Recovery Science and Harm Reduction Reading Group

05/16/2024

**Meeting summary**:

The reading group this week was joined by Drs. Kidd and Paschen-Wolff and Michaela Maynard, NP. The guest speakers talked about substance use among LGBTQ+ people. There have been very few published research articles on opioid outcomes specifically for LGBTQ+ people. Of the research that does exist, most of it only looks at specific populations (e.g., gay and bisexual men) or is done only in certain geographic areas (e.g., all research was conducted in the US). Limited research has been done on opioid use among other LGBTQ+ groups (specifically transgender and two-spirit people). Subgroups of the LGBTQ+ population experience different patterns of opioid use. Many social factors drive these differences, like experiences of discrimination (e.g., high discrimination faced by transgender people when accessing health care). The lack of data on LGBTQ+ people shows how much more research is needed to understand best how to support this population in medical settings. The group also discussed how sex and gender are measured in research, and the significant lack of identifying people by their gender identity, versus their sex. This gap in research makes it more difficult to apply findings from research studies to real-world medical settings. The group also discussed some ways to support and validate patients who are LGBTQ+ in medical settings, including asking comprehensive and appropriate questions regarding substance use and sexual risk.

**Please find the full meeting notes below**:

Siena introduced the guest speakers, Drs. Kidd and Paschen-Wolff. And gave a brief description of the article this week

<https://pubmed-ncbi-nlm-nih-gov.revproxy.brown.edu/36318023/>

Authors conducted a thorough review of literature via a “scoping review” of published articles. The authors found that there are remaining gaps in research for LGBTQ+ people related to opioid outcomes. A lot of the research focuses on only specific populations (e.g., gay and bisexual men) or is conducted only in specific areas (e.g., all research was conducted in the US).

Michaela Maynard shared how many of her patients experience issues with substance use, and the lack of data on LGBTQ+ patients shows how much more research is needed and how much further the research space needs to progress to best understand how to support this population.

Attendees asked questions about the studies in this review. There was no data on two-spirit individuals. Bi-sexual people or non-monosexual people (pansexual, queer) often face discrimination from the LGBTQ community and the straight community. Bi+ individuals might face minority stress and other stress form other angles.

There are ways to do better for clinicians: asking comprehensive and appropriate questions (e.g., regarding substance use and sexual risk). How do patients respond? It varies. Some who have not experienced this before may be surprised, others feel validated to answer the medical questions (perceived to be asked in the right way). Are there things we should do that we currently are not doing?

The group also discussed discrimination toward LGBTQ+ people, particularly people who are transgender, and how they have different experiences in the healthcare system when undergoing surgeries or receiving medication (e.g., pain medication).

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