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CARING FOR TRANSGENDER AND GENDER EXPANSIVE PEOPLE WHO USE DRUGS

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[video transcript]

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Over to you Dr. Javier. Thanks so much, Charlotte. I'm gonna minimize my, my gallery here. And I think I'm good to go. Thanks, everyone. So you guys can call me No, well, Maria, my pronouns are she her hers. And a title for my talk is caring for transgender and gender expansive people who use drugs. And really substances at large, right, I don't have any financial disclosures. So a couple of disclaimers. Number one is that I know that I'm in the great company of many specialists from various disciplines, interprofessional teams, a lot of you have expertise in addiction medicine and substance use disorders. I do not claim expertise in these areas of clinical work. However, through you know, my readings and being able to have a lived experience as well as being able to take care of individuals who identify as trans and gender diverse, I think that I do have a lens in terms of imparting with you some knowledge, some strategies that you know, hopefully will be you'll be able to glean from this session and be able to take with you as I had shared earlier, I'm also a woman of yoga who was born I'm trans experience. And so I definitely can relate to you know, this topic well, and I have done enough work to substantiate my expertise in the area of transgender medicine. So there are four learning objectives. The first one is we want to describe the epidemiology and history of drug use among trans and gender expansive communities. The second is we're going to delve into some common barriers to substance use treatment for this population. The third one is to really understand the barriers and also formulate ways to overcome these barriers, especially when we're delivering clinical care in our various settings. And then the last piece of the learning session would be really to be able to concretize and operationalize some of these concepts and construct some guiding principles, as well as strategies around best practices to help our trans and gender diverse individuals who use drugs and other substances. So what this session will not cover is an extensive review of the pathophysiology of substance use disorders, we are not going to go into the granular, more granular information around diagnosis and management of Su D as that whole topic of its own. And we're also not going to cover the latest therapeutic management for substance use disorders. Rather, we would be focusing on some nuggets of information that you can take with you when you are taking care of somebody in this community. So as you can see, there are many faces, there are many phenotypes of trans gender and gender diverse individuals. Right. And, you know, essentially these are people from all walks of life, different ethnicities, different body types, different races, different cultural, social, educational, economic backgrounds. We have a few women of trans experience that you probably are all aware of Angelica Ross, Jazz Jennings, Audrey Tang, Laverne Cox, men of trans experience Chaz Bono, we have some queer individuals as well or gender diverse individuals, you know, here as well, and I just really wanted to include a Dr. Rachel Levine because she has made history as the first openly woman of trans experience who has held a

position of power. In the current administration, Ariana DeBose, just won an Oscar last year for her role in West Side Story and she is a woman who identifies as queer or gender non binary. So just to kick off the session with some basic tools and maybe a refresher course I understand that in your previous sessions, you might have already touched on a lot of these concepts, but I think it's worthwhile to be able to like to review them for the purpose of this session, because I, you know, I want to be inclusive and expansive as well. And I'm being very intentional with those words in terms of the the attendees and the participants for this session. So, if you if I'm preaching to the choir, I apologize in advance. And for those of you who are still new to LGBTQI plus medicine, especially transgender and gender diverse medicine, and this is an opportunity to really learn from this session. So we have two important constructs known as sexual orientation and gender identity. We know that these are two different, distinctive constructs. Because sexual orientation pertains to an individual's relational affection or romantic sexual attraction to a certain gender or number of genders, right. And so examples of sexual orientation include straight gay, lesbian, bisexual pansexual, when you're attracted to all genders, asexual when you are not attracted to any type of gender and you are not engaging in sexual activities. Gender identity, on the other hand, is the internal sense our understanding of a person regarding their femininity, their womanhood, your manhood, masculinity, they might not identify with either, and so we call that gender diverse or gender expansive. You know, they may also consider themselves a little bit of both, or maybe even fluid, and maybe even a gender that's not actually labeled. And again, we will classify that under gender diverse, so gender diverse is a term is quite expansive, because it does cover different meanings. It could be gender, non binary, gender, queer, gender, expansive, gender, non conforming, age, gender, all of these things are under that umbrella. The one other important concept that we need to learn is also this concept called sex assigned at birth, right? Because when we're born, we're assigned a certain sex based on our biology, anatomy, genetics, and so forth. So when you are born, as a baby with a penis, and your chromosomes are xy, you are assigned male at birth. Now, that identity piece certainly might not, will not come until much later when the when a person actually grows into childhood and, you know, adolescence and so forth. So we know that the sex assigned at birth is crucial in delineating who is transgender and who is non transgender, also known as cisgender, ci S, which in chemistry is the opposite of trans trans is on two opposite sides and sysadmins, on the same side of a of an organic molecule. And then there's also the population or community called intersex individuals, which actually has been reclaimed. You know, there's been a lot of back and forth with this term, people in that 2616 consensus statement, people have really now referred to them as people with differences in sexual development, and they are a population on their own, and their gender identity varies quite dramatically, invariably, from one person to another. What is really most important here is that there might be differences as far as their chromosomes are concerned, or, and atomic expressions and so forth. And so you can't really lump them into, you know, the US as as part of the LGBTQ LGBTQ group without having a specific cohort or some group of individuals who identify as intersex who, by the way, can also identify themselves as transgender or gender diverse. And then there's a couple more concepts gender expression is the person's outward ability to manifest their own gender identity. So it could be in you know, through their behavior, mannerisms, it could be through their physical appearance, and so forth. And then sexual practice behavior that's, you know, kind of common term that everyone knows, pertaining to one's behavior and practices around sex and relationship to other people.

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So let's dive into the epidemiology. So this is a recent data that I got from Gallup poll that so, you know, since its inception in 2012, the Gallup poll, was able to collect data through telephone calls, among a sample of, you know, different respondents from all over the United States, just to ascertain what the person's sexual orientation and gender identity information are. And back into 2012 There were about 3.5% of the American population who identified as LGBTQ i plus and you know, fast forward to 2022 it has now rose by 3.7%. Now it's 7.2% in a random sample of about 10,700 36 respondents and this is in a population. So, you know, the estimated population in 2022, as far as US Census is concerned is about 334,000,007.2% of that identify as LGBTQ i plus, there was definitely a dip from 2018 to 2019, because of the previous administration's rollback of that Soji information and a lot of the surveys. Now, looking at the trends and gender diverse individuals, I just put this up, because this has been quite a stable statistic. As far as the number of individuals who identify as trans and gender diverse, it's about anywhere from point five to maybe 1%, out of out of the 334 million individuals. And so this is going first to a number of about a million individuals identifying as trans and gender diverse, and this has been quite, you know, consistent, I wouldn't say that this is truly inclusive of everyone, because remember, this is only a cohort of a small cohort of individuals being surveyed. And we also have to account that depending on what age groups you are, or what generation you're in, individuals might not be comfortable expressing or disclosing their gender identity. So I would probably say that this is more of an underestimation, rather than a true accurate reflection of the number or the proportion of individuals in the US who belong to the trans and gender diverse population. In June of 2022, data came out of a Pew study PW with Williams Institute, and UCLA, and then really looked into our trans and gender diverse individuals. And, you know, majority, it's not surprising that the younger generation, you know, identify more along, you know, in this community, because we also know that the younger you are, perhaps the more open minded and, you know, as generations change people's attitudes and behaviors change as well in perceptions around trans and gender diverse individuals, but if you look at to the right of this, and you look at all of these different statistical data, you know, more than 1410 US adults report knowing a person of trans experience, in fact, you know, 44%, of all adults, you know, knew of somebody who is trans and gender diverse. One in five, US adults are now familiar with this concept of queer or gender diverse or non binary. And about 20% of all adults, actually, no of individuals are, you know, you know, belonging to these, this category. And again, it's not surprising that the younger generation is much more in the know, because because of the things that I've already mentioned earlier, with times changing and people becoming much more aware. Now, I noticed it's a busy slide, and I want to dive into some of the significant disparities, because this is a talk about substance use, you know, in its in all its forms, as well as addiction, because this is a consistent problem that we've encountered in the transgender diverse population. So this was a study that was published in 2020 2021. But it's really looking at 2017 data around, you know, the use of different various substances with the label of having a substance use disorder diagnosis. And this is such a really powerful study, because it compared trans and cisgender individuals, again, cisgender individuals are those born biologically, that and with a with a certain gender that was assigned at birth and consistent with their gender identity, right. So I like to direct your attention to the left table here in the left graph. So the one in dark is the transgender population, and the one in the light, the lighter

colored is cisgender. And the way that they did this study was they looked at all different substances from Poly substance use, meaning that these are individuals who might use different types of illicit drugs, cocaine, heroin, ketamine, a lot of the street drugs, and then they also looked at alcohol use nicotine use, and drugs and drugs, we mean mostly opioids, right, or prescription drugs that are being used for non medicinal purposes. So here would be opioids and benzodiazepines because these are very common medications that we prescribe our patients and clients when they're when they have you know, especially mental health issues, pain management, and so forth. And you can see you can already see for I'm all of these four graphs that the line that is darker pertaining to the transgender population is much higher, meaning that the proportion of individuals using poly substances, alcohol, nicotine, smoking and non prescription and medicinal use of prescription drugs. The proportion of individuals are transgender and gender diverse in comparison to cisgender individuals that this was a very large cohort of about 45,000 cisgender identifying individuals to about 6000 transgender individuals. And then when they dissected this the data a little bit more. What they did that was really interesting as well in this particular study was that they dissected it into put them into a couple of buckets, you know, those who identify as trans feminine and trans masculine. And again, across the board, you can see that at least in this particular study, trans feminine transgender individuals have the higher prevalence have the higher rates of poly substance use nicotine, alcohol, drugs, cannabis, and so forth. And this is in comparison to transgender men. Again, the population the cohort as a whole is greater and its prevalence compared to cisgender individuals on the right hand side. So I then want to direct you to a couple, the next few slides are probably going to be quite challenging in that I'll be showing a lot of statistical data. But at the same time, I think that a lot of us are very visual, right. So if we can see a visual data visually it, it speaks to us a little bit more. And I really wanted to paint credence to the 2015 US Transgender Survey, which is, you know, the product of the National Center for Transgender Equality when they reviewed when they did this, a survey of about 27,000 respondents. And all of these are trans and gender diverse individuals. And they really wanted to look into differences around you know, around care that they're receiving disparity, some of the barriers, so this is a study that I could not overemphasize needs to be in our collection, you know, of resources. And this is available via Google, you can download the PDF report. And it's such a powerful tool, because it really speaks a lot of the things that is happening to the transgender diverse population. So let's go through them one by one. So let's start with the the tabular data on the non medical use of prescription drugs. So all of this is, again pertaining to transgender and gender diverse individuals. Excuse me. So the overall rate is about about a third of transgender individual 34% of the 27,000 respondents

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were able to state that there is in fact non medicinal use of prescription drugs, vis a vis opioids and benzodiazepines. And the vast majority of these individuals belong to the 2025 to 44 year old age group. But then across the board as as the person gets ages and it gets older, there's less of that prevalence, but still rather prevalent, in fact, 18% in our older adults, and then they also looked at reported drinking rates of the respondents regards to binge drinking in the past month. Now, binge drinking, when you have success in Michigan, we know that this can be a proxy for alcohol use disorder, even though these individuals were not necessarily labeled as somebody with alcohol use disorder. And again, about a third of the respondents 27% identified

that they are in fact, binging on alcohol use in the past month. And the majority of this, as far as ethnicity is concerned, are the Hispanics the Latin X individuals at 32% followed very closely by people of color, black African Americans, and also Middle Eastern Americans. And then on the right hand side, this is in regards to substance use in the past month, with again, the blue, the dark blue and the light blue pertaining to individuals who are trans and gender diverse in comparison to the very light blue which is the general population in the US. And you can again see that the individuals who are trans and gender diverse the combination for the the proportion of individuals who work in the underground economy versus those not currently working in the underground economy are far far higher. than the, you know, the US population at large. And this is in regards to binge drinking marijuana use non medical prescription of drugs, illicit drugs, and so forth. So let's dive in into more statistical data more disparities around alcohol use disorder, there were a lot of studies and, you know, I'll try to, you know, I'll try to simplify this. And, you know, we're not bored with a session, you know, with too much data. But I, you know, suffice it to say that I really wanted to call attention to trends, because I think that this is much more of an important tool rather than just memorizing data, you know, in our heads with medical data that is, so in a lot of studies, there has been a trend in comparison between transgender men and women, that transgender men actually have higher rates of heavy episodic drinking, compared to trans women and also cisgender, when men and women combined. That being said, a transgender man who were receiving gender affirming therapies, whether it's surgery, medicines, and HRT, and so forth, had lower scores on depression and other mental health diagnoses such as generalized anxiety disorders PTSD, however, this did not mitigate them from engaging in alcohol use. And in fact, transgender men had higher rates of current alcohol use binge drinking and frequent binge drinking. Now, that being said, even though we see higher rates in transgender men, trans women, and especially those of color report that more alcohol related blackouts, and also reported more high risk behavior, particularly when alcohol is mixed, you know, with sex, you know, in the last couple of weeks, you know, with alcohol consumption. And so, the takeaway point on the left side is that transgender men have higher rates of binge drinking and alcohol use. However, transgender women have more of the undesirable effects, especially when they engage in high risk sexual behavior. Now, what about gender diverse individuals? Again, gender diverse are people who are non binary, non conforming, agender, all of these individuals in this one umbrella, and what they're saying that no, there was a to 2019 study that gender diverse individuals actually had the highest levels of alcoholic drinking compared to trans women, sis people, and even trans men, you know, in this particular study, and they also had higher rates of drinks per week compared to trans women and men combined. Now, if you're a gender diverse individual, and you are also called non binary, and you're assigned male at birth, you had the highest frequency of binge drinking, and also that these individuals had the highest audit scores, which is your alcohol use disorder identification test scores. Looking at nicotine, how does this differentiate from alcohol use? Again, it looks like based on a number of the studies that I've cited here that the trends group, the trans cohort, far exceeds the cisgender cohort as far as nicotine and smoking is concerned. And in fact, that trans group had twice almost three times more likely to report lifetime use of cigarettes, and 4.2 times more likely to report cigarette use in the last 30 days. And as far as E cigarettes are concerned, trans group again far outweighs the use by cisgender individuals and twice the rate of using smokeless tobacco as well. And then, you know, what is probably kind of parallel between nicotine use and alcohol use is that trans men again, have the higher

proportion on the current use of cigarettes, e cigarettes and, and or dual use of both agents. Now let's look at gender diverse individuals. So now the difference between nicotine use and alcohol use is that we do not actually see the trend that gender diverse individuals have higher risk of smoking or nicotine use disorder compared to gender diverse individuals who actually drink alcohol and comparison to trans men and trans women in this particular case, and in fact, there were even non statistical differences between non binary individuals assigned male at birth in comparison to your trans cohort. Next cannabis use so again, there seems to be a pattern and as I had shared with you earlier with a 2020 2021 study around the claims data that that we saw that it's not rocket science, again, that our trans individuals are twice higher prevalence compared to sis individuals as far as Canada is used and not only kind of is used but also the lifetime prevalence but also current use and transmit again had higher prevalence compared to trans women combined. In gender diverse individuals, even though 39% of non binary assigned male at birth, used cannabis hazardous, hazardous lean, the credit score, which is the cocaine use disorder, identification test scores were not statistically significant as well. So again, the gender diversity, up until this point appears to have higher rates around alcohol use, but not so much in cannabis and nicotine use. What about illicit drug use? So what am I actually referring to as illicit drug use? It could be either cocaine crack cocaine, heroin, LSD, ketamine, methamphetamine, GH BB. So again, this is a very tragic commentary around our trans and gender diverse population, because guess what, it's their five times higher rates of illicit drug use compared to Sis sis individuals. Again, the prevalence of illicit drug use in comparison, just dissecting trans men and trans women into two buckets is that it's a greater proportion for trans men around the prevalence of illicit drug use, and also the past three months of illicit drug use. However, what's different here is that women of chance experience had higher in prevalences of injection drug use, and also crack cocaine use and methamphetamine. Again, when especially when they engage in high risk sexual behavior, and they work in the underground economy. What about gender diverse individuals, they are not at heightened risk for illicit drug use. And again, there's no statistically significant data to support that gender diverse individuals are at higher risk for illicit drug use compared to the trans cohort.

27:05

Now, that was a lot of data. And I know, we will be seeing a lot more statistics over the next few slides. So I just wanted to highlight some of the barriers to care. So I wanted to eliminate the next few slides with and not only eliminate, but also pay homage to a dear friend of mine, who is a man of trans experience are really, you know, depicted through an example of his journey of his life, how incredibly challenging and difficult is being a person of trans and gender diverse experience, especially in the 21st century. So meet Jake Khaleel. So Jake Gallio, and I became friends way back in 2014 2015. He actually had suffered a couple of cancer diagnoses. And the first time that he was afflicted with a cancer diagnosis back in 2008, the surgeon who had seen him and done the biopsy, instead of disclosing to him that he actually had breast cancer, he ended up referring him to a psychiatrist. And the whole purpose of that was for conversion therapy, and, you know, get mental health counseling, because this is all in his head. Thankfully, Jay was able to connect with another provider who was able to take care of him in a way that he should have been taken care of. And this is very resplendent of what is going on. In the world today, even 10 years, you know, more than 10 years at you know, from that time that he was diagnosed and, and so forth. And there's because there's an existence of a lot of

barriers now, infrastructurally there are gaps in you know, healthcare systems around education and training, policies, research. And, you know, this all stems from the perpetuation of a long history of stigma and oppression towards this community, because, you know, they're continually being victimized and marginalized. And if we, as a healthcare system, are not going to be proactive in terms of making intentional changes to our culture, and the way that we take care of these individuals, then we are contributing to the problem and not really the solution. And so Jay, through his example was Ben, who was an advocate, and, you know, for social justice and advocacy was really able to instill in me the, you know, the the passion to continue what he started as far as really being a champion being a voice being a representative for the community and also for the population at large so that this community will get the right level of care. So, you know, this is a study done in 2003 If the and around the same time as the US Transgender Survey Report, and again, this looked at the general population and transgender population, and again, even though these were this dissimilar studies, they had similar findings. And in fact, one could see that, you know, again, the transgender diverse population have just higher rates of everything, right? HIV, incarceration, homelessness, illicit drug use, and the most staggering of them all is the fact that 41% of the trans and gender diverse individual have attempted suicide in their lifetime. Just imagined, just, you know, let's sit on that for a minute. Where do you 1% In comparison to 1.6% of the general population, if we're not swayed in empathy around this, and if we're not taking up, you know, more proactive approach, I don't know what to tell you. Because this is just, you know, data that is really gleaming, and staring us in our faces here. Now, I'll show you the 2015 US Transgender report in a little bit. And you will see, and you tell me if you know the information that they have, are significantly different, or it's about really the same. So the next few slides, we're going to go over again, some few statistical data I am not going, what I'll do is I'm just going to get patterns again. So that you're not confused with like the the numerical data here. But I just wanted to legend to orient you that the overall rates are colored in yellow, and then the blue and the white ones are much more specific, granular information around ethnicity and some of the sub population subgroups that they've actually looked into. So the overall unemployment rate was about a third of you know, what I'm sorry, about 10%. One in 10 individuals actually ended up being unemployed. The majority of them are people who are a Middle Eastern descent, followed by American Indians and followed by Latin X individuals. What about transgender individuals and gender diverse individuals who have negative experiences, just being with families that are supportive and unsupportive. So in the second graph, we can see that the one in darker blue are those individuals with with supportive families and the one in lighter blue is, you know, with unsupportive families and again, across the board. And this is not rocket science, right? People who do not have a stable support in their homes will have negative experiences moving forward. What about experiences of violence by family members years after transitioning? So we see this that, again, one intention, gender, individuals are experiencing violence, whether it's physical abuse, verbal abuse, psychological abuse, or a combination. And the longer that you are out, far out in your transition, the higher the prevalence is, you know, in terms of violence, and this is just a pie chart, looking at the level of education, and we see that only about 40% of transgender respondents have college degrees.

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Now looking at experiences of violence by family member based on race and ethnicity, we talked about one in 10 experience violence, and individuals of ethnic descent, such as American Indians have the highest prevalence of getting physically assaulted, and by and experiencing violence, followed by Asians and then Middle Eastern, what about, you know, families kicking them out after years of transitioning, again, this data is consistent with the previous line, where the longer you are in your transition, the higher the chances of you getting kicked out. And about 8% of them were actually kicked out because of because of their transition decision. And then now this is a staggering data as well here. What about individuals sent, you know, transgender individuals who are sent to a professional to stop them from being transgender. So this is the conversion therapies that we're hearing about. This is, you know, perhaps hormonal manipulation or even surgical manipulation, to try to dissuade people from thinking that their gender is different from their sex assigned at birth. 14% of individuals actually were sent to professionals with the highest in the middle eastern population, followed by the American Indians. So we're now seeing a trend here Middle Easterns Native Americans or American Indians are the highest cohorts based on ethnicities that are experiencing significant violence, significant trauma as far as psychological manipulation is concerned. And, and we can definitely see that happening. What about the uninsured 14% of transgender respondents were uninsured, with the highest in the black community followed by American Indian, as far as denial of coverage for hormone therapies are concerned 25% about a fourth of individuals, respondents were denied coverage for hormone therapies 29% of them were Medicaid only, you know, bearing, you know, as an insurance, and denied coverage for surgery 55%. So more than this is more than half of the respondents were denied surgery, because they were not covered. And so individuals did not necessarily couldn't not get gender affirming surgeries. And we know that gender affirming therapies, definitely helps in the person's mental and physical health outcomes. These are a whole list of, again, different graphs, I just wanted to point out that even people with will have left the faith community, you know, 39% of them ever left the faith community due to fear of rejection, and majority of them are in the Middle Eastern and American Indian, again, population. And in terms of negative experiences from health care providers, a third of the respondents felt that they had negative experience from the health care providers 50% of them are American Indians, who did not feel that the help that they're getting from the healthcare providers were culturally competent, followed very closely by Middle Eastern again. And because of this, they were not able, you know, a lot of them decided not to see health care providers. And in fact, 23%, you know, did not want to see, you know, the providers, health care providers, because they're not going to get the type of care that they mean, again, the American Indian population is by far the highest proportion, followed by Middle Eastern, and, and so forth. So, again, this is these are, you know, visual information that we can really take a look into and see that across the board, there are, these are significant domains that a lot of our trans and gender diverse individuals are experiencing. What about psychological distress, so we know that 39% of individuals have experienced serious psychological distress. And we see this in the youngest population 18, to 25. And we also see that it's about the same proportion for those who have begun their transitioning. 41%, however, experienced a serious psychological distress within the first year. And the reason being is that the first year is a very critical year, because I think people have the sense that they might be able to convert or to, you know, persuade dissuade people from transitioning up until that point. Now, here is the data that I wanted you to compare from the National Transgender

Discrimination survey that I shared with you earlier, right, the 41%, compared to the 1.6%, in the general population, this was done almost simultaneously in parallel in 2015, but two different big studies. And what they found was the same 40% of individuals ever attempted suicide, in comparison to 4.6% of the US, general US population. Now, in order for us to move forward with best practices, we need to have a good lens of understanding, you know, the barriers in there, these are some of the guiding principles that I wanted to share. The first one is we talked about gender identity and sexual orientation and gender expression. So I'm not gonna go into this because I want us to save time and move forward with the other slides. But you guys know, now the differences between the two. But what I really wanted to highlight here is that in 2017, The New York Times published an article called gay and transgender patients and doctors will tell just ask, and the whole purpose of this, this was a large mixed methods study design, really looking at. Well, there were two cohorts, one is LGBTQ at large, and then the other one was specific to transgender patients. For the purposes of time, I'm going to talk about the parallel study and the transgender patients and what they found out and this was a study that had 1000s of respondents across DC, Maryland, Virginia, and they looked at Sochi data collection. So the question there was, will individuals be comfortable disclosing their sexual orientation and gender identity? Lo and behold, 89% felt that gender identity was much more important to disclose than sexual orientation. But the reality is that if people were asked their sexual orientation and gender identity, particularly in the emergency while this was in an emergency room setting, so even in the emergency room setting where you think that you know, you go there for urgent issues, people still want to be called out for their sexual oriented Shouldn't gender identity because this is part of who they are. And part of our tasks is to ensure that there is representation and visibility. So if we have metrics in place, if we have processes in place that will allow for the normalization in the use of surgical action, then it will become easier for individuals to disclose their Soji information. So this is an example of an electronic health record at Mount Sinai Hospital where I work at that includes sexual orientation and gender identity for each of the patients who come to our doors, whether it's outpatient or inpatient. The second construct that I want to talk about is minority stress model, which was coined by Elan Mayer, who is an American Psycho epidemiologist. So what I wanted to highlight here is so the minority stress model is something that is applicable not just to the LGBTQIA plus community, but really to any minority. And what this posits is that there are general stressors, which is we tried to pick that into the lab, most left hand side, that individuals experience by nature, you know, by some, you know, simply thriving in society, right. So we have all general stressors, we have issues with our families, maybe education, job, you know, applications, and so forth. You know, issues with our money, transportation, all of these things. So these are general stressors that affect us, regardless if you're LGBTQI or not, right. However, if you are of another minority status, let's say you are a person of color, you're black, or you're Asian, Pacific Islander, and then you also belong to the LGBTQIA plus community, you can just imagine that there are these very distinct stressors, as a minority and of itself. There are two types of minority stressors. One is called distal stressor, which are really external forces, right? These are examples are outright discrimination, violence, physical abuse, that are, you know, you're being targeted for just existing as a minority. And then you have proximal stressors as well, now being a minority does not come with, it comes with a lot of challenges. And it also comes with a lot of triumphs as well. One of the challenges that LGBTQI plus, especially transgender diverse individuals face is their own perception of your own identity, and so much so that there is inward rejection of who they

are, they would rather exist in society, rather than claim their trans and gender identity status, right. So that is already another stressor on top of them having to worry about money, education, jobs, you know, food on the table, all of these things. And the aggregate of the general stressors plus the unique minority stressors are cumulative in in its process, and they're very under chronic. And so they end up leading to undesirable outcomes in your physical health and mental health. No wonder a lot of these individuals in the in the surveys and the data that I presented earlier, have higher risk of psychological distress and have attempted suicide, because of the existence of the distal stressors from the barriers that I had shared earlier, plus the internal rejection that individuals have. What I also love about this diagram is the fact that

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you have coping and social support mechanisms as well, that, you know, it's not all doom and gloom, just because you are I mean, you belong to a minority, there are in fact, resources that these individuals have tapped into because they exist as a minority. And some of them a lot of them are minority within the minority and in and of themselves. So I wanted to direct you to this, to this website. It's called the ACLU, American Civil Liberties Union website and freedom for all Americans as well, these are really helpful sites. And this changes on a day to day basis. In fact, last week, when I did my slide, there were only 420 Anti LGBTQ bills. Now look at this, it rose to 434. And this was in a span of four days, right, so you can see and the sad thing about this anti LGBTQ bills, is the fact that they're targeting transgender and gender diverse individuals, particularly the youth. And we know for a fact that the youth constitute the highest number of individuals who identify as gender non binary or even transgender, and we know that they are a very, very vulnerable population, because a lot of them are still under the guidance of adults and, and in, they live in states that are not necessarily friendly, you know, to them. So you can just imagine that the heavily purple states are the ones who do not have any protections at all. And then And then, you know, as the purple color fades out, there's a lot more you know, protection in that regard. So Oh, having said that, even though there's a lot of stigma and stressors, there's also a lot to celebrate as far as resiliency, crisis competence and robustness. So resilience is the ability of an individual to adapt to external forces when they are being when they are inflicting significant issues around a person's life. So, you know, when you are resilient, you end up, you know, invoking some coping strategies to help you succeed in life. So it could be from an individual level versus a community based level, how this differs from the concept of robustness, the fact that robustness is the ability to withstand any type of stressor. So you've gotten to a point and this is almost akin to Abraham Maslow's hierarchy of needs, when you've actually self actualized yourself to the point that you're at the peak or the pinnacle of your existence, and that you don't care anymore. You don't you care less about the stressors that come your way, and you are able to thrive meaningfully and healthily in society. But I also wanted to point out is this concept of crisis competence. So crisis competence was born out of the AIDS epidemic in the 80s, when people banded together when they were when people were literally dying from HIV AIDS. And the whole point of crisis competence is that if you are a minority, you've developed resources and tools and skill sets, to be competent enough to be able to withstand and to adapt to crisis that comes hear me. So, again, there's a lot of, you know, kudos to the LGBTQIA plus community, because because of the hard life that they live, this is exactly what you know, is coming out of on the other end, as well as as a win. You know, in that regard. I also wanted to point out the concept of lived experiences, because I think that

we can all agree that we all live our lives, and we are the captain of our lives. So there's a couple of important nuggets here. One is that the concept of lived experiences has to do with the life course theory, that theory posits that you're born, you live, and then you die, you know, and the journey to living is punctuated by different transitional points, whether it's dictated by society history, or your gender roles. And then on the opposite end of this, which is not really the opposite. It's more like a complementary theory that is that coexist with the life Grace theory is that particularly in a minority, and particularly entrenched, gender diverse individuals, there comes a point when their lives and their advocacies and their ideals change, and they become more of champions for human rights. They want to attain goals that are selfless, and that will impact the community as a whole. So the bottom line here is we want to be able to listen to the story of the individual. So when an individual comes to you with substance use, you know, history, we don't want to jump to conclusions, we have to listen to this story. And then I also wanted to point out about intersectionality, that these individuals are multi dimensional, and there are multiple factors that unfortunately, can be oppressive and stigmatizing for them. And this creates a level of disparity and inequality, because people are coming in from different backgrounds, different types of education, sexuality, class, speaking different language, and the more multi-dimensional you are, the more exposed you are in terms of the layers of stigma. So when we're taking care of patients and clients, we want to look at them from an intersectional lens, which essentially means that you have to be holistic in your approach, and not just look at the Soji information as something that will define the individual soldier is only a component that they mentioned of the individual, we also have to take a look into their employment status, you know, their education, literacy and ability and our disability. So, you know, individuals in the trans and gender diverse are not monolithic. The last segment is really looking into inclusive and affirming practices, right. So number one, we want to be able to invite culture change showing empathy, openness, and non judgmental settings. We want to have visible indicators of inclusivity. We want to be able to continue cultural sensitivity training such as this, we want to be able to have access to interprofessional collaborative approach, social workers chaplaincy, people who are meant as specialists in addiction medicine, psychiatry, and so forth. These are vital members of the team. We have to lean in to each other. And you know, it takes a village to be able to take care of individuals, such as the one that we're talking about. We want to be able to work closely with primary care physicians and endocrinologist who are managing HRT. We want to be able to standardize and normalize the screening and monitoring tools for people with substance use disorder. So it's not right there is no special screening tool when you're transgender. diverse, it's the same thing that you use with anyone, what is probably going to be different is the lens that you're bringing in. When you're doing the screening tool, you want to implement protective policies such as non discrimination statements, you want to have a robust referral source or support groups and other resources, you want to make sure that you have a patient empowered approach in terms of shared decision making. You want to meet them where they're at utilizing the biopsychosocial spiritual and cultural framework, which is angles framework of holistic approach to people with substance use disorder, and not just substances, but any type of illness. And you'll want to be able to closely monitor them and follow up a built in workflow that is inclusive and affirming. And you want to be able to utilize community advisory boards for guidance as well and inform approaches to care. And finally, you need to have a repository of resources that people can go into. These are just examples of visible indicators, gender neutral bathroom, maybe some pins, signs are for now the SOG intake forms and

discrimination policies. I want to also just point out that, you know, we talked about individuals not being monolithic. So I, you know, transgender diverse individuals go through a series of, of different milestones, right. And a lot of them are probably governed by these five steps, although not necessarily in an order or order of chronology. But, you know, bits and pieces, you know, they under undergo mental health, consultation, consultations, they start gender affirming therapies, they have to live their lives as the person that they identify themselves as psychotherapy, and so forth. So there's like this whole journey that we need to understand about the trans and gender diverse communities. And the best way to do this is to be able to invoke the bio, psychosocial, cultural and spiritual approach to

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healthcare, right, and this is just infusing everything else that we talked about as far as the guiding principles that I shared with you. And I'm not going to go into this because I literally just listed a lot of them. But you know, suffice it to say that when we go into our intersectional lens, and holistic approach that this is should be the framework that we need to go by. We also need to be aware that when people are receiving gender affirming therapies, they are on HRT, vis a vis estrogen, testosterone, and as you can see here, I'm not going to go through all of them, there are significant adverse effects, you know, for these medications as well. And, you know, these I just put in, you know, different doses and so forth. We need to be mindful when we're starting them on medications that will help them you know, discontinue and thrive, you know, with substance use, treatments and medical medication assisted treatment. So, um, I, you know, I went into a few studies just looking into the correlation between HRT and medication assisted therapies and substance use. So people who are smoking and are you receiving HRT, such as estrogen or testosterone, there's an increased DVT risk. However, it's not clear what the relationship truly is with smoking related behaviors. What about smoking and progesterone because a lot of the times people use OCPs oral contraceptive pills, and we know that there could be an effect and in potential smoking cessation, but it can also have unwanted cognitive and other symptoms, symptomatic effects. What about smoking and testosterone is various evidence that it will increase androgenic levels and might also increase cancer risk. Cannabis and HRT. There's no clear data as Association although there might estrogen might increase sensitivity to THC, methadone and hormones. There could be an effect on the HPA axis, the hypothalamic pituitary axis. What about naltrexone people are saying that there could be an inhibitory activity and ER positive, you know, breast cancer, and Chantix and HRT there's no clear data around that. The last couple of slides, I just wanted to, you know, and again, this is this is you'll have access to the slides, I'm just going to focus on a couple of really important points in the historical information piece. When you're striking a conversation with the patient, you can apply the dignity question what do I need to know about you as a person to take the best care of you that I can. And in this way, it's open ended. This is a form of motivational interviewing where you're empowering the patient, you're it's an open ended question. And that really is a great approach when you're taking care of patients who are trans and gender diverse, is to engage in motivational interviewing when you're talking to them. When you're doing a physical exam. It's always important to ask permission to partner with them, and also to be able to collaborate with their primary care physicians, particularly if you're starting treatments, medication assisted treatment, you're not quite sure what the effect Our effects are on the level of hormones and so forth. And we want to come from a place of an empowered approach you

and the patient and the family or caregiver is considered one unit. And that really is the best way to move forward with the care so that the patients are not are not feeling that they're put front and center and that they're being judged, because that's, you know, they can feel naked in front of providers. And we want to be able to avoid stigmatizing language, you know, how many times have we heard using the word patient denies this patient refuses this, you know, because oh, this person is homeless, you know, there are words now that we can use that are less, stigmatizing non judgmental, right, you want to be able to use some coaching techniques, some scripting, so I included some scripting techniques that you can use, using the pronoun we, we need to come up with a plan. So it's inviting the person and the caregiver to engage in, in a plan. And so it's an empowered approach. And we want to be able to be up, you know, talk to our patients in a compassionate and humble way. So that we can, you know, engage with them and they can we can strike a chord, and it's not going to be in an environment where there's a power dynamic, because we want to dismantle some of this power dynamic and, but still respect your position as a treating provider. And at the same time, also inviting the person as a person who is also capable of holding themselves accountable for future, you know, behavior, behavioral changes or modifications that they need to do. So in summary, I wanted to just highlight that trans and gender diverse population needs to be valid in recognizes important members, and should be receiving high quality medical care, including substance use treatment, they have lived through significant trauma and oppression and are of multiple intersectional identities. And so we have to respect that and approach it, you know, from an empathic mess of understanding, and that we need to be privy to the fact that there are significant proximal and distal barriers, which was exemplified in the minority stress framework, and that we can certainly, you know, try to mitigate and dismantle as well. And finally, that we should have inclusive and affirming practices in our spaces so that people feel safe and are able to come to our environments with trust. Finally, I'd like to end with a quote from James Baldwin, who is a famous author and champion for human rights. Not everything that is faced can be changed, but nothing can be changed until it is faced. And so with this, I hope that we have learned a few key points so that when we are interfacing with people who are trans and gender diverse, that we now have some tools in our box that we can use so that we can strike a chord with them, provide that empathic support and really support them so that they will be able to receive the type of care that they need, especially when seeking care about substance use disorders. Thank you and I'm open to questions.

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Thank you so much, Noel Murray.

[End Transcript]