



Active Outreach Pathway Effective Response to Substance Use in LGBTQ+ Community

Catching Up With COSSAP, June 2022

“Party and play” refers to sex between men who are under the influence of substances, typically methamphetamine or other stimulants. Polysubstance use, or the use of more than one type of substance at once, has recently become more frequent with party and play. Individuals who party and play report that there are three main reasons they began to use methamphetamine: (1) it is the result of being stigmatized both internally and externally by the LGBTQ+ community for using substances or because of an HIV+ status; (2) participants have a history of trauma¹ and higher rates of mental health issues; and (3) methamphetamine may be used to enhance individuals’ sex lives—in a recent study of German men who party and play, 89 percent of respondents indicated that they chose the substance for this reason. Methamphetamine usage rates in the LGBTQ+ community far surpass those in the general population. In 2019, approximately 0.8 percent of the entire U.S. population used methamphetamine, while almost 4 percent of the LGBTQ+ population used the substance.

Deflection is a system of response that helps to redirect individuals with substance use and mental health disorders who come in contact with law enforcement and other first responders away from potential placement in jails or emergency departments and instead connect them to treatment and services. Because of stigmatization, LGBTQ+ people who use methamphetamine or other stimulants may be less likely to reach out to social advocates for support. Of the Six Pathways of Deflection,² the Active Outreach pathway is an effective type of response to substance use by LGBTQ+ individuals. Active Outreach involves first responders intentionally identifying or seeking out an individual to engage them in treatment or services, for example, by performing outreach in communities where higher rates of substance use are

known to occur. Outreach in this pathway is often performed by a team, partnering a clinician, a person with lived experience, or another individual with the first responder.

One such example of an active outreach program is the Recovery on Wheels (ROW) Program in Cumberland County, New Jersey. Dispatched twice a week, an ROW mobile outreach van connects individuals with recovery coaches,³ helps them complete substance use disorder (SUD) treatment intake, and provides warm handoffs to treatment within 48 hours of contact, as well as to many other services.

Similar to the ROW Active Outreach Program, many LGBTQ+ health centers across the country employ comparable methods in their safer sex outreach efforts. An LGBTQ+ health center in Chicago, Illinois, trains its health educator outreach workers in HIV/HCV and other sexually transmitted infection (STI) testing, harm-reduction practices, and overdose prevention. These outreach workers serve as credible messengers and trusted members of the LGBTQ+ community who have had similar lived experiences as the population with which they are working.

Trauma-informed care⁴ is an approach based on the knowledge of the impact of trauma, designed to ensure that environments and services are welcoming and engaging for both service recipients and staff members alike. Because of the long history of LGBTQ+ traumatization, particularly in individuals’ experiences with law enforcement and behavioral health systems,⁵ a trauma-informed approach should be emphasized during all interactions. When taking a trauma-informed approach, establishing trust through genuine engagement is important. Be respectful and listen to individuals’

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Experiences, and be cognizant of triggers that may retraumatize them during outreach (for example, loud voices, unfamiliar language, flashing lights, new environments, etc.).

Applying principles of harm reduction⁶ is also important in outreach efforts to the LGBTQ+ community. As a collection of practices intended to minimize the harms associated with substance use, harm reduction in responses to the LGBTQ+ community should at a minimum provide safer sex materials, such as condoms and lubrication, sterile injection supplies, the opioid overdose reversal medication naloxone, and access to HIV/HCV and other STI testing and treatment services. When possible, on-site provision of, or referral to, treatment for STIs and consultations for the medication Pre-Exposure Prophylaxis (PrEP) to prevent the spread of HIV should be made available.

Using the Active Outreach Pathway of Deflection when responding to substance use in the LGBTQ+ community follows structures already practiced by LGBTQ+ health care centers. By mirroring these systems and using credible messengers, individuals with lived experiences can come alongside members of the LGBTQ+ community who may be using stimulants or other substances to help create pathways to treatment and services that meet the needs of the community. Embedding harm reduction and trauma-informed care into these responses can help to instill a sense of trust between the LGBTQ+ community and first responders.

Endnotes

1. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as a result of "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." Source: <https://www.samhsa.gov/trauma-violence>.
2. There are five pathways of response when employing first responder deflection programs, each of which addresses specific public health and safety challenges faced by law enforcement and other first responders in their communities. These response models connect people to treatment and services and are referred to as "pathways" because first responders are offering access, or pathways, to community-based treatment and resources through proactive outreach and support to individuals in need. A new pathway, Community Response, a non-law enforcement response pathway, is being developed; information is forthcoming. Source: https://ptacollaborative.org/wp-content/uploads/2018/07/PTACC_visual.pdf.
3. Recovery coaching is a key process that persons with lived experience engage in to support recoverees. The coaching process involves a strengths-based approach to one-on-one support over an extended period. Key coaching tools include a recovery capital assessment, recovery planning, and recovery check-ins. Source: https://www.cossapresources.org/Content/Documents/Articles/Altarum_PRSS_and_Recovery_for_BJA_FINAL.pdf.
4. SAMHSA's Trauma and Justice Strategic Initiative, July 2014, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, SAMHSA, retrieved from <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>.
5. Mallory et al., March 2015, "Discrimination and Harassment by Law Enforcement Officers in the LGBT Community," University of California, Los Angeles School of Law, Williams Institute, retrieved from <https://williamsinstitute.law.ucla.edu/publications/lgbt-discrim-law-enforcement/>.
6. "Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use." Source: <https://harmreduction.org/about-us/principles-of-harm-reduction/>.