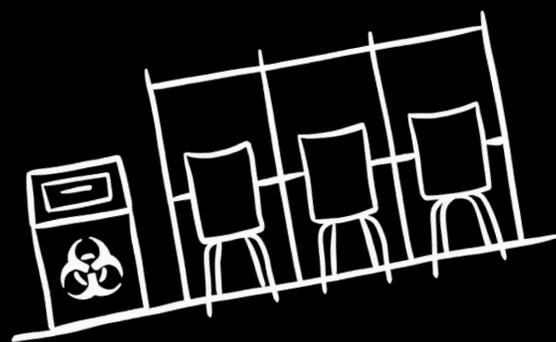


GENDER AFFIRMING HARM REDUCTION

A TOOLKIT FOR
SYRINGE SERVICE
PROGRAMS



CONTENTS

<u>PURPOSE AND OBJECTIVE</u>	3
<u>HOW TO USE THIS TOOLKIT</u>	5
<u>-ACCOUNTABILITY</u>	6
<u>-SELF-ASSESSMENT</u>	8
<u>-NEXT STEPS</u>	10
<u>HISTORY</u>	12
<u>-A SHORT HISTORY OF TRANS HEALTHCARE</u>	12
<u>-WHAT DOES HARM REDUCTION HAVE TO DO WITH GENDER AFFIRMING CARE?</u>	16
<u>SAFETY</u>	23
<u>-CHEMSEX</u>	24
<u>-SILICONE INJECTIONS</u>	33
<u>-OVERDOSE RESPONSE & PREVENTION</u>	37
<u>-RESOURCES</u>	56
<u>-NON-TRADITIONAL ECONOMIES</u>	58
<u>HEALTHCARE</u>	64
<u>-SEXUAL HEALTH HISTORY</u>	65
<u>-HOW TO EFFECTIVELY OBTAIN A SEXUAL HEALTH HISTORY, INCLUDING BODY INVENTORY</u>	69
<u>-GENDER AFFIRMING HORMONE THERAPY (GAHT)</u>	72
<u>ORGANIZATIONAL ASSESSMENT</u>	78
<u>GLOSSARY</u>	79



PURPOSE AND OBJECTIVE

The purpose of this living document is to assist service providers in better understanding the needs of the TGNCNB community when utilizing Syringe Service Programs (SSPs). This toolkit is a source of information and is not meant to be read all the way through in one sitting. The goal is to utilize each component of the kit as both a learning document and as a place to come back to with questions.

This guide was created by trans, gender nonconforming, and nonbinary (TGNCNB) people whose hope is to have you gain a deeper understanding of the lived experiences and nuances of the TGNCNB community when they seek services.

This document is created from a Harm Reduction, anti-racist, intersectional framework. It is important to name this because it allows us to contextualize our communities' lived and living experiences as we encounter systematic barriers that harm our ability to thrive.



ACKNOWLEDGEMENTS

This toolkit is intended to be used by community-based organizations, advocates, and community members when accessing syringe service programs (SSPs). The focus of this toolkit is to name explicitly the specific experiences and needs of trans, gender non conforming and non binary (TGNCNB) individuals utilizing these programs.

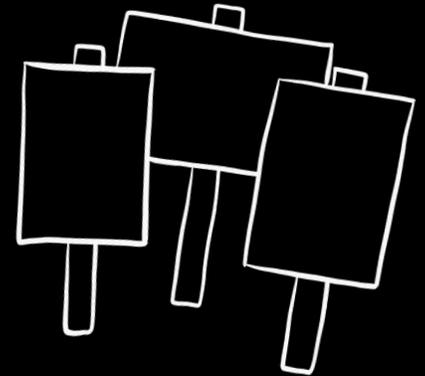
This toolkit was created in partnership between the National Harm Reduction Coalition, Trans Equity Consulting, and the Lighthouse Learning Collective.

The information was developed by team members and contributors of Trans Equity Consulting, Ari Jauregui, Mateo Belen, and Diana Wilkins, with the input and guidance of Taylor Edelmann from the National Harm Reduction Coalition.

This toolkit honors the legacy and advocacy of **Cecilia Gentili**, founder of Trans Equity Consulting, who also informed the making of this resource by sharing her life experiences, guidance, and resilience.



HOW TO USE THIS TOOLKIT



We've designed to assist, guide, and educate on providing the best resources, care, information, and services to TGNCNB communities. It draws on real-life community experiences and emphasizes community care equates to community power.

It contains a lot of information, so we recommend you focus on the topics you have questions about first. It is a living document intended for ongoing reference rather than a one-time read-through. To help you absorb and apply the information, we have included various interactive elements such as animations, videos, and self-reflection questions. Reading the topic introductions before watching the videos can give you some helpful context. Reflection questions follow these sections to facilitate deeper understanding.

We suggest engaging your colleagues to discuss these questions and explore the content further. Regular reassessment of your practices and commitment to continuous learning are crucial for providing the best care and support to TGNCNB communities. Consistently participate in anti-racism training, TGNCNB education, and other necessary conversations to advance anti-oppression efforts within your organization. Revisit this toolkit frequently to evaluate progress and identify areas needing improvement.

To guide this process, we've included an 'accountability' section to help you assess your knowledge and skills that you can revisit over time.

ACCOUNTABILITY

SELF-ASSESSMENT

Welcome to the assessment for our toolkit. This evaluation is designed to measure your understanding of the key concepts and practices outlined in the toolkit, including the history and context of trans healthcare, gender affirming care, specific health risks, overdose prevention and response, and sexual health. Each section contains targeted questions that will allow you to demonstrate your knowledge and application of the material. Your responses will help us ensure that you have a thorough grasp of these critical topics, enabling you to provide more effective and affirming care for TGNCNB individuals. Please read each question carefully and provide detailed answers to the best of your ability. Good luck!

SECTIONS

HISTORICAL & CONTEXTUAL OVERVIEW

This section explores the history of trans healthcare in the United States, highlighting the ongoing struggle of transgender, gender non-conforming, and non-binary (TGNCNB) individuals to access necessary care and resources. For much of the post-colonization era*, TGNCNB people have had to rely on underground and often criminalized methods to obtain gender-affirming garments, identity documents, and medical transitions due to societal and legal barriers.

*We use the term post-colonization era here to highlight the historical context in which TGNCNB individuals have had to navigate societal norms and legal systems shaped by colonial influences, which often exclude and oppress TGNCNB individuals.

GENDER AFFIRMING CARE

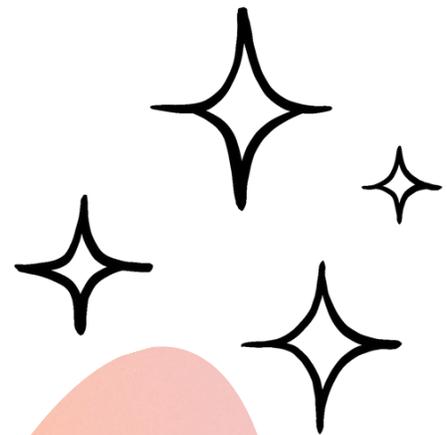
In this section, we delve into the various aspects of gender affirming care, focusing on Harm Reduction principles, hormone therapy, and the use of off-label medications. It aims to equip you with the knowledge needed to support trans individuals through safe and effective healthcare practices. You'll learn about expectations, best practices, and alternative options that can enhance the well-being of your patients.

SPECIFIC HEALTH RISKS & INTERVENTIONS

This section addresses specific health risks that are particularly relevant to trans individuals, such as chemsex and silicone injections. It highlights the potential risks and provides Harm Reduction strategies to mitigate them. Understanding these unique challenges is crucial for providing comprehensive and empathetic care to the TGNCB communities.

OVERDOSE PREVENTION & RESPONSE

This section outlines effective strategies for preventing and responding to overdoses and making harm reduction programs more affirming and inclusive for TGNCNB individuals. It emphasizes practical steps and policies to save lives and promote safer environments.



SEXUAL HEALTH

Taking a detailed sexual health history is an essential skill for providers working with TGNCNB individuals. This section covers the key components of obtaining a thorough and respectful sexual health history. It aims to enhance your ability to gather important information while fostering a supportive and non-judgmental atmosphere for your clients and participants.

OVERALL ORGANIZATIONAL READINESS

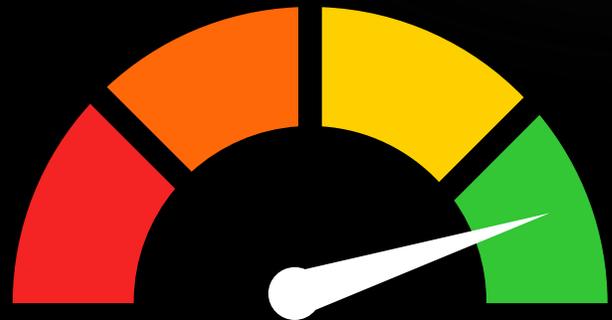
This section provides a concise checklist to help organizations assess their readiness to serve transgender, gender non-conforming, and non-binary (TGNCNB) clients. By systematically evaluating policies, physical environments, staff training, health information systems, clinical services, and community engagement efforts, organizations can identify areas for improvement and ensure they are equipped to provide inclusive and affirming care to TGNCNB individuals.

SCORING RUBRIC

SECTION	QUESTIONS	POINTS
HISTORICAL & CONTEXTUAL OVERVIEW	<ul style="list-style-type: none"> Describe two significant milestones in the history of TGNCNB healthcare and explain the impact. 	2
GENDER-AFFIRMING CARE	<ul style="list-style-type: none"> Define Harm Reduction in the context of gender affirming care and provide one example. List three expectations a patient should have when starting hormone therapy and describe safer injection practices. 	4
SPECIFIC HEALTH RISKS & INTERVENTIONS	<ul style="list-style-type: none"> What are the primary health risks associated with chemsex and what Harm Reduction strategies can be implemented? Discuss the risks of silicone injections and safer alternatives. 	4
OVERDOSE PREVENTION & RESPONSE	<ul style="list-style-type: none"> Describe how an overdose is different than an overamp? What information is important to share with TGNCNB people who use drugs to lower their risk of overdose or overamp? 	4
SEXUAL HEALTH	<ul style="list-style-type: none"> Outline the key components of obtaining a sexual health history for TGNCNB participants. 	2
OVERALL ORGANIZATIONAL READINESS	<ul style="list-style-type: none"> Complete the organizational readiness checklist with your organization! 	4
TOTAL SCORE		20

SCORING

- Give yourself 2 points for each question you answered correctly (refer to each section for answers).
- Total your points out of 20 to gauge your level of understanding and competency providing services to TGNCNB communities.



INTERPRETATION

- 16-20 points: Well-informed and actively engaged in Harm Reduction efforts for TGNCNB communities.
- 8-16 points: Adequate understanding but room for improvement in specific areas.
- 0-8 points: Opportunities for significant growth and learning in Harm Reduction practices for TGNCNB communities.

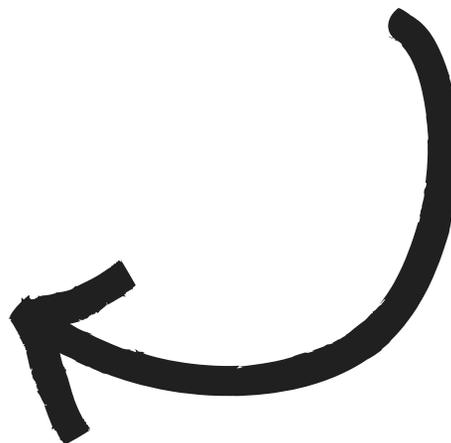
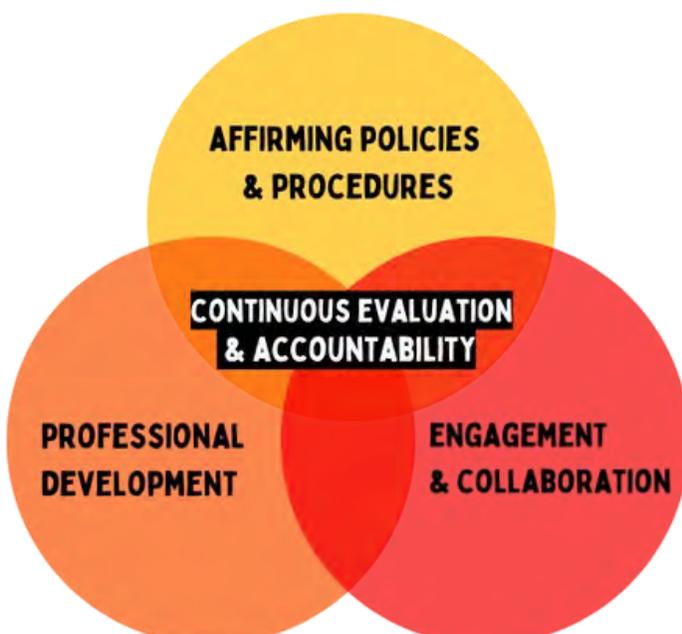
NEXT STEPS BASED ON ASSESSMENT

ACTION STEPS

- Review areas where you scored lower and seek additional education, training, or resources to improve your knowledge and implementation of Harm Reduction strategies.
- Collaborate with colleagues, community organizations, and healthcare providers to enhance support and resources for TGNCNB individuals in the areas of gender affirming care, drug use, and sexual health education.
- Meet regularly with TGNCNB collectives, advocates, organizations and let them lead you in the directions that are wanted by TGNCNB individuals and communities.

ACCOUNTABILITY LENSES

- Regularly reassess your practices and engage in ongoing learning to provide the best possible care and support for TGNCNB communities.
- Work closely with policy makers and elected officials in the capacities you can, and be clear on your stance around supporting TGNCNB people.
- Consistently engage in anti-racism trainings, TGNCNB education and awareness, and other necessary conversations and trainings to push your individual and organizational mindset on anti-oppression analyses.
- Returning to this toolkit, reassess yourself and your organization every quarter or year, and continue to reevaluate the places where work needs to be done and success has been made.
- Continually check in with TGNCNB collectives and organizations to ensure your successes are indeed successes.



The background features three large, overlapping circles. The top circle is a light purple, the middle circle is a darker purple, and the bottom circle is a bright orange. The word "HISTORY" is centered in the middle circle.

HISTORY

HISTORY

A short history of gender affirming care

This section explores the history of gender affirming care in the United States, highlighting the ongoing struggle of transgender, gender non-conforming, and non-binary (TGNCNB) individuals to access necessary care and resources. Throughout much of U.S. history, TGNCNB people had to rely on underground and often criminalized methods to obtain care, support, and so much more.

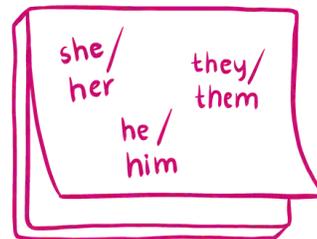
In 1966, the Johns Hopkins Gender Identity Clinic became one of the first publicly open providers of trans healthcare, although it imposed strict and prohibitive criteria on patients. The clinic closed in 1979, influenced by negative perspectives such as those in Janice Raymond's "The Transsexual Empire" and the increasing pathologization of TGNCNB identities .

The 1980s saw further setbacks as Ronald Reagan's Department of Health and Human Services banned coverage of trans care under Medicaid and Medicare, a policy that many private insurance companies adopted, citing the experimental nature of such healthcare. This ban also hindered crucial research opportunities, as funding and practical opportunities for studies were limited.

The 1990s brought a wave of expanding activism by TGNCNB individuals, advocating for recognition and access within society while challenging mandated binary identities. In 2001, San Francisco became the first county to remove transgender exclusions from city employees' healthcare plans in response to this organizing. The Affordable Care Act of 2010 further codified health coverage protections for transgender Americans, expanding access to gender-affirming hormones and surgeries. Concurrently, the adoption of informed consent as a clinical guideline for hormone treatment increased care access for nonbinary individuals, those living outside major cities, low-income people, and adolescents.



Currently, we face a conservative backlash aimed at eradicating TGNCNB individuals from public life by restricting healthcare, parental rights, access to public spaces, and educational resources. In 2023, 86 anti-trans bills were passed across the United States, continuing a pattern of legislation that began with North Carolina's 2016 "Bathroom Bill." However, over a dozen states have also enacted "shield" laws to protect healthcare provision and access.



Because recent laws constrict healthcare access and create safety issues around 'outing,' the practice of Harm Reduction must expand to address new challenges reverberating through a population that grew substantially during relative safety. There is an increased need for trans-responsive drug and alcohol programming as an impact of the mental effects of harmful legislation. Studies show that for TGNCNB people across the country, consuming related news is associated with increased depressive symptoms, lowered physical health, and increased fear. In addition, as work opportunities decrease, entrance into non-traditional economies will grow - and so will the need for Harm Reduction tools such as bad date lists, HIV/STI counseling and testing, personal protection devices, street outreach programs, legal support, and policy work.

Where are we at now?

Since 2023, an estimated *146,300 transgender youth* are at risk or have lost access to gender-affirming healthcare. TGNCNB adults living within 3 states had their hormone access broadly limited in the same year. **Those living within these situations have three options:**

to stop hormones	
health and social issues that may arise	<ul style="list-style-type: none">• Increased depression, anxiety, and suicidality. Numerous studies <u>show a strong correlation</u> between access to gender-affirming care and mental health outcomes.• Life disruption and safety issues as a consequence of changing appearance within work, home, and social spaces and the likelihood for many people of becoming “more visibly trans” without access to hormonal care.
Harm Reduction tools	<ul style="list-style-type: none">• Support groups to increase camaraderie and resource sharing within the community.• Holistic forms of mental health support, including therapy, psychiatry, and peer counseling.• Employment and housing resources that are safe for people with changing presentation.• Affordable, safe access to electrolysis, clothing, makeup, and other tools that help maintain presentation.

to move or travel for care

<p>health and social issues that may arise</p>	<ul style="list-style-type: none"> • Economic and social effects on the family and their surrounding community, due to leaving housing, schools, and employment (losing side hustles). • A decreased support network for the remaining TGNCNB community. • Economic burden from cost of moving or frequent traveling. • Physical and mental health effects of receiving inconsistent access to healthcare. • Psychological burden from imposed relocation, especially on youth.
<p>Harm Reduction tools</p>	<ul style="list-style-type: none"> • Funds to support travel and moving costs. • Support networks to facilitate communication between community members. • Advocacy and resource mobilization to limit the necessity of travel and relocation. • Continuation of other aspects of gender-affirming care including labs, counseling, syringe services, and support spaces in the absence of medical transition healthcare.

to self-medicate hormones and body modification

<p>health and social issues that may arise</p>	<ul style="list-style-type: none"> • Increased negative health outcomes due to inconsistent and/or tainted medication. • High-risk health outcomes from increased use of free silicone injections. • Increased risk of blood-borne pathogens from shared hormone and silicone needle use. • Economic burden of paying out of pocket for medications and procedures.
<p>Harm Reduction tools</p>	<ul style="list-style-type: none"> • Offering hormone monitoring labs and hormone counseling to those accessing medications from non-traditional or alternative sources. • Providing lab testing and publishing results of 'homebrew' hormones within circulation. • Stocking intramuscular syringes and needle tips at syringe exchanges. • Providing education around silicon pumping and ways to reduce risks. • Providing funds and support to access safe body sculpting and fillers.

WHAT DOES HARM REDUCTION HAVE TO DO WITH GENDER AFFIRMING CARE?



Bodily autonomy is central to both Harm Reduction and gender-affirming care. Harm Reduction acknowledges the right of individuals to make informed choices about drugs and provides the necessary tools and support regardless of their relationship to use. Gender-affirming care respects the self-identified needs of TGNCNB individuals, providing medical, mental, legal, and social services that affirm their gender identity and expression.

The fundamental principle remains unchanged in both scenarios: individuals should have the freedom to do what they need and desire with their bodies, enabling them to feel affirmed and live their lives on their own terms.

For TGNCNB individuals, this means access to gender-affirming hormones and surgeries without unnecessary barriers, just as Harm Reduction means things like access to safer use supplies, overdose prevention centers, and low-barrier treatment.

Acknowledging the profound connection between bodily autonomy and Harm Reduction can strengthen our practice. This understanding leads us to create and provide more inclusive and compassionate services, benefiting our participants and staff alike.

HARM REDUCTION CAN BE GENDER AFFIRMING BY:

Uplifting & Strengthening the Capacity of TGNCNB Communities

The leadership of TGNCNB people and their knowledge of their own lives and communities should be the center of strategies, programming, and accountability actions to ensure services are relevant, respectful, and effective.

Addressing Specific Health Challenges

TGNCNB communities face higher rates of depression, suicide, and HIV, among other health issues. Tailored interventions that recognize and address these specific health challenges are critical for improving health outcomes and reducing disparities.

Creating Safe(r) & Affirming Spaces

TGNCNB people need services, programs, and community spaces where they feel safe expressing who they are, knowing their choices will be met without judgment, and receiving the information and support they need.

Incorporating Knowledge of Gender-Affirming Care

Harm Reduction should understand how gender-affirming hormone therapy overlaps with service provision (e.g., which supplies are needed), therefore providing information on safer administration of hormones, surgical interventions, and sexual health.

Providing Integral Support to TGNCNB Communities

Gender identity, sexual orientation, race, income, age, religion/spiritual beliefs, sex work, housing, disability, immigration status, and food security are factors that Harm Reduction programs need to take into account, as TGNCNB people are diverse and face many forms of marginalization, intersectionality, and oppression.

WHAT DOES DRUG USE LOOK LIKE IN TGNCNB COMMUNITIES?



Multiple interrelated factors put TGNCNB communities at a higher risk for substance use and the associated harms (Moazen-Zadeh et al., 2019)

- individual → mental health struggles, neurodivergence
- social → transphobia, violence, housing or food insecurity, rejection, and lack of family support
- structural → limited access to timely and competent gender-affirming services, limited recognition of their rights.

DRUG USE

TGNCNB communities ranging from adolescence to young adulthood experience disproportionately high rates of drug use across almost every substance, as well as drug dependence and substance use disorders (Goodyear et al., 2020), as shown by several recent studies.

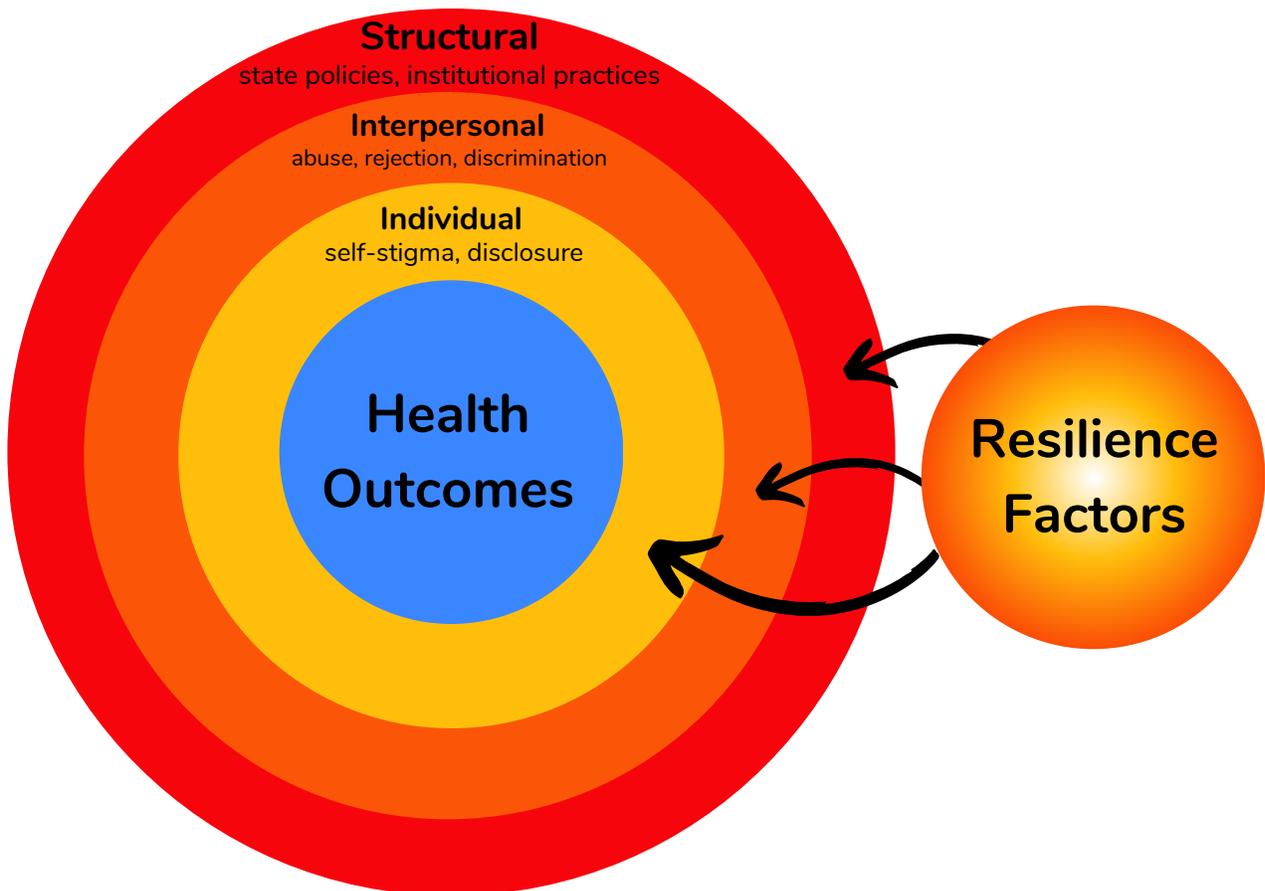
substance use	for TGNCNB communities	for cisgender people or the general population
episodes of binge drinking in the past three months (Keuroghlian, 2015)	47% trans adults	17% general US population
heavy episodic drinking (HED) in the past month (Day, 2017)	27% trans young adults	8.6% cisgender participants
heavy episodic drinking (HED) in the past year (Schein, 2016)	42.2% transmasculine adults 22.7% of transfeminine adults	21.9% cisgender participants
alcohol-related blackouts (Tupler, 2016)	44.8% of transfeminine adolescents and young adults 35.1% of transmasculine adolescents and young adults	37% cisgender participants
current use of cigarettes (Walsh, 2020)	34.9% trans participants	22.4% cisgender participants
lifetime use of marijuana (Day, 2017)	40.4% trans young adults	21.2% cisgender participants
lifetime injection drug use	17% of transfeminine adults 4.4% transmasculine adults (NTDS, 2011)	2.6% general population (NSDUH, 2021)
past year use of methamphetamine	20.1% of transfeminine adults (Santos, 2014)	~1% general population (Velazquez & Remrey, 2022)

Although this data is important for us to identify and address the needs of TGNCNB communities, it's extremely important to challenge harmful stereotypes that unfairly label them as being more likely to use drugs or have problematic use due to being TGNCNB.

We know that things like *discrimination*, *violence*, *lack of access to health care*, and *social isolation* can contribute to higher rates of drug use. There's something called the minority stress model and gender minority stress model that explains that external factors like the ones we just mentioned create stress for historically excluded groups like TGNCNB folks, which can lead to things like poor health outcomes.

Things like chaotic or problematic drug use or poor mental health result from systemic barriers and societal attitudes, not the inherent qualities of TGNCNB individuals.

Fortunately, resilience factors like community support, advocacy and affirming services can reduce the impact of this stress Ellis et al. (2020).



There is limited information and research looking at drug use within TGNCNB communities, and what complicates matters is that there are differences across each community; for example, some studies have found that trans women report past year crack use compared to trans men, but no significant differences existing between TGNCNB communities when it came to club drugs like ketamine, GHB, or psychedelics. (Ruppert, et al. 2021).



Trans women, in particular, experience a unique set of issues like sexual assault and self-harm.

However, it's important to note that all TGNCNB communities are **already** at higher risk of sexual violence, regardless of alcohol consumption or any other substance. (Flores, 2021).

MENTAL HEALTH

It's common for TGNCNB folks to use drugs to care for themselves. In fact, Lighthouse wrote a report titled Our Lives, Our Care in 2023, where we asked queer and trans people who use drugs and do sex work in NYC how they care for themselves.

This makes a lot of sense when you consider the fact that over **80% of transgender adults have thought about suicide, 42% have attempted, and 56% engaged in non-suicidal self-injury.** (Kidd et al., 2023).

Motivation for drug use can also be related to *stress reduction, social anxiety, and self-esteem issues.*

Particularly for trans women, alcohol consumption is motivated by wanting to feel happy (38%) and feel more attractive (21%).

Consumption is less linked to positive experiences compared to cisgender people. For example, less TGNCNB people reported as their motivation for drinking (Tupler) having a good time with friends (50%) or celebrating (48%), than their cisgender counterparts (60% and 58%, respectively).

Considering how heavy drinking or the use of other substances may impair decision-making and make self-regulation more difficult, these could increase the risk of suicide.

- 12.2% of TGNCNB individuals report suicidality related to alcohol consumption compared to less than 2% of cisgender men and women (Coulter, 2015).



The image features three large, overlapping circles on a black background. The top circle is a light purple, the middle circle is a darker purple, and the bottom circle is a bright orange. The word "SAFETY" is centered in the middle circle in a bold, white, sans-serif font with a black outline.

SAFETY

CHEMSEX

WHAT IS CHEMSEX?

Chemsex is typically understood to be the use of specific drugs to facilitate sexual experiences. These drugs are usually used by gay, bisexual, and other men who have sex with men.

What drugs are used during chemsex?

- The drugs most commonly associated with chemsex in the United States are crystal methamphetamine, GHB/ GBL, poppers, and ketamine.
- Other drugs are often involved too, such as Viagra, alcohol, cocaine and MDMA.
 - These drugs provide a unique sexual experience. Folks will get a “high” that lets them be more adventurous, last longer, and highlight pleasure and stamina, as the drugs not only enhance sexual activity but also provide people the ability to stay up for prolonged periods.



WHAT IS BOOFING?

Also known as booty bumping, refers to administering drugs rectally, typically by mixing them with water and using a syringe with a removable needle. It can happen in the context of chemsex or not. People will boof their drugs to avoid the harms associated with injecting, such as vein damage and slower onset, and because the effects can last longer.

Techniques for boofing include mixing drugs with water, using lube applicators for smoother insertion, and being cautious to prevent tissue damage. Some people will opt to insert the drug directly into their rectum without diluting it in water, a practice known as "dabbing" or "stuffing" if the drug is enclosed in a rolling paper. However, it's less harmful to mix them with water first, using a clean syringe (SF AIDS Foundation, 2018).

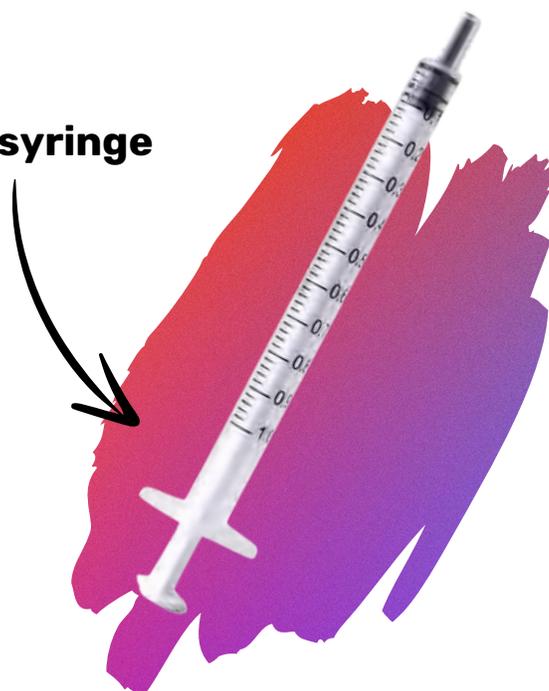
Risks associated with booty bumping include tearing of rectal tissue, which can increase the risk of HIV, Hep C, and STI transmission, as well as infection if equipment isn't properly cleaned and disinfected.

Recommendations so you can have a better and safer boofing experience:

1. Have all the supplies you need:

- Sterile syringe with removable needle (preferably a slip syringe because of its tapered end)
- Sterile water/saline rinse
- Lubricant
- Clean mixing cup/cooker & stirrer
- Vitamin E capsule
- Plastic bag/something to store it in for re-use (remember, try not to share!!)

slip syringe





3. Aftercare:

- Avoid bottoming or wait at least 15 to 30 minutes for small drug particles to clear up, and wear a condom.
- Hydrate and increase fiber intake
- Inserting a vitamin E capsule can promote rectal health.
- Alternating between rectal administration and other drug consumption methods can help prevent damage to the rectum.
- Seek medical attention if you experience any rectal pain, as it could indicate conditions like anal fissures or hemorrhoids. Syringe service programs or overdose prevention centers can offer referrals to competent and non-judgmental healthcare providers.

(Kuwabara, 2021)

2. Know about how different drugs work:

- Boofing works with drugs that are water soluble, meaning they can dissolve in water. This is suggested because rectal tissue is very sensitive and you want to do as little damage as possible so that you do not put yourself at risk of tearing or getting an infection.
 - Meth: fully dissolve it, as the remaining shards may burn or injure you.
 - MDMA and ketamine: start with one-quarter or half your usual amount because it will likely hit harder than usual, and be aware that molly or ecstasy have cuts that may be irritating.
 - Cocaine: using coke rectally may be less efficient and can be numbing or irritating; if you are having anal sex, be mindful that you may not be able to tell if something is wrong.

4. Resources:

- [Boof it! Getting high down under zine](#) by Sessi Kuwabara includes a step by step guide on how to boof it more safely.
- [San Francisco AIDS Foundation's Guide to Butt Health](#) includes info, advice & community conversations about everything from fissures to fisting.

If someone participates in butt or anal play, tell them to get vaccinated for Hepatitis A!

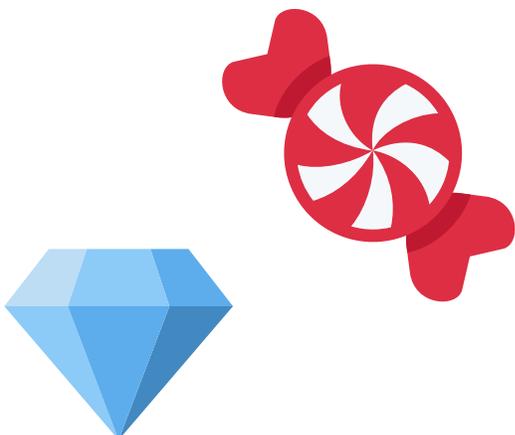
WHAT HAPPENS DURING CHEMSEX?

Due to reduced inhibitions when using these drugs, it is common for individuals participating in chemsex to engage in sexual activity with multiple partners.

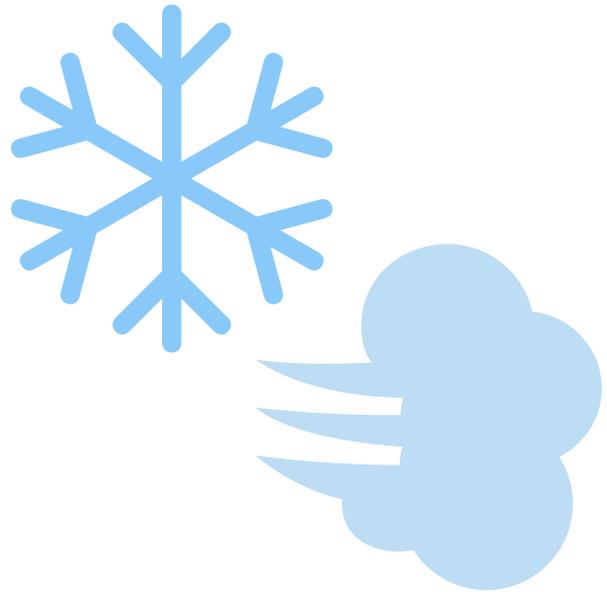
Some of these interactions may involve the exchange of goods, and in some cases, the drugs themselves may be traded.

How are chemsex encounters arranged?

Because the origin of this term comes from hook-up apps, folks refer to chemsex in many different ways to communicate their sexual desires and needs, often using abbreviated words, symbols, or emoticons as signals. Learning these signals is helpful when people are trying to communicate what kind of sexual encounter they are looking for.



Although drug use in sexual encounters and hookups has existed forever, and with all kinds of different drugs, chemsex has become a very specific cultural phenomenon in queer culture.



Some examples are:

- parTy and play, abbreviated as P & P, or using a capital T in parTy.
- the use of the words Tina and Gina as if they were actual people when referring to Crystal and G.
- the emoji of the diamond or the cloud.
- H & H to describe high and horny
- If folks are looking for condomless sex, they use BB for "bareback" or "raw" to describe that desire.
- slamming for the use of crystal meth in an intravenous form.

how can people engage in safer chemsex?

Be mindful of how to prepare yourself before an encounter, how to take care of yourself during, and what to do after.

Here are some recommendations.



<p>before</p>	<p>Regardless of the drug use, hooking up usually involves strangers. It's important to share with somebody you trust that you are meeting with someone. Let them know how, when, and where you are meeting, and, if you feel comfortable, share that there will be drug use during that interaction.</p>	<p>Make sure you are reachable. Keep your phone charged, bring chargers, and share your live location with a friend if it feels comfortable.</p>	<p>Work around your schedule with the understanding that there's a significant possibility for the encounter to extend for a prolonged period. For example, cancel important meetings, and don't schedule your obligations for the weekend.</p>
<p>Take your medications with you, since you may stay for several days. Set alarms on your phone to remember to take your meds.</p>	<p>As folks can experience exposure to risky behavior, it could be important to bring your own supplies, such as condoms, lube, needles, or syringes.</p>	<p>If you are concerned about drug interactions with your meds, you can search online for any relevant information. For antiretroviral therapy specifically, you can check any interactions in the following link: www.hiv-druginteractions.org</p>	<p>Have a conversation about what your partner(s) likes to engage in during sexual activities.</p>

during

Space out intakes. Don't rush to take additional doses.

Remember it is not recommended to mix these drugs with alcohol or Viagra.

Drugs can also limit your ability to tell when you are in pain, dehydrated, overheated, or hungry. Assess regularly if you feel alright.

Keep hydrated and have snacks as a way to remind yourself to eat something. Drugs like meth and MDMA can cause dehydration and overheating.

Be mindful of consent. Consent is enthusiastic and ongoing. The line of consent can be blurry during the use of drugs. Remember you can change your mind anytime and exit any situation that doesn't feel comfortable. If you think someone that is asking for more drugs or wants to engage in sex is not able to consent or seek consent, you can stop.

Have a plan to come down. It can take a long time and can be difficult.

Have a plan to go home. Keep your money and belongings in a safe spot. Learn how to get home beforehand.

Although many encounters may be very chill and satisfactory, it is a possibility that folks may experience unwanted side effects. Chemicals can make our brains act in different ways. Unfortunately, they can cause anxiety, paranoia, and hallucinations. Understanding that it is a possibility and being aware of your surroundings can be helpful.

after

Although many folks can manage using substances without experiencing problematic or chaotic use, it is important to know that tolerance and withdrawal can happen when engaging in the use of these substances frequently and excessively. Dependence can occur.

Like with any other drugs, folks can experience mental health outcomes after using, such as anxiety or depression. You may feel guilty, shameful, or regret the encounter. While engaging in these activities, you should be watchful about your mental and physical wellbeing and side effects.

If something happened without your consent, the National Sexual Assault Hotline can help. They offer advice and support on where to go depending on what your situation is. Call their helpline at no cost, 24 hours a day on 1-800-656-4673. You can call at any point in your life, even if the event happened a long time ago.

For folks who are HIV-negative, know that a possible exposure to HIV happens when you:

- have anal sex, regardless of if you are the top or the bottom.
- have sex with no condom or the condom breaks are not using PrEP.
- don't know the person's HIV status or you know the person is HIV positive with a detectable viral load.
- share needles with a person who is HIV positive with a detectable viral load.

For folks who are HIV-negative, have a conversation about using PrEP on demand.

There are some newly discovered ways to reduce the risk of STIs, such as taking doxycycline shortly after sex, also known as doxy PEP. Folks who are HIV-negative can also use PEP if they are not on PrEP. Both medications should be taken within 72 hours.

Be prepared for a comedown. After a drug high fades, you experience a comedown, which is the feeling of the effects of a drug gradually wearing off. This can last days or even weeks, depending on the drug, amount taken, how you've been eating/sleeping, and how often you use. It usually causes various physical, mental, and emotional effects like feeling fatigued, mentally foggy, irritable, anxious, unable to sleep, and even depressed.

Here are a few ways to manage a comedown:

- Look after yourself physically, eat well, hydrate, get sleep, do light exercise, be in a safe location.
- Resist using more of the drugs you're coming down from. Remember, cravings are temporary, and the comedown will pass.
- Talk to someone you trust.
- Use techniques for anxiety and stress, such as yoga, mindfulness, meditation, breathing exercises, creative activities.
- Distract yourself doing things you enjoy, read, listen to music, take a bath, spend time with friends.



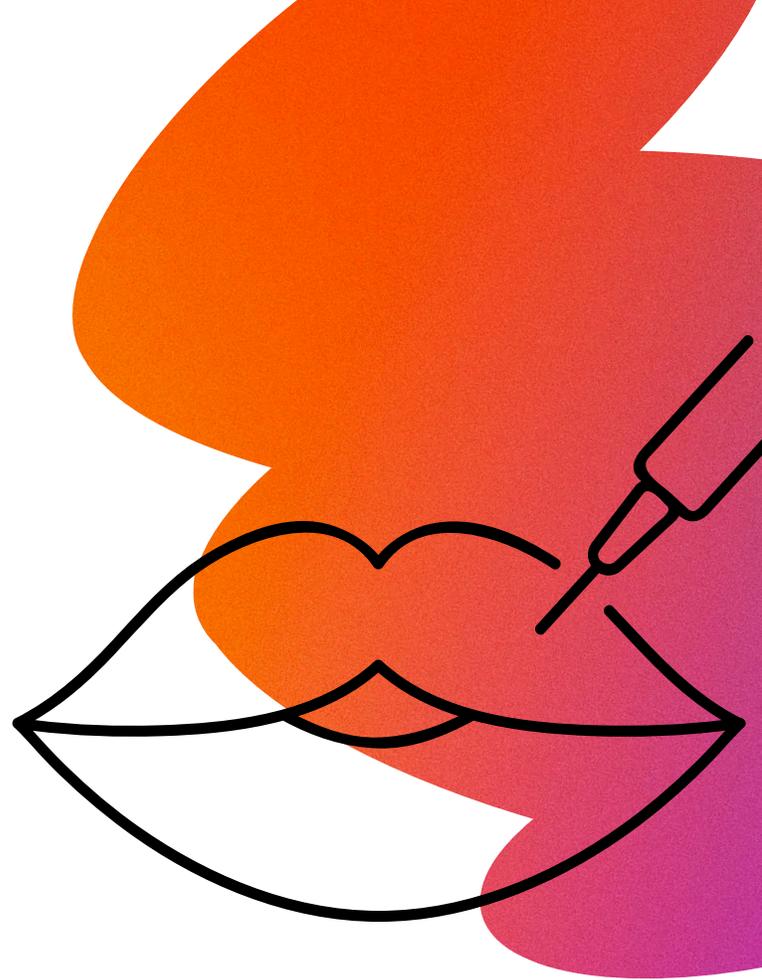
**Side Effects & Other
Considerations When
Engaging In Chemsex**

SILICONE INJECTIONS

(also known as ‘pumping.’)

Despite the dangers and risks associated with pumping, there are many reasons why some TGNCNB people get them:

- Desire for a change in appearance that is gender-affirming: Silicone injections are often used to achieve different body features; for example, features typically associated with a feminine body, such as fuller breasts, hips, and buttocks.
- Cost: It’s usually a more affordable alternative to body sculpting, especially when large amounts are needed for the desired results.
- Limited access to safer alternatives: Access to qualified surgeons who perform gender-affirming surgeries can be limited due to elevated costs, insurance coverage, geography, or medical conditions.



Additional Resources:

- [Silicone Injection Fact Sheet](#)
- [Silicone Pumping and the Transgender Community \(Lyon Martin\)](#)



Okay, so what makes it so dangerous?

- The silicone can migrate: Silicone injections can move from the injection site to other body parts, including the lungs, brain, and lymph nodes. This can cause serious health problems, including stroke, seizures, and even death. A study showed lymphatic or subcutaneous migration of silicone in 59% of TGNCNB people who got them (Bertin, 2019).
- They can cause infections: Silicone injections can introduce bacteria into the body, leading to serious infections. Around 18% of TGNCNB people get infections and abscesses due to silicone (Bertin, 2019).
- They can cause granulomas: Granulomas are lumps that form around the silicone and can be painful and change your figure. There are multiple signs of granulomas that TGNCNB people show, such as inflammation (50%), varicose veins (39%), and post-inflammatory pigmentation (20%) (Bertin, 2019).

FYI

Even if the silicone says 'medical grade,' there's a very good chance it consists of harmful substances like motor oil or cement glue.

- They are difficult to remove: If you have complications from silicone injections, it can be very difficult and expensive to remove the silicone. Surgery is the only way to remove it because the silicone cannot be absorbed or removed by the body.
- They are usually performed in unsafe environments: There's a possibility that the silicone injections are performed by unqualified people in non-medical facilities, increasing the risks associated with them.
- The complications are often undiagnosed: Doctors are not familiar with the side effects caused by these injections. When it comes to the side effects in TGNCNB communities, there's very little research. This results in severe underdiagnosis and undertreatment of health complications (Bertin, 2019).

Alternatives

There are several safer alternatives to silicone injections for TGNCNB people seeking gender-affirming body sculpting.

Medical Procedures

Gender Affirming Surgery or Hormones: While hormones can shift body fat around to areas like the hips, thighs, face and butt, it sometimes doesn't help TGNCNB folks achieve their desired look. In this case, surgical procedures like body contouring, implants, or fat transfer are done by medical professionals to reshape areas like the hips, butt, and face.

Fillers: FDA-approved dermal fillers typically consist of a medical professional injecting hyaluronic acid into areas on the face to plump them up or smooth wrinkles.

Non-Medical Options

Padding and Shapewear: These offer a more temporary and affordable way to achieve the look folks are going for. While not a permanent solution, they are a safer and more accessible option for some. These consist of things like breast forms, hip and butt pads, padded underwear, and gaffs (a type of underwear worn to hide the appearance of a bulge).

Additional considerations:

- Consulting with a board-certified dermatologist, plastic surgeon, or trans healthcare specialist is crucial. They can assess your needs, discuss safer and more effective options, and guide you.
- Exploring financial assistance programs and insurance coverage can help make medical procedures more affordable.
- TGNCNB communities often provide support groups and resources for individuals seeking guidance and information on safe and ethical options for achieving their desired body image.

Recommendations

If you someone still decides to pump or has already pumped, you can share this information:

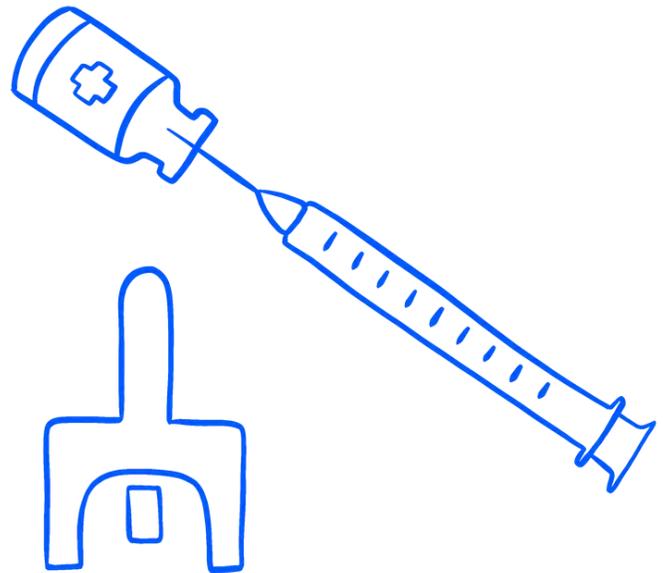
<p>If possible, don't buy silicone on the internet, since it may be fake or contaminated. The most notable complications are usually the result of large-volume injections and industrial-grade or adulterated materials (Peters, 2009).</p>	<p>Have someone with you during and after the procedure if that feels comfortable, especially if it's done in settings like hotels or private homes or by someone you haven't met before.</p>	<p>Make sure the person doing the procedure is following safe injection guidelines, such as:</p> <ul style="list-style-type: none"> • use sterile needles and syringes that haven't been used in someone else. • disinfecting the area of the injection (preferably with a cleanser like Hibiclens the day before). • not combining leftover contents for later use. • using smaller amounts and spacing sessions. 	<p><u>Know the symptoms of possible health complications</u> and seek medical attention IMMEDIATELY if you are not feeling well. There's a chance you may get something called 'Acute Silicone Synrome' which is life threatening.</p> <p>Delayed reactions to silicone can occur months to years after the procedure.</p>
--	---	--	---

OVERDOSE RESPONSE & PREVENTION

Due to an unstable and unregulated drug supply, we must educate not only ourselves, but the folks we work with so that we can quickly and thoroughly convey how to keep one another safe. Until we have a safe supply, there will continue to be an endless stream of drug analogues that we try to keep up with.

Many TGNCNB folks may not understand they are at risk of an overdose due to certain drugs they use (*"I'm someone who uses stimulants and club drugs; I have nothing to worry about!"*) Others may enjoy taking drugs by themselves because they prefer it, or because of the stigma associated with it. In any case, this is perfectly okay, valid, and we want to ensure folks have access to information that will keep them as healthy and safe as possible.

This section will primarily address opioid overdose as that is the primary concern, but we will also go over other drugs, like depressants, that suppress the respiratory system, and also stimulants, which can cause an 'overamp,' or a *stimulant overdose*, which is very different than an opioid overdose.



OPIOIDS

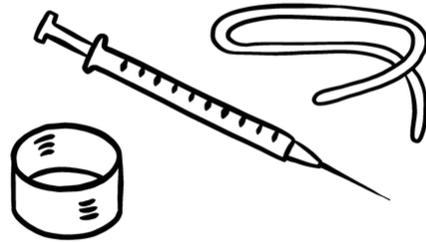
Opioids, mainly synthetic opioids, are currently the main driver of drug overdose deaths, accounting for 75.4% of all drug-related overdose deaths in 2021 ([CDC, 2023](#)).

Opioids affect the part of your brain that controls your breathing. When you take more opioids than your body can handle, your breathing slows. This can lead to unconsciousness and even death. Overdoses can happen very quickly and with little warning.

There is a higher risk of overdosing when:

- using after incarceration or other period of sustained abstinence
- taking opioids with alcohol or sedatives, such as sleeping pills, muscle relaxants, and/or benzodiazepines.
- buying from a new source
- taking an opioid your body isn't used to, or switching to a stronger drug.
- taking higher doses than you are used to.
- other health conditions, like liver or kidney disease, or breathing problems.

([NHRC, 2020](#))

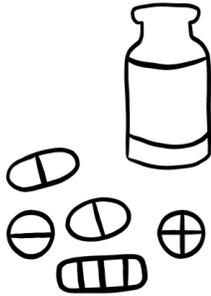


A Note on Fentanyl

Over the last decade, the presence of fentanyl in the drug supply has increased significantly, contributing to the dramatic rise in overdose deaths. Fentanyl has been found in cocaine, counterfeit stimulant medication, but rarely, if ever, has it been found in meth-- however, anything is possible. However, it's crucial to recognize that **many individuals consider fentanyl their preferred drug of choice**. Understanding this will allow you to have more open conversations with folks about how to stay safe.

Utilizing drug checking services, test strips, and creating a safety plan can help lower your risk of overdose! ([see below how to use and access test strips](#))

DEPRESSANTS



Depressants are substances that act as a sedative and make your body and brain calm. People use them to feel less nervous, socialize with others, and have fun, as depressants can lower their inhibitions. Depressants are also used with other drugs to add to the other drugs' high or to deal with their side effects. Some common depressants are alcohol, benzodiazepines, GHB/GBL or "G" and xylazine, which is primarily found with fentanyl.

When using depressants, keep in mind the following:

- Alcohol can be a major contributor to the risk of life-threatening consequences when consuming other drugs at the same time.
- The effects of taking depressants with other drugs, including over-the-counter or prescribed medications, can be unpredictable and dangerous.
- Mixing alcohol and benzodiazepines can cause decreased heart rate and breathing.
- Mixing benzodiazepines and opioids can cause breathing difficulties.
- The chemical composition of GHB/GBL is highly variable. It's very easy to take too much - the difference between the amount needed to get high and the amount that causes an overdose can be hard to judge.
- Depressants like GHB/GBL can cause sedation, so it can be hard to recognize if you're not feeling well or if you're in pain. *This is especially important when you're in a sex setting.*
- If drinking alcohol, stay hydrated and have something to eat before and while drinking.

(ADF, 2023)

xylazine

Xylazine (also called “tranq” or “tranq dope”) is a non-opioid sedative or tranquilizer. It has not been approved for use in people, and its current use is as an animal tranquilizer. Xylazine can cause extreme sedation and increase in assault, robbery, and injury due to blacking out and heavy sedation, skin wounds.

Xylazine Contamination

Xylazine has been found primarily in opioids but has the potential to be cross contaminated into other substances. Because of the quicker half-life of fentanyl (~1-3 hours), xylazine is thought to be added to the opioid supply to extend the sedation effects after the fentanyl wears off (~4-6 hour high). As a non-opioid, naloxone does not work on xylazine and contributes to opioid overdose reversals being more complex because of additional sedation from the tranquilizer.

Due to the co-occurrence of xylazine and fentanyl, it is still best practice to give naloxone **in addition to rescue breathing**.

Just like with fentanyl, there are also xylazine test strips. ([see below how to use and access test strips](#))

GHB/GBL/1,4 BD

GHB/GBL/1,4 BD (commonly referred to as 'G') although chemically related, are different substances. GHB (gamma hydroxybutyrate) GBL (gamma butyrolactone), and 1,4 BD (1,4 - butanediol).

Despite being closely related they can produce different effects. In the US, it's rare to come by GHB. Both GBL and 1,4 BD are stronger than GHB, which means that taking less is recommended.

- GHB is clear, and a little salty. It has a shorter onset time than the other two and lasts about 70 minutes.
- GBL has a sharp, acidic taste and chemical odor. GBL metabolizes faster, and the effects can be much stronger or more unpredictable than when taking the same dose of GHB. Effects last about an hour.
- 1,4-BD is the most unpredictable making it difficult to know when the high will hit. Effects last around an hour.

What are the risks?

- Overdose risk is high due to narrow dose differences.
- Mixing with alcohol, benzos, opiates, and antihistamines (like Benadryl) VERY dangerous.
- Deaths typically occur from choking on one's own vomit (recovery position KEY).

Tips for safer use:

- When mixing G with water or a soft drink, prepare your own mixture.
- Since formulations can vary which makes dosing difficult it's recommended to measure G using a syringe or pipette that is measured in mL.
- Start slow with 0.5 - 1 mL.
- G is very acidic and can damage your skin--so be sure to mix it with a non-alcoholic drink.
- Try to keep track of not only the dose, but the time when you take your dose.
- Because effects can vary, wait at least 2-3 hours before taking another dose.
- Consider using food coloring to distinguish G from other beverages, reducing the risk of someone drinking it.
- It's best to take G in capsule form to cut down on any damage it'll cause to your body. Acidic juice like orange juice is helpful if there are any impurities in the G.
- If possible, stay with a friend and tell them how much and when you took your last dose. It's also really helpful if they can watch over while you sleep in case of vomiting.

It is possible to develop physical dependence on G. [Click here](#) for more information on how to navigate this.

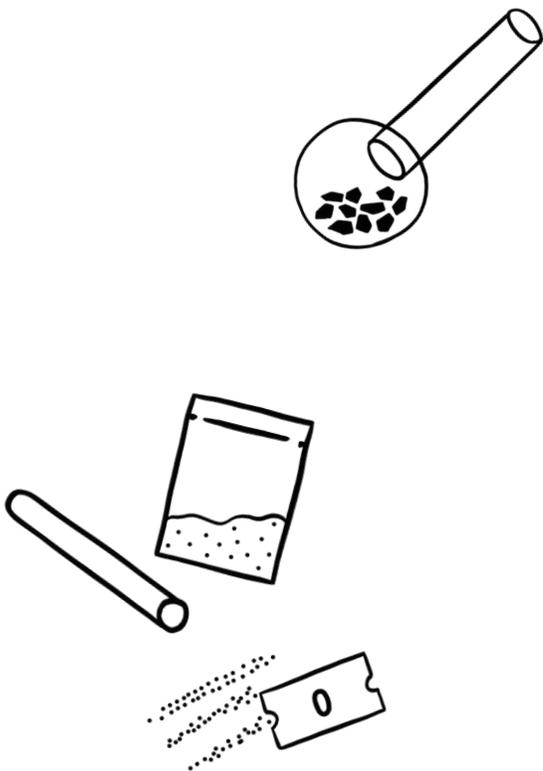
Check out this [G Safety Guide](#) from chemsexharmreduction.org!

STIMULANTS

People use stimulants because of feelings of euphoria, energy, confidence, and sexual arousal. Crystal meth (also known as Tina or T) is commonly used during sexual encounters.

Stimulants blur your perception of time and suppress your need for food and sleep. Many people like to take them with other drugs like opioids, so it's important to know how they affect one another.

Polysubstance use, or using more than one drug at a time, is nothing new. What is concerning are the adulterants added to the supply, which increases a person's risk of overdose.



Crystal Methamphetamine

Methamphetamine is a potent stimulant that is very similar to some ADHD medications like Adderall. It is usually available in various forms like tablets, powder, or crystals, and it can be ingested orally, snorted, injected, smoked, or booty bumped. Effects include heightened euphoria, alertness, agitation and can cause confusion and paranoia if a person stays up for multiple days.

What are the risks?

- The high is followed by a severe comedown.
 - A comedown can look like: exhaustion, fatigue, not sleeping well, anxiety, depression, mood swings, hallucinations, strong cravings for meth, and irritation.
- Raises heart rate and blood pressure, increasing the risk of heart attack.
- Lowers inhibitions and may enhance libido, leading to more sex for an extended period of time.
- "Overamping" or what some might call an overdose on stimulants.

Tips for safer use:

- Use your own supplies to eliminate the chance you will get Hep C or HIV. Syringes if someone is slamming or injecting, and pipes if they're smoking.
- Try to drink water and eat something even when not hungry.
- If someone can't sleep, have them lay down or sit somewhere to try and close their eyes.
- Crystal can be very irritating to rectal tissue making someone higher risk of getting things like HIV, Hep C & other STIs, so please use lots of lube & a slip syringe, if booty bumping.
- Because of the impurities in meth, backloading is not advised. Instead, guide people through dissolving in a cooker, and drawing up through a filter.

preventing an overdose

Some of the recommendations to lower the risk of overdose:

<p>Use caution when mixing drugs. Doing so can intensify or cover up their effects. If combining with opioids, use the opioid first.</p>	<p>Avoid taking a substance that you can't verify. Due to the volatility of the drug supply, drugs like fentanyl or xylazine, can be present, which can increase the risk of overdose.</p>	<p>It's great to use with friends, but there are <u>many reasons</u> people use by themselves. Ask about the daily supply, let someone know you're using, whether it is telling someone you trust, calling Safespot (800-972-0590), or using the <u>Brave App</u>. You'll have someone checking up on you while you're using, who can call emergency services if you become non-responsive (<u>see below for more about how the hotline and app work</u>).</p>
<p>Have a <u>naloxone kit</u> available or make sure someone in your group has it. Know how to use it (<u>see below for more about how naloxone works and where to get a kit</u>).</p>	<p>Use <u>test strips</u> when trying to avoid fentanyl, fentanyl analogs, and/or xylazine. Have them on hand for you or your friends.</p>	
<p>Take turns using and don't rush your intakes. It is always a good idea to take time between doses (not only to enjoy the high) but to assess how you feel.</p>	<p>Smoke or snort instead of injecting, when possible.</p>	<p>Ask about the daily supply, check in with community members & Harm Reduction programs since they typically have a sense of what it looks like. <u>NHRC, 2020</u></p>

DRUG TESTING STRIPS

Drug test strips were initially created to test for the presence of a drug in urine but are commonly used to check for things like fentanyl and xylazine. These can be helpful for folks who need to make informed decisions about their drug use practices, helping them reduce the risk of overdose. However, drug test strips DO NOT tell how much of the drug is detected; they just indicate that it was detected.

Many companies make test strips. BTNX and DanceSafe are among the most common. Make sure to read the instructions so that the test is done as accurately as possible.



STEP 1

Put about 10 milligrams (mg) of your drugs (enough to cover Abraham Lincoln's hair on a penny, or a grain of rice, or match head) in a clean, dry container (such as a medicine measuring cup) or a plastic microscop (if you have one). If you cannot test 10 mg of your drugs, put at least a few grains in a clean, dry container.

STEP 2

Add 5 milliliters (1 teaspoon, bottle cap or tip of the index finger to the first knuckle) of water to your drugs and stir.

STEP 3

Place the test strip with the wavy side down in the water. Let the strip absorb the water for 15 seconds. Don't go past the blue line!

STEP 4

Take the test strip out of the water and place it on a flat surface for five minutes before reading the results. Make sure to read the results within 10 minutes of taking the strip out of the water. You can test your drugs for fentanyl and xylazine using the same sample.

- If **injecting**, prepare the shot & draw it into the syringe.
- If **sniffing/smoking**, you can also test the residue in the baggie (less accurate).
- If **pills**, crush up entirely & test in the baggie or cooker.

STEP 5

Read the results:

positive	One line is a positive test, meaning the drug has been detected.	
negative	Two lines (even if the second line is very faint) is a negative test, meaning what you're testing for has not been detected in your drugs. However, no test is 100% accurate. <i>You should still take caution as there are adulterants that can alter the accuracy of the results.</i>	
invalid test	No lines or one line closer to the wavy side of the strip is an invalid test. Retest your drugs with a new strip, if available.	

Credit: NYC Health

(CDC, 2022; NYC Health, 2023)

How to Use Fentanyl Test Strips



how to spot an overdose & take action

Symptoms

First, understand the symptoms associated with each drug category, as they can be very different. Some may be subtle or you may think that they are related to something else. So being able to see them in a comprehensive way can be very helpful.

OPIOIDS

- very small pupils of the eyes
- falling asleep or loss of consciousness
- slow, weak, or no breathing
- choking or gurgling sounds
- vomiting
- limp body
- darker skinned complexions become grey or ashen with lack of oxygen
- lighter skin turns purple or blue
- clammy skin
- faint heartbeat

DEPRESSANTS

- vision problems
- extreme weakness and passing out
- slowed or stopped breathing
- confusion and lower alertness
- coma

STIMULANTS

- restlessness, hyperactivity and overactive reflexes
- quicker breathing
- fever
- fast and irregular heartbeat
- extreme blood pressure changes
- irritability and aggression
- manic behavior
- panic attacks
- behavior from a person who feels invincible or invulnerable to harm
- convulsions and coma
- overamping (a way to describe a stimulant overdose, usually causes physical symptoms like convulsions and psychological distress like paranoia. It can happen to anyone regardless of use history and is triggered by things like sleep deprivation or mixing drugs)
- hyperthermia, usually manifested through hot, red and dry skin and/or swollen lips
- body temperature above 40 C/104 F
- inability to cool down



ALCOHOL

- mental confusion, stupor
- difficulty remaining conscious, or inability to wake up
- vomiting
- seizures
- slow or irregular breathing
- slow heart rate
- clammy skin
- dulled responses, such as no gag reflex
- extremely low body temperature
- darker skinned complexions become grey or ashen with lack of oxygen
- lighter skin turns purple or blue

first aid

Knowing some basic first aid will help you take action when taking care of someone having an overdose.

RECOVERY POSITION

Putting someone in the recovery position will keep their airway clear and open. It also ensures that any vomit or fluid won't cause them to choke.



STEP 1

Tilt their head backwards, ensure a clear airway and straighten the head and neck.



STEP 2

Fold one arm over their chest with the hand against cheek, and place the other arm at a right angle from their body.



STEP 3

Bend the far knee up to 90 degrees.



STEP 4

While supporting the person's head and neck, gently take the bent knee and very gently roll the person towards you. Adjust the upper leg, so both the hip and knee are bent at right angles. Ensure the person is steady and cannot roll.



(HIV Ireland, 2021)

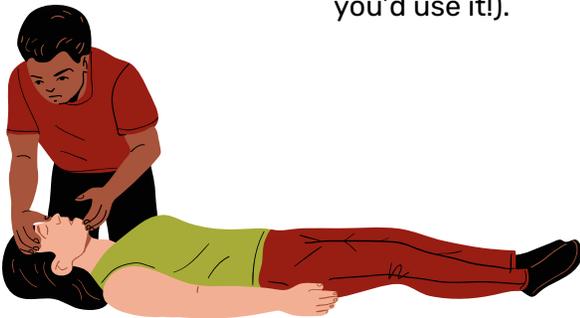
RESCUE BREATHING

Rescue breathing is an essential part of responding to an overdose because it is the quickest way to get oxygen into someone (unless you're at a facility that has oxygen available).

***Note: CPR/chest compressions are only done if the person doesn't have a heartbeat.**

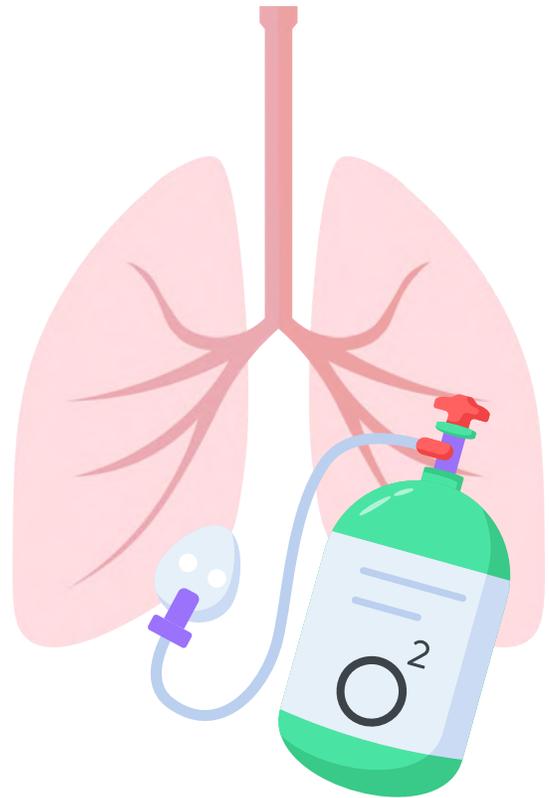
STEP 1

Place the person on their back (if they're not already) and tilt their chin up by putting your fingers under the chin and one hand on the forehead to ensure their airway is open.



STEP 2

Tilt the head back gently, open the mouth, pinch the nose, and create a seal with your mouth (if you have a face shield, this is when you'd use it!).

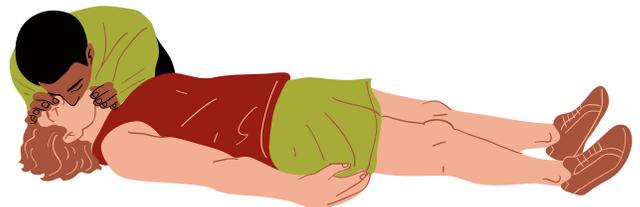


STEP 3

Give the person two regular-sized breaths, and check to ensure their chest is rising. If their chest doesn't rise, tilt their head back more and make sure their nose is plugged.

STEP 4

Continue giving one breath every 5 seconds.



CALLING EMERGENCY SERVICES*

There's a valid fear of arrest when calling 911, especially for TGNCNB people who have a history of police harassment, which is intensified when they engage in sex work or use drugs. The most important thing is to know your rights. Each state has some form of a Good Samaritan Law which protects you and the person overdosing from arrest in the case of a medical emergency, BUT there are some serious caveats (see below).

If you decide to call 911, you can request for an ambulance. Stick to the basics of what is physically happening to the person experiencing the emergency. Do not mention drugs or overdose, just stick to the symptoms that you see, like if the person is overheating, not breathing, or unconscious. Then, give the dispatcher a detailed address and hang up.



The Good Samaritan Law listed on this page is for New York.

[Click here](#) to look at laws in different states.

You don't necessarily have to mention that a person is "overdosing," as that could alarm the police, and they could show up to see if there's any disturbance. Another way to protect yourself is to have drugs and equipment out of plain view, instead of with you.

Also, keep in mind that the Good Samaritan Law does not protect you from the following:

- A1 felony possession of a controlled substance (8 ounces or more);
- Sale or intent to sell controlled substances;
- Open warrants for your arrest; and
- Violation of probation or parole.
- Child Protective Services involvement
- Housing complexes or facilities with strict 'no drug use' policies.

([NHRC, 2020](#))

responding to an overdose

Naloxone AND Rescue Breathing Saves Lives

Naloxone is a safe fast-acting medication that can temporarily reverse the effects of an opioid overdose. Rescue breathing (see below) which involves blowing air into someone's mouth to help them breathe. Rescue breathing is INCREDIBLY important and should ALWAYS be performed when responding to an overdose.

Naloxone only works on opioids (such as heroin, fentanyl, and prescription painkillers). However, people may not always be aware that their drugs contain opioids such as fentanyl or fentanyl analogs, due to the increased contamination risks. If someone is having an overdose, and you're unsure what they're overdosing on, it is still recommended to use naloxone. It will not harm someone who doesn't have opioids in their system.

How does naloxone work?

Naloxone can restore breathing within 2 to 5 minutes. Naloxone is active in the body for only 30 to 90 minutes, but the effects of most opioids can last longer. This means that the effects of naloxone are likely to wear off before the opioids are gone from the body, which could cause breathing to stop again. Also, if someone uses it while the naloxone is in their system, they will have to deal with that drug in addition to what they overdosed on.

Depending on how the individual responds, another dose may need to be given. HOWEVER, it's crucial to allow 3-5 minutes between doses. Naloxone will throw someone into withdrawal, making them feel really bad. We don't want to cause someone pain and discomfort because we are not calm.

It can be administered in two ways.

- Naloxone Nasal Spray is sprayed directly into the nose, where it is absorbed.
- Injectable Naloxone is injected into a muscle in your body: the upper arm, thigh, or buttocks are best. This method is great because it allows someone to titrate or give just a little bit of naloxone to help mitigate withdrawal symptoms. In fact, OnPoint NYC starts dosing at 0.2-0.4 mg.

(NHRC, 2020).

Does it work for xylazine?

Since it's not an opioid, naloxone does not reverse its effects. However, it is recommended to follow the same protocol (naloxone & rescue breathing) because xylazine is almost always found in the presence of fentanyl.

STEP 1

Check for responsiveness. Try verbal stimulation by shouting their name (if you know it) or loudly asking if they are okay to see if the person responds. If there is no response say, "If you do not respond, I will Narcan you." If there is still no response, try physical stimulation by grinding your knuckles into their breastbone (sternal rub). If there is no response, follow the next steps.

STEP 2

Call 911 for medical help. Tell them you are with an unresponsive person and give the exact location. If other people are around, ask one of them to call while you move to step 3.

STEP 3

Give naloxone. Do not test the device, as it can only be used once. No assembly is needed. Spray the naloxone in one nostril by pushing the plunger. If there is no response in two minutes, give a second dose.

How to get naloxone

Naloxone is now available over the counter, which means anyone can purchase it without a prescription. Several programs provide it for free, where you can pick up or be mailed a naloxone kit ([see the list below](#)).

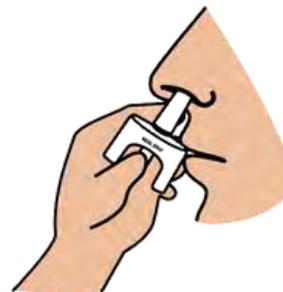
Specific products approved by the FDA include Narcan™ (4mg naloxone hydrochloride nasal spray) and RiVive™ (3mg naloxone hydrochloride nasal spray).



Peel



Place



Press

Credit: NYC Health

STEP 4

Try to keep the person awake and breathing. Give rescue breaths (above) as soon as possible.

STEP 5

If you have to leave the person for any reason, put them on their side in a recovery position (see above the step by step) to prevent choking. Stay with the person until medical help arrives.

(NHRC, 2020; NYC Health, 2022)

How to Use Nasal Naloxone

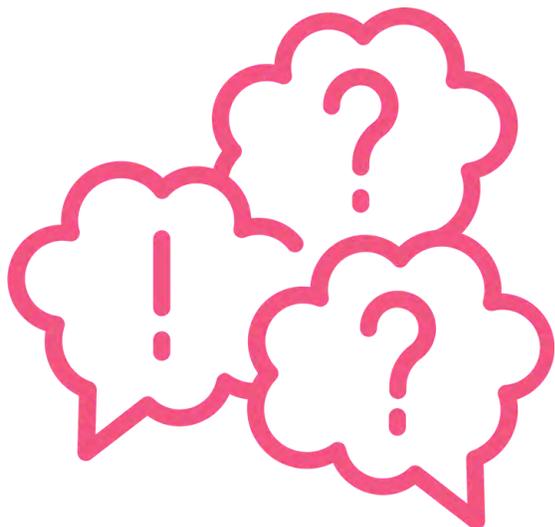


stimulant overdose 'overamping'

Overamping is a term we use to describe what someone might consider an 'overdose' on stimulants. It can happen for reasons like not sleeping enough, doing one hit too many, mixing with other drugs, the body being worn down and dehydrated. It differs from an opioid overdose in how it looks, also. This is what to look out for:

- Nausea and/or vomiting
- Falling asleep/passing out (but still breathing), or, not being able to sleep
- Fast heart rate, racing pulse
- Chest pain or tightening in the chest
- Severe headache
- Anxiety, panic, or extreme paranoia
- Hypervigilance, enhanced sensory awareness
- Restlessness or irritability
- Teeth grinding
- In some cases, stroke, convulsions and tremors can occur.

(NHRC, 2020).



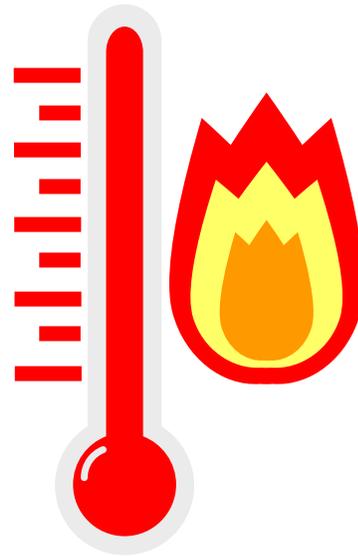
Responding to Overamping

It's important to be able to identify what kind of response is needed in an overamp situation. Medical emergencies like stroke, seizure, overheating, heat stroke, and heart attack always require immediate medical attention, so 911 should be called.

OVERHEATING & HEAT STROKE

Overheating consists of nausea, light-headedness, fatigue, muscle ramping and dizziness. If someone is experiencing this, they'll need to move to a cool place, take sips of fluids, remove tight clothing or layers (if possible), and use cold compresses to lower their body temperature.

Heat stroke, on the other hand, is extremely serious and requires immediate medical attention. In the meantime, get them to a cooler place, and use cold compresses. It's not a great idea to give them fluids because they may not be conscious enough to drink and may choke.



PSYCHOLOGICAL EMERGENCIES

Overramping can cause things like extreme paranoia, shock or even psychosis which can be scary for them and those around them. This can look like delusions, hallucinations, extreme agitation, and even suicidal thoughts.

Here are some things to help:

- Create a safe and calming environment. This could involve adjusting light, music, or location, and offering choices to avoid making them feel trapped.
- Try staying with them and talking with them - try to keep it light.
- Offer them a cigarette or a walk (although not the healthiest, cigarettes encourage slow, even breathing which can help someone calm down).
- Ask them if there is someone you can call or what has worked for them in the past.



resources

TEST STRIPS

The following programs distribute fentanyl and xylazine test strips:

- [Dosestest](#)
- [Next Distro](#)
- [NYC Health](#), calling 311 or sending an email to drugchecking@health.nyc.gov
- [MATTERS Network](#)

DRUG-CHECKING SERVICES

Available at these programs:

- [OnPoint NYC](#): 212-828-8464
- [St. Ann's Corner of Harm Reduction](#): 718-585-5544
- [Housing Works](#): 347-473-7400
- [VOCAL-NY](#): 718-802-9540
- [Directory](#)

NALOXONE

The following programs distribute naloxone kits:

- [Next Distro](#)
- [Community-based programs](#) in NYC
- Pharmacies participating in the NYC Emergency Overdose Rescue Kit Program ([list of participating pharmacies / NYC Health Map](#))
- [Public health vending machines](#)
- [NYC Health](#), when attending a virtual training with the Health Department
- [NYC Health](#), calling 311 or sending an email to naloxone@health.nyc.gov



HOTLINES AND APPS

SAFESPOT

Overdose Prevention Lifeline:
800-972-0590

Safespot is a lifeline for people who use drugs alone. They offer 24/7 confidential support by phone from non-judgmental volunteers.

You share your first name, exact location (down to the exact room you're in), and phone number. Then you can use substances while the operator stays on the line. If you become unresponsive, emergency services are notified and sent to your location.

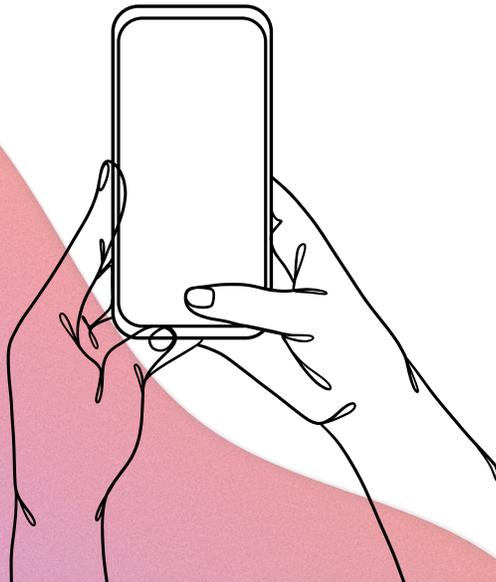
Safespot prioritizes safety but won't pressure you into treatment and can even connect you with Harm Reduction resources.

BRAVE APP

The Brave App aims to prevent overdoses by connecting you with a supporter while you use drugs alone. This supporter, anonymously matched through the app, will stay on the line and follow your personalized emergency plan in case you become unresponsive.

You don't need an account to use Brave. You don't need to share your name, number, or email address, and the app doesn't collect your data. Your physical location remains anonymous unless you become unresponsive and they need to access your rescue plan.

You control who gets contacted for help, including 911, someone you trust, and/or multiple contacts, ensuring help arrives exactly how you want it.



NON-TRADITIONAL ECONOMIES

People usually engage in alternative or underground economies when they have limited employment opportunities, whether it is because of immigration status, the criminalization of their work, or different aspects of their identity, like being trans or queer.

Throughout history, TGNCNB people have found several ways to ensure their survival. When it comes to the financial well-being of individuals and their families, many have turned to alternative or underground economies.

Alternative or underground economies occur when people work outside of the traditional system we have (e.g., working a 9-5 job with set pay and benefits for an organization).

An underground economy differs from a formal economy in one of the following ways or both of them:

1. Not reporting gains from the trade of goods or services. (e.g. working 'under the table'.)
2. The goods being traded are considered illegal (ie: drugs, sex, etc.)



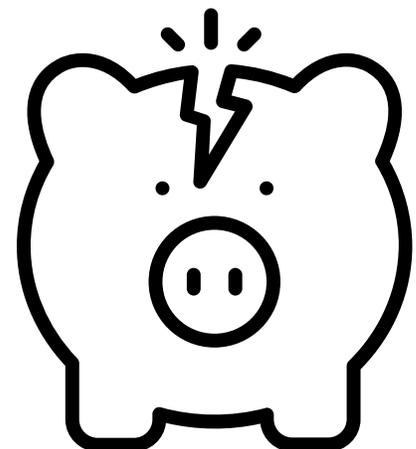
got it. what does this have to do with TGNCNB folks?

According to the 2022 U.S. Transgender Survey, the unemployment rate was 18%, three times higher than the national average.



More than 1 in 10 TGNCNB individuals who'd held a job said they had been fired, forced to resign, lost the job, or been laid off because of their gender identity or expression.

More than 1/3 of respondents were experiencing poverty.



sex work in TGNCNB communities

TGNCNB individuals engage in sex work for varied and complex reasons. Recognizing the spectrum of choice, circumstance, and coercion can help us to understand their unique experiences and needs.



IMPORTANT NOTE: Although this section speaks to the overlap of trans identities and sex work it's important to keep in mind that not all TGNCNB folks, particularly trans women and femmes, engage in sex work. **Check your bias!**

CONTINUUM OF SEX WORK



Choice

Full consent, can leave at any time to explore other employment options but choose to stay for a variety of reasons.

Circumstance

Consent, but would like to do other work in the sex trade, or would like to leave and needs to stay (typically for financial reasons, but can vary).

Coercion

Does not consent to work. Being tricked, forced, or otherwise exploited by another individual(s). Also called "sex trafficking."

compounded criminalization & discrimination

Health Risks

This intersection of gender identity, race, and sex work status significantly increases the risk of HIV for trans women involved in sex work, the majority of whom are trans women of color. HIV prevalence is estimated to be close to 30% for trans women who do sex work, and compared to white trans women, sex work is more prevalent among trans women of color, who, nationally, have an HIV prevalence of 40% (Turner et al. 2021).

Increased Exposure to Violence & Criminalization

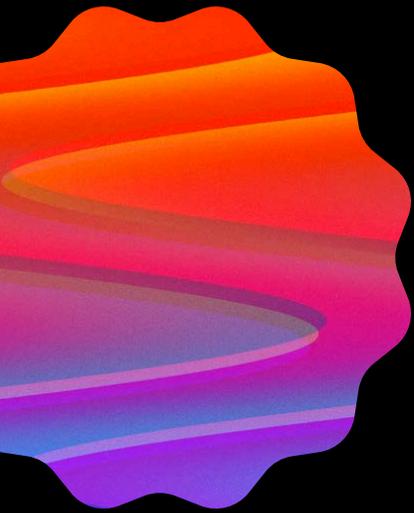
Police harassment and abuse, as a result of criminalization, is common among sex workers, particularly those who are TGNCNB. Lambda Legal's 2022 "Protected & Served?" survey found that out of over 2,500 participants, 360 had engaged in sex work in the past five years. The majority were people of color, and 40.7% identified as TGNCNB. The study also revealed that 27.3% of participants had been arrested before turning 18, and 40.1% had been detained in jail, prison, immigration detention, or juvenile detention in the past five years.

Coping with Gender-Based Mistreatment

The overlap of sex work and drug use underscores the compounded stress faced by TGNCNB individuals, including discrimination and social exclusion. Among those seeking help from drug and alcohol treatment facilities, individuals with a history of sex work were significantly more likely to report things like harassment, discrimination, and physical violence. Additionally, over half of respondents in one study reported substance use in the past year, underscoring the need for targeted interventions. (Pandey, et al. 2022; Hsiang, et al. 2022).

[click for info on why we need to decriminalize sex work.](#)

SELF REFLECTION QUESTIONS



Self-reflection is an essential part of learning and growth. These self-reflection questions can help individuals and service providers deepen their understanding, improve their practices, and foster positive outcomes in supporting the safety of TGNCNB communities.

Understanding Perspectives

- How do my own experiences and biases influence my understanding of drug use and sex work within the TGNCNB community?
- In what ways can I cultivate empathy and cultural sensitivity towards the diverse experiences and identities within TGNCNB communities?

Knowledge and Learning

- What gaps exist in my knowledge about Harm Reduction strategies specific to TGNCNB individuals, including safer drug use practices and overdose prevention?
- How can I continue to educate myself about the unique challenges faced by TGNCNB individuals regarding drug use, TGNCNB affirming care, and safer sex practices?

Support and Advocacy

- How can I actively support Harm Reduction initiatives that promote the health and well-being of TGNCNB individuals, especially concerning substance use and safer behaviors?
- What steps can I take to advocate for inclusive and non-judgmental healthcare services that meet the specific needs of TGNCNB individuals?





Communication and Respect

- Am I practicing active listening and validation when engaging with TGNCNB individuals regarding their experiences with drug use, testing, safer sex practices, gender affirming care and more?
 - How can I ensure that my language and communication style promote respect, dignity, and inclusivity for all gender identities and expressions?
-

Self-Care and Boundaries

- What self-care practices do I have in place to manage any emotional or psychological challenges that may arise from learning about topics that may overlap with my lived or living experience?
 - How do I establish and maintain professional boundaries while providing support and guidance to TGNCNB individuals in Harm Reduction contexts?
-

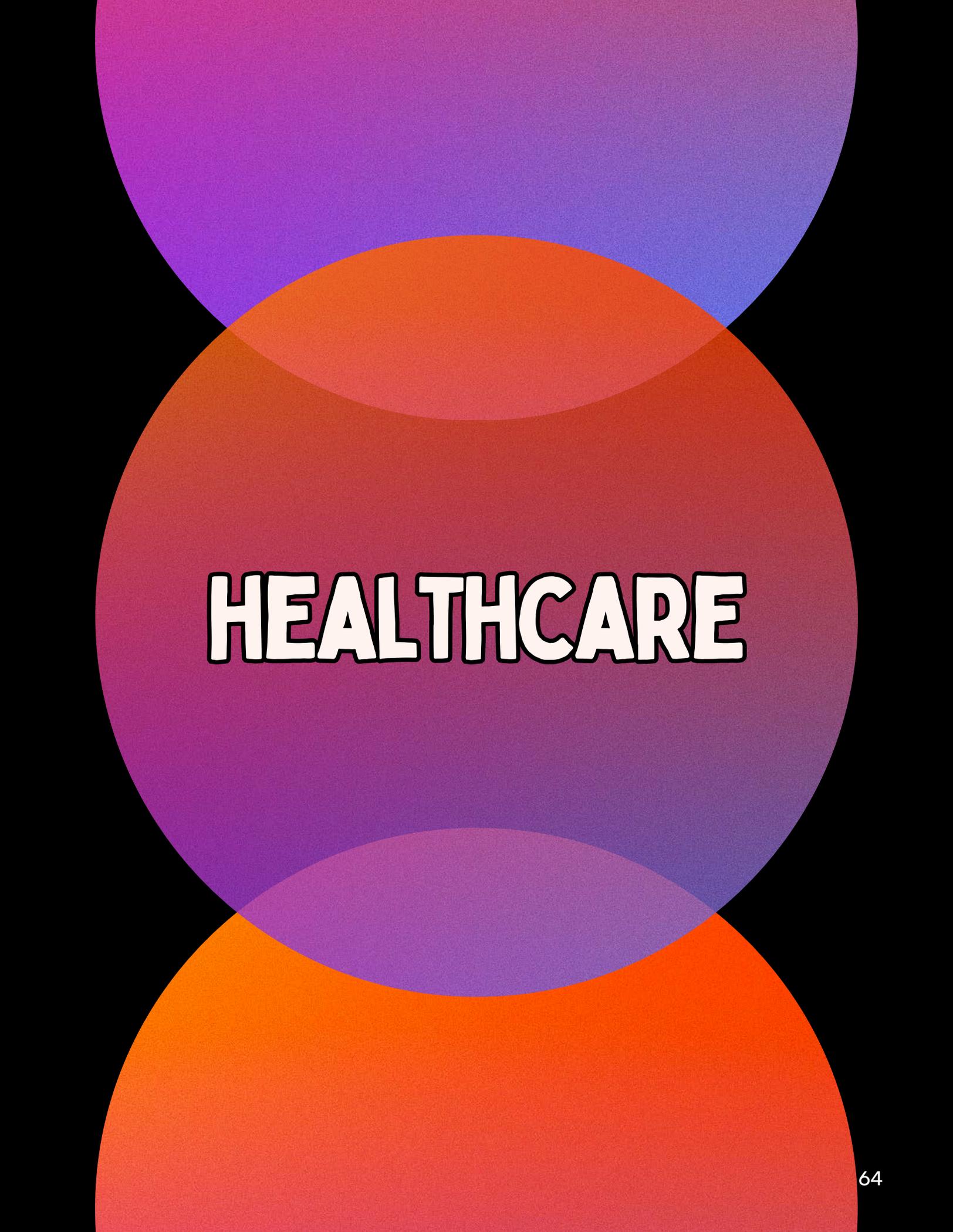
Continuous Improvement

- What feedback mechanisms can I utilize to assess the effectiveness of Harm Reduction strategies and resources provided to TGNCNB individuals and communities?
 - How can I stay updated on best practices and emerging trends related to Harm Reduction and health promotion within the TGNCNB population?
-

Collaboration and Community Engagement

- How can I collaborate with other service providers, community organizations, and advocacy groups to enhance access to Harm Reduction services and resources for TGNCNB individuals?
- In what ways can I contribute to creating safer and more inclusive spaces where TGNCNB individuals feel empowered to prioritize their health and well-being?





HEALTHCARE

SEXUAL HEALTH HISTORY

What specific challenges do trans people encounter in the healthcare system?

There's wide evidence that navigating the healthcare system can be challenging for TGNCNB people. This has historically led to major health disparities when accessing adequate care.

- TGNCNB people may be on guard when approaching a service provider.
- They are often asked insensitive, invasive, and unnecessary questions by providers out of habit, curiosity, or ignorance.
- It may be hard enough to share and talk about their bodies.
- For many TGNCNB people, genitals and/or physical traits may feel incongruent with their gender identities and may be charged with feelings of discomfort or shame.
- Others' beliefs or perceptions of their genitals have been used against them to oppose, deny, or invalidate their gender identity and expression.
- As a result, TGNCNB people may be reluctant to approach health services and access the treatment and care they need.



This is especially relevant considering the higher risk for TGNCNB people when it comes to Hepatitis C, HIV, and other STIs.

- The risk of getting HIV is 13 times higher for TGNCNB people than for other people aged 15–49 years.
- Black and Brown trans women account for more than 80% of new HIV diagnoses. Despite incidence rates decreasing overall, they have not decreased among trans women.
- TGNCNB individuals have higher rates of Hepatitis C when compared to cisgender folks.
- TGNCNB people may face intersecting barriers, such as violence and discrimination which results in things like homelessness, sex work, substance use, and mental health challenges, which can increase their risk of getting Hep C, HIV, and other STIs.



Historically, response has often excluded or marginalized transgender people, leading to disparities in access to health services and inadequate care. Recognizing and addressing these historical exclusions is essential to ensure inclusive and effective healthcare services for TGNCNB communities.

Efforts should focus on:

- Comprehensive data collection
- Healthcare provider training
- Policy reform
- Anti-discrimination measures
- Integration of gender-affirming care within HIV/AIDS and Harm Reduction services



**Body Inventory
And Sexual Health:**

Part 1: Why It's Important To Provide
Affirming Care To LGBTQIA+ People

how to effectively obtain a sexual health history

EDUCATE YOURSELF

As a provider, it is essential that you are confident about how to serve TGNCNB communities. A few ways you can do that are:

- Training yourself on trans-related issues upon hire and having ongoing training
- Knowing how to communicate, build trust, and support TGNCNB people
- Knowing how to intervene if another professional misgenders, misnames, or presumes their sexual orientation
- Being aware of programs, funding, and aids relevant to TGNCNB people
- Anticipating barriers that TGNCNB people face: the use of legal names and gender, mistrust of professionals, mistreatment, misgendering, insurance navigation, access to treatment and care based on community location, etc.

It is never the participant's responsibility to teach you how you should be providing services for them!

COMMUNICATE RESPECTFULLY

Most TGNCNB folks will feel uneasy about receiving care, therefore pay increased attention to the language a provider is using to assess whether they are safe and will receive adequate care.

As a provider, rather than focusing on the "correct" terminology, use the terms each person chooses to guide your conversation. Do not be hesitant to ask in a gentle and affirming manner about a person's pronouns.

Example: *"I use she/they pronouns. How would you like me to address you if I speak to a fellow nurse or practitioner about your care?"*



Remember that trans experiences are diverse and unique to each person, and so are the terms that represent each experience!

This applies to:

- Identity labels
- Personal history with respect to substance use and/or sexual history
- Body parts
- Pronouns
- Names
- Other important aspects of a person's life

TGNCNB people are the only experts on their identities. Honor the language they choose.

Finally, remember mistakes happen! If you accidentally misgender someone, acknowledge it, thank them or provide a **brief** apology, and move on!



Body Inventory And Sexual Health:

Part 2: Data Collection

CREATE TRANS-INCLUSIVE PATIENT FORMS

Include questions about gender identity and gender expression in all forms, and ensure that the data collected can be disaggregated by gender identity and by other intersecting characteristics like race or ethnicity. This may entail creating new data collection forms or updating existing ones. This is important because TGNCNB communities are not monoliths and have different experiences and needs!

The more you can have participants self-identify (having a write-in option) the better. Although it will create more work on the back end, it will be meaningful for your TGNCNB folks.

Keep in mind that you should only ask for information to the **extent it is required and absolutely necessary to do so.**

INCLUDE A BODY MAP

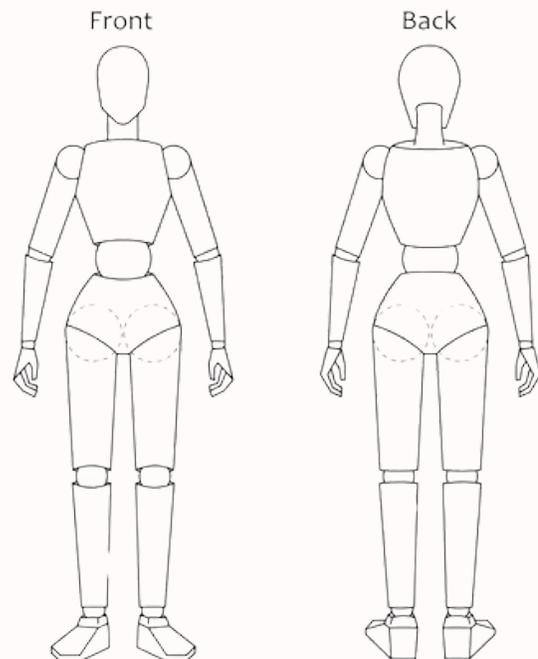
It is also a good practice to include a body map, also called anatomical inventory, to acknowledge how each person refers to their bodies and keep track of any modification relevant for medical purposes.

This will let TGNCNB patients know that their medical provider acknowledges, validates, and respects their experience with their bodies. It will also provide the provider with any relevant information to communicate respectfully.

Some questions you can include are:

- Name (social/chosen name)
- Is your name different from your legal name?
- Legal name (*note: You will want to reassure that this information is only used for registration and insurance purposes, and will not be shared without their consent.*)
- Sex assigned at birth
- Have you been diagnosed as intersex?
- Gender identity
- Pronouns
- Sexual orientation

Body Map



Source: artyogafusion.com

Including a gender-neutral drawing of a body (both the front and the back) is the most affirming way and provides the patient with space to answer the following:

- In the way that feels best for you, please describe how you name the following body parts in your own terms.
- Have you had any gender-affirming medical procedures?
- Please describe the medical procedures, including dates, the recovery process, dosages of medication you were or are still taking, and any other relevant medical information.

HAVE INCLUSIVE QUESTIONS ABOUT SEXUAL HISTORY

Include some specific questions that create a safe space for TGNCNB people to share information on their personal lives without judgment. These should reflect that the program is knowledgeable on trans issues.



Want to learn more?

The National LGBTQIA+ Health Education Center [has many resources](#) for collecting sexual orientation and gender identity (SOGI) data.

Some examples are:

- Do you currently have sex?
 - You can follow that up with: what does that look like for you?
 - Some people may have penetrative sex, some may not. People can define sex differently.
- With how many people, on average, do you have sex with each week?
 - Example: *Please remember that the answer can be different for everyone. Some people might say 1 and some might say 100. Both answers are great!*
- Using the following BODY MAP, please circle the parts of your body you use during sex.
- Using the following BODY MAP, please circle the parts of your partner(s)' body that gets in contact with your body when having sex.
- When having sex, do any fluids get exchanged with your sexual partner?
- Please describe how you usually have sex.
- Can you talk about some ways you keep yourself safe before, during, and after sex?

LEARN TO NAVIGATE UNCOMFORTABLE SITUATIONS WITH PATIENTS

Collecting information on sexual history can also be a difficult process, considering the stigma and the present hetero-cis-centered approach that often revolves around these types of questions.

Always know why you're asking a question and explain why. It is up to the provider to ask only appropriate questions and preface potentially sensitive questions with an explanation of why you need the answer. Navigate the situation with them, make them feel supported, and prepare them for what is coming when accessing a service.

Anticipate that some questions may be difficult or uncomfortable to answer, allow people to opt-out if unable to answer, and offer assistance if needed.

For example:

- Anticipate when their legal name and sex assigned at birth may be needed.
- Have information available about specific body parts that feel triggering or may cause someone to feel uncomfortable to avoid asking multiple times.
- You can also add the following disclaimer:

The purpose of the following questions is to gather information that may be relevant for healthcare providers. Providing adequate care is our priority.

We understand that some questions may be difficult or uncomfortable to answer. Remember that there are no wrong answers when it comes to sexual activity. We all have different experiences. You also have the right to omit or not answer anything you do not want to.

Please feel free to reach out to our staff if you need help completing or navigating this section.



Part 3: How to Take a Sexual Health History

GENDER AFFIRMING HORMONE THERAPY (GAHT)

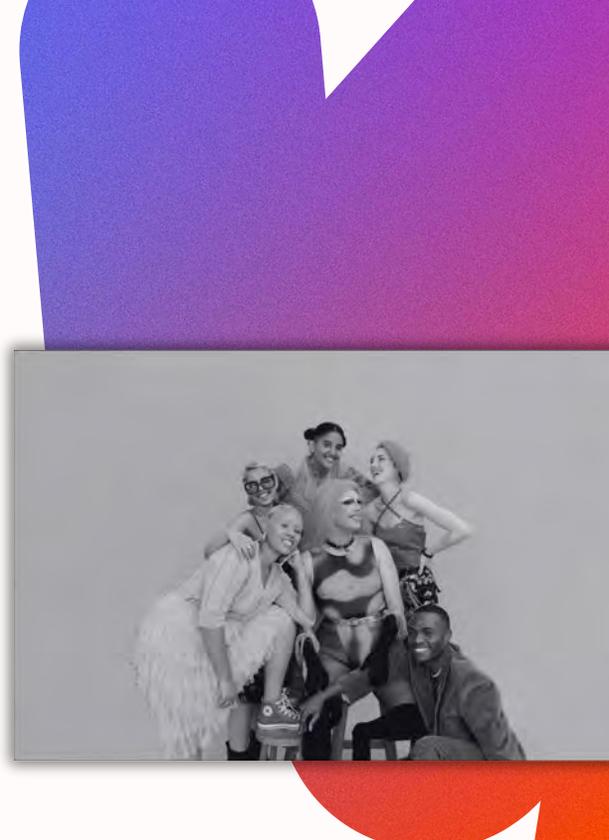
what it is &
what to expect

Some, not all, TGNCNB folks take hormones to feel affirmed in their gender. However, not ALL TGNCNB people decide to take hormones, and not doing so doesn't make them any less valid!

It's also important to realize that due to barriers like lack of funds, insurance, or access to care, some TGNCNB folks are not taking them or are forced to get their hormones from safe sources and don't have a way to monitor their levels.

Due to this lack of access and knowledge, we created a comprehensive guide with Lighthouse members and community partners to help keep one another safe.

Read: [Navigating Access to Gender Affirming Hormone Therapy](#).



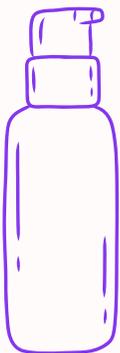
TYPES OF MEDICATIONS

- **Estrogen** - prescribed to people who want to lower their testosterone levels and raise their estradiol levels. Taking it results in breast development, softer skin, decreased muscle mass, and a redistribution of fat around the belly, butt, and thighs.
- **Anti-androgens**
 - *Spironolactone* - often used along with estrogen because it helps to lower the amount of testosterone in the body.
 - *Finasteride & dutasteride* - both of these are typically taken to prevent hair loss but finasteride is sometimes taken with spironolactone to help with excessive hair growth.
 - *Progesterone* - not as commonly used, but sometimes folks will take it to help stabilize their mood or because they want help increasing their breast size.
- **Testosterone** - prescribed to people who want facial and body hair growth, deeper voice, no menstruation, or increased muscle mass. It is currently a schedule III controlled substance limiting the access people have to it and also subjecting them to surveillance through Prescription Drug Monitoring Programs (PDMPs).



WAYS TO TAKE THESE MEDICATIONS

- **Injections** - estrogen and testosterone are typically injected (testosterone more so)
 - *Intramuscular* - injecting into the muscle (usually the thigh) requires a longer/thicker needle (22g-25g 1-1.5 in long)
 - *Subcutaneous* - estrogen and testosterone can also be injected into the fatty tissue under the skin (usually the belly). This requires a smaller, shorter needle because it doesn't have to go as far (23g-27g 5/8 or 1/2 in long).
- **Pills** - all of the medications listed above are available in pill form (testosterone technically is, but it's rarely given in pill form). Estrogen is typically given in pill form. Pills provide a steadier dose of hormones vs. more of an up-and-down dose when injecting.
- **Patches** - transdermal patches are for people who don't like injecting or taking pills, but they can cause skin irritation and you can't get them wet. They're usually replaced in about 3-4 days depending on the desired levels.
- **Gel** - gels are applied to the skin each day and can be tricky if you expect to have skin to skin contact because even if the area is dry, the gel continues to be absorbed through the skin for 5-6 hours.



IMPORTANT CONSIDERATIONS

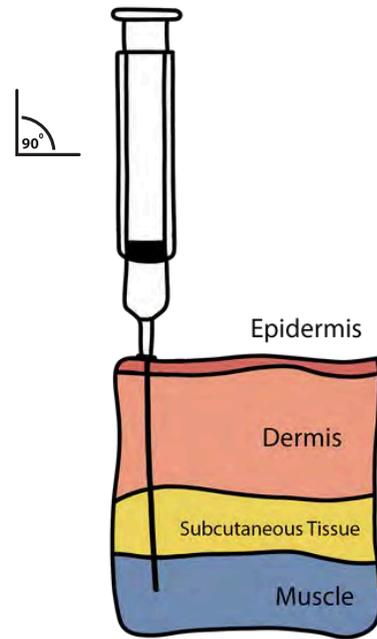
- Timeframes for changes can vary widely between individuals, with some changes occurring relatively quickly and others over a longer period.
- Regular monitoring by healthcare providers is essential to ensure hormone levels are within a safe and effective range.
 - This is not always possible for everyone (due to things like lack of insurance, transphobic policies, cost, and lack of affirming providers) so please refer to our Navigating Access to Gender Affirming Hormone Therapy guide since it offers guidance on this.
- GAHT is often part of a broader transition process, including social, legal, emotional, and/or surgical steps.



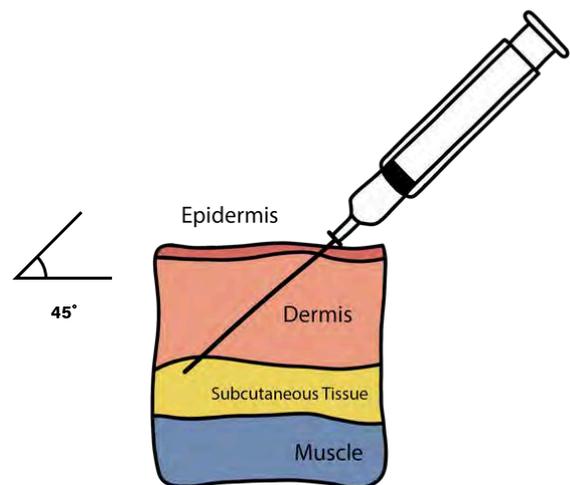
safer injections for GAHT

- Encourage using a new needle & syringe each time, or at the very least, not sharing.
- Stock up on alcohol pads to wipe the vial and the area getting injected into. Have gauze (not alcohol pads) ready after the injection is done. Alcohol pads increase the bleeding time.
- Most will get an 18g to draw up, but this can sometimes cause 'coring' (when a piece of the rubber stopper breaks off into the vial). Instead, opt for a slightly smaller gauged needle. If this isn't possible, [see here](#).
- Store sharps in a container from an SSP, or, use any container with a lid and a thick metal or plastic wall (laundry detergent, coffee can). Check with an SSP to see if they'll dispose of it. If not, seal it with duct tape when it's 3/4 full, label it 'sharps' and [check here](#) for specifics.

- **Intramuscular injections** call for a 22g-25g needle between 1-1.5 inches long.
- Inject at a 90 degree angle!
- Go for the outer third of your thigh (butt shots are not only awkward, but risky due to nerves).

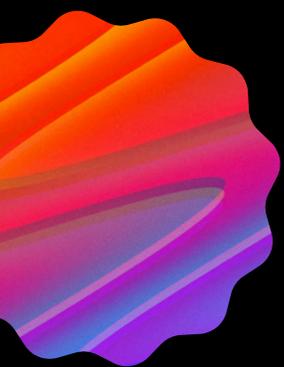


- **Subcutaneous injections** call for a 23-27g needle (thinner than IM) between $\frac{5}{8}$ or $\frac{1}{2}$ in long.
- Inject at a 45 degree angle!
- Around belly area (rotate like hands on a clock)



SELF REFLECTION QUESTIONS

These questions are designed to encourage introspection, promote dialogue, and identify areas for personal growth and community advocacy within the context of TGNCNB experiences with Harm Reduction, gender affirmation, substance use, safer sex practices, and healthcare access. Some of these questions are prompts you can use with participants if/when appropriate.

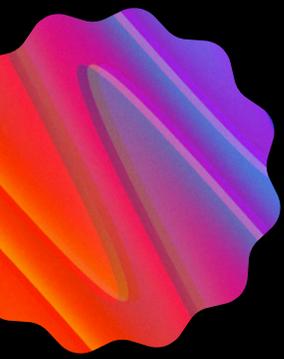


Exploring Gender Affirmation

- How has your professional capacities changed in providing gender-affirming care after reflection of this toolkit?
- What barriers have you faced in accessing gender-affirming services or treatments, and how have you navigated these challenges?
- What barriers have you faced as a provider in being able to provide services that are gender affirming and how have you navigated them?
- In what ways do you find support and affirmation within your community or chosen family regarding your gender identity?

Navigating Drug Use

- How has drug use intersected with your journey of self-discovery and gender expression?
 - How has your knowledge of drug use and harm reduction changed from this toolkit as an individual and/or a professional?
 - What coping mechanisms or strategies have you found helpful in managing drug use within the context of your gender identity and expression?
 - How do societal attitudes and stigma towards TGNCNB individuals impact access to Harm Reduction resources in your communities and/or your profession?
- 



Prioritizing Safer Sex Practices

- What considerations do you keep in mind when engaging in sexual activities to ensure safety and pleasure, especially concerning your gender identity and anatomy?
 - How do you navigate conversations about safer sex practices, boundaries, and consent in intimate relationships or encounters?
 - How do you better navigate conversations about safer sex practices, boundaries, and consent for your clients, communities, and/or patients (if you are a provider) around intimate relationships or encounters?
 - In what ways can community support and resources contribute to promoting safer sex practices and sexual health among TGNCNB individuals?
-

Utilizing Community-Led Initiatives

- Have you engaged with community-led initiatives or organizations focused on Harm Reduction, syringe exchanges, or access to gender-affirming practices? If yes, how has this involvement impacted your experiences and well-being?
 - What barriers or gaps do you observe in existing community-led initiatives, and how can these be addressed to better serve the TGNCNB community?
 - How can peer support and advocacy within TGNCNB communities contribute to promoting health equity, Harm Reduction, and access to affirming resources?
-

Addressing STIs and Health Care Needs

- What challenges have you faced in accessing inclusive and affirming healthcare services, particularly related to STI prevention, testing, and treatment?
 - How do stigma and discrimination impact TGNCNB individuals' willingness to seek healthcare, including sexual health services?
 - In what ways can healthcare providers and organizations improve their practices to better meet the diverse needs of TGNCNB individuals regarding sexual health and wellness?
-



ORGANIZATIONAL READINESS CHECKLIST

	YES	NO	N/A	DONT KNOW
CLINICAL CARE & SERVICES				
Are gender-affirming treatments and treatments related available and accessible? (See example, definitions and previous subsections for benefits of gender-affirming hormone therapy, testosterone and various hormone-related or gender-affirming procedures.)				
Are mental health services available and accessible to all TOCMB participants? (See example, definitions and previous subsections for benefits of gender-affirming hormone therapy, testosterone and various hormone-related or gender-affirming procedures.)				
Are health care services available and accessible to all TOCMB participants? (See example, definitions and previous subsections for benefits of gender-affirming hormone therapy, testosterone and various hormone-related or gender-affirming procedures.)				
Are health care services available and accessible to all TOCMB participants? (See example, definitions and previous subsections for benefits of gender-affirming hormone therapy, testosterone and various hormone-related or gender-affirming procedures.)				
COMMUNITY ENGAGEMENT & OUTREACH				
Is input from TOCMB members and community organizations that are most impacted by health care delivery and program development?				
Is the organization involved in advocacy efforts to support TOCMB rights and protections of health care delivery and program development?				
Are outreach members (Physio, Speech, etc.) involved in and reflective of TOCMB community?				
CONTINUOUS EVALUATION				
Are there mechanisms in place for TOCMB input to provide feedback on services and suggest improvements?				
Does the organization conduct regular internal reviews of policies, practices, and programs, through the TOCMB staff to ensure they are inclusive, affirming and equitable?				
Does the organization allocate resources (time, funding, staff) to sustain services aimed at supporting care for TOCMB participants?				
Does the organization routinely collect and analyze data on the outcomes and efficacy of programs provided to TOCMB across their various participant categories/ service categories/ health outcomes?				

This checklist serves as the final part of your assessment. As the other components of the assessment test your understanding of the content in this toolkit, we believe it's important to provide something that allows you to review the different aspects of your organization.

This will help you identify any gaps in care or uncover opportunities for growth in areas such as **policies and procedures, physical environment, staff training and education, data collection, clinical care and services, and community engagement and outreach.**



GLOSSARY

Advocacy: Actions and efforts aimed at promoting social, legal, and policy changes to advance the rights, well-being, and equality of marginalized communities, including LGBTQ+ advocacy organizations.

Affirming Care: Healthcare practices, policies, and environments that validate and respect individuals' gender identities, ensuring access to appropriate services and support.

Affirming Language: Using respectful and inclusive language that affirms individuals' gender identities and experiences, such as using preferred pronouns and avoiding outdated or derogatory terms.

Alternative economies: The production or exchange of work outside the mainstream parameters set by a capitalist market economy. It implies not reporting gains from the trade of goods or services or that the goods being traded are considered illegal.

Boofing: It is a way to administer drugs rectally, typically by mixing them with water and using a syringe without a needle.

Chemsex: Chemsex refers to the use of drugs to enhance or facilitate a sexual experience.

Comedown: The feeling of the effects of a drug gradually wearing off, that can last hours or days, depending on the drug and amount taken. It usually causes various physical, mental, and emotional effects.

Community Training Initiatives: Educational programs, workshops, and initiatives aimed at building knowledge, skills, and awareness within communities, often focused on topics such as LGBTQ+ health, Harm Reduction, and cultural competency.





Consent: Voluntary, informed, and mutually understandable agreement to engage in specific activities or receive services, respecting individuals' autonomy and boundaries.

Cultural Competence: Understanding, respecting, and valuing the cultural backgrounds, identities, and experiences of diverse communities, including TGNCNB individuals.

Cultural Sensitivity: Awareness, understanding, and respect for diverse cultural backgrounds, experiences, and identities, ensuring inclusive and respectful interactions in healthcare and community settings.

Empowerment: Strengthening individuals' abilities, knowledge, and resources to make informed choices, advocate for their needs, and create positive changes in their lives and communities.

Gender Affirmation: Actions or processes that affirm an individual's gender identity, such as using correct pronouns, names, and respecting chosen gender markers.

Gender Affirming Hormone Therapy (GAHT): the use of hormones by TGNCNBI people to achieve physical, psychological or emotional changes that affirm their gender.

Gender Dysphoria: Distress or discomfort that may occur when an individual's gender identity differs from the sex they were assigned at birth, often requiring gender-affirming care and support.

Gender Non-Conforming (GNC): Refers to individuals whose gender expression does not align with societal expectations related to their assigned sex at birth.

Harm Reduction: A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

HIV Care: Medical services, treatment, and support specifically tailored to individuals living with HIV/AIDS, including antiretroviral therapy and holistic healthcare.

Inclusive Healthcare Services: Medical, mental health, and social services designed to meet the needs of diverse populations, including LGBTQIA+ individuals, by fostering inclusivity, respect, and accessibility.



Intersectionality: Framework recognizing that individuals' identities and experiences are shaped by multiple factors such as race, class, sexuality, and disability, which interact to create unique challenges and privileges.

Microaggressions: Subtle, often unintentional comments or actions that convey negative or hostile attitudes towards marginalized groups, such as misgendering or invalidating someone's gender identity.

Name and Gender Marker Change: Legal processes allowing individuals to change their name and gender marker on official documents to align with their gender identity.

Non-Binary: A gender identity that does not fit within the traditional binary of male and female, often characterized by identities such as genderqueer, genderfluid, or agender.

Overamping: A stimulant overdose, usually causes physical symptoms like shortness of breath and psychological distress like paranoia.

Overdose Prevention Center (OPC): designated sites where people can use drugs under the safety and supervision of trained personnel, with the purpose of reducing overdose and promoting safer consumption practices.

Overdose Prevention: Strategies such as naloxone distribution and education to prevent and respond to drug overdoses, saving lives in emergency situations.

Overdose: When a toxic amount of a drug, or combination of drugs, overwhelms the body.

Peer Support: Mutual support and assistance provided by individuals with shared experiences, such as TGNCNB individuals supporting each other in navigating healthcare, social services, and advocacy.

PrEP (Pre-Exposure Prophylaxis): Medication taken to prevent getting HIV. Comes in pill or injectable form.

Recovery position: Position you put someone in to keep their airway clear and open, ensuring that any vomit or fluid won't cause them to choke.



Safer Injection Practices: Techniques and strategies to minimize the risks associated with injecting drugs, including using clean needles, sterile water, and proper disposal methods.

Safer Sex Practices: Practices and strategies aimed at reducing the risk of sexually transmitted infections (STIs) and unintended pregnancies, including condom use, regular testing, and communication about sexual health.

Self-Determination: The right of individuals to make choices about their own bodies, identities, and lives without external coercion or pressure.

Sex Work: Labor involving sexual services or erotic performances, which can be a source of income for many TGNCNB individuals but is often stigmatized and criminalized.

Silicone Injections: A form of body modification where silicone is injected into various body parts for enhancement purposes. Improper silicone injections can lead to serious health risks.

Syringe Exchange: Programs that provide sterile syringes and other injecting equipment to individuals who use drugs, reducing the spread of blood-borne infections like HIV/AIDS and hepatitis.

Test strips: Small strips of paper that can be used to determine if all kinds of drugs have been mixed or contaminated with substances that the user is not aware of.

TGNCNB: An abbreviation that stands for Transgender, Gender Non-Conforming, Non-Binary, encompassing a spectrum of gender identities beyond the binary of male and female.

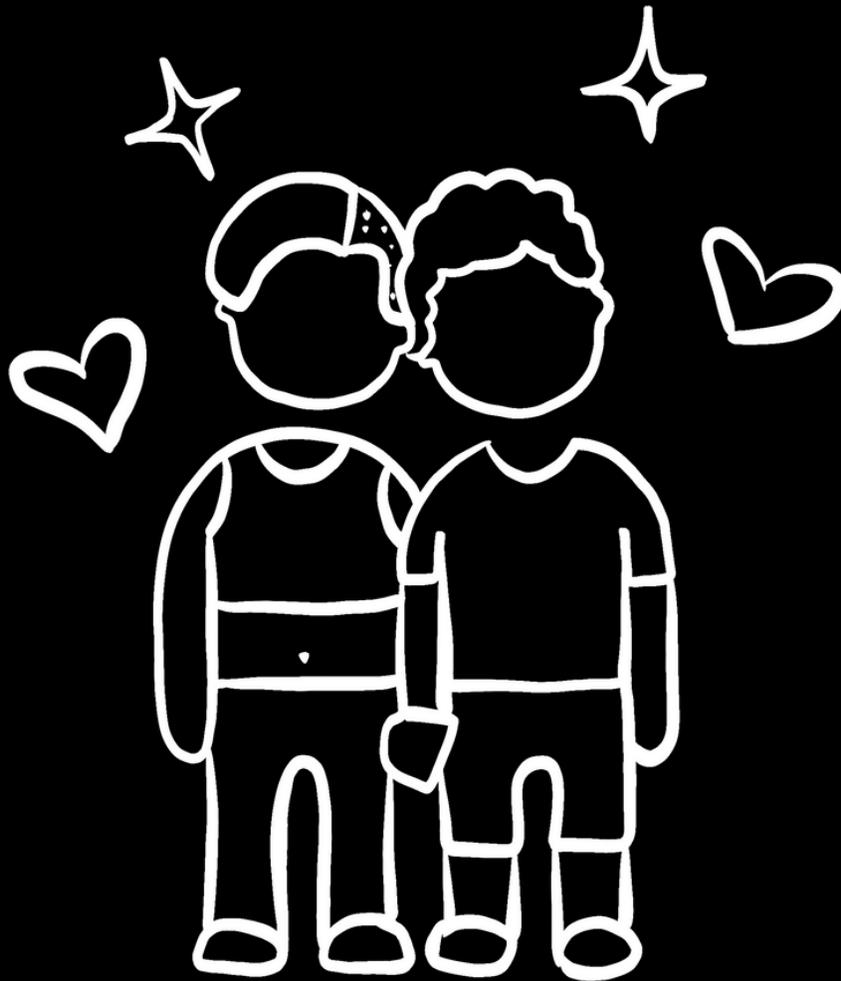
Trans Healthcare: Medical, mental health, and social services that support the health and well-being of transgender and gender non-conforming individuals, including hormone therapy, gender-affirming surgeries, and counseling.

Transgender: A term describing individuals whose gender identity differs from the sex assigned to them at birth.



Transphobia: Prejudice, discrimination, or hostility directed towards transgender and gender non-conforming individuals based on their gender identity or expression.

Trauma-Informed Care: Approach to healthcare and support services that recognizes and responds to the impact of trauma on individuals' lives, including experiences related to gender identity, discrimination, and violence.



Copyright © 2024 National Harm Reduction Coalition

This work may be reproduced and redistributed, in whole or in part, without alteration and prior written permission, solely for educational purposes provided all copies contain the following statement:

© 2024 National Harm Reduction Coalition (NHRC). This work is reproduced and distributed with the permission of National Harm Reduction Coalition. No other use is permitted with the express prior written permission of NHRC. For permission, contact lighthouse@harmreduction.org.

Citation:

Lighthouse Learning Collective (2024) *Gender Affirming Harm Reduction: A Toolkit for Syringe Service Programs*. New York: National Harm Reduction Coalition

**NATIONAL
HARM REDUCTION
COALITION**

 Trans Equity Consulting.



CONNECT WITH US!

