Integrated Addiction and Gender Affirming Services for Trans and Gender-Diverse Patients

Michael Argenyi, MD MPH MSW
Andrea L. Silva, MD
Hannan Braun, MD
J. Michael Winer, MD

Presented at the ASAM 54th Annual Conference on April 14, 2023

Disclosure Information

- Presenter 1: Michael Argenyi, MD MPH MSW
  - Presenter 1 Commercial Interests: No disclosures
- Presenter 2: Andrea L. Silva, MD
  - Presenter 2 Commercial Interests: No disclosures
- Presenter 3: Hannan Braun, MD
  - Presenter 3 Commercial Interests: No disclosures
- Presenter 4: J. Michael Winer, MD
  - Presenter 4 Commercial Interests: No disclosures

- This presentation discusses off-label use of FDA medications
- This presentation and existing data do not represent the full spectrum of experiences, especially of Black and Brown people
- Thanks to Dr. Barry Zevin for his expertise and contributions

Workshop Format

- 1:15-1:25 -- Brief overview of transgender 101
- 1:25-1:30 -- Brief overview of epidemiology and health disparities facing transgender and gender-diverse patients
- 1:30-1:45 – Models of medical care for integrated gender affirming and addiction medicine services
- 1:45-2:25 -- Breakout groups for cases
- 2:25-2:30 -- Wrap-up

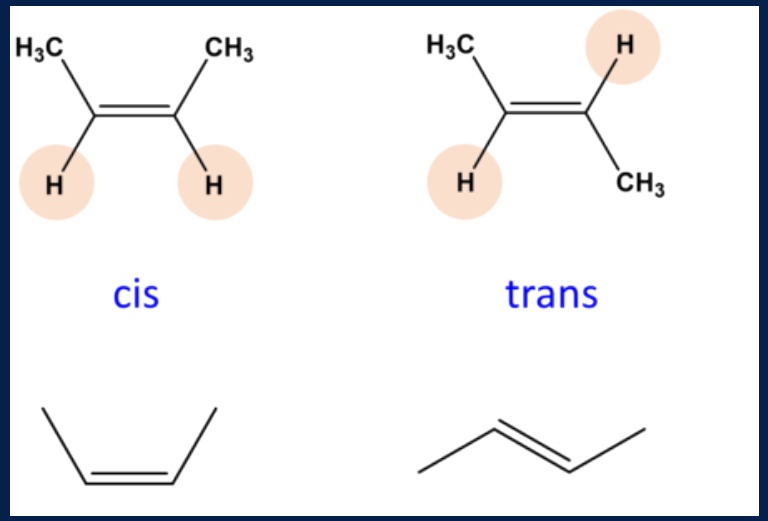
Learning Objectives

- Model non-stigmatizing current language and terminology for transgender and gender-diverse patients
- Describe current substance use epidemiology and health disparities facing transgender and gender-diverse patients
- Compare strategies to improve addiction care tailored for gender-diverse patients
- Utilize resources and clinical skills to work through cases featuring unique challenges facing patients seeking both gender-affirming care and addiction care

Transgender and gender-diverse health 101: Shared (evolving) language and standards

Gender

- **Sex Assigned at Birth**
  - Male (AMAB), female (AFAB), intersex or DSD
  - Generally based on external genital anatomy
- **Gender Identity** - How one self-identifies in the way they live and move through the world
  - **Cisgender**
  - **Transgender -** An umbrella term used to describe people whose gender or gender expression is different than the sex they were assigned at birth.
    - Inclusive of gender-diverse, nonbinary, etc.
- **Gender Expression**
  - Patterns of dress, grooming, voice mannerisms, behavior, etc. that give clues to others about our gender within a specific culture
- **Gender Incongruence** (aka “gender dysphoria”)
  - Gender euphoria – the delight of feeling one’s gender



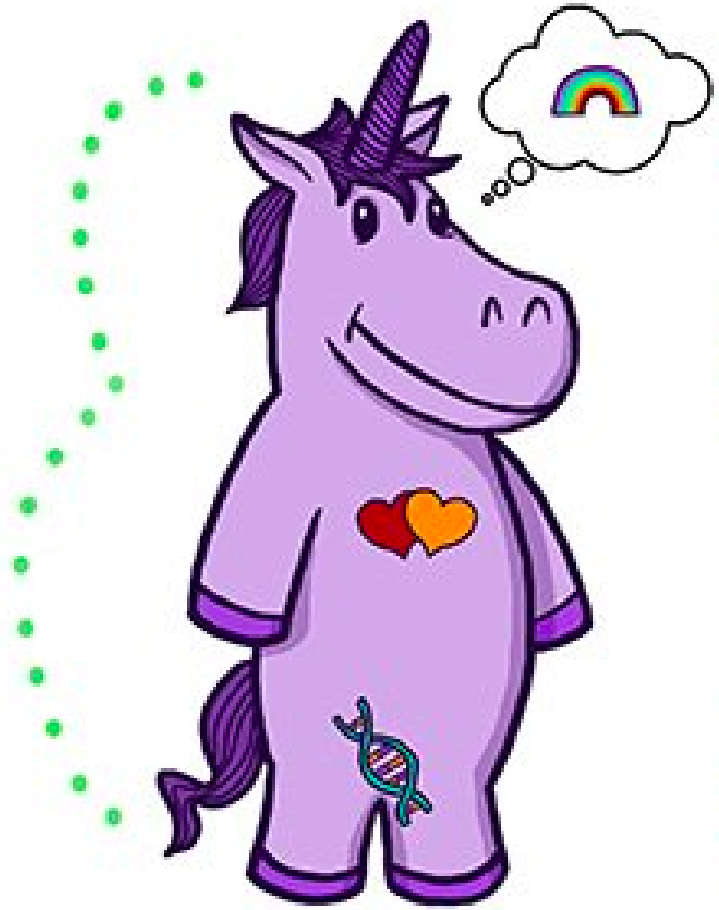
Sexuality

- **Sexual Attraction:** How one self-identifies regarding whom they want (or do not want) to romantically and/or sexually interact with
  - E.g., gay, bisexual, pansexual, lesbian, queer, asexual, aromantic, same-gender loving, straight
- **Sexual Orientation:** Lesbian, Gay, Bisexual, Queer, Questioning
- **Sexual Behaviors:** MSM, WSW, etc. are terms to describe sexual partners/surrogate for behaviors but are not inclusive of various sexual practices

Attraction and Orientation ≠ Behavior

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

- Female / Woman / Girl
- Male / Man / Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

Female | Male | Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender Galaxy

Concept Credit - Julie Graham

Resources and Terms

- **WPATH:** World Professional Association for Transgender Health
  - **SOC8:** Standards of Care 8, NEW in fall 2022
- **TGD:** Transgender and Gender-Diverse
- **GAMST:** Gender Affirming Medical and Surgical Treatment
- **Informed Consent Standard:** Alternative to SOC models in previous versions
- **Medical Necessity:** Technical meaning in the insurance world
- **Reality:** Laws and insurance coverage vary by state

Epidemiology of disparities experienced by transgender and gender-diverse people

Background

- Research studying the incidence, etiology, and peculiarities of substance use in the transgender and gender-diverse population are not common. (Cotaina et al 2022)

Recent Big Data Analysis

- Notably, nicotine SUD was the most prevalent SUD for both transgender and cisgender individuals
  - Prevalence was significantly higher among transgender people (16.6%) than cisgender individuals (5.4%) in the sample.
- Transgender individuals in this sample had 4 times the prevalence of cocaine SUD and 3 times the prevalence of opioid SUD relative to cisgender people
- Transfeminine individuals had a higher prevalence of nearly every SUD relative to transmasculine individuals

Hughto et al, 2021

Other Studies

- Among 452 transgender adults in MA, 10% reported substance use treatment history, compared to 7.5% of US adults (Keuroghlian 2015, Lipari 2017)
- Increased odds of substance use treatment history and recent use were associated with factors including intimate partner violence, PTSD, public accommodations discrimination, lower income, unstable housing, and sex work (Keuroghlian 2015, Lipari 2017)
- Among sexual & gender minority adolescents nationally, gender minority youth had higher risk for almost all substance use outcomes (Watson 2020)
- A lack of cultural competency from health care providers contribute to health disparities (Meyer 2021)

Models for integrating gender affirming and substance use care in diverse settings

Setting the Environment

ALL members of staff educated and trained

Cultural humility, do not editorialize

Gender neutral bathrooms

Gender Closet: Binders

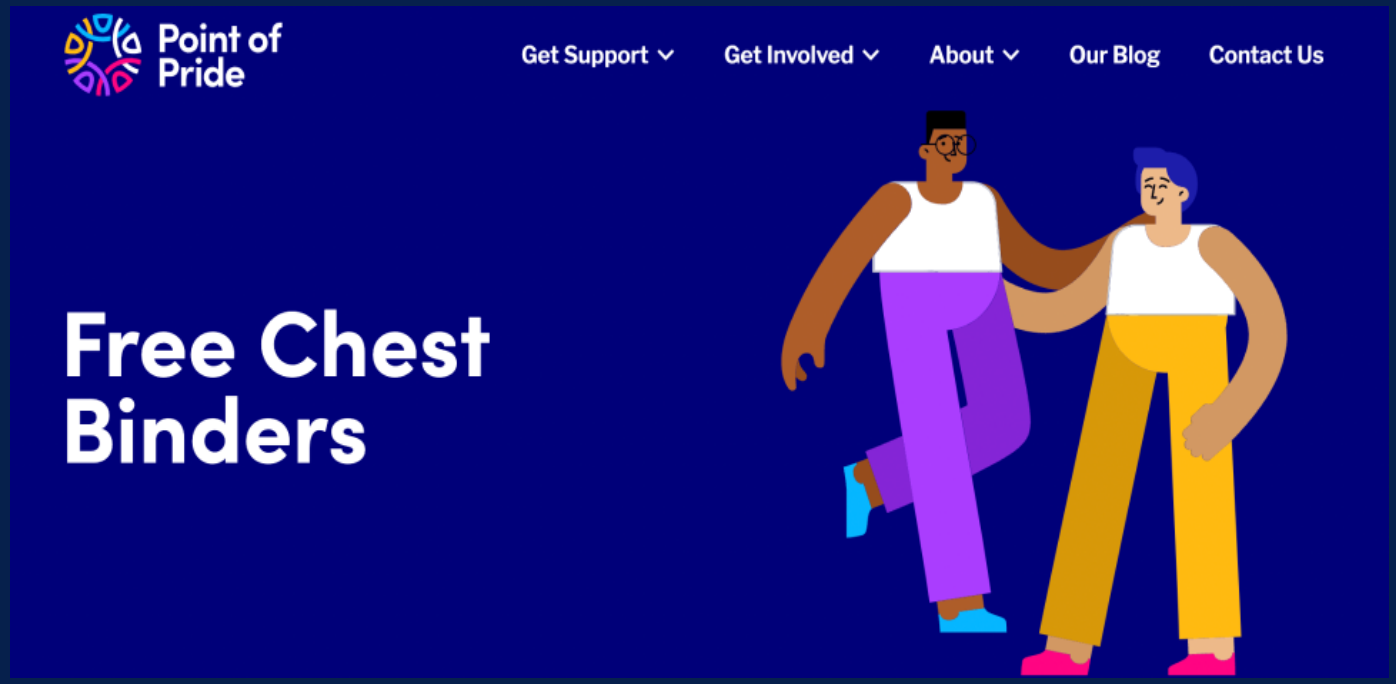
Supportive reading material in clinic space

Two-step method during intake:

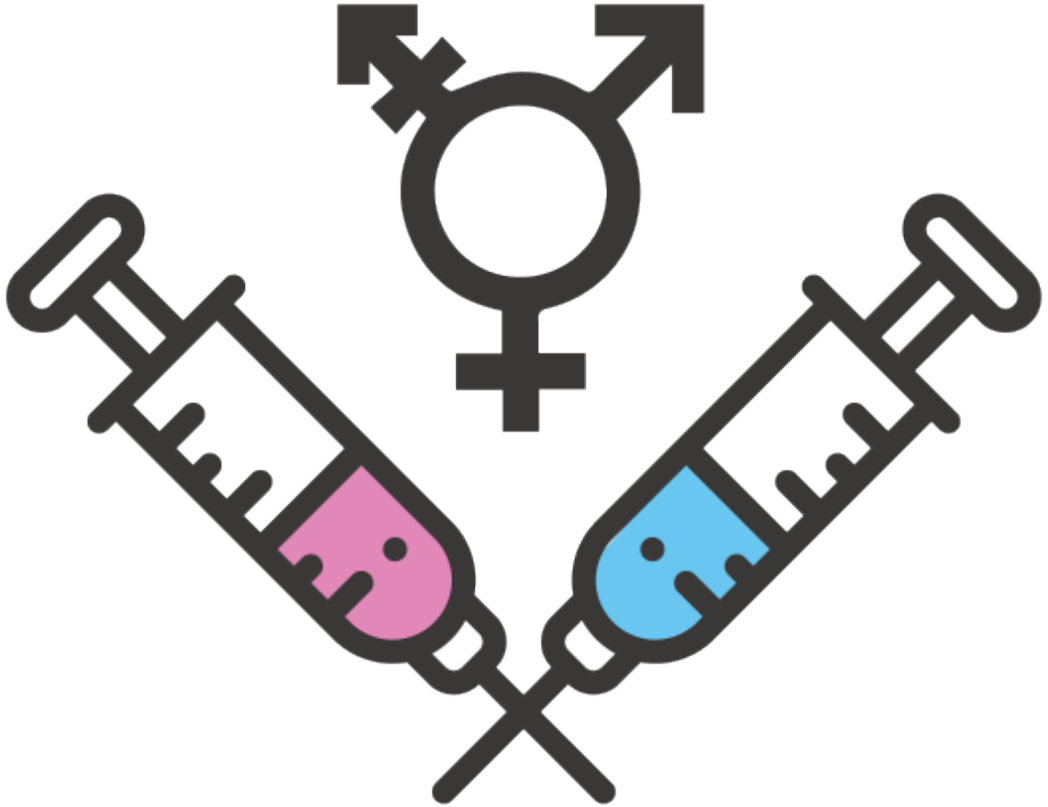
1) Gender identity or pronouns
2) Sex assigned at birth

Gender Closet

- On-hand items to help improve quality of life and gender dysphoria
- These can be simple items
  - Example items: makeup, chest binders, feminine shapewear, tucking/packing accessories, undergarments, purses, backpacks, hair accessories
- Some companies provide free or low-cost chest binders/ shapewear
- Pronoun label pins/badges/etc.
- Get creative!



Harm Reduction Supply Examples



Trans Needle Exchange

Model 1: Outpatient primary care

- Pre-surgical planning is a great entry point for motivating patients around substance use, especially nicotine
    - Many surgeons desire smoking cessation for at least 6 weeks post-operatively
- If your institution has a transgender health clinic, consider integrating a screening such as the BAM
- Consider removing or adjusting gendered language in patient-facing screening handouts (does a non-binary person fit into “male” or “female” risk categories on alcohol screens?)

Model 2: OBAT and MMT/OTP clinics

- Many TGD patients may not feel comfortable in traditional clinical settings due to past experiences and distrust.
- Make your clinical space affirming for transgender and gender diverse patients.
    - Update forms and EMR to reflect patients pronouns and preferred name.
- Become familiar with best practices for gender care and offer care at lower barrier sites.
    - Gender Affirming clothing/supplies
    - Safe injection equipment for not only substances, but also for folks who use SQ/IM hormones.

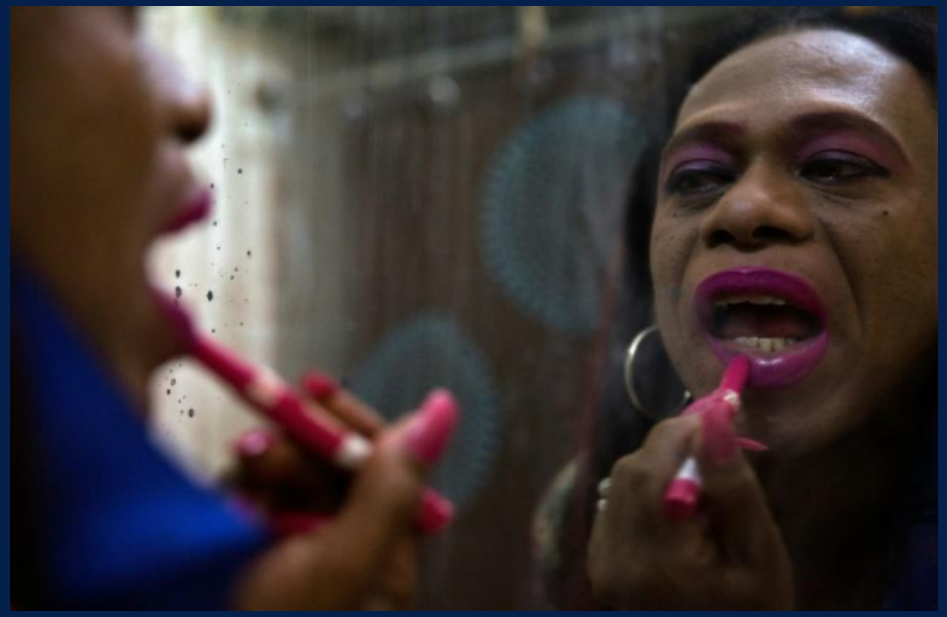
Model 3: Street outreach

- Unstable housing and homelessness are common for transgender and gender-diverse people
- Gender dysphoria can be debilitating, which impacts the ability to secure stable housing
- Health providers can support patients in a resource-limited setting
  - What do we ABSOLUTELY need to know for starting or continuing hormone therapy?
  - What kind of follow up is necessary to provide safe and effective hormone therapy?
  - Focus on promoting health and well-being rather than solely the reduction of gender dysphoria
- Commit to harm reduction approaches where appropriate

Model 4: Residential and hospital settings

- Is there a policy for transgender and gender diverse patient placement?
- If no single rooms permitted, generally encourage placing transgender and gender diverse patients with the gender of their choosing for comfort (a transmasculine patient may still choose to have a woman as a roommate for sexual assault reasons)
- Integrate transgender health service referrals into your discharge planning

Breakout groups for cases



Two cases and directions

1. 27 yo transmasculine patient presenting to primary care clinic for medically supervised testosterone initiation; active AUD and MUD
2. 52 yo transwoman who is unhoused reporting ineffective gender-affirming hormone treatment; OUD and cocaine use in remission; active methamphetamine use

- See worksheets at your table
- QR code for resources
- Work through cases with your colleagues
- We will circulate and answer questions

Final Takeaways/Summary

- **Involve TGD people** in the development and implementation of services
- Match treatment approach to the **specific needs of clients**
- **Focus on promoting health and well-being** rather than solely on the reduction of gender dysphoria
- Commit to **harm reduction** approaches where appropriate

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WPATH SOC8 Pro Tips

- Mental health **symptoms that do not affect the capacity to give consent should not be a barrier for treatment**, particularly as this treatment has been found to reduce mental health symptomatology.
- **Adoption of gender incongruence** by ICD-11, as opposed to gender dysphoria in DSM-5 (which is considered pathologizing by many and used gender binary metrics).

WPATH SOC8 Pro Tips

- Ensure all members of health care workforce receive **cultural-awareness training** focused on treating transgender and gender-diverse individuals with dignity.
- Institutions involved in the training of health professionals **develop competencies and learning objectives** for transgender and gender-diverse health within each of the competency areas for their specialty.
- **Involve TGD people** in the development and implementation of services.

WPATH SOC8 Pro Tips

- Ensure **mental health conditions** that could negatively impact outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed, before a decision is made regarding treatment.
- Assess the **capacity to consent** for the specific physical treatment.
- Assess the capacity to **understand the effect of gender-affirming treatment on reproduction** and explore reproductive options with the individual prior to the initiation of gender-affirming treatment.

WPATH SOC8 Pro Tips

- Match treatment approach to the **specific needs of clients**
- **Focus on promoting health and well-being** rather than solely the reduction of gender dysphoria, which may or may not be present
- Commit to **harm reduction** approaches where appropriate
- Enable the full and **ongoing informed participation** of transgender people in decisions about their health

WPATH SOC8 Pro Tips

- Cognitive impairment and psychosis from SUD may impair an individual's ability to understand the risks and benefits of surgery and provide consent. For many patients, these barriers can be overcome with **time and careful explanation**.
- Recommend health care professionals **counsel about their tobacco use and advise tobacco/nicotine abstinence** prior to gender-affirming surgery
- Data in cisgender populations show quitting smoking prior to surgery and **maintaining abstinence for six weeks postoperatively significantly reduces complications**.

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