



COLLABORATIVE MENTORSHIP NETWORK

for Chronic Pain and Addiction

Jesse-David Murray BA, CCW, BSW
Peer N Peer
Harm Reduction Program

Challenging Stigma in Your Practice:
A Case Study on 2SLGBTQ+ Inclusivity -
A Sexualized Substance Use Perspective

Treaty Land Acknowledgement

We acknowledge that what we call Alberta is the traditional and ancestral territory of many peoples, presently subject to Treaties 6, 7, and 8.

Namely: the Blackfoot Confederacy – Kainai, Piikani, and Siksika – the Cree, Dene, Saulteaux, Nakota Sioux, Stoney Nakoda, and the Tsuu T’ina Nation and the Métis People of Alberta.

This includes the Métis Settlements and the Six Regions of the Métis Nation of Alberta within the historical Northwest Metis Homeland.

I would like to acknowledge and thank the many First Nations, Métis and Inuit who have lived in and cared for these lands for generations.

I make this acknowledgement as an act of reconciliation and gratitude to those whose territory we reside on or are visiting.



Disclosure

- Host: Dr. Cathy Scrimshaw
- Relationships with financial sponsors:
 - Grants/Research support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Consulting Fees: N/A
 - Patents: N/A
 - Other: I am a part time paid employee of the Alberta College of Family Physicians



Disclosure

- Moderators: Dr. Leah Phillips, Kerri McNabb & Agatha Grochowski
- Relationships with financial sponsors:
 - Grants/Research support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Consulting Fees: N/A
 - Patents: N/A
 - Other: Paid employees of the Alberta College of Family Physicians

Disclosure of Financial Support

- This program receives financial support.
 - Financial support is received from the Alberta College of Family Physicians through a Health Canada Substance Use and Addictions Program contribution.
- This program does not receive in-kind support
 - This program is presented by the Alberta College of Family Physicians without in-kind support.

Housekeeping

- To capture your attendance, please click on the survey link in the chat log to enter your name and email.
- We will be using the chat log to collect questions.
- You may use the “raise hand” feature to verbally ask a question.
- We will be using break out rooms – please click the “*Join*” button when it appears on your screen.
- There will be a dedicated time for Q&A at the end of the session.
- An evaluation survey link will be posted in the chat log near the end of the session.

Welcome!

Speaker: Jesse-David Murray BA, CCW, BSW

Disclosure

- Speaker: Jesse-David Murray
- Relationships with financial sponsors:
 - Grants/Research support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Consulting Fees: N/A
 - Patents: N/A
 - Other: Paid employee of the Edmonton Men's Health Collective, small honorarium from the CMN for this presentation

Learning Objectives

- 1) Recognize stigma in yourself through active self-reflection
- 2) Apply awareness of stigma to identify challenges in your workplace
- 3) Integrate knowledge of stigma to support vulnerable populations who struggle to seek care

Presentation Outline

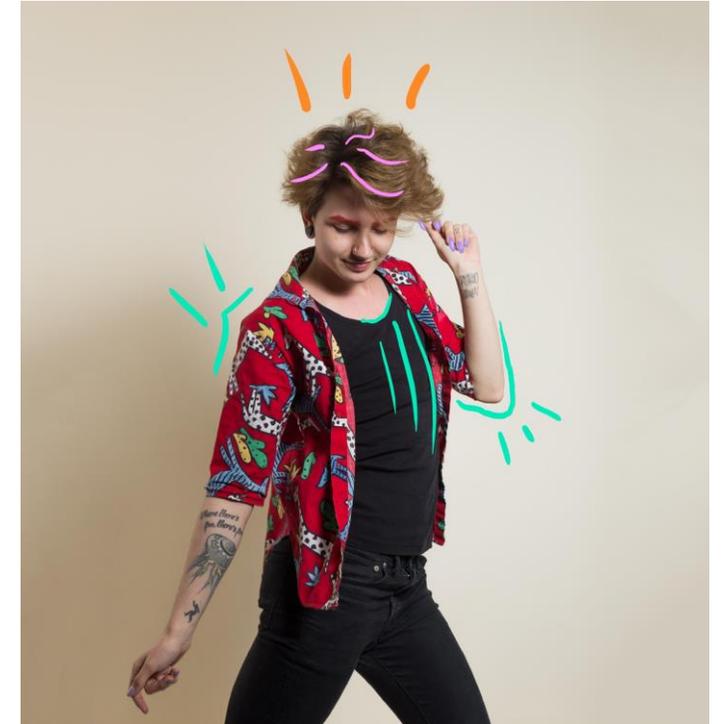
- Introduction
- Chemsex (aka PNP or Sexualized Substance Use)
- Review of Edmonton LGBTQ2S+ Substance Use Survey data
- Bringing awareness to Stigma and developing your practice.
- Introduction to Peer N Peer Program
- Questions – for us and for you!

Reactions & Thoughts Harm Reduction & Chemsex

Participant Poll

Chemsex: What is it?

- Also known as Party and Play (or PNP)
- A commonly used term to describe drug use immediately before or during sex – traditionally used within the msm community.
 - Specifically certain types of drugs such as GHB, Crystal Meth, and Mephedrone.



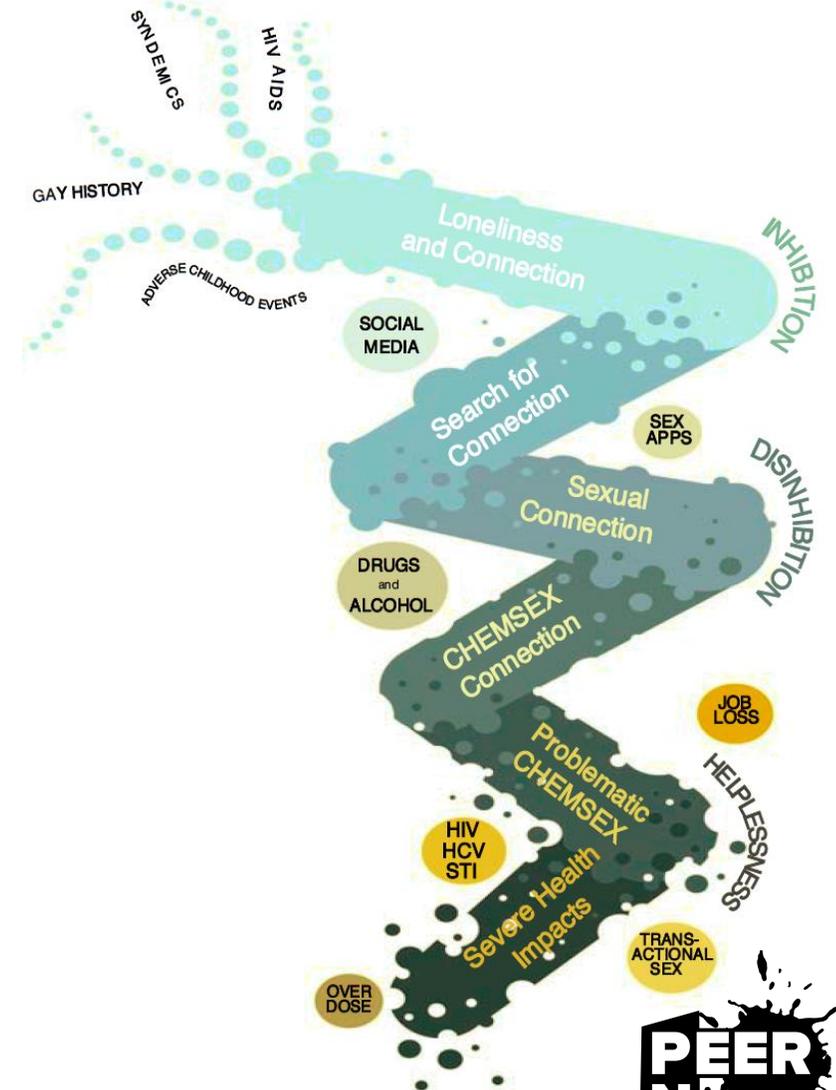
Chemsex: Why do people do it?

- Edmonton LGBTQ2S+ Substance Use Survey:
- When asked what primary motivator was for having sex while high, the most common responses were:
 - Intensifies physical sensation
 - Increases sexual desire, libido, or stamina
 - Makes me feel more desirable/confident
 - Increases feelings of intimacy during sex
- Drugs can create feelings of intimacy and alleviate anxieties related to sex and relationship building (Evans, 2018)



Chemsex: Why do people do it?

- Chemsex is syndemically linked with cultural factors that impact gay sex (and enjoyment of it): (Stuart, 2019)
 - Societal, religious, & cultural attitudes about homosexuality & 2SLGBTQ+ sex
 - Trauma & stigma related to the HIV/AIDS epidemic
 - Impact of rise of hookup apps on gay sex, love, & relationships
 - Gay-specific sexual rejection culture linked w/ hookup apps
- “The actual journey towards problematic chemsex use includes six stages.” (Plateau et al., 2019)



Chemsex: Why do we care?

- Many people who mix sex and drugs are able to do so in a safe way, adopting harm reduction behaviors to keep them and their partners healthy
- Many of these individuals are content with their drug use and how it impacts their sex life and don't see a need to change anything
- However, for others, their chemsex experience can be less positive...



Chemsex: Why do we care?

- Reduced libido & increased dependence on substances to have sex
- Dependency on drugs to access feelings of intimacy & connection w/ others during sex
- Drug addiction & drug overdose
- Increased risk of transmission of HIV, Hepatitis C, & STBBIS
- Increased risk for sexual/physical assault
- Mental health effects including: psychosis, depression, feelings of emptiness, low self-esteem, & anxiety
- Physical health impacts associated with significant substance use including: thinness, acne, dental issues, etc.



Sexualized & General Substance Use Amongst Edmonton LGBTQ2S+ Community Members

Setting the Local Context: 2018 Edmonton LGBTQ2S+ Substance Use Survey

Edmonton LGBTQ2S+ Substance Use Survey

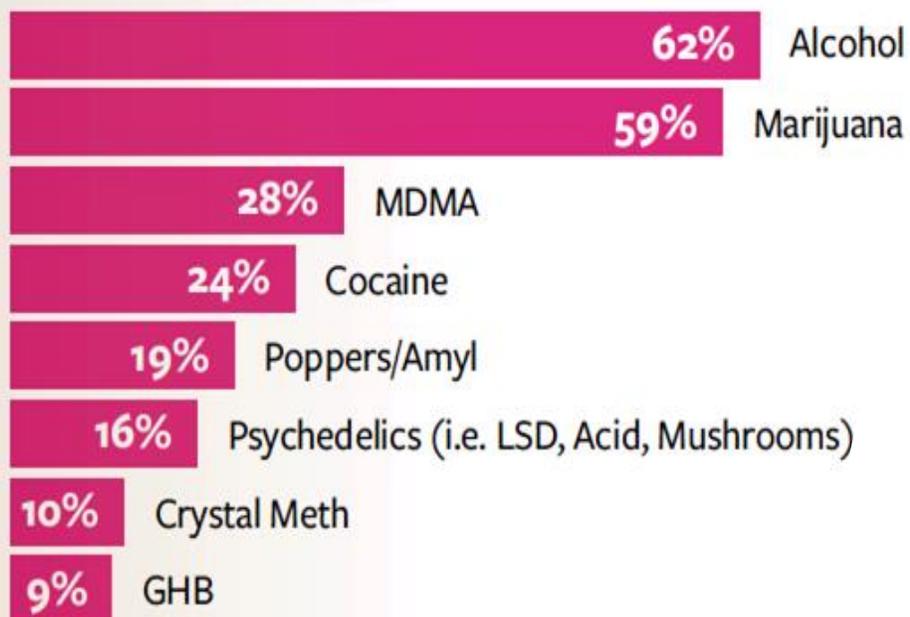
Over summer 2018, we asked Edmonton LGBTQ2S+ community members about their experiences of substance use. Of 135 respondents who reported using substances in the past twelve months (not including alcohol and marijuana), you'll learn about what they had to say.

- **Age:** 78.5% were 18-34 years old
- **Gender identities:** largest groups identifying as cis male (43%) and cis female (32%) and non-binary (16%)
- **Sexual orientations:** with largest groups as gay (40%), pan sexual (30%), queer (27%) and bisexual (21%)
- Belonging to a racialized group (10%), Indigenous (11%), a newcomer (3%), a person with a disability (16%)

Chemsex (Sexualized Substance Use)

2018 Edmonton LGBTQ2S+ Substance Use Survey:

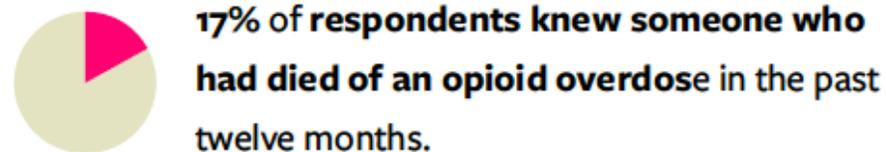
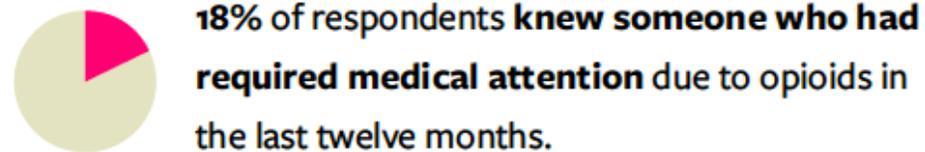
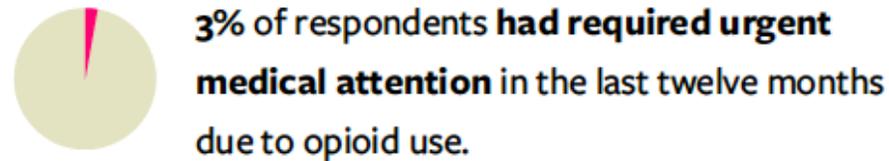
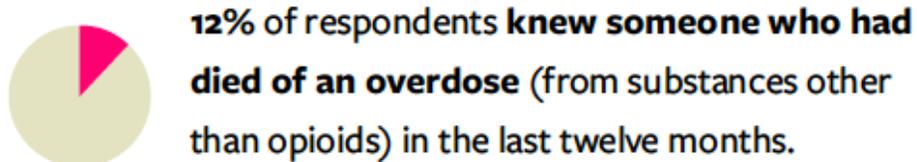
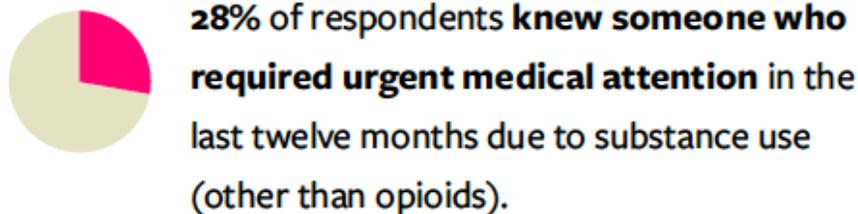
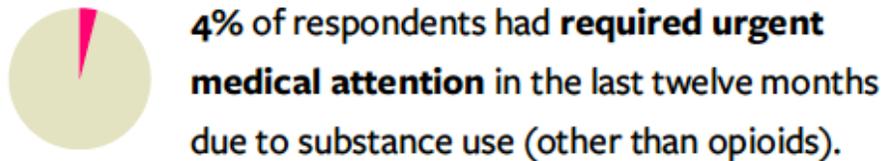
Participants were provided with a list of substances and asked to identify which, if any, they used within 2 hours before or during sex, in the last 12 months. The most common responses were:



Edmonton
LGBTQ2S+
Substance
Use Survey

Personal & Peer Experiences of Overdose

2018 Edmonton LGBTQ2S+ Substance Use Survey:



Edmonton
LGBTQ2S+
Substance
Use Survey

Use & Sharing of Drug Equipment

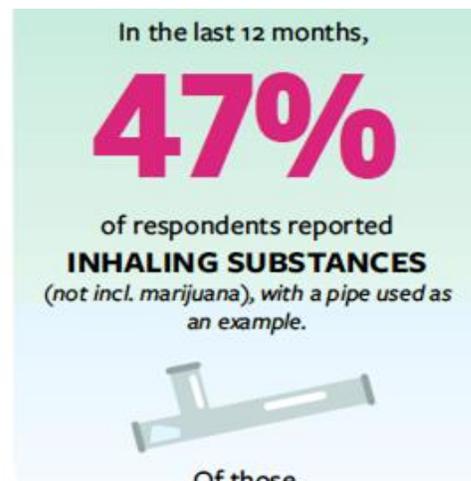
2018 Edmonton LGBTQ2S+ Substance Use Survey:



Of those,

30%

reported sharing
injection drug equipment
with others.



Of those,

40%

reported sharing
inhalation equipment
with others.



Of those,

76%

reported sharing
snorting equipment
with others.

Edmonton
LGBTQ2S+
Substance
Use Survey

Despite this, only 3 respondents reported accessing safer substance use supplies in the last 12 months

Chemsex: Why do we care?

2018 Edmonton LGBTQ2S+ Substance Use Survey:

In the last twelve months, how often have these statements described your feelings about your substance use? Note: this question excluded alcohol and marijuana.

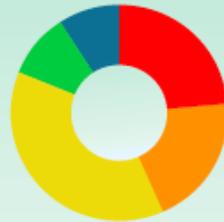
Edmonton
LGBTQ2S+
Substance
Use Survey

I have felt uncomfortable with my substance use



19% Never
30% Rarely
33% Some of the time
11% Most of the time
6% Always

I have wanted to stop or reduce my substance use



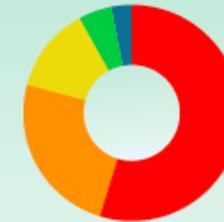
24% Never
20% Rarely
38% Some of the time
10% Most of the time
9% Always

I have felt that my substance use was having a negative impact on my health and wellbeing



30% Never
25% Rarely
25% Some of the time
10% Most of the time
10% Always

I have wanted to seek help or support relating to my substance use



56% Never
23% Rarely
13% Some of the time
5% Most of the time
3% Always

Access Barriers & Facilitators

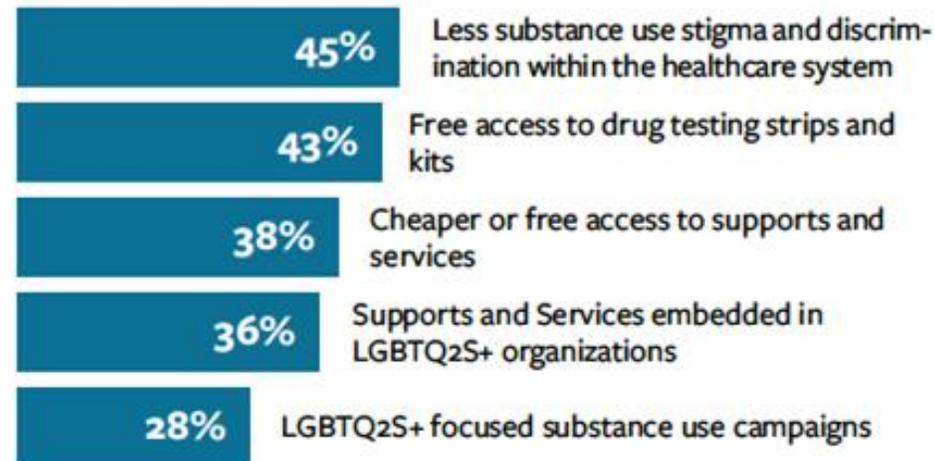
2018 Edmonton LGBTQ2S+ Substance Use Survey:

Edmonton
LGBTQ2S+
Substance
Use Survey

When asked about reasons respondents delayed access to substance use supports, tools, or services in the last 12 months, the most commonly cited reasons were:



When asked what would make respondents more likely to access substance use supports, tools, or services, the most commonly cited factors were:



Stigma & Your Practice

Challenging your stigma and Integrating affirming practices.



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Stigma: What is it?

- There are a wide range of different Types of Stigma felt and seen in the chemsex community that severely impacts a persons social determinants of health.
- Intersectional individuals experience a higher degree of stigma from both within and outside of the 2SLGBTQ+ community.

Felt Stigma – Awareness of the likelihood of being labeled as a part of the sexual minority/substance using community. This impacts behaviour and leads to lack of access to healthcare systems.

Enacted Stigma – Violence towards members of a sexualized / substance using community. This can be in the form of outright aggression, or micro-aggression.

Internalized Stigma – Becomes a part of an individuals self identity, and this sexual/substance using stigma represents their own belief system.

Stigma: Where does it come from?

- Trauma & the impacts of trauma.
 - Intergenerational Trauma.
- Popular Media & Stereotypes.
- Aggression, and macroaggressions stemming from lack of knowledge.
- Inequity in social systems, services and supports.
- Erasure within and from without the community.
- Healthcare providers not taking adequate time to understand and work with this community.



Stigma: Why should you care?

- Access to healthcare should be for all.
- Lack of access to services creates strain on frontline workers and healthcare systems.
- Internalized, enacted and felt stigma is damaging for both yourself and your practice.
- Developing best practices for yourself and your practice can change the way you interact with people for the better.

Stigma: What can you do about it?

- Understanding and Working with Trauma informed care.
 - Creating a safer environment, allowing clients to access services in a non-judgemental and empowering space.
- Challenging yourself
 - Self awareness
 - Bringing yourself to work.
- Creating an inclusive practice.
 - Physical changes: The See Hear Feel Framework.
 - Policy & procedure changes.
 - Language changes.
 - Consultation with 2SLGBTQ+ affirming spaces.



Challenging stigma in yourself & your practice

Breakout room conversations



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Discussion: Care Pathway/Referral Network

- Historically, people who engage in chemsex are bounced around the system and unable to access the holistic care they need
- Important to build care pathways/referral networks to better facilitate better access/outcomes

Discussion:

- Where are all of the entry-points where someone engaged in problematic chemsex might enter the system?
- Once they are in the system, what are some of the supports they might need to access?

Discussion: Stakeholder Resources

- The intersections of substance use and sexual health, particularly amongst the 2SLGBTQ+ community is a new topic for many stakeholders working in sexual health, mental health, and/or substance use.

Discussion:

- What resources would be helpful to you to help you better serve those engaged in problematic chemsex?
- What resources do you believe other providers/stakeholders would benefit from?



Our Response: Peer N Peer

- Funded by the Public Health Agency of Canada's Harm Reduction Fund
- Purpose: Reduce transmission of HIV, HVC and other STBBIs amongst people who use drugs
 - Queer and trans people who engage in chemsex
 - Queer and trans people who share drug equipment



Public Health
Agency of Canada

Agence de la santé
publique du Canada



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Peer N Peer (PNP)

- Peer-led queer substance use & sexual health program
- Rooted in harm reduction principles, PNP meets folks where they are at on their substance use and sexual journeys.
- Whether looking to improve sex life, use substances more safely, change how substance use impacts sex life, or stop using substances altogether, the PNP team is here to help.
- Supports and services offered by the PNP team include:
 - Screening and Referrals
 - One-on-One Supportive Counselling
 - Access to Harm Reduction Supplies
 - Education & Outreach

Queer Substance Use: Impacts of Harm Reduction



MON BUZZ MY BUZZ.CA



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Want to get your snapshot on your BUZZ ?

MyBuzz.ca is an online self-assessment alcohol and substance use questionnaire for guys who have sex with other guys. This questionnaire will help you assess your drug and alcohol use and consider the effects it might be having on your sex life and sexual health. If you need support while completing the MyBuzz.ca questionnaire, you can chat online with a RÉZO or EMHC support worker. You can also access information about other alcohol and substance use services near you. MyBuzz.ca takes a non-judgmental, harm reduction approach to alcohol and substance use, with its main goal being to help you better understand your use and how it might be impacting your life and health.



GET MY SNAPSHOT





Hey! 😊

Over the next 20 minutes, the two of us are going chat about your drug and alcohol use. We'll also look at some possible links between your drug and alcohol use and your sexuality. 😊



After our chat, I'm going to create a snapshot of your drug and alcohol use and evaluate possible risks related to your health. 🧑



If you want to talk to someone, you can click on the "Speak with Someone" icon at any time. You can also access our service directory and emergency resource list by clicking on **Support** ?.

My snapshot

I WOULD LIKE TO RECEIVE MY SNAPSHOT
VIA EMAIL

What do those risk levels mean?



A low level of risk means that it is unlikely that your substance and/or alcohol use will pose risks to your health or well-being if you continue to use the way you currently do. It is desirable that you maintain this level.



A moderate level of risk means that it is possible that your substance and/or alcohol use is already having a negative impact on your health and well-being or may in the future if you continue to use the way you do.



A high level of risk means that it is likely that your substance and/or alcohol use is already causing you problems in different areas of your life (i.e. health, social, financial, or legal) and that you have had or could have trouble controlling your substance use, leading you to use more substances than you'd like or to use substances in situations you'd prefer not to.



One-On-One Supportive Counselling

GPS (Gay Positive Sex) is a peer-delivered sexual health promotion and HIV prevention counselling program.

- Information provision regarding HIV and sexually transmitted infections,
- Motivational Interviewing counselling,
- Sexual health behavioural skills building,
- Linkage to care

(Hart et al, 2016)

Education & Outreach

- **Events/Venues:**
 - Evolution Wonderlounge
 - Pure Pride
 - Pride Festivities
 - Fruit Loop Events
 - Universities
 - Community Organizations
- **PeerNPeer.ca**
- **Physical Materials**

Harm Reduction Supplies

- Substance Use Kits
- Naloxone Kits
- Condoms
- Needles
- Pipes
- Tip Sheets
- ...more



Clients Experiences

- Majority accessing HR supplies are now on PrEP
- All clients are regularly getting tested
- Some clients have never had someone to talk to about sex
- More condom use and safer sex practices
- Keeping safety in mind during anonymous hook ups
- Lowering stigma on 2SLGBTQ+ sex - reducing shame!!!

Clients Experiences

“I was always ashamed to talk to anyone about gay sex and I think it’s why I do drugs, so I don’t feel so ashamed and can actually enjoy sex”.

“If Peer N Peer didn’t exist I would probably be either dead or giving my HIV to other guys. Now I’m undetectable and being smart and safer”.

“Now that I worked out some of my issues while in the program, I am months without drugs and ready to go to school and live my life again”.

“I didn’t even know there were gay events and circles that didn’t do drugs all the time. I’m pretty sure, with the new friends I have made since starting the program, I can be actively social without being high”.



Stakeholder-Facing Activities

Capacity-Building

- Materials
- Workshops
- Consultations

Developing an affirming environment

- Care Pathway(s)
- Referral Network



Resources for Creating a Stigma Free Workplace:

- [Pronouns Game: Minus 18](#)
- [Our Stats](#) is an online database of findings from Canada's largest and longest running GBT2Q health survey, [Sex Now](#).
- [How to use gender neutral grammar in French?](#) November 2020
- [Practice with Pronouns](#)
- [The Gender Unicorn](#)
- [Do's and Don'ts for Providers](#)

<https://stimulusconference.ca/webinars/>

Survey (4 minutes)

<https://www.surveymonkey.com/r/XH39QL3>



References

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- Hart, TA., Stratton, N., Coleman, TA., Wilson, HA., Simpson, SH., Julien, RE., et al. (2016) *A Pilot Trial of a Sexual Health Counseling Intervention for HIV Positive Gay and Bisexual Men Who Report Anal Sex without Condoms*. PLoS ONE 11(4):e0152762.doi:10.1371/journal.pone.0152762
- International Network of People who Use Drugs (INPUD) Secretariat. (2019) Chemsex: A Case Study of Drug-Userphobia. Retrieved from www.inpud.net
- Platteau, T., Pebody, R., Dunbar, N., Lebacqz, T., Collins, B. (2019) "The problematic chemsex journey: a resource for prevention and harm reduction", *Drugs and Alcohol Today*, Vol. 19 Issue: 1, pp.49-54, <https://doi.org/10.1108/DAT-11-2018-0066>

Questions?

Connect with the PnP Team!

connect@peernpeer.ca

587-599-7290 (call or text)

peernpeer.ca



November Collab Forum

Thursday, November 25th 7:30-8:30 pm

The Other Emergency - Meet the Disruptors

Join panelists Dr. Ginetta Salvalaggio, Dr. Esther Tailfeathers, and more, as they share their concerns and hopes for the future regarding Alberta's other public health emergency: opioid poisoning and overdose.

This session is also open to all interdisciplinary team members.



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Not a member of the CMN?

- Join today to get on the mailing list for upcoming events and resources!
- Membership is always free
- Participation is up to you – join as a general member, or participate in mentorship as a mentee, mentor, or both!
- Check out the website for more info:

<https://cmnalberta.com/>