Zazzarino: And last but not least, it's just a cost savings.

258

00:51:07.800 --> 00:51:21.720

Anthony Zazzarino: You know and I hate to say it like that, but we all know that that cost savings look really good for certain providers and this is specifically true within the integrated health facility.

259

00:51:24.030 --> 00:51:30.900

Anthony Zazzarino: So what's next, we know that the opioid epidemic is devastating communities across the United States.

260

00:51:32.880 --> 00:51:52.650

Anthony Zazzarino: No, there isn't a lot of information about the specific burden of opioid epidemic on LGBT q plus populations. We know that other substance use disorders are disproportionately prevalent in this population and current data exists that suggests the same is true for opioid use disorders.

261

00:51:54.180 --> 00:52:05.520

Anthony Zazzarino: minority stress is likely is a likely contributor to this increased burden and also serves as a helpful framework for understanding and addressing the opioid epidemic within this population.

262

00:52:06.690 --> 00:52:24.960

Anthony Zazzarino: Though medication assisted therapy with you print offering or methadone remain critical to addressing opioid addiction adaptations of behavioral health interventions to the specific needs of this population will also be as important to curb this epidemic.

263

00:52:26.460 --> 00:52:42.870

Anthony Zazzarino: Still sadly there is much more work to do to better characterize this burden of the epidemic and to implement and evaluate the effectiveness of integrated LGBT q plus focus behavioral health interventions we need to do a lot more research in this area.

264

00:52:44.010 --> 00:52:52.290

Anthony Zazzarino: Specifically, like I noted earlier, there is very minimal research related to gender identity and gender diversity.

265

00:52:53.550 --> 00:53:00.840

Anthony Zazzarino: Even though there's little research, overall, there's a little bit more research. When we look at a fictional identity and an opioid use

266

00:53:02.010 --> 00:53:03.750

Anthony Zazzarino: But very, very little on

267

00:53:05.370 --> 00:53:07.290

Anthony Zazzarino: Gender identity and opioid use

268

00:53:08.580 --> 00:53:12.150

Anthony Zazzarino: So the more research. We get done and the more research, we can do

269

00:53:14.400 --> 00:53:20.310

Anthony Zazzarino: Will serve to find better and more effective LGBT q plus specific considerations.

270

00:53:23.220 --> 00:53:27.840

Anthony Zazzarino: So before I get to just a couple minutes for questions and answers.

271

00:53:29.220 --> 00:53:35.910

Anthony Zazzarino: I do. Oh, there is this slide here that you're going to get to please take the survey.

272

00:53:37.170 --> 00:53:43.020

Anthony Zazzarino: Like we mentioned, we really appreciate your feedback and I will come back to this slide in a second. I promise you.

273

00:53:44.880 --> 00:53:56.040

Anthony Zazzarino: Here is the information and like copy Rivera had mentioned in the chat. You are going to get a copy of this PowerPoint. So please feel free to check out the website.

274

00:53:56.820 --> 00:54:12.990

Anthony Zazzarino: Please sign up for the bitly link. I also saw in the chat. There is the link to the YouTube video with some videos. Here is a phone number. There's a Facebook. I mean, there's all you know it's 2020 you can contact us many different ways.

275

00:54:15.090 --> 00:54:17.340

Anthony Zazzarino: But please, you know, please contact us.

276

00:54:18.840 --> 00:54:22.920

Anthony Zazzarino: Here are some of the resources that I had mentioned that are really helpful.

277

00:54:24.540 --> 00:54:37.410

Anthony Zazzarino: So, specifically the integration of behavioral health into primary care if you've never heard of that before I encourage you to just take a quick look at this resource and learn a little bit more about this because

278

00:54:38.550 --> 00:54:41.640

Anthony Zazzarino: I think we're going to start to see more and more of it across the country.

279

00:54:44.040 --> 00:54:49.860

Anthony Zazzarino: Such the SAMHSA website for trauma informed care and

280

00:54:51.330 --> 00:54:55.770

Anthony Zazzarino: Just some additional references here. So, you will get all of that.

281

00:54:58.020 --> 00:54:58.170

Anthony Zazzarino: So,

282

00:54:59.400 --> 00:55:03.300

Anthony Zazzarino: With that said, let's see here. We have just a couple minutes.

283

00:55:06.210 --> 00:55:19.770

Anthony Zazzarino: And Kathy also posted the brief survey in the chat box. So I do encourage you to just click on that link, it really is a quick survey and your feedback is definitely

284

00:55:22.920 --> 00:55:23.880

Anthony Zazzarino: Definitely, welcome.

285

00:55:25.350 --> 00:55:33.300

Anthony Zazzarino: Like Dr and Murphy mentioned earlier. This is the fifth training of the six in this series of trainings.

286

00:55:35.220 --> 00:55:57.750

Anthony Zazzarino: I will probably be taking a look at all the feedback and making some some edits and continuing to provide additional support in the future. So I thank you again for your time today. And with that, if we have any questions, I will open it up. But if not, thank you again and have a good day.

287

00:55:58.950 --> 00:56:09.210

Ann Murphy: Doctors as we know we've gotten a couple questions and I see we have just a couple minutes left. If anybody has a question, now's the time to type it in the chat box.

288

00:56:10.500 --> 00:56:23.460

Ann Murphy: One of the questions we received was do you know if there's any data available on opioid use disorder in older adults or

elder population with LGBT

289

00:56:23.490 --> 00:56:25.440

Ann Murphy: Within the LGBT community.

290

00:56:26.550 --> 00:56:33.120

Anthony Zazzarino: Whoever asked that question. That is a great question, and I'm going to say no because it's

291

00:56:34.560 --> 00:56:47.580

Anthony Zazzarino: There's so little research done specifically on opioid use and the LGBT q plus population, I think, to get a better handle of what's really going on. More research has to be conducted

292

00:56:48.750 --> 00:57:11.400

Anthony Zazzarino: Focusing on subsets of this population, which really interesting is we know that the older adult LGBT q plus population is going to be growing enormously in the next 10 to 15 years. I thought I remember reading something, it was going to grow about three to 5% which is pretty large.

293

00:57:12.570 --> 00:57:15.810

Anthony Zazzarino: And we know that older adults within

294

00:57:16.890 --> 00:57:31.830

Anthony Zazzarino: Affectionate engender majority population struggle with opioid use. So I would assume not grounded in any research at this time that older adults who identify as lesbian, gay, bisexual, transgender

295

00:57:34.800 --> 00:57:40.350

Anthony Zazzarino: Or gender diverse will seek greater rate of acceptance shoes, um,

296

00:57:41.460 --> 00:57:45.840

Anthony Zazzarino: Perhaps you just made me think of my next research study, though, so thank you.

297

00:57:47.550 --> 00:58:00.780

Ann Murphy: Know, have to give credit though I'll have to look back and see. I know let me down below it is that'll be a couple lines.

Thank you know and and so you address this throughout. But I, but we had the question.

298

00:58:00.960 --> 00:58:03.690

Ann Murphy: Early on, and I wonder if you would just

299

00:58:04.710 --> 00:58:17.040

Ann Murphy: Maybe in summary, just reiterate why why you think that LGBT q plus community is experiencing opioid use disorder at a higher rate.

300

00:58:18.660 --> 00:58:21.270

Anthony Zazzarino: You know, it really does go back to

301

00:58:23.550 --> 00:58:35.760

Anthony Zazzarino: Experiences of discrimination. I'm just going to go back to this slide experiences of discrimination and oppression and I know when I say that I know we. Many people think that we are in 2020 and

302

00:58:36.690 --> 00:58:51.570

Anthony Zazzarino: Especially many people that I know that you know I'm from New Jersey and you know from the northeast, we think that we live in a very liberal society and that acceptance of the LGBT q plus community is widely spread. Unfortunately, that's not the case.

303

00:58:52.800 --> 00:59:06.480

Anthony Zazzarino: You know, we still see that I mean just recently, I think, what was it a week ago maybe 10 days ago is that the Supreme Court had to make a ruling that you cannot be fired for your

304

00:59:07.290 --> 00:59:17.100

Anthony Zazzarino: Affection, or gender identity, like in 2020 there was potential that that was possible. And I think, so you have those feelings of

305

00:59:18.600 --> 00:59:24.240

Anthony Zazzarino: discrimination and oppression. You also have a lot of people still internalizing

306

00:59:25.980 --> 00:59:35.070

Anthony Zazzarino: sexual identity and gender, gender minority status is I would have fear of maybe being further discriminated against, or

307

00:59:35.850 --> 00:59:47.190

Anthony Zazzarino: Like we talked about in one of the last webinar about the coming out process related to religion or different communities are fear of being ostracized from family.

308

00:59:47.610 --> 00:59:51.420

Anthony Zazzarino: And when we suppress all of these different feelings and we start to

309

00:59:52.020 --> 01:00:06.750

Anthony Zazzarino: feel ashamed of ourselves. A lot of times that leads to using substances to kind of numb. All of that because I don't want to deal with all of these feelings and thoughts. So I'll just turn to a substance to kind of mask, all of that. I don't have to think about that.

310

01:00:07.950 --> 01:00:12.840

Anthony Zazzarino: Sadly, I think, you know, that is that is why we see much higher rates.

311

01:00:14.490 --> 01:00:25.080

Ann Murphy: Thank you so much. Doctors as arena here. Well, we are right at 430 so I want to thank all of our participants for their, their activity here.

312

01:00:26.100 --> 01:00:31.620

Ann Murphy: And thank you for attending. And for those of you who have already completed the evaluation. We're very

313

01:00:31.620 --> 01:00:32.700

Ann Murphy: appreciative of that.

314

01:00:33.390 --> 01:00:44.850

Ann Murphy: As mentioned, you will receive an email from us with a link to the evaluation in case you haven't already completed it as well as a link to our website, where the recording of this webinar.

315

01:00:45.420 --> 01:00:58.080

Ann Murphy: Along with doctors as your reno slides will be available.
And so thank you very much for your attendance. THANK YOU, DOCTOR SAYS
or, you know, for a wonderful presentation and I wish everyone, good
health and safety.

316

01:00:58.890 --> 01:01:03.660

Ann Murphy: And a good rest of the week. So thank you very much and we
will hope to see you again soon.

317

01:01:05.070 --> 01:01:05.550

Anthony Zazzarino: Thank you.