

LGBTQ People and Syringe Services Programs:

In the 2015 budget, Congress approved a partial lift of the ban on federal funding for syringe services programs. New guidance from HHS, released today, on how syringe services programs can use federal funds may have a significant positive impact on services for LGBTQ people, who are both more likely to use drugs and to face discrimination in accessing medical care.

LGBTQ people are more likely to use drugs: LGBTQ people may experience higher rates of social stress, stigma, isolation, and discrimination, which can result in higher rates of substance use. Studies show that between 20 and 30 percent of gay and transgender people abuse substances, compared to 9 percent of their heterosexual counterparts.ⁱ Similarly high rates are seen in youth: Between 9.9% and 35.8% of youth surveyed who had only had sexual contact with same-sex partners had ever used heroin, compared to 7.5% to 18.8% of youth who had only ever had sexual contact with different-sex partners.ⁱⁱ LGBTQ youth experiencing homelessness, often rejected by their families, are at particular risk of drug use leaving them vulnerable to medical consequences from shared syringes like HIV and Hepatitis C. Because of the stigma associated with being LGBTQ that leads to higher rates of drug use, LGBTQ people have a greater need for syringe access programs. Additionally, LGBTQ people are disproportionately likely to engage in sex work, because they are experiencing homelessness or have lost a job due to their sexual orientation or gender identity. Engaging in sex work can lead to increased drug use,ⁱⁱⁱ thereby heightening the need for access to syringe access programs.

Transgender people are routinely denied medical care, so many are forced to use street hormones: Transgender people may feel uncomfortable engaging with the health care system. Almost a majority of transgender men reported in a study that they experienced denial of care, verbal harassment, or even physical assault when trying to obtain medical care.^{iv} Transgender people may lack insurance and 15% of the transgender population surveyed lived on less than \$10,000 annually, nearly double the extreme poverty rate for the general population.^v Hormone replacement therapy (HRT), which includes syringe-injected hormones, is medically necessary for many transgender people to be themselves.^{vi} For some, the cost of transition-related care is a financial hardship, forcing them to go outside the health care system for the hormones they need to live freely and openly. Others are denied prescriptions for hormones by doctors who lack understand of the care required to treat gender identity disorder. When transgender people can't access legal hormones, they may use street hormones. Because the hormones they are using aren't prescribed, these transgender people lack access to syringes. Sharing syringes to inject street hormones carries the same risk of transmission of HIV, HEP C, and other blood-borne illnesses as sharing syringes to inject drugs. Syringe exchange programs help transgender people lead authentic lives and guard them against increased risk of negative health outcomes.

Syringe services programs help the many LGBTQ people who inject drugs or who rely on street hormones to avoid negative health outcomes.

How can syringe services help? Syringe services programs would help ensure that LGBTQ people of all ages have access to clean syringes to maximize health and safety. Syringe services programs would help LGBTQ people who use drugs and transgender people who may rely on street hormones to reduce their risk of exposure to HIV, Hepatitis C, and other blood-borne illnesses.

Accord to the new guidance, federal funds may be used to support:

- Personnel;
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection;
- Testing kits for HCV and HIV;
- Syringe disposal services;
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, PrEP, PEP, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;
- Provision of naloxone to reverse opioid overdoses;
- Educational materials, including information about safer injection practices, overdose prevention and reversing a opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and evaluation activities.

The guidance also explains how a State or local jurisdiction can demonstrate to the CDC that they are experiencing or are at risk for a significant increase in hepatitis infections or an HIV outbreak due to injection drug use. The need determination helps a State or local jurisdiction qualify for federal funding for syringe services programs.

ⁱ Why the Gay and Transgender Population Experiences Higher Rates of Substance Use, Center for American Progress, *available at* <https://www.americanprogress.org/issues/lgbt/report/2012/03/09/11228/why-the-gay-and-transgender-population-experiences-higher-rates-of-substance-use/>.

ⁱⁱ Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9 – 12 – Youth Risk Behavior Surveillance, Selected Sites, United States, 2001 – 2009, Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, *available at* <http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf>.

ⁱⁱⁱ Women who inject drugs: A review of their risks, experiences and needs, The Independent Reference Group to the United Nations on HIV and Injecting Drug Use, *available at* https://www.unodc.org/documents/hiv-aids/Women_who_inject_drugs.pdf.

^{iv} Andrew M. Seaman, *Transgender People Face Discrimination in Health Care*, Reuters (Mar. 13, 2015, 2:32pm, <http://www.reuters.com/article/2015/03/13/us-transgender-healthcare-discrimination-idUSKBN0M928B20150313>).

^v National Transgender Discrimination Survey, National Center for Transgender Equality and National LGBTQ Task Force, *available at* http://www.thetaskforce.org/static_html/downloads/reports/fact_sheets/transsurvey_prelim_findings.pdf.

^{vi} WPATH Clarification on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage for Transgender and Transsexual People Worldwide, World Professional Association for Transgender Health, *available at* http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1352&pk_association_webpage=3947.