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## Understanding Opioid Use Disorder within the LGBTQ+ Community

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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

Gender is Different from Sexual (Affectional) Identity

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### Defining Sexual (Affective) Identity and Gender Diversity

- **Affective Identity:** Direction in which one is predisposed to bond emotionally, physically, sexually, psychologically, and spiritually with another.
- **Affective Variance:** A term to describe the differences within affective 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 (Affective) Identity

|            |            |             |
|------------|------------|-------------|
| Gay        | Lesbian    | Bisexual    |
| Pansexual  | Asexual    | Demisexual  |
| Omnisexual | Autosexual | Sapiosexual |

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### Gender Diversity

The diagram consists of four overlapping circles: Male (blue), Female (pink), Agender (orange), and Genderfluid (green). The intersections are labeled as follows: Male and Agender: Masculine Agender; Male and Genderfluid: Masculine Genderfluid; Female and Agender: Feminine Agender; Female and Genderfluid: Feminine Genderfluid; Male and Female: Uncertain and/or All; Male, Female, and Agender: Genderfluid Agender; Male, Female, and Genderfluid: Agender Genderfluid; Female, Agender, and Genderfluid: Feminine Genderfluid; Male, Agender, and Genderfluid: Masculine Genderfluid; Female, Agender, and Genderfluid: Feminine Genderfluid; Male, Female, Agender, and Genderfluid: Uncertain and/or All.

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### Prevalence

| Category          | Sexual Minority (%) | Sexual Majority (%) |
|-------------------|---------------------|---------------------|
| Total 18 or Older | 10.4*               | 4.5                 |
| 18 to 25          | 14.2*               | 8.0                 |
| 26 or Older       | 9.2*                | 4.0                 |
| Male              | 8.8*                | 5.4                 |
| Female            | 10.6*               | 3.7                 |

\*Difference between this estimate and the sexual majority estimate is statistically significant at the 0.05 level

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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\***

- Opioids are taken in larger amounts or duration than intended
- Persistent desire/unsuccesful efforts to cut down or control opioid use
- A great deal of time is spent obtaining, using, or recovering from the effects of opioids
- Craving
- Recurrent use of opioid results in failure to fulfill major role obligations at work, school, or home
- Continued use despite social/interpersonal substance-related problems
- Important social, occupational, or recreational activities are given up or reduced because of substance use
- Recurrent use in hazardous situations
- 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
- Tolerance<sup>b</sup>
- Withdrawal<sup>b</sup>

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

\*The information above is only an overview of the criteria used. Consult the DSM-5 before making a diagnosis.  
<sup>b</sup>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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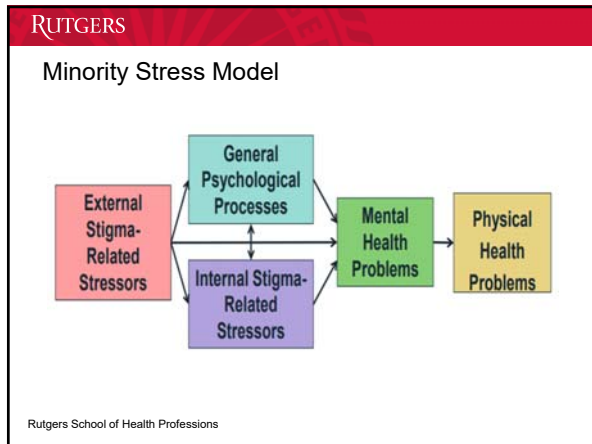
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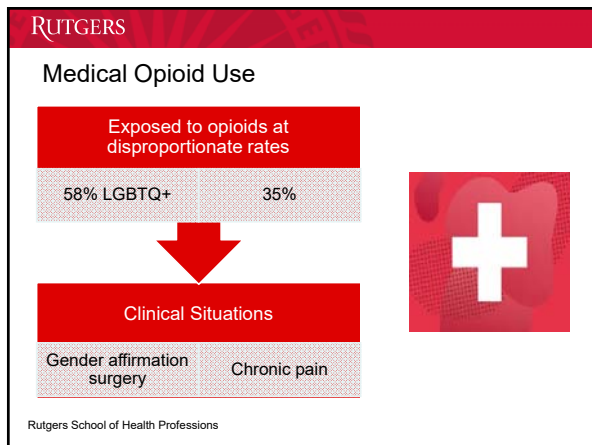
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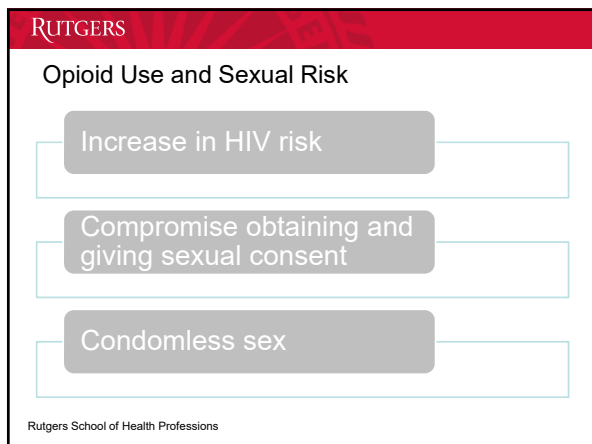
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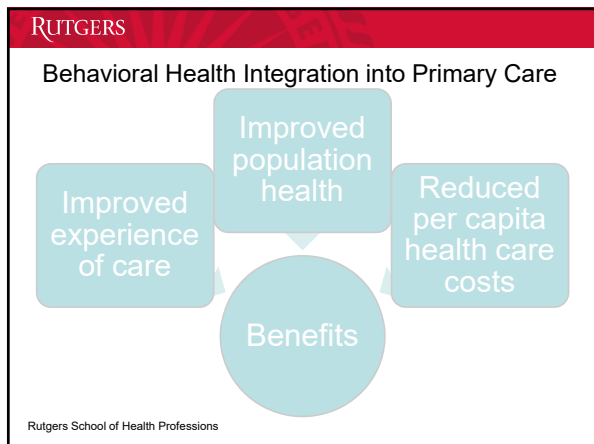
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### What's next...

|               |                                |
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| More research | Tailored interventions         |
| Evaluation    | LGBTQ+ specific considerations |

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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\\_16\\_Final.pdf](http://attcnetwork.org/advancingintegration/ATTC_WhitePaper5_10_16_Final.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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