

QUEER KY

Taking the Substance

*Destigmatizing Harm
Reduction within the
LGBTQ+ Community*

SPECIAL ISSUE

Introducing Our Harm Reduction Issue: Letter from the Exec. Director

by Missy Spears



Did you know that members of the LGBTQ+ community are almost twice as likely to develop substance use disorder as their heterosexual counterparts? And this was before 2025. Before the increased legislative attacks. Before the funding cuts. Before the increased stress and discrimination.

Over the past year, Queer Kentucky has taken steps to better support community members suffering from substance use disorder, including hosting a series of community conversations around substance use, supporting more sober events, advocating for more NA options at all events, adding substance use questions to our first IRB approved survey with the University of Kentucky, and launching “Stories of Hope,” a reoccurring column telling first-person stories of recovery. Today, this work takes the form of storytelling, as we bring you a free, fully digital magazine centered around harm reduction

models in our community.

This digital issue is intimate. It features first-person accounts, transparent photography, and profiles that showcase harm reduction in action. We’re focusing our attention on important discussions regarding the stigma around harm reduction; the role the community plays in helping our neighbors find healing; and the many, uniquely personal definitions of what harm reduction is and how to do it. And speaking to that last point is none other than RuPaul’s Drag Race finalist Lexi Love, who shares what her version of recovery is.

Here in the Commonwealth, we know all too well the challenges our communities face. Every day, we battle a new healthcare barrier. Our overdose rates are among the highest in the country. Stigma continues to prevent those seeking help from searching for and accessing it. And this list doesn’t even touch on the systemic

discrimination, lack of affirming care, and unique vulnerabilities that come from living at the intersection of multiple marginalized identities. We know what we’re up against, but we also know that we’re the ones best suited to help one another through it all.

Queer Kentucky’s harm reduction work doesn’t stop with this issue, either. In June, we’ll be launching a new program that will put resources directly into the hands of those who need them most. We know that harm reduction, coupled with other forms of support, provides a lifeline: empathy, not judgment. Meaningful solutions to complex problems. Above all, empowering people to live the lives they want for themselves, rather than simply succumbing to the hand they have been dealt.

This is Queer Kentucky’s 2025 Harm Reduction Issue.

Signed,
Missy Spears, Executive Director

Contents

Letter from the Executive Director	2
Lexi Love Opens Up About Meth Experience and Power of Self Love	4
Space for Liberation: Community, Policy, and Harm Reduction in Kentucky	8
Keeping Our Community Safe: Queer Kentucky Installs Harm Reduction Lockers in Local Businesses	10
Breaking the Silence: A Black Gay Man's Fight for Dignity Through Harm Reduction	12
Photo Essay: Using Safely, Drug Testing Strips in Action	15
How Apps Like Grindr and Sniffies Are Fueling the Meth Crisis Among Gay Men	18
To the Homies That Will... Some Notes on Harm Reduction	26
Navigating the In-Between: Ryan Jones Discusses the Critical Importance of the Kentucky Harm Reduction Coalition	29
Rewriting Recovery: How Cannabis Helped One Kentuckian in Her Sobriety Journey	32

A full-page photograph of Lexi Love. She is wearing a light blue, sleeveless, form-fitting dress with a high slit on the left side. Her hair is long, blonde, and streaked with blue, blowing in the wind. She is wearing clear high-heeled shoes and has her hands on her hips. The background is a solid dark blue.

Lexi Love Opens up about Meth Experience and Power of Self-love

by Spencer Jenkins

Sobriety and recovery look different for everyone, whether that means living “California sober,” cutting out one or two substances, or choosing full abstinence. With methamphetamine (colloquially, meth) holding a growing number of LGBTQ+ people in a vice grip, one queer activist and newly rising star is destigmatizing harm reduction through personal awareness and her own safer practices.

Lexi Love, Louisville’s “Roller-Derby Doll” and RuPaul’s Drag Race Season 17 contestant, says it’s time for LGBTQ+ people to have hard conversations about substance use disorder, particularly chemsex or to some known as, party-and-play (or PNP) culture. And Love herself isn’t excluded from those hard conversations, having faced homelessness and battled addiction before her time on Drag Race.

“I have had my hands in every single recreational drug that you can think of—I’ve tried it all,” she tells Queer Kentucky. “But I think what’s most prevalent in our community is, of course, the use of crystal methamphetamine, GHB and those types of party sex drugs.”

Love, who was forced out of her home as a teenager after her family discovered she was queer, says the family rejection served as the catalyst for her slipping into the world of hard drugs. With nowhere to go and no support system, she found herself on the streets.

“Once you’re homeless, and once you have no running water, electricity...[using drugs] just becomes a way to distract yourself from everything,” she recalls. “Something turns into a distraction, and then it turns into a lifestyle, and it’s very difficult.”

Love struggles to pinpoint her darkest moment because she says there were too many. But she recalls her late friend, Cody, who introduced her to the darker, more dangerous side of the LGBTQ+ meth scene—an experience so unsettling it ultimately scared her away from that world. Love credits Cody’s actions for ridding meth from her life and wishes she could have helped prevent his death with the knowledge she now has.

“We are gonna have to have a long, hard conversation about intimacy, love, and sex,” Love says, “because these are the three main problems that the gay community [will try to fix] with crystal meth.”

In Love’s Meet the Queens video, she shared that everything she does is “surrounding love and making others feel loved,” emphasizing the importance of human connection in a world where it’s increasingly slipping away.

For her, using meth was the missing puzzle piece during a time when she struggled to love herself and with intimacy. And what does RuPaul say? “If you can’t love yourself, how in the hell you gonna love somebody else?”

“People that have been missing certain types of love and affection in their life, and now they’re searching for it in other ways so a lot of this stems, I think, from love and affection

““

We are gonna have to have a long, hard conversation about intimacy, love, and sex,” Love says, “because these are the three main problems that the gay community [will try to fix] with crystal meth.”

and not receiving it,” she says. “Meth is an upper and makes you feel uninhibited. You’re all of a sudden not worrying about all of your concerns and worries in the world.”

Having moved away from meth, Love explains that she isn’t “Sober Judy,” but has paved a way for a happy life through practicing harm reduction. For Love, sobriety isn’t about abstinence, but stability. She defines sobriety as the ability to be a functioning part of society. She believes that addiction isn’t just about using substances but about finding effective coping mechanisms. Working in clubs and bars, Love says she is often offered every drug imaginable and as a result she must be careful in her own workspace.

Love has been candid about her struggles with addiction on *Drag Race*, referring to herself as a “frequent flyer”—a term for regular meth users—yet her openness has made her a target for ridicule.

In RuPaul’s *Drag Race* Season 17, Episode 9, titled “Heavens to Betsy,” theater and flapper queen Suzie Toot joins the other contestants in the iconic “Reading Challenge.” When it’s her turn to take a jab at Love, she said, “You’re just steps away from reaching your dreams—12 steps exactly,” referencing the Alcoholics Anonymous program. She follows up

with, “I’ve never met anyone who works harder than Lexi Love’s liver.”

While the reading challenge is a playful chance to throw sharp, below-the-belt digs at fellow contestants, Toot’s words also reflect a broader stigma faced by those practicing harm reduction rather than full abstinence—often dismissed as not being “truly” sober.

“It doesn’t affect me,” Love says about judgment from others. “You don’t know what you’re talking about. This isn’t

lives to drug overdose in 2023 — a rate of 45.9 deaths per 100,000 residents. The 2023 Kentucky Drug Overdose Fatality Report shows fentanyl was involved in 79.1% of overdose deaths, while methamphetamine contributed to 55.2%, making them the leading substances in overdose fatalities across the state.

Queer people, like with most progressive social movements, are at the forefront of promoting harm reduction, often disbursing Naloxone and

“

This journey isn’t one I can take alone,” she writes. “I know I’ll need help, guidance, and grace along the way — and I’m so grateful to have the love and support of this incredible community behind me.”

your problem, and therefore I really don’t care about your opinion because those people are the ones that have always judged me and never wanted me to succeed—so they can suck my big toe.”

Substance use is a serious issue across the U.S., with 1,984 Kentuckians losing their

fentanyl test strips in sacred queer spaces to prevent overdose deaths. Love says that bars that understand that drug usage may happen within their facility are being smart and want to keep their patrons as safe as possible.

“I see lots of things happening. I see lots of little baggies be-

ing passed around, and that does make me extremely nervous for the people I'm performing for, she says.

The Season 17 second runner-up recently announced on her Instagram that she is taking a step back from the spotlight to nurture her mental, physical, and emotional well-being while also transforming her relationship with her "inner-saboteur."

"This journey isn't one I can take alone," she writes. "I know I'll need help, guidance, and grace along the way — and I'm so grateful to have the love and support of this incredible community behind me."

A few days after sharing her message with fans, she posted a stitched video featuring Amy Winehouse singing, "They tried to make me go to rehab and I said...", which then cuts to a clip of Lexi responding, "OK, let's go."

In early May, Love's longtime friend and manager, TJ Liedel, confirmed to Entertainment Weekly that she recently entered a rehab facility in Texas for substance use and emotional therapy.

And for those still struggling? Lexi Love has a message for you:

"I love you. I'm sorry. And whenever you feel like this is too much or thinking 'what am I doing?' And maybe thinking that it's too late to turn back? It's never too late to turn back,

never too late to turn back one more time. It is never too late to turn back. Ever, ever, ever, ever, ever, ever."

Love, who is living with HIV, would also love to let the Queer

Kentucky audience know about HIV resources for those struggling to find care. She would like to direct people to Mistr.com, ViivHealthcare, and Planned Parenthood. ♦





Space for Liberation: Community, Policy, and Harm Reduction in Kentucky

by Josh Brown

When we discuss harm reduction, a few common examples spring to mind: needle exchanges, fentanyl testing strips, and education about the health impacts of substance use. But in the

Bluegrass State, we don't stop at these discrete interventions. Harm reduction leaders across the region are advocating for an even more potent strategy: organizing their communities to target the systemic causes of harm, not just their symptoms.

For Shreeta Waldon, Executive Director of the Kentucky Harm Reduction Coalition, successful harm reduction is about listening and empowering people.

"What I do is liberate you to live the life you want to live—the kind that makes you say 'I want to get up and live today,'" says Waldon. "My job is to make space for each person's liberation, for

themselves—not the liberation I imagine for them."

Waldon's work with KyHRC directly serves those impacted by substance use and addiction. Their work aims to provide resources which contribute to an individual's personal liberation, whatever form that may take. Liberation, in this sense, means the freedom to make decisions for oneself—a personal freedom that substance use disorder can often eradicate.

"We fight for humanity. I got a degree to help people live," says Waldon. "People who use drugs need the same things as everyone else. Harm reduction is an

ecosystem of recovery. We're all part of this."

Kentucky's "ecosystem of recovery" has many pieces, but Waldon emphasizes the importance of creating a cohesive whole through inter-organization collaboration.

"Over the last fifteen years, we've all been driving in our lane," says Waldon. "I'm doing my job, this is how it's going to be done. Nobody talks about how to pivot with each other. A coalition is about coming together with organizations and people—it's a dance."

Waldon's vision for a more collaborative ecosystem was recently illustrated by a major legislative win, led by Jon Parker, executive director of AVOL Kentucky, and Chris Hartman, executive director of the Fairness Campaign. In the wake of the COVID-19 pandemic of 2020, Parker and Hartman were discussing the current state of HIV/AIDS advocacy in the region. With lockdowns

kits to people in need, but Parker noted that Kentucky considered that a felony.

"Sometimes these laws get written and hidden and nobody's looking at them," said Parker of the obscure law. If we don't raise our voices, it won't change."

The obscure law, KRS 367.175, was a small, miscellaneous list of "other unlawful acts," primarily prohibiting trade monopolies. Tucked within this statute was a clause that prohibited the "sale, delivery, holding, [and advertising]" of HIV self-tests. The HIV Is Not A Crime Coalition, powered by the Fairness Campaign, successfully advocated for this clause to be struck with the signing of a bipartisan bill (HB349) in June, 2023.

This situation highlights the need for policy to keep up with public health. When policy lags behind—or worse, prohibits—effective healthcare, we need to (1) notice, and (2) advocate for change.

former judge and state senator, Scorsone has a long history of protecting LGBTQ+ Kentuckians, from the eradication of anti-sodomy laws, to fairness ordinances and beyond. The seasoned advocate has this advice for Kentuckians looking to make a meaningful change in their communities:

"What we need is local organizing," he says. "The fight for queer people is not over with any legislative progress. We have to be proactive—we have to push the envelope. We have to be involved at the local level—that's where you can be most effective. Neighbor-to-neighbor, members of the same faith community, that's where we really have an impact."

Liberation can take many forms, but this much is clear: harm reduction requires both immediate interventions and long-term political advocacy. These local leaders are doing the work, pounding the pavement, and working to realize their dream of a healthier Kentucky. Especially in these troubling times, the only way forward is through. To sit back is to slide back, and too much is at stake for us to remain silent. Act up, get loud, and join the fight for liberation today.

“

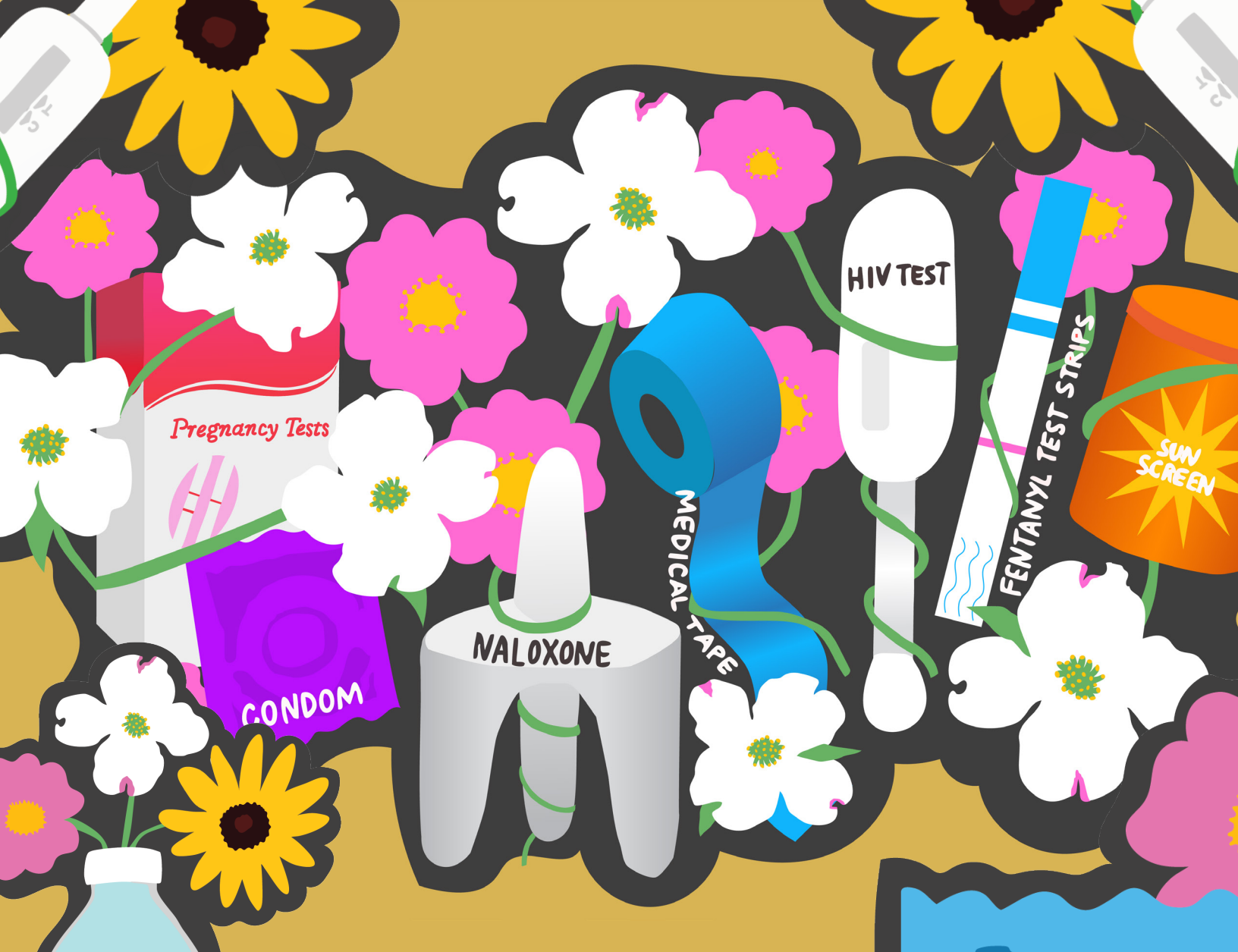
My job is to make space for each person's liberation, for themselves—not the liberation I imagine for them.”

Shreeta Waldon, Executive Director, KHRC

occurring, in-person HIV testing had been disrupted. The obvious answer was to mail HIV self-test

Ernesto Scorsone, vice president of JustFundKY, is no stranger to this advocacy. As a

You're in good company. ♦



Keeping Our Community Safe : Queer Kentucky Installs Harm Reduction Lockers in Local Businesses

by Missy Spears

Illustration by Levi House





In the Queer community especially, you are more likely to know someone struggling with substance use than not. Maybe it's a friend or family member. Maybe it's yourself. The thread of substance use, like it or not, is one that runs through our community. Substance use remains a significant challenge for our people, leading to shame, loneliness, isolation, and a proliferation of unsafe practices. For this reason, Queer Kentucky is partnering with the Foundation for a Healthy Kentucky to launch our Harm Reduction Locker Initiative.

Last year, we held several Community Conversations on Substance Use across the state. We heard firsthand how the stigma against substance use and lack of real support can negatively affect members of our community, leading to far worse mental and physical health outcomes than our cisgender and heterosexual counterparts. We heard the call loud and clear: Queer Kentuckians are in need of resources for keeping themselves and each other safe.

At the core of this initiative is a desire to meet people

where they are. We recognize that sobriety is the safest form of harm reduction, but how can we support the people who aren't there yet or aren't interested in total abstinence? How can we provide resources and show love in a way that makes them feel less alone? In a way that lets them know they are welcome in our spaces? That they have a community no matter where they are on their journey? Enter our locker initiative.

These aren't your high school lockers. Our harm reduction lockers are cute. They are brightly colored, the size of a small end table, and are purposefully designed to lower the stigma often associated with substance use. To make them even more appealing, each locker will be decked out with a custom design and text by Kentucky artist Levi River House. Each locker is stocked with essential harm reduction supplies, including OD prevention tools such as fentanyl test strips, safe sex supplies, HIV self-test kits, pregnancy tests, and other resources critical for community members currently experiencing substance use. But these lockers go beyond their functional purpose; they illustrate a message of respect and solidarity.

Our lockers are being placed in bathrooms around the state thanks to over a dozen of our small business and organizational partners, including Roebing

Books & Coffee locations in NKY and the Louisville Pride Foundation. By placing harm reduction supplies in accessible yet private locations, these lockers play a crucial role in protecting vulnerable populations, helping to reduce harm and prevent avoidable health crises. Harm reduction is not about judgment; it's about compassion, understanding, and keeping people alive.

Thanks to our incredible partners, the lockers will be accessible in community-oriented settings where people already feel safe and welcome. Whether they're a local coffee shop, an LGBTQ+ community center, neighborhood bar, or cute retailer, our partners are diverse in both what they offer and where they're located. This allows us to reach, assist, and educate a large segment of the population. One of the biggest barriers around help is stigma, and these lockers will help facilitate conversations and inspire other forms of grassroots advocacy to create long-lasting systemic change.

Together, we can reshape the narrative around harm reduction and ensure that every member of our community has the opportunity to access resources and support. ♦

For more information about partnering with Queer Kentucky's harm reduction locker initiative, email missy@queerkentucky.com.



Breaking the Silence:

A Black Gay Man's Fight for Dignity Through Harm Reduction

by Anthony Munger

Artilla “Art” Scisney didn’t imagine himself on the front-lines of Louisville’s public health movement—but looking back, every moment led him here. As a Black gay man raised in Louis-

ville, Art grew up feeling like he had to compartmentalize who he was to survive. “I had a very closed-off mindset to who I actually am,” he says. “I wasn’t out. I didn’t feel safe to be. And as a person of color, there weren’t many spaces where I saw myself reflected.”

Even after coming out in college, Art struggled with grief and the pressure to live up to expectations that didn’t fit. “My dad is a manly man,” he explains. “His thing was always like, ‘sometimes you’ve got to see things through, you’ve got to tough it out.’” That message, compounded by societal expect-

tations, led Art into a 20-year career in corporate management that slowly took a toll on his mental health.

After graduating from Western Kentucky University with a degree in interdisciplinary studies, a flexible academic path that combined social and behavioral sciences, giving him tools to better understand community dynamics and human behavior—Art spent nearly two decades at a chain of grocery stores, climbing the ladder into middle management. But the corporate grind and constant pressure to perform, conform, and suppress his empathy began wearing him

down mentally and emotionally.

“I was a great manager, my associates loved me—but they wanted me to be more aggressive,” Art says. “They wanted me to take the empathy out of it. That’s not who I am.”

For years, Art balanced on a tightrope—striving to please bosses, colleagues, and his community. The expectations piled up until his mental health reached a breaking point. It was during the pandemic that Art experienced his first panic attack, a clear sign that something had to change.

to lead with empathy. “Now, I get to make real connections,” he says. “I get to talk to people, listen to their stories, and offer help without judgment. That’s the kind of work I was always meant to do.”

Now serving as a harm reduction specialist and health education coordinator with the UK Target 4 Region 5 team (kirpky.com)—a program under the Kentucky Income Reinvestment Program focused on expanding HIV and Hepatitis C prevention—Art works at the frontline of Louisville’s commu-

“Harm reduction is anything that reduces risk or damage in someone’s life,” he explains. “The easiest example is when you get in a car and you put on your seatbelt—that’s harm reduction. It’s not saying you’re going to get in a wreck, but if you do, you’ve got something in place to help protect you.” For Art, that principle carries over to every part of his job. “We’re out here helping people who might be houseless, who use substances, who are living with HIV or at risk for it—and we’re doing it without judgment. We’re saying, ‘You deserve to be safe. You deserve to live another day. You deserve care, even if no one else has told you that.’”

He has seen firsthand how stigma around HIV and substance use disproportionately impacts Black gay men and trans women, individuals often overlooked by traditional public health messaging. According to the CDC (2023), Black Americans accounted for approximately 40% of new HIV infections, despite comprising only 13% of the U.S. population, highlighting the stark racial disparities rooted deeply in structural inequities. Similarly, LGBTQ individuals, particularly Black gay men, face higher risks of substance use disorders due to intersectional stressors such as racism, homophobia, and economic inequality.

“
Harm reduction is anything that reduces risk or damage in someone’s life. The easiest example is when you get in a car and you put on your seatbelt—that’s harm reduction.”

Taking a leap of faith, Art left his secure job, choosing personal wellness over financial security and familial expectations. In doing so, he stepped away from a career that demanded detachment and conformity, and into work that celebrates compassion, connection, and authenticity. Harm reduction gave him something corporate life never could: the freedom

to lead with empathy. “Now, I get to make real connections,” he says. “I get to talk to people, listen to their stories, and offer help without judgment. That’s the kind of work I was always meant to do.”

Art’s approach is straightforward, empathetic, and real.

“Public health information mostly comes from white doctors or government officials,” Art notes candidly. “Our community is rightfully skeptical. When someone who looks like them talks openly, clearly, and honestly about these issues, it hits differently. They listen.” This assertion aligns with research indicating increased healthcare engagement when the provider shares a similar background or identity with the patient.

Art understands deeply the intersections of identity, health, and social pressures. His lived experience is his greatest asset. “People think they’re above certain things, but it could be you. It could be me,” he says earnestly. “Life happens. Sometimes the direction takes us somewhere we never intended to go.” His voice carries an unmistakable authenticity, shaped by his own struggles with mental health and self-acceptance. “When someone is at their lowest point, it only takes one moment- one coping mechanism- to change everything,” Art explains. “We’re all just trying to survive, one way or another.”

In his role, Art doesn’t just provide resources; he empowers individuals to reclaim their humanity.

Whether it’s a person experiencing homelessness trying to survive the night or someone newly diagnosed with HIV fearing the worst, Art’s presence offers reassurance, respect, and hope. He fiercely believes in second chances and meeting people exactly where they are, helping them chart their paths forward.

Art acknowledges the challenges- misinformation, stigma, judgmental attitudes- but his conviction never wavers. To skeptics, harm reduction may seem counterintuitive, but its practical approaches include distributing clean syringes to prevent disease transmission, providing testing and education to reduce the spread of HIV and other infections, offering minor wound care to prevent severe infections, and linking individuals to support services like housing, food, and healthcare.

Harm reduction doesn’t condone harmful behaviors; rather, it pragmatically acknowledges that such behaviors exist and seeks to minimize their adverse effects on individuals and communities.

“Harm reduction isn’t about promoting drug use or reckless behavior. It’s about ensuring peo-

ple have safer options until they’re ready or able to change,” he clarifies passionately. “It’s humanizing people who’ve been dehumanized.”

Through honesty, empathy, and real talk, Art continues reshaping Louisville’s understanding of harm reduction. He bridges gaps long left open by traditional public health, particularly for Black queer communities. For Art, this work isn’t just a job; it’s a calling rooted deeply in personal experience, compassion, and a relentless belief in human dignity.

As Art reflects, he distills his philosophy into a simple but powerful ethos:

“If you can’t help someone, at least don’t do harm. It’s that easy.”

Art’s journey and his current work illuminate critical realities about the intersectionality of race, sexual orientation, and health outcomes. His story underlines the importance of diverse, authentic voices in public health, illustrating vividly that true harm reduction involves recognizing and dismantling systemic barriers, addressing stigma, and elevating community-driven solutions to create lasting change. ♦

“

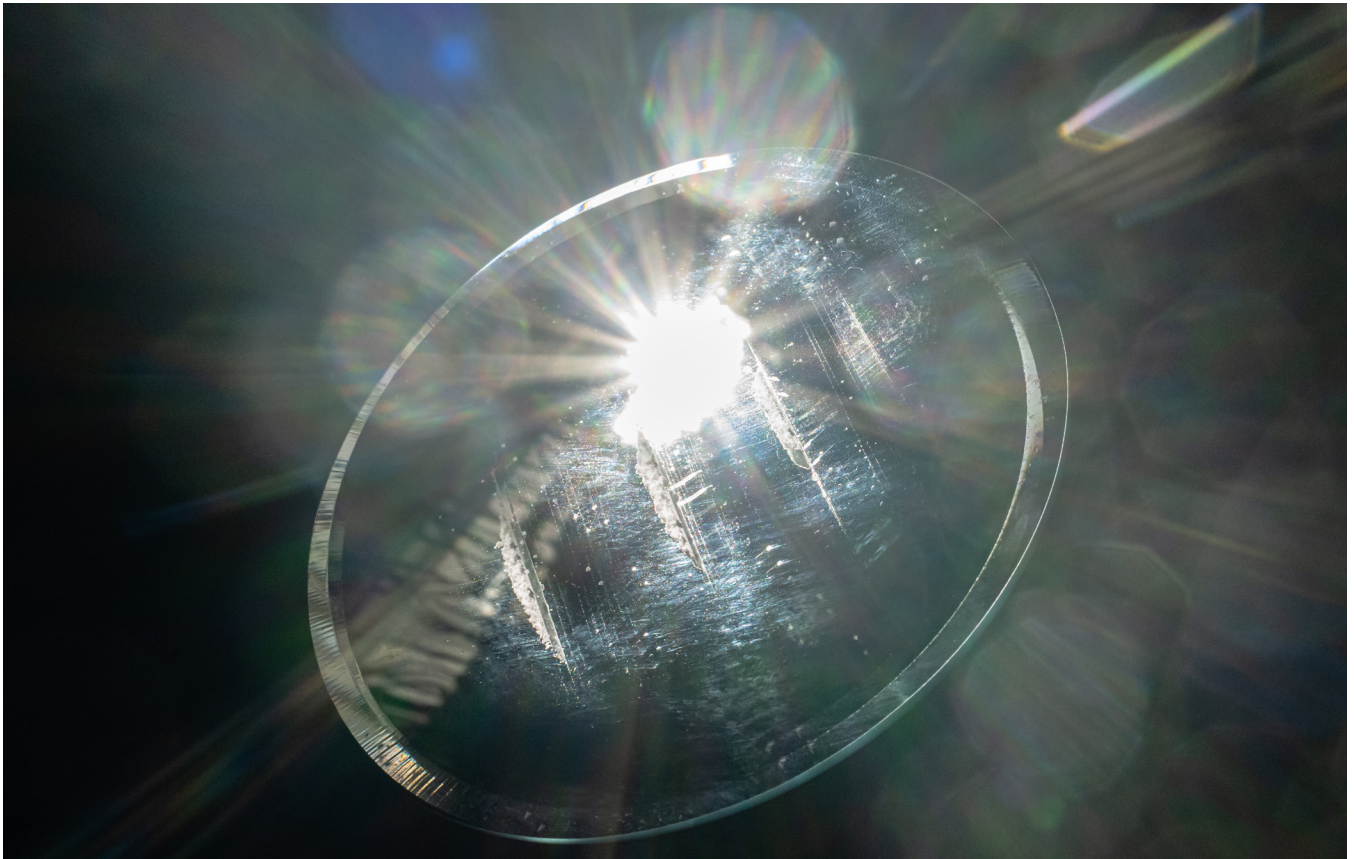
Public health information mostly comes from white doctors or government officials,” Art notes candidly. “Our community is rightfully skeptical.

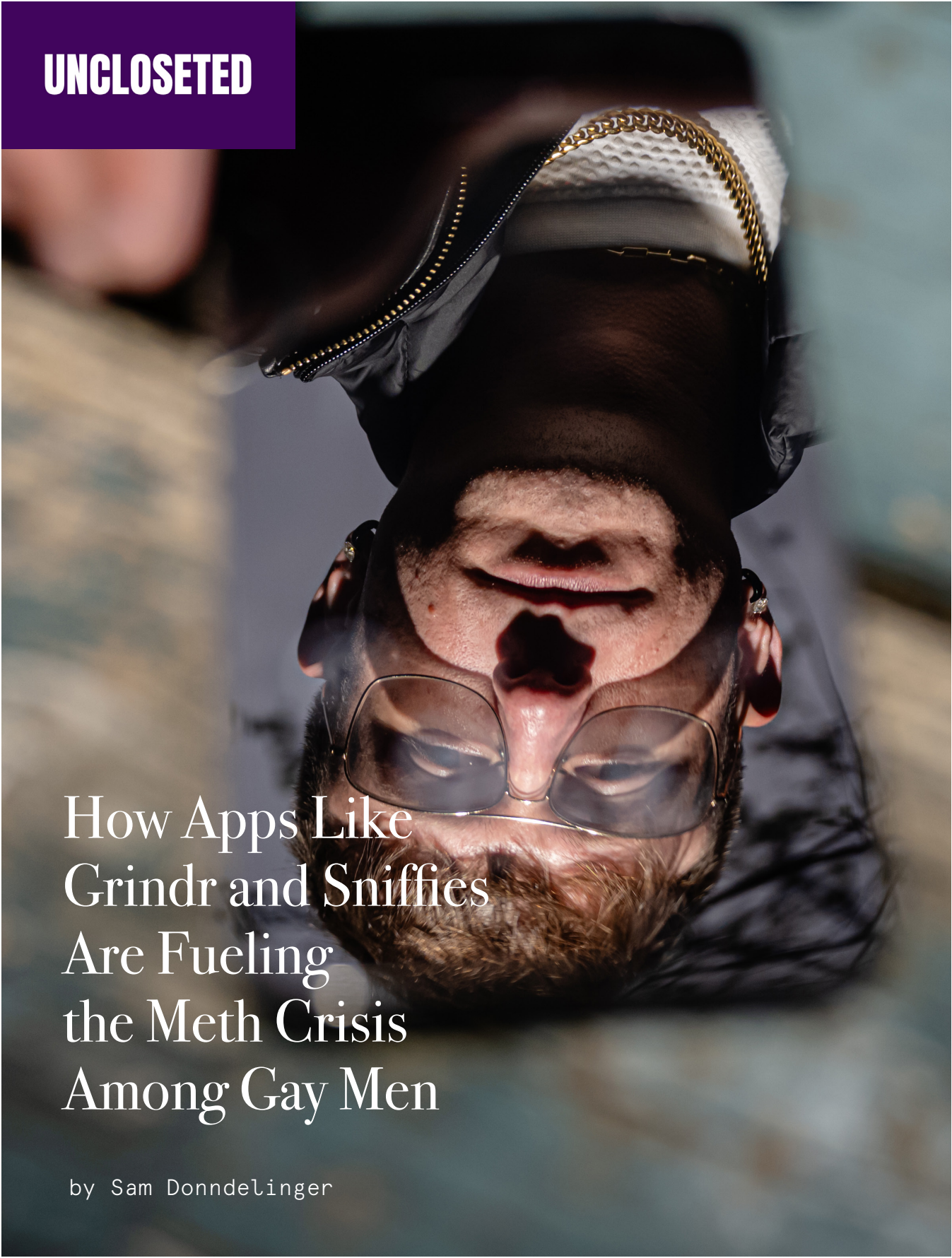
A high-contrast, black and white photograph. On the right side, a person is silhouetted against a bright window, looking out. A cat is perched on the person's shoulder, also looking out the window. The left side of the image is dark, showing a wooden post with two small, light-colored circular marks. The overall mood is contemplative and quiet.

Using Safely: Drug Testing Strips in Action

Photos by Jon Cherry







UNCLOSETED

How Apps Like Grindr and Sniffies Are Fueling the Meth Crisis Among Gay Men

by Sam Donndelinger

At 21 years old, Robert McAllister remembers unlocking his phone in Louisville, Kentucky, to a grid of bodies on Grindr, the gay hook-up app.

To the average American, many terms and symbols in user bios read like a foreign language: PnP, Tina and parTy, or the crystal ball, ice cream and diamond emoji. At the time, McAllister also had no clue what these terms meant.

After chatting with multiple men, he met up with one of them later that night. Before they started having sex, the guy pulled a plastic bag of white powder out of his backpack and asked McAllister if he wanted to partake.

“He snorted it like cocaine. And for whatever reason, I was like, ‘Oh, well, cocaine isn’t that bad,’ so I tried some,” McAllister, now 27, told Uncloseted Media and Queer Kentucky.

The powder he snorted was actually crystal meth, a highly addictive drug that can ravage the body and mind and lead to

psychosis, organ failure and irreversible brain damage.

“I remember thinking, ‘Wow, I want to do that all the time,’” says McAllister. “I wanted to feel that good all the time. At home, at work, it didn’t matter if I was hooking up with someone or not. It became a daily habit immediately.”

He says the addiction got so bad that the only people he would interact with for months

would be the hookups he used with. “I would seek out people that had it in their profile,” says McAllister, who was addicted to meth for four years. “I would invite them to my apartment to use with me just because I didn’t have anybody else around. At that point I had lost my job, my family really didn’t want anything to do with me, and so the app was my excuse for social interaction.”



McAllister's experience is common. Party and Play (PnP) culture, also known as chemsex, is exactly what it sounds like: the use of drugs like GHB, ketamine and meth to enhance sexual desire, arousal and pleasure. The practice is most prevalent amongst gay and bi men, who use meth or similar drugs at three times the rate of heterosexual men, according to a 2014 study from the United Kingdom.

For 25% of the guys who engage in PnP culture like McAllister, it becomes a severe problem.

While drug overdose deaths in the United States declined slightly in 2023 for the first time since 2018, deaths from psychostimulants like meth rose, killing 36,251 Americans in 2023. That's just over 3,000 lives a month, or 100 lives

a day. And the epidemic is even worse in rural states like Kentucky.

As meth addiction continues to devastate the gay community, hook-up apps like Grindr and Sniffies—which make hundreds of millions of dollars a year—are where PnP culture thrives. One 2023 survey found that 91% of dating app users had a negative experience with drugs and one in four dating app users deleted an app because of drug-related concerns.

“[Dating apps] are making lots of money from this community and the biggest problem that [we are] facing is not HIV, it is drug addiction,” says Ignacio Labayen de Inza, CEO and co-founder of Controlling Chemsex, a charity that provides interventions for chemsex users. “People are

overdosing, people are suicidal, people are suffering from sexual assaults, they are psychotic, they are losing jobs, they are ending up homeless. And Grindr is the biggest vehicle that people use to get these drugs.”

So what are the apps doing to combat an epidemic that has been exacerbated by the easy access to meth on their platforms?

The Rise of Hook-Up Apps

Smartphone hook-up apps, which hit the mainstream in the 2010s, have long been associated with a greater risk for sexually transmitted infections (STIs) among queer men. But emerging research suggests they also facilitate drug use among queer men, 15% of whom have used meth



within the last year and 23% of whom have used it at least once in their lifetime. A 2017 study found that gay hook-up apps, including Grindr, “significantly increased motivational substance use” and approximately one in 10 of dating app users engaged in substance use after being persuaded on the apps.

The apps know this is a problem. Sniffies is an app which features an interactive map known for its anonymity and showcases pictures of user’s genitals and butts nearby. In an email to Uncloseted Media and Queer Kentucky, they wrote that their users are significantly more likely to engage in chemsex and meth use compared to users on other platforms. They say a notable percentage of their users have reported deleting their accounts due to drug-related concerns.

One of the major problems is that these apps enable easy access to the drugs, according to Kentucky-based Grindr users Uncloseted Media and Queer

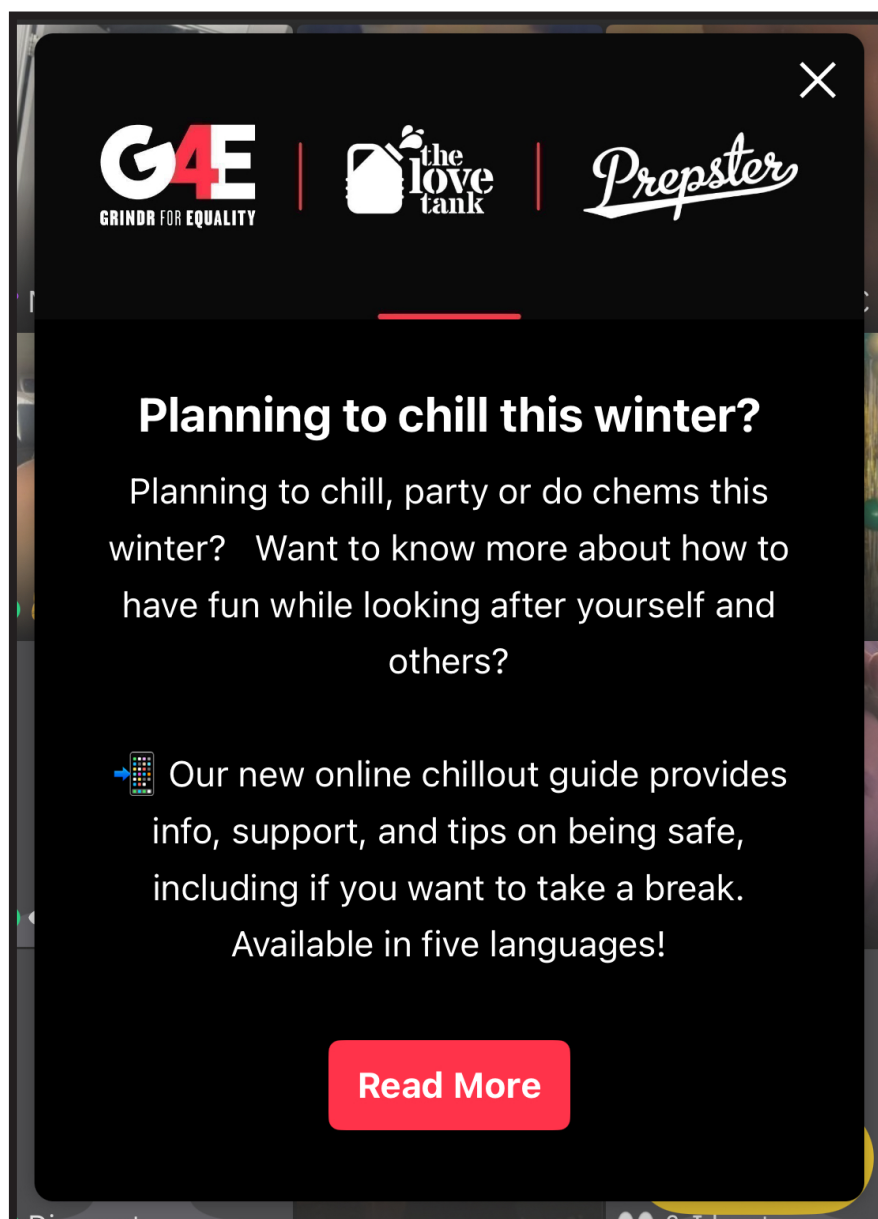
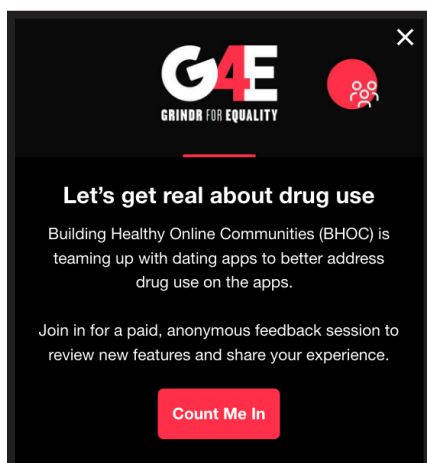
Kentucky spoke with.

“You can see it everywhere on dating apps,” says Chris Hackenberg, who first used meth at 19 years old during a Grindr hook-up. He says the drug “opened a door” to a “level 1,000 happiness.”

“It started becoming a slippery slope when I started finding [meth] everywhere,” he says. “Eventually, every hookup, I would try to find Tina [meth],

and it just kept getting progressively worse to where [it] engulfed my whole life.”

Hackenberg, now 23, remembers staying up for seven days driving around Florida looking to PnP. From Jacksonville to Orlando to Miami, he would drive for hours searching for a new place to geolocate himself on Grindr to find a new selection of men who were ready to use meth with him.



"I think Grindr and Sniffies turn a blind eye to all these drugs. Grindr is so well-known for finding drugs. It's just so easy," he says.

What are the Apps Doing?

The epidemic of crystal meth addiction and PnP culture among gay men has been an issue since the late 1990s, long before smartphones. But the most dramatic increase in meth-related deaths and usage occurred from around 2015 to 2019, when it soared by 180%. At the same time, Grindr exploded in popularity: In 2015, it was reported to have 10.5 million global users and make \$38.1 million in sales.

Grindr and Sniffies declined multiple requests for an interview for this story. Instead, Grindr directed Uncloseted Media to their work with a UK nonprof-

it, The Love Tank, that provides "safer chillouts" guides on their website for information on sexualized drug use. In the guide, they provide information on harm reduction, such as how to check in with yourself before you use, how to determine proper dosage and how to handle overdoses.

In an email, The Love Tank told Uncloseted Media and Queer Kentucky that Grindr promotes their guides through inbox and pop-up broadcast messages on the app, but only in the UK region.

In the U.S., Grindr works with the nonprofit Building Online Healthy Communities and has a similar pop-up for all users.

Labayen de Inza, of Controlling Chemsex, says that this is not enough. "Clearly pop-ups and guides aren't working because the problem [of chemsex addiction] is still an issue," he says. "If

I'm horny, I'm not going to check my pop-ups. And sometimes people are not 'planning to chill.' Sometimes people are having horrible psychosis and paranoia and looking for help. People tell me, 'I want to stop. I have to stop, or I'm going to die.' The guides aren't going to help with that."

In the past, Grindr has gotten bad press for allowing drug dealers to use the app. In 2022, detectives that conducted a Florida investigation titled "Swipe Left for Meth" charged 68 suspects for selling drugs on Grindr and other hook-up apps, causing nearly 280 grams of meth to be seized—the equivalent of roughly 1,400 doses.

Since then, Grindr's community guidelines say they have cracked down on banning profiles "centered around or mainly consisting of drug content" and that they prohibit images that are focused on advertising or pro-

vers 4p@rTy 22

Online now Near Louisville, Kentucky

Vers Bottom 5'7" | 150 lbs | Slim

MY TAGS

roleplay bb rough dirty

carplay cruising commando

sub bubblebutt dom

ABOUT ME

Young Dominant Top/Submissive
Bottom BBC Slim Femboi
BWC
Masculine Guys
Deep Hard Rough Sex

Mobile Bottom 31

Online 11 minutes ago

Near Louisville, Kentucky

Bottom 5'10" | 150 lbs | Toned

MY TAGS

group toys kink lingerie

chastity sissy femme latex

sub bondage

ABOUT ME

Bottom fun and open minded and
laid back. into toys pegging cd sissy
and such bbc p n p groups kinky

Online now

Vers Top 6'3" | 195 lbs | Average

MY TAGS

bb ws piercings confident

chill daddy ftm poz bi

hairy

ABOUT ME

Vers bb, ws, anon, public, group, one
on one, kiss suck more, role play
blindfolds pump and dump

moting drug use as well as “emojis commonly associated with buying/ selling.” However, users say that simply putting a capital T, which is not banned, somewhere in their bios is enough to signal that they’re ready to PnP.

And these bans may not work: Uncloseted Media found five references to PnP after using the app for only 15 minutes in Louisville.

Sniffies, meanwhile, has a resource page with instructions on how to use chemical drugs safely as well as links to harm reduction resources like syringe access and overdose prevention. Labayen De Inza questions, though, whether users will ever seek out a resource page while using the apps.

In addition, Sniffies—which has seen “explosive regional growth” in 2024—has a feature where folks can list what substances they are comfortable with, though users cannot filter for other people’s drug preferences. In a data report that Sniffies pulled for Queer Kentucky, 18% of users selected “No PNP” under their drug preferences.

Users we spoke with say they wish the apps had a feature where you could filter out folks who are looking to engage in PnP. One 2023 survey by Sniffies’ public health partner found that four out of five participants wanted to be able to filter by drug use practices.

Legal Immunity

While it is likely that illegal drug use is occurring on these apps, they have Section 230 immunity, meaning that Grindr and Sniffies aren’t liable for any illegal activity that occurs on their apps and aren’t liable for the addictions stemming from the platforms.

“No one wants to do anything,” Labayen de Inza says. “It’s really difficult to digest the fact that organizations know what is happening to the community. We cannot do very much because we are working on pride parades or HIV prevention. Those are important things. ... But lots of people won’t be able to go to the parade because they will be psychotic or they will be suicidal [because of meth addiction].”

Labayen de Inza, who is in recovery for chemsex addiction, has spent six years on Grindr connecting with folks who have questions about drug use. He says he spoke with over 13,000 users in his first year.

He also surveyed Grindr users in 2019 and found that 10% of the 2,000 respondents were using meth. Of those who said they had used, 90% had a premium subscription to the app, far higher than the roughly 8.5% of all users who pay.

“I wish I could tell the CEO what is happening [on their]

platform,” he says. “If you are human, the pain I see every day would make you cry. We have a responsibility to the community to change something.”

Uncloseted Media requested an interview with Grindr CEO George Arison and he declined.

Apps Become Triggers

Users in recovery from meth also report risking relapse on Grindr and Sniffies.

Hackenberg started recovery in 2023 after he contracted HIV from injecting meth with a hookup. He says he still can’t use Grindr or Sniffies without relapsing, which is difficult because they are his go-to platforms for meeting guys. “I would try to get on the apps after moving to make friends, but I just couldn’t do it,” he says. “As soon as I start going on Grindr, I get the same head buzz as I did when I would smoke Tina. Every time I’ve relapsed, it was facilitated by the apps,” he says, adding that he has slipped “a few times” in his two years of recovery.

Mark Just, a 44-year-old finance analyst, started using meth as a way to build community in rural South Carolina, which only had “a bookstore and a park” as queer-friendly spots. “I mean, that was the only avenue to meet people,” he told Uncloseted Media and Queer Kentucky.

“You’re in the lion’s den on those apps,” he says. “You just have to be really honest about your sobriety and be okay with getting blocked when people don’t read about it in your bio.”

Now 20 years sober and in a relationship, he says when he tried using the apps to meet people, he had to be careful. “The question comes once you match and you’re chatting,” he says. “PnP or parTy or the puff emoji. I was just trying to meet people, but it would come up over and over again. ... I in 3 guys would ask.”

“The temptation is powerful,” he says. “It’s like giving up Krispy Kreme donuts and then someone showing up to your house with a dozen of your favorite donuts. Your body goes into craving mode, even though you haven’t been exposed to it in so long.”

“In a perfect world, they should make it similar to Tinder, where they don’t show you people that you aren’t interested in

based on your demographic. So filtering people based on [drug use] would be helpful.”

What Do We Do?

Ignacio Labayen de Inza says that the apps have to be a part of the solution because they are the ones providing a space where users can easily access the drug.

He thinks resources for support and harm reduction for chemsex need to be front and center on the apps and constantly visible. “There needs to be a pinned square called ‘Chem Sex Support’ so people know exactly where to go for help and they don’t have to leave the app,” he says. He and his team, who are grant-funded and offer their services for free, are already providing this resource to Grindr users but are constantly getting banned from the app because it violates the

app’s user guidelines.

“The reality is that people are desperate and they don’t know where to go,” he says. “Chemsex support is very unavailable.”

“There needs to be a bigger conversation,” says Christian Parker, executive director of the community nonprofit Gay & Sober. “The epidemic of meth in the gay community is a perfect storm. There is loneliness, isolation, and stigma all tied together.”

Sean Young, executive director of the University of California Institute for Prediction Technology, says that the apps don’t bear all the responsibility, but silence is not working.

“I think it’s the responsibility of the technology company to have a safe environment, which right now they’re not,” he says. “But the apps don’t have the knowledge about substance use to know how to do these types of interventions, and it could backfire if they tried to start

Quick question, please

7:46

How long G effect will last, I never had it but one guy came over to mine and had some but he fell asleep when we were having sex

Is that a bad thing? Shall I wait until he wakes up and make sure he's Okay to leave?

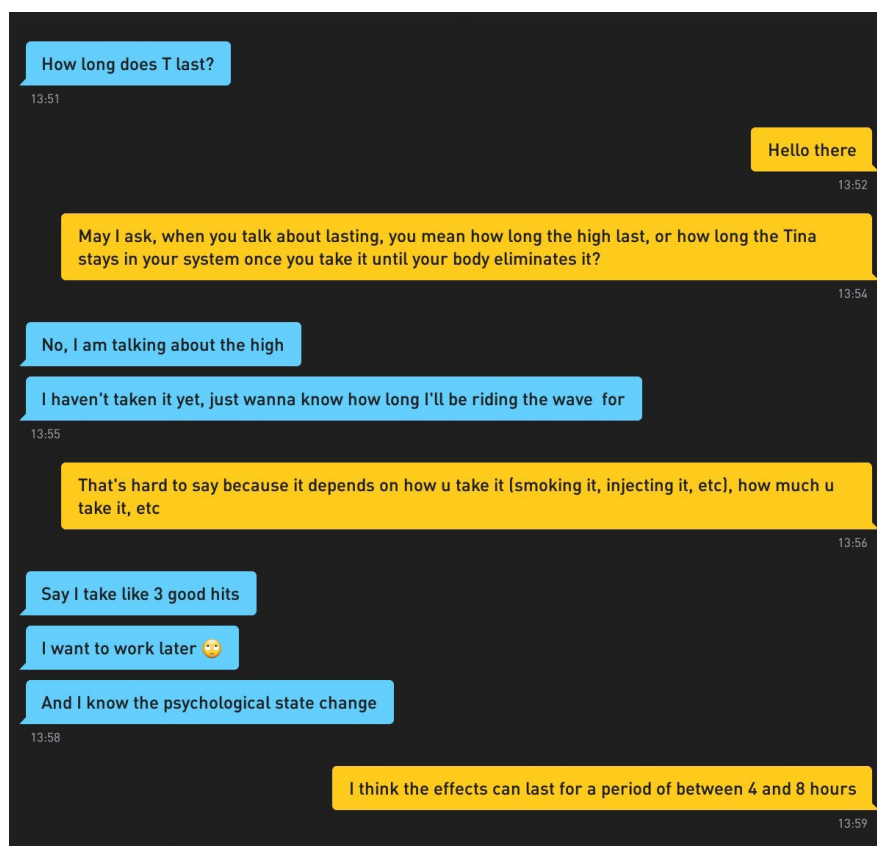
I never met him before but looks like he been playing all night

7:48

doing this. The solution to this is that technology companies should come to the table with public health officials and with individuals who are using the apps and start a conversation.”

“I would love to have the opportunity to speak with someone from Grindr,” says Labayen de Inza. “To say, ‘Let’s work together. Let’s do something effective.’”

McAllister, who became addicted to meth after his first time trying it with a Grindr hookup, says that education, online support and—most importantly—a destigmatization about meth use would have helped him be more careful. ♦





To the Homies that Will ...

Some Notes on Harm Reduction

by Mo Viviane

Picture this: It's 2015, you're twenty-one years old, it's a Saturday night in Louisville, and you were invited to some mansion party. The floor is shaking from the bass; there is glitter all over the place; there are folks dressed in leather; you are wearing only a plaid t-shirt and some jeans and have somehow lost your

shoes. There is sex happening in the bathroom, someone is putting their ass in a cake on a picnic table in the front yard, and someone hands you a glow stick bracelet with a knowing nod.

You've never been in a situation like this, but feel inclined to ride it out. Some of the night passes, and a cute person is sitting on a wooden swing in the backyard, looking at you with the eyes and offering you a light blue pill. Next thing you know, you are lying on the ground with them, and your hair is acting as a pillow against the grass. Maybe you think to yourself, "Yeah, this is it. This is what I needed."

Now, picture this: You are at a queer bar on a busy corner street. You and your friends have just downed so many PBRs that none of you can feel your face anymore. Now, you have to go to the bathroom. Someone is standing by the door, sweating and pacing. You're an empath, so you start to feel uncomfortable with them. They're scratching their arms. The door opens, and they go in.

You wait a while and knock on the door, asking if they're okay. No answer. You really have to pee. You check to see if the door is unlocked and open it. They're passed out on the floor. You

crouch, move your hand over their mouth, and feel no breath. There is a needle that is covered in black goo and blood next to the toilet. You yell for help, and a person runs in. They ask if they are breathing; you answer, “No.” They rummage through their purse, pull out a spray, and put it up the person’s nose. “If she doesn’t wake up in a few minutes, we call an ambulance.” Two minutes pass, and the person jolts awake.

What did you learn? To take care of others and ourselves is of the utmost importance. Even when we aren’t sure what to do, we have tools. Seeing that person on the floor with a black goo’ed-up needle tripped me to understand that there are safe ways for people to do their drugs. As someone who was medically transitioning at the time, I received more than enough clean needles to share with others. I carried them everywhere I went after that. I found friends who had access to Narcan, and I carry that everywhere.

It’s not my place to sit in judgment, nor do I tolerate any-

one else sitting in judgment for me for my previous drug use. Whether you are using drugs for fun or survival, the fact is – use them safely. That’s the real tea on harm reduction.

Queer folks have been the most vulnerable population, most directly impacted by unsafe substance use, and the most in need of community care. From the AIDS crisis to the ongoing criminalization of sex work and drug use, we know what it’s like to be abandoned by government constituents, public health workers, social workers, organizations that utilize us for clout, and family members who want to care for us when it’s convenient.

Queer folks, particularly Trans-BIPOC folks, are disproportionately affected by homelessness, poverty, and substance use. We have a more challenging time accessing quality, non-judgmental care. These factors make the spread of disease easier within our communities.

When we talk about harm reduction, we’re talking about protecting each other from HIV, Hepatitis B & C, overdoses, and

many other risks associated with substance use. When we talk about harm reduction, we’re talking about needle exchanges, safe injection sites, fentanyl test strips, all of which make sure no one gets left behind because of a choice they made. We’re talking about acknowledging the trauma, discrimination, and mental health implications that often lead to substance use. Instead of punishing people for coping, we should be prioritizing and providing safer ways for them to do so.

When we realize our collective power to care and share care, we can make the world a much better place. Many of us didn’t ask to be on this planet, and somehow, we aid to be here. We must ensure safety in understanding, restorative care, and overall health and well-being. This is for everyone.

So, for the homies that will...

Here are some practical steps to reduce harm in your life and in the lives of all you may come across:

We’ve come a long way from the days when the media only showed drug users as tragic fig-

“

It’s not my place to sit in judgement. Whether you’re using drugs for fun or survival, the point is: use them safely. That’s the real tea on harm reduction.”

1. Carry NARCAN:

Opioid overdoses are killing our folks, and a dose of NARCAN can literally bring someone back from limbo.

2. Support Needle Exchanges:

These programs aren't just about providing clean needles; they're about making sure that people are using drugs as safely as possible. It's not just "here's a syringe, good luck" – it's about education on safer injection practices, reducing the risk of infections and abscesses, and providing people with alcohol wipes and sharps disposal containers. It's about making sure that no one is reusing or sharing needles, which cuts down the transition of HIV and Hep C. Many needle exchanges serve as community hubs, offering health screenings, overdose prevention training, and connections to housing and support services.

3. Know Your Substances:

If you're going to do drugs (or be with people who do), educate yourself. Know the differences between drugs, understand the risks of mixing them, and test them for contaminants. You never want to think you're doing one drug but actually be doing something much harder.

4. Create Safe Spaces:

Whether it's a house party or one night out, designate a sober person to check in with everybody; bring water or snacks, and get you home safely if need be.

5. Decriminalize and Destigmatize:

Support decriminalization efforts, advocate for safe consumption spaces, and don't treat people like they're less worthy of respect, dignity, and a quality life because

ures doomed to die. But we need more stories, ones that don't just focus on the struggle but also on the community, resilience, and radical care that harm reduction exemplifies. Queer history is built on mutual aid, and that doesn't just mean throwing dollars at each other. During the height of the AIDS crisis, when the government wouldn't lift a finger, it was queer folks, sex workers, and activists who distributed medication, educated one another, and built networks of care. That's what we needed then, and it's what we still need today.

At the end of the day, it's about real, radical love. It's about making sure that when the party's over, everyone makes it home safely. ♦

MoViviane (she/they) – Born in Lebanon, Kentucky. She is an artist who focuses on expansion while using ancestral tools of storytelling, sound frequency, and much more. Their work focuses on the abstractions of life and death and the correspondence to the creativity process. She utilizes laughter and crying as medicine, hoping to make the world a more sustainable and loving place.

*If you want to read more from them, their poetry chapbook titled *death:ing* is out for purchase, and you can find them on Medium and Instagram [here](#).*



Navigating the In- Between:

Ryan Jones Discusses the Critical Importance of the Kentucky Harm Reduction Coalition

by Remy Sisk

Photo provided by Ryan Jones

Ryan Jones still remembers his family handing him a one-way ticket to Louisville in his hometown of Richmond, Va. Struggling with substance abuse, Jones was told he was either going to go to Louisville to enter a recovery program or he was going to be cut off from the family's resources. Begrudgingly, Jones took the ticket, which—while he may not have known at the time—was also his first step toward a new life, one defined not by substances but by affecting real, positive change.

Today, Jones works as an administrator with the Kentucky Harm Reduction Coalition, an

organization that strives to “reduce substance use disorder overdoses and deaths, the stigma associated with substance use disorder, and to offer harm reduction solutions.” Jones is over two years clean, has a loving and revitalized relationship with his family, and now spends his days working to curtail the dangerous consequences of substance use, building a more hopeful future not only for himself but also for countless others.

Jones was raised by his grandfather in Richmond as the oldest of 17 grandkids. As a kid, he recalls having been a bit spoiled growing up by his grandpa, a

prominent pastor in their Virginia community. While he remembers it being hurtful at the time to hear such a direct ultimatum given by his family about getting clean, looking back on it now, he says, “I didn’t realize it, but when they were sending me out here, it was harm reduction that they used—you know, to be able to meet me where I was—which caused me to actually do a lot of life-altering changes in my life that enabled me to begin to real-

ent avenues of aid. While many may see drug use in a binary of clean or using, Jones was able to understand modalities of assistance that met people in the in-between, helping them make safer choices and reduce the risk of more dire outcomes. “Utilizing harm reduction allowed me to be able to navigate through life a lot easier,” he attests. “It meant that anybody that I talked to wasn’t going to judge me or look down upon me.”

background, he was originally hired as a project manager for the coalition’s Health and Wellness Lounge, a safe and welcoming space that provides harm reduction resources to those looking for it. He was provided a budget, a timeline, and from there took the opportunity to prove himself. “I went in with everything I got,” he says. “And I was able to meet the time constraints as well as stay under the budget that they wanted me to spend. And so they were like, ‘You know what, you’re a keeper right here.’”

Now, Jones works day to day to advance the work of the KYHRC. As an administrator, he gets the phone calls, the emails, the “Contact Us” forms from the website. He also works in distribution and outreach—as the coalition is located in Downtown Louisville, they’re mindful of broadening their orbit beyond the immediate area. “That allows us to be able to send out safe use tools, condoms, fentanyl test strips, different things of that nature to be able to, you know, reduce the harm out there,” he explains. “And so we send out thousands and thousands of utensils and tools on a daily basis. ... We also want to make sure that we’re reaching people that are outside of our downtown community. So we’re able to actually mail them these tools to be able to assist them in their daily living.”

“
If I can at least help somebody, one person a day, I’m adding to the change. I often tell people I want to be the change. I don’t just want to hear about the change. I don’t just want to talk about the change. I want to be the change.”

ly be a productive citizen again.”

During his journey through recovery in Louisville, Jones discovered the KYHRC and began to understand the idea of harm reduction in general. Learning about the very concept—the practice of mitigating the negative impacts and consequences of drug use and its associated risks—opened his eyes to differ-

The day Jones made his own decision to stop using altogether was Valentine’s Day 2023, and with it coming on the heels of tempestuous family conflict and challenging personal reflection, he remembers that “it was definitely the best kind of love I could have ever given myself.” Eight months later, he began working at the KYHRC. Given Jones’s clerical

Indeed, getting the tools of harm reduction to those who need it most is at the very center of the KYHRC's mission; Naloxone (brand name: Narcan) distribution is one of their primary forms of aid. They also offer training around how and when to use Naloxone to ensure that those who need it don't just have it, but also understand it. Additionally, the organization offers services focused on syringes, hepatitis C and HIV testing, mobile outreach, fentanyl and xylazine test strips and the aforementioned Health and Wellness Lounge, which provides a safe space for those looking for support on their journey to better health. Kiosks located on their campus allow the community free access to test strips and Naloxone as well as informational materials on harm reduction and substance use.

While critical for any population, these services, Jones notes, are of particular import to LGBTQ folks. As an individual who is HIV-positive, Jones understands that what the KYHRC offers is so imperative to those who may be more susceptible to the dangers of unsafe practices.

"You know, everyone isn't as safe as they may claim to be," he says. "Everyone may not be practicing the best safety. And so it's very important to utilize safe tools. Being able to practice these skills will actually help to prevent the spread of any diseases or, you know, anything that is contractible by sharing utensils."

Jones, having been through recovery himself, sees the need in the community not only for the KYHRC's services but also for the education around the definition of harm reduction. "A lot of people really think, when they hear harm reduction, they think, 'Y'all giving away drugs,'" he says. "No, we're not. We're not giving away drugs. No, what we are doing is making sure that if you choose not to go into abstinence recovery that you are able to at least assist yourself until you are ready or until you want to at least make a small change or take the steps to where you may want to go."

By sharing his story and working every day with people who are in similar places to where he once was, Jones hopes to enact real change in his com-

munity, change he has the power to affect because he has lived through it. "If I can at least help somebody, one person a day, I'm adding to the change," he says. "And I often tell people I want to be the change. I don't just want to hear about the change. I don't just want to talk about the change. I want to be the change." And with his empowering outlook, unshakable tenacity and commitment to action, there's no question he's making a genuine difference, a difference that impacts not only individuals in the immediate but also the upward trajectory of better health and more intentional compassion in Louisville and beyond. ♦

“

A lot of people really think, when they hear harm reduction, they think, 'Y'all giving away drugs.'
No, we're not. We're not giving away drugs.”



Rewriting Recovery:

How Cannabis Helped One Kentuckian in Her Sobriety Journey

by Claire McInerny

Three years ago, Liz Freedman got sober from the substances that ruled her life starting when she was 12.

“I’m bipolar so I’ve kind of always just had this really bad anxiety,” she said. “When I was a kid I had anger issues, but I wasn’t actually angry. I was just sad and needed something to take me away.”

For Liz, it started with huffing household chemicals. But that quickly led to abusing pills and alcohol.

“I would do anything I could. That is what my life revolved around,” she said. “I ended up getting addicted to meth, Adderall and cocaine in my 20s. I also drank very heavily and I also used benzos.”

When she was 28, Liz woke

up one day and realized how unmanageable and dangerous her addiction was. She said she had hit so many “bottoms” by this point, but this day was when she finally decided she wanted to be more present in her life. So she went to rehab.

“I got sober and I was abstinent from all mood and mind altering things for about two years,” Liz said.

In her sobriety Liz also learned how to manage her bipolar disorder and other mental health struggles, the original reason she turned to drugs and alcohol for relief. But she wasn’t cured of anxiety, trouble sleep-

ing, and flashbacks, so she started thinking about using cannabis as a way to relax her mind.

“I asked myself a lot of questions before I pursued a medical marijuana license,” she said. “I felt so much shame because of what I personally felt I had heard in AA rooms.”

Programs like Alcoholics and Narcotics Anonymous promote complete abstinence from any mind altering drug.

“I don’t want to speak down

“Sometimes it’s part of my daily routine, sometimes it’s not,” she said. “I don’t feel the phenomenon of craving with marijuana. I just feel like with marijuana, it doesn’t take it all away. It just soothes it. Whereas when you pop a pill, I personally disappear.”

Liz ended up getting a medical marijuana license so she could buy cannabis at dispensaries. She wanted to know what she was buying and wanted to

recovery avoid more harmful substances.

Dr. Peter Grinspoon is a cannabis specialist at Massachusetts General Hospital, an instructor at Harvard Medical School, and a recovering opioid addict. In an op-ed from 2023, Dr. Grinspoon wrote about how using cannabis is not a “slippery slope” for every addict. The common wisdom in many recovery circles (and the true experience for many addicts) is that using marijuana lowers your inhibitions. This could lead to wanting to use the substances that were more harmful.

But Grinspoon writes this is not true for everyone in recovery and shouldn’t always be looked at as a relapse:

“Using medicinal cannabis to transition away from more dangerous drugs, such as alcohol or heroin, is an increasingly popular and accepted form of harm reduction. I have had tremendous success in my clinical practice transitioning people from both medicinal opioids and alcohol to cannabis. I find cannabis to be particularly efficacious, because it can help treat or palliate many of the symptoms that may have helped incite and fuel the addiction to these other drugs in the first place, such as anxiety, insomnia, chronic pain, and trauma.”

“ Using medicinal cannabis to transition away from more dangerous drugs, such as alcohol or heroin, is an increasingly popular and accepted form of harm reduction.

——— Dr. Peter Grinspoon, Massachusetts General Hospital

about AA because I know it helps some people, but I believe that the rhetoric can be very harmful,” Liz said. “So I’m asking myself in those moments, why has it been so demonized in my brain to take a mood or mind altering substance when it could be so incredibly helpful?”

Liz says for her, using marijuana feels very different from other drugs and alcohol. She uses it when she wants to calm down a little.

use products with more CBD than THC (the psychoactive component in cannabis) to help her relax. For the last year, she’s considered herself California Sober, a popular term for people who don’t use any drugs or alcohol except marijuana.

Even though sobriety programs like AA or rehab centers still stress complete abstinence, more people in the recovery world see marijuana use as a way to help people in

He also writes that the abstinence model in AA isn't very effective-only 5-10% of people who attempt it stay sober.

That doesn't mean cannabis is completely harmless. People under 25 using marijuana could impair her brain development. Pregnant or nursing people shouldn't use cannabis, and it's dangerous to drive when you're high (according to the Substance Abuse and Mental Health Administration). But if the choice is between heroin or smoking a joint to take the edge off of a bad week, Dr. Grinspoon says for some people cannabis is a good option.

Being completely sober for two years helped Liz understand what her mind and emotions were like free from substances. And even with re-introducing marijuana, she still feels the clarity and peace she found in sobriety.

"I feel like if you are struggling with addiction, you can't go wrong with a period of abstinence because I feel you gain a tremendous amount of wisdom and self awareness," she said. "But I think addiction is a spectrum. I think we all have our own needs for that, and I think to judge or to down anyone in any way for how she are getting better is out of this world." ♦

If you or someone you know is struggling with substance abuse, please contact the SAMHSA helpline at

1-800-662-HELP