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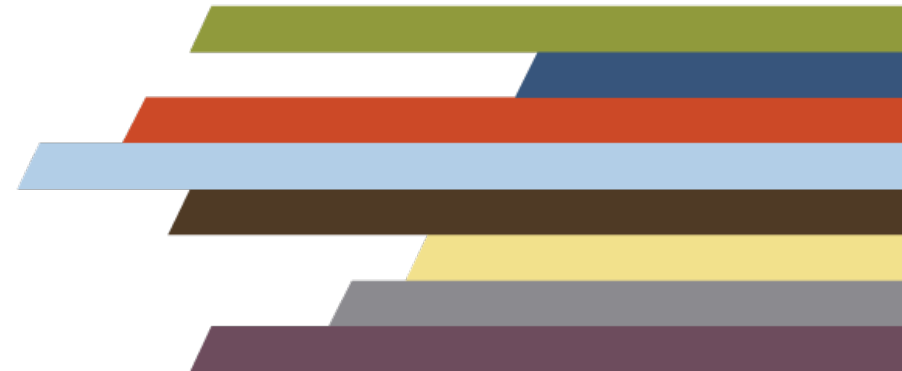
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Understanding Opioid Use Disorder within the LGBTQ+ Community

Anthony Zazzarino, PhD, LPC, ACS, CPRP

Rutgers, School of Health Professions

Department of Psychiatric Rehabilitation and Counseling Professions



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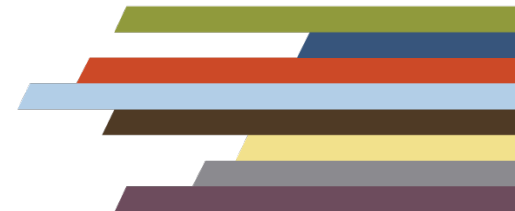
<https://bit.ly/2mpmpMb>



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Upcoming Webinars

- Addressing Blended Family and Trauma Issues with Affectional and Gender Minority Parents

July 28, 2020, 3:30 – 4:30pm ET

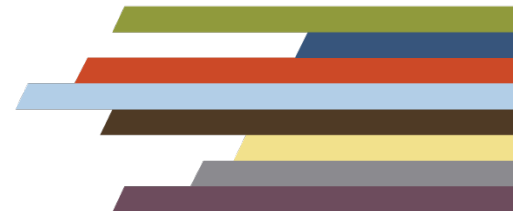
Please note the topics for these dates were reversed from the original notice. If you've already registered for these events you will receive a separate email.



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Feedback

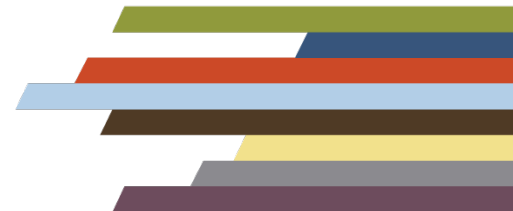
- Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs. Feedback about this training will assist us in developing trainings that are relevant to your current professional needs. **Therefore, your feedback counts!**



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Video Recording Information

- Please note that we will be recording this webinar and posting it to our website. Any information and input you provide during today's call will be recorded and posted on our website.

THANKS!

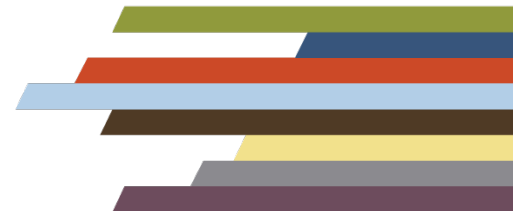


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Your Interactions with Us

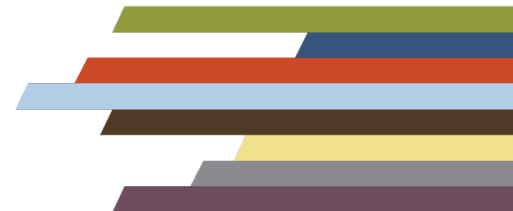
- Question and Answers
 - Q & A will occur at the end of the call.
 - Please type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Chat and Polls
 - Throughout the webinar, we will be asking for your input.
 - Please use the Chat or Poll features in Zoom located on the task bar.



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Learning Objectives

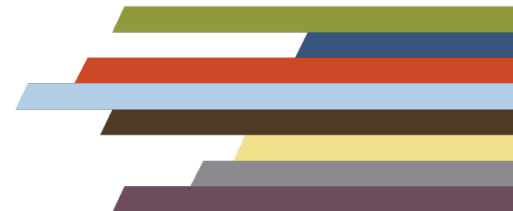
- Highlight the difference between sexual (affectional) identity and gender identity.
- Describe the implications of opioid use disorder for the LGBTQ+ population.
- Discuss best practices for working with LGBTQ+ who have opioid use disorder.



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Differentiating Between Sexual (Affectional) Identity and Gender Diversity

Differentiating
Between Sexual
(Affectional) Identity
and Gender
Diversity

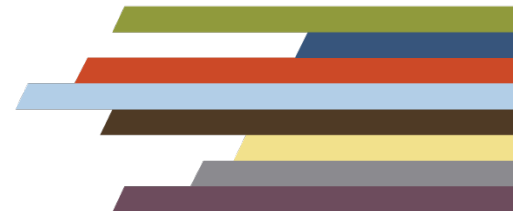
The difference between gender
identity & sexual orientation is
the difference between who
you are & whom you **love**.



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Defining Sexual (Affectional) Identity and Gender Diversity

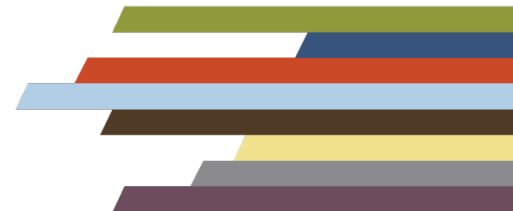
- **Affectional Identity:** Direction in which one is predisposed to bond emotionally, physically, sexually, psychologically, and spiritually with another.
- **Affectional Variance:** A term to describe the differences within affectional identities.
- **Gender Identity:** Your internal, individual sense of gender. How you identify yourself.
- **Gender Expression:** The ways you present gender through actions, appearance, and demeanor, and how these acts are interpreted by those around you based on societal gender norms.



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Different Sexual (Affectional) Identity

Gay

Lesbian

Bisexual

Pansexual

Asexual

Demisexual

Omnisexual

Autosexual

Sapiosexual

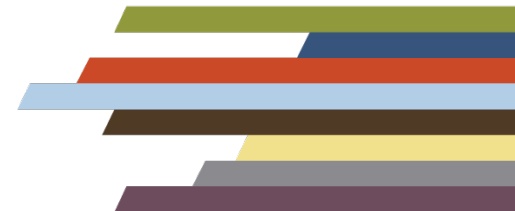


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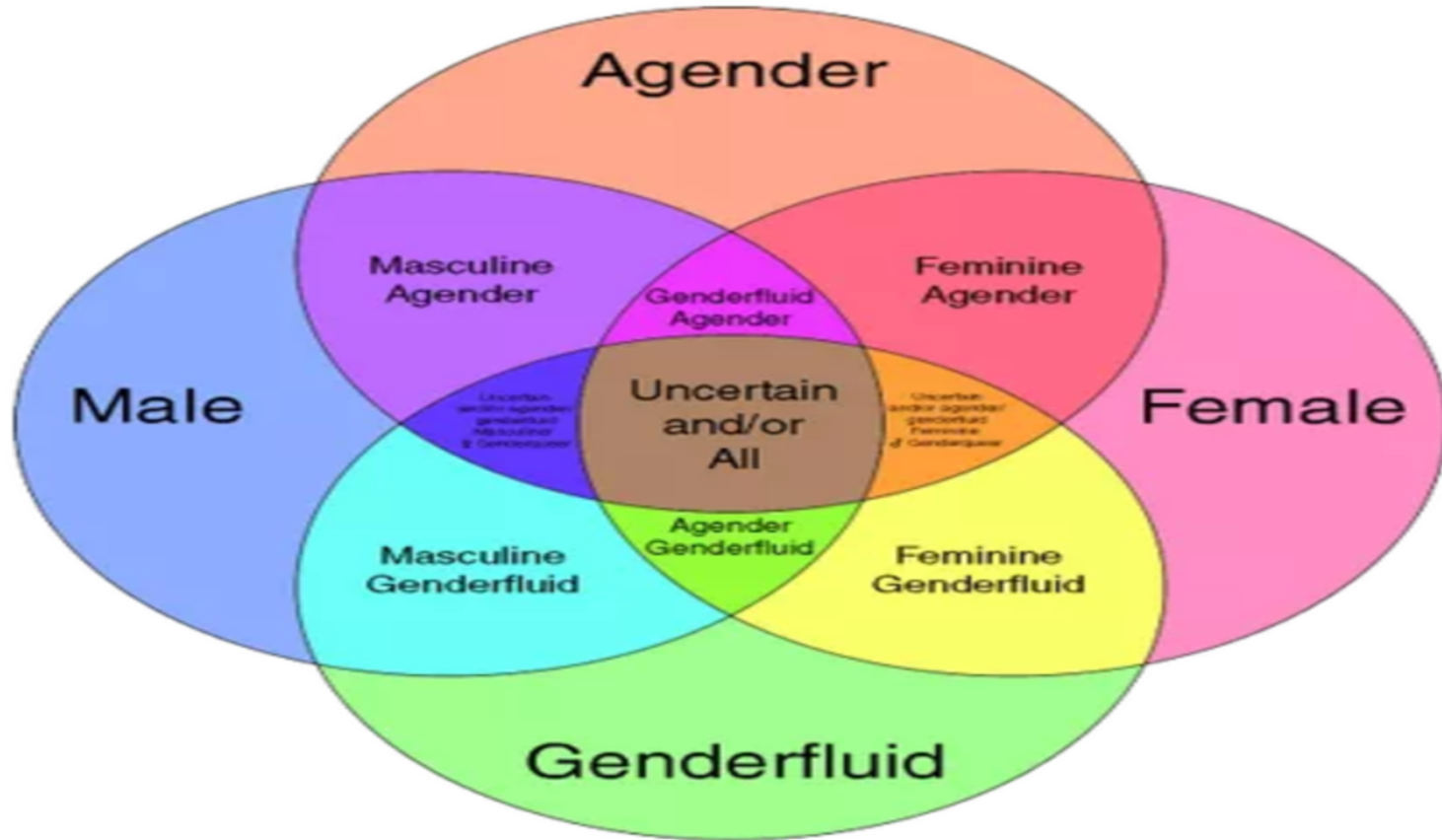
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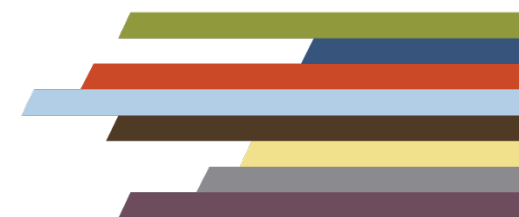
Gender Diversity



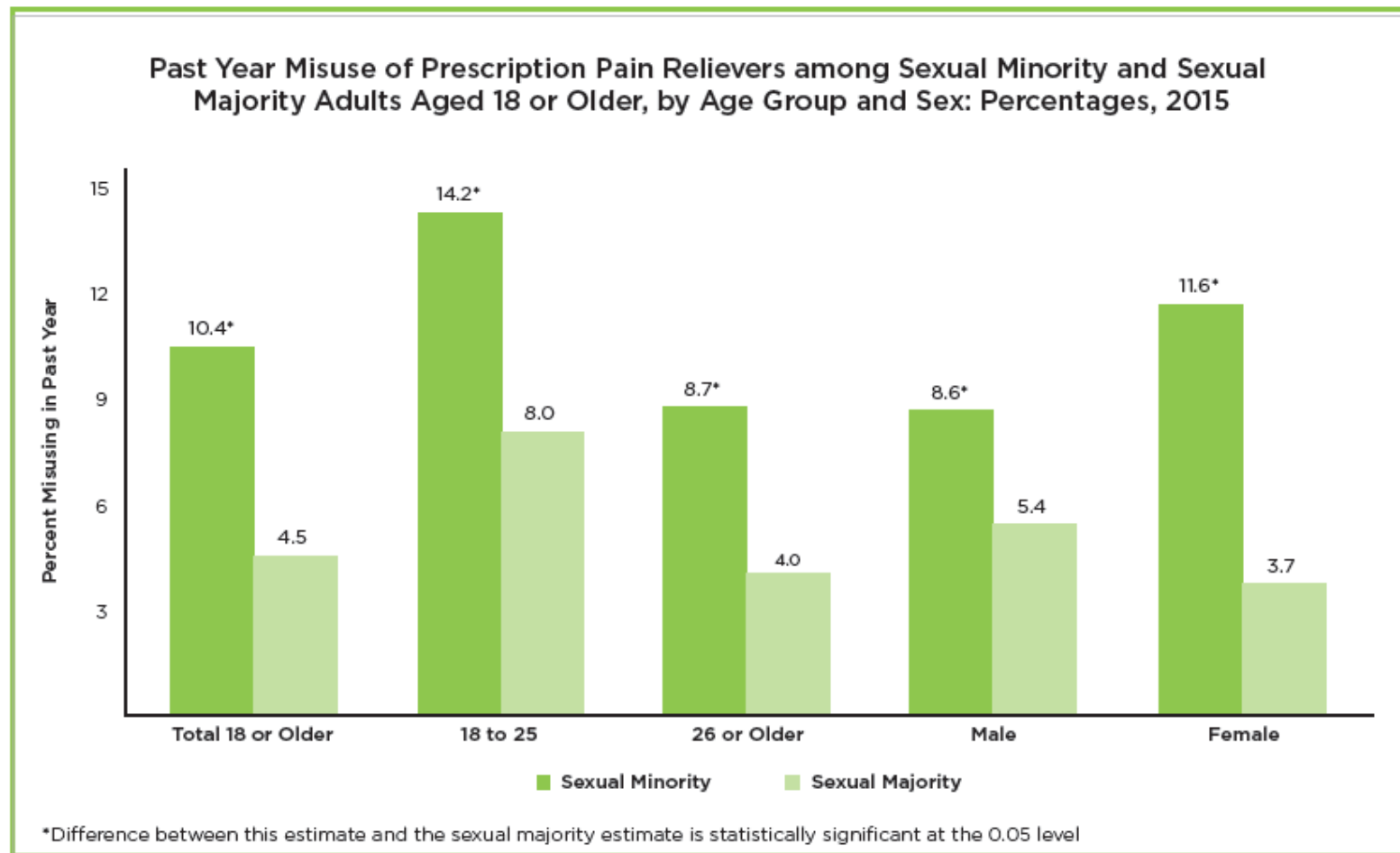
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Prevalence

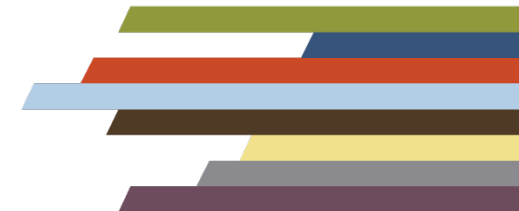


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What are Opioids?

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.



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Opioid Use Disorder

Table. DSM-5 Diagnostic Criteria for Opioid Use Disorder^a

1. Opioids are taken in larger amounts or duration than intended
2. Persistent desire/unsuccessful efforts to cut down or control opioid use
3. A great deal of time is spent obtaining, using, or recovering from the effects of opioids
4. Craving
5. Recurrent use of opioid results in failure to fulfill major role obligations at work, school, or home
6. Continued use despite social/interpersonal substance-related problems
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent use in hazardous situations
9. Continued use despite knowledge of having a persistent or recurrent opioid-related physical or psychological problem that is likely caused or exacerbated by opioid use
10. Tolerance^b
11. Withdrawal^b

Severity: Mild: 2-3 symptoms, Moderate: 4-5 symptoms, Severe: \geq 6 symptoms

^a The information above is only an overview of the criteria used. Consult the DSM-5 before making a diagnosis.

^b Note: This criterion is not considered to be met for patients taking opioids solely under appropriate medical supervision

Source: American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. Washington, DC: American Psychiatric Association; 2013:541.

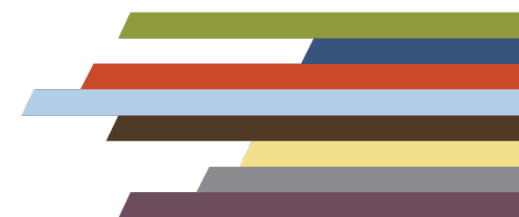


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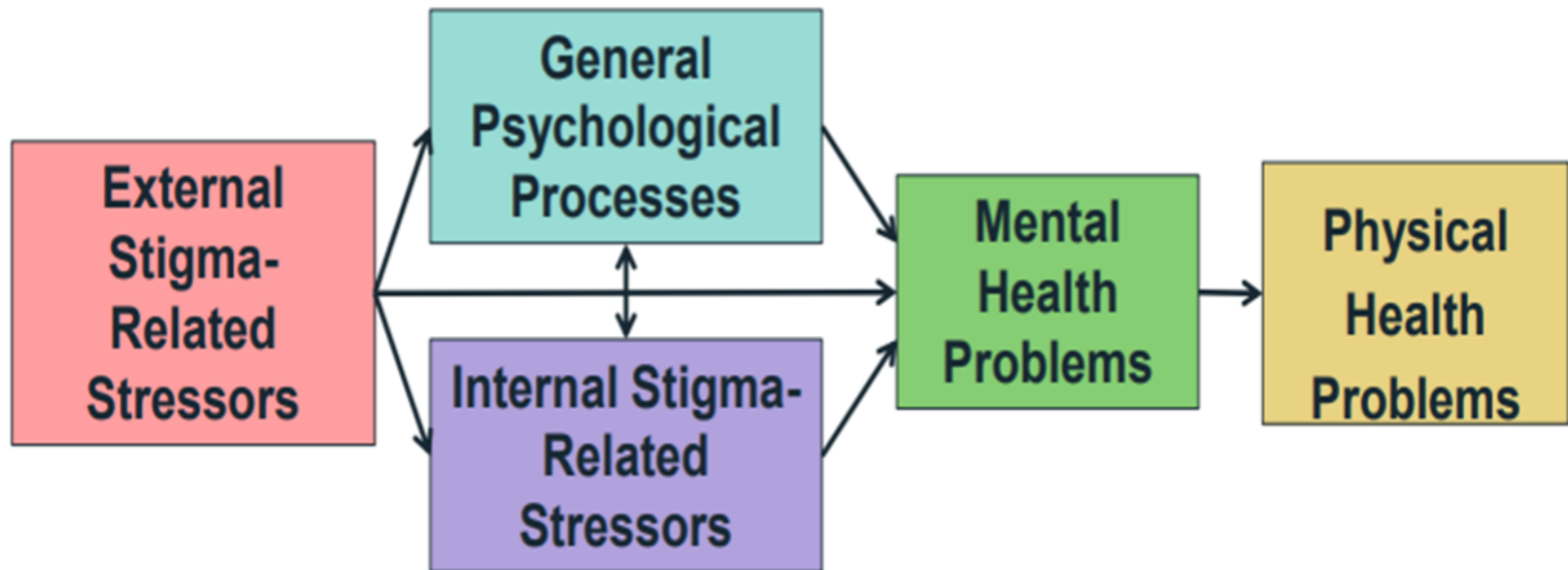
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Minority Stress Model

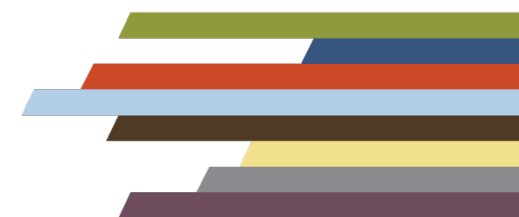


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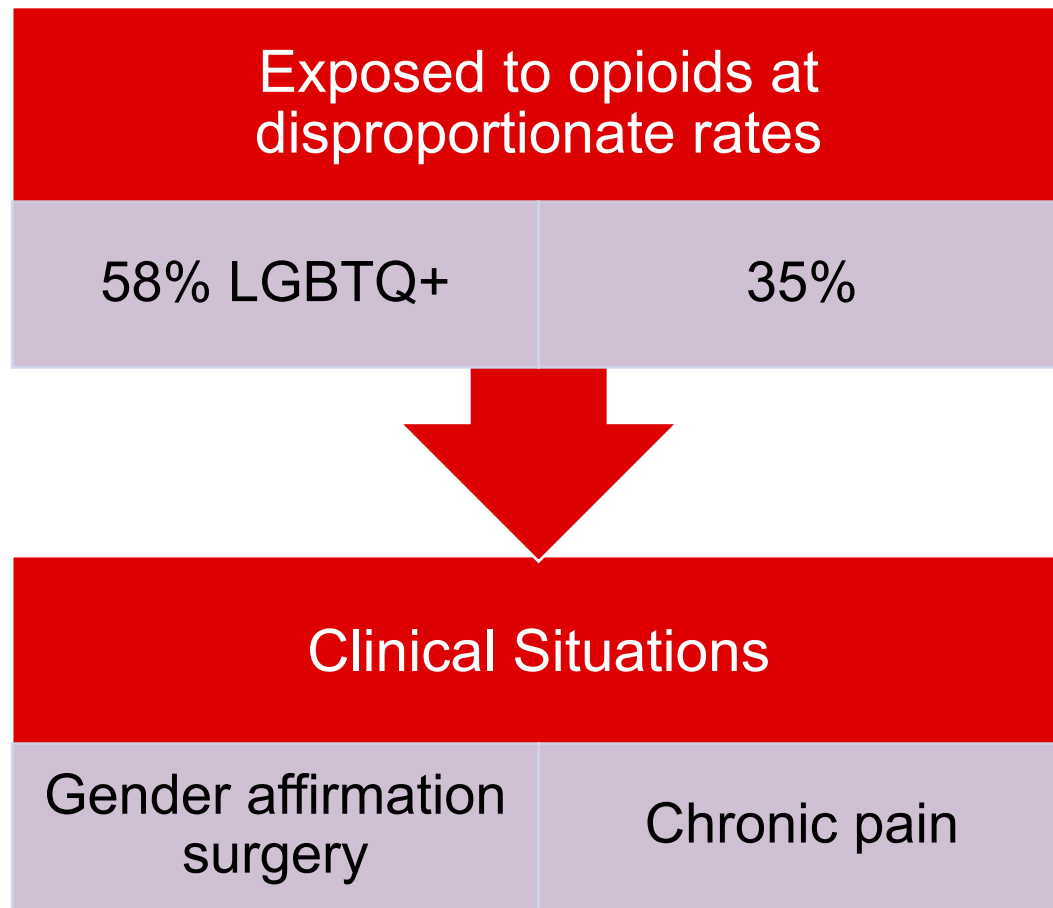
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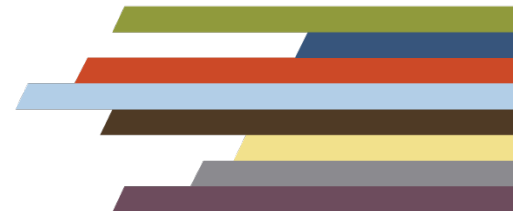
Medical Opioid Use



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Opioid Use and Sexual Risk

Increase in HIV risk

Compromise obtaining and giving sexual consent

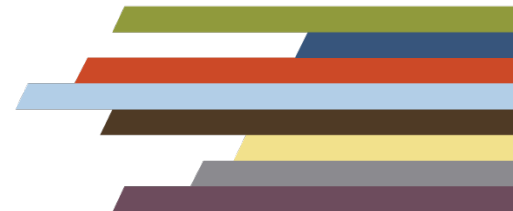
Condomless sex



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Best Practices for Addressing Opioid Use



Implications with MAT

- Adherence to hormone therapy, antiretroviral therapy (ART), or pre-exposure prophylaxis (PrEP)

Implications with Counseling

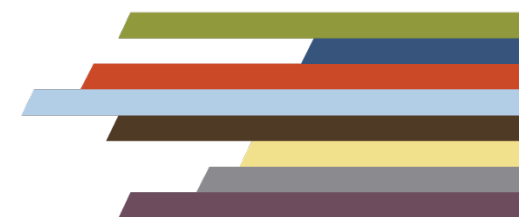
- Underutilizing services due to negative experiences, counselor/staff competency, and lack of an affirming environment



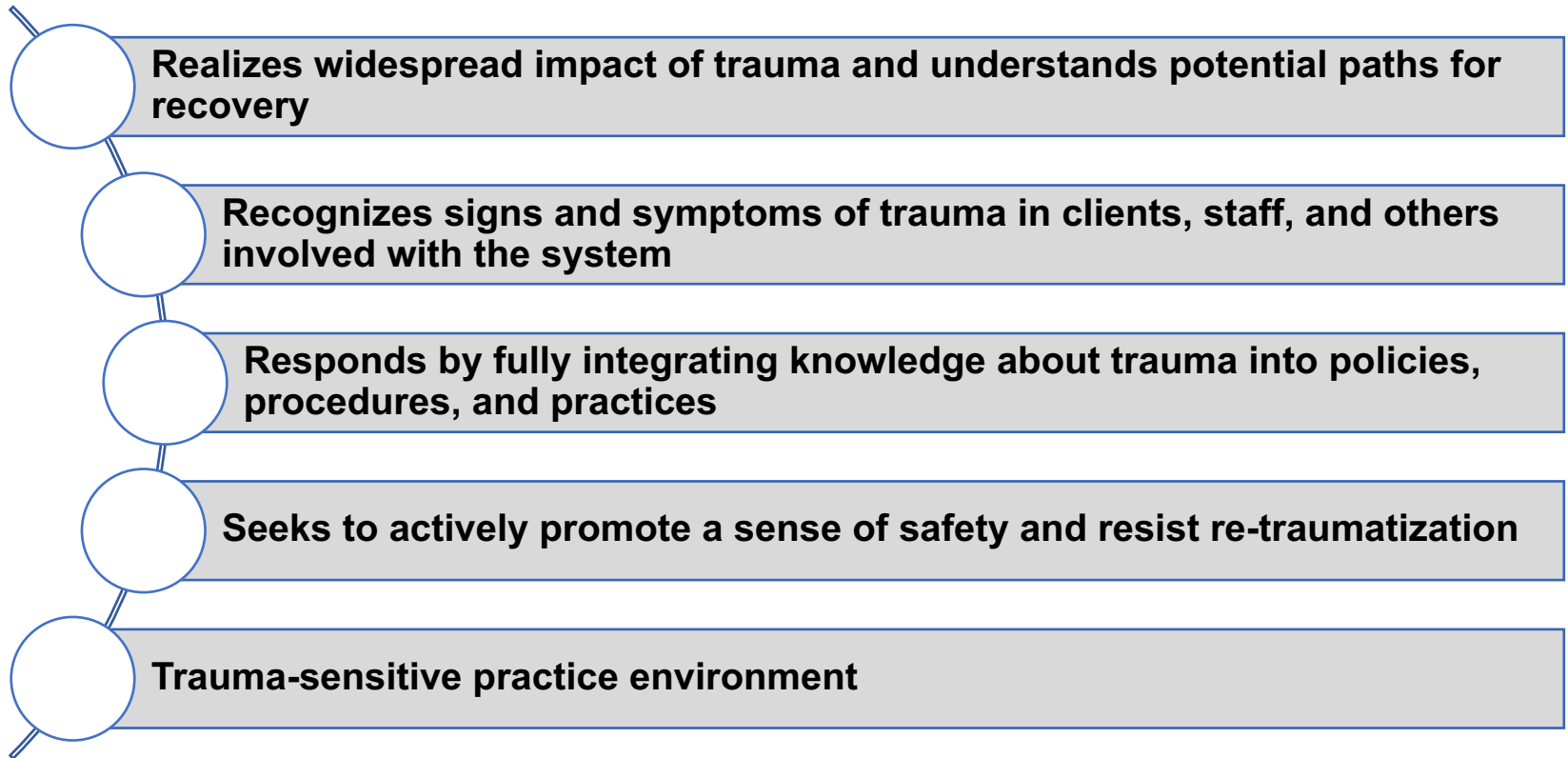
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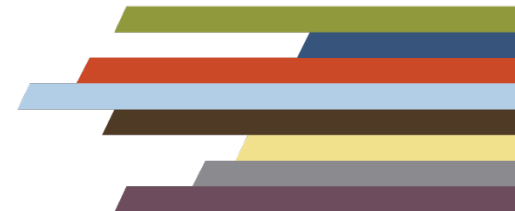
Trauma-Informed Approach



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Adapting Behavioral Health Addiction Treatment for LGBTQ+ Individuals

Cognitive Behavioral Therapy		Cognitive Processing Therapy	
<i>Basic Principles for Opioid Use Disorder²⁰</i>	<i>Tailoring for LGBTQ Populations</i>	<i>Basic Principles for PTSD²²⁻²³</i>	<i>Tailoring for LGBTQ Populations</i>
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Minority stress-specific triggers for cravings (e.g. nonconformity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized homophobia/transphobia) • SUDs as barriers to personalized goals of adequate PrEP adherence or consistent condom use • For transgender patients: assertive substance refusal with non-transgender sex partners; HIV risk from hormone and silicone self-injections; SUDs as barriers to personalized goal of successful gender affirmation 	<ul style="list-style-type: none"> • Education about posttraumatic stress • Writing an Impact Statement to help understand how trauma influences beliefs • Identifying maladaptive thoughts about trauma linked to emotional distress • Decreasing avoidance and increasing resilient coping 	<ul style="list-style-type: none"> • Focus on how LGBTQ-specific stigma causes posttraumatic stress (e.g. avoidance, mistrust, hypervigilance, low self-esteem) • Attributing challenges to minority stress rather than personal failings • Impact Statement on how discrimination and victimization affect beliefs (e.g. expecting rejection, concealment needs, internalized homophobia/transphobia) • Decreasing avoidance (e.g. isolation from LGBTQ community or health care) • Impact of minority stress on PrEP adherence or condom use

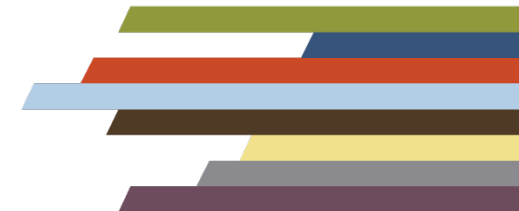


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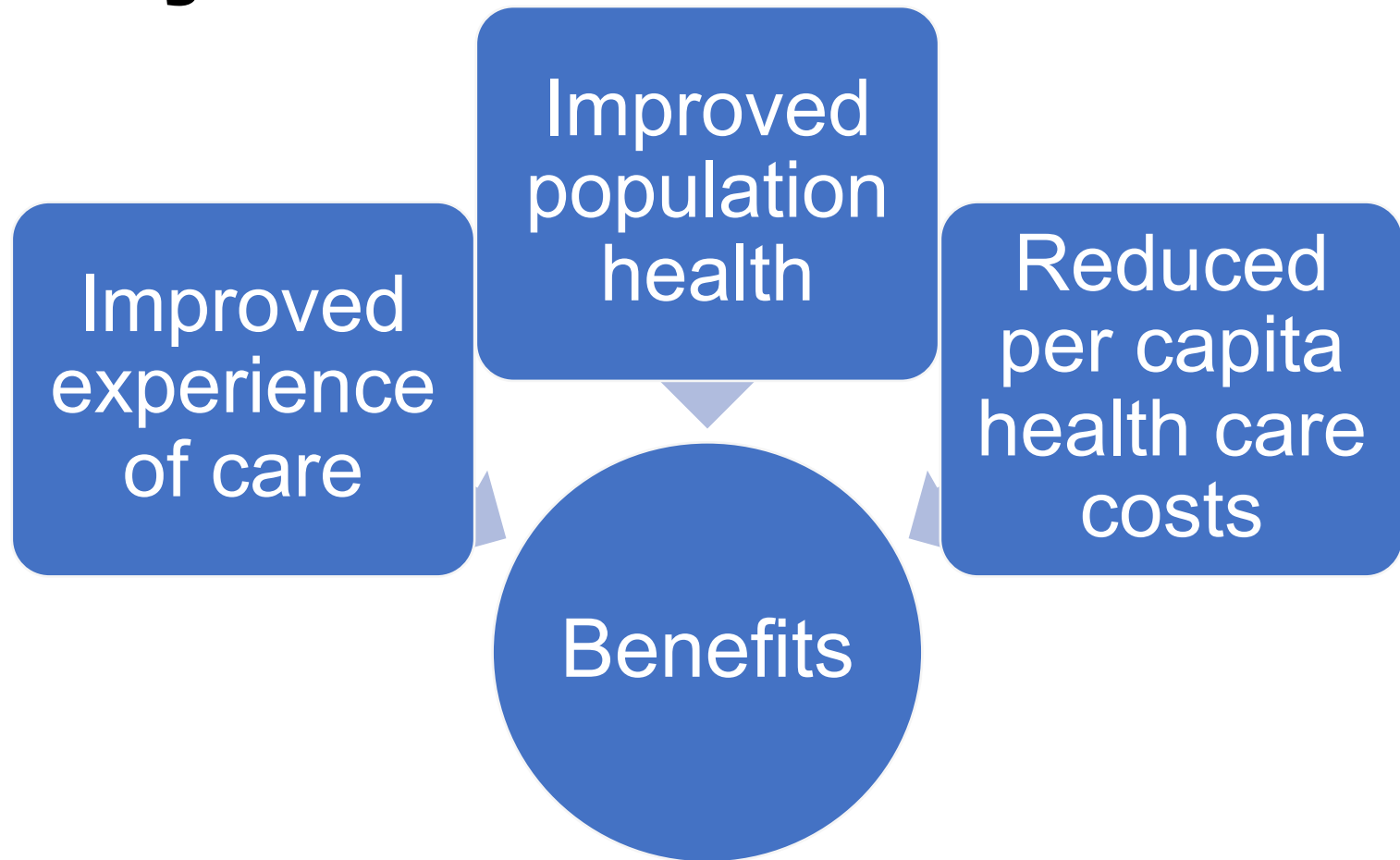
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Behavioral Health Integration into Primary Care

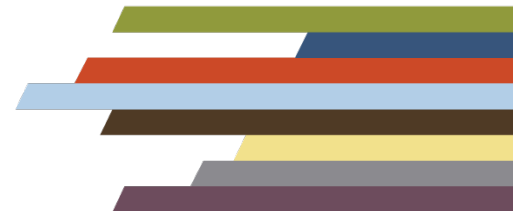


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What's next...



More research

Tailored
interventions

Evaluation

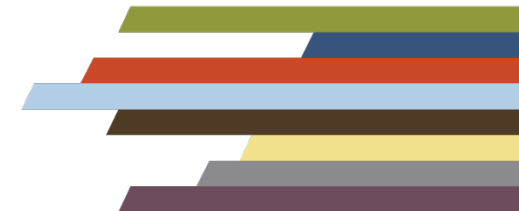
LGBTQ+
specific
considerations



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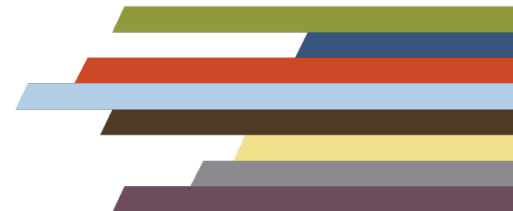
Q & A



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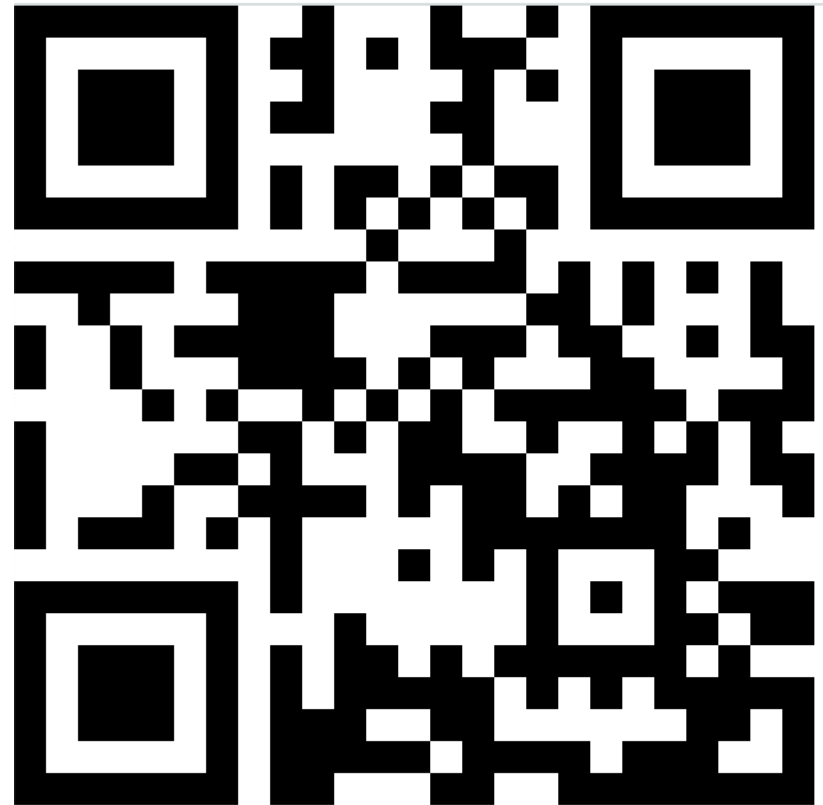
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We Need Your Input!

Please take a moment to complete this brief survey. We appreciate your feedback.

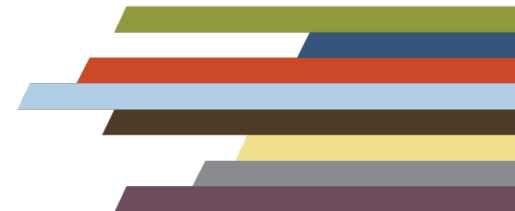


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Contact us!

By phone: (908) 889-2552

Email: northeastcaribbean@mhttcnetwork.org

Website: <https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/home>

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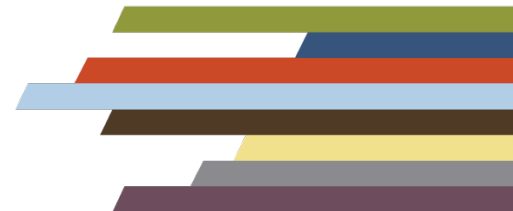
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Resources

SAMHSA-HRSA Center for Integrated Health Solutions: Integrating Behavioral Health into Primary Care:

<https://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care>

Addiction Technology Transfer Center Network White Paper: Building Capacity for Behavioral Health Services within Primary Care and Medical Settings:

http://attcnetwork.org/advancingintegration/ATTC_WhitePaper5_10_16Final.pdf

Substance Abuse and Mental Health Services Administration Center for Trauma-Informed Care: <https://www.samhsa.gov/nctic>

SAMHSA Buprenorphine Waiver Management:

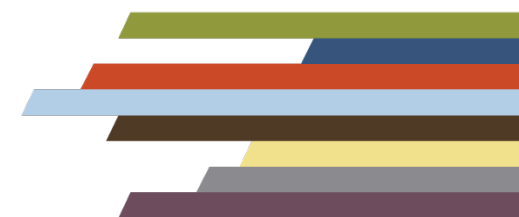
<https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver>



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References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- National Institute on Drug Abuse. (2019, November). *Opioids: Brief description*.
<https://www.drugabuse.gov/drugs-abuse/opioids>
- National LGBT Health Education Center. (2018, June). *Addressing opioid use disorder among LGBTQ populations*.
<https://www.lgbthealtheducation.org/wp-content/uploads/2018/06/OpioidUseAmongLGBTQPopulations.pdf>



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