



## **HEALTH IMPACT OF ADULTERATED SILICONE ON TRANSGENDER HEALTH**

*Call for Education and Awareness about Adulterated Injection Silicone Use*

**Approved by SOPHE Board of Trustees on February 9, 2012**

WHEREAS, The U.S. Department of Health and Human Service's Healthy People 2020 has identified transgender health to be a public health focus over the next ten years<sup>1</sup>; and

WHEREAS, The National Coalition for LGBT Health has deemed injection silicone use among transgender populations in the U.S. a widespread public health priority<sup>2</sup>; and

WHEREAS, The FDA has banned the off-label use of injection silicone to augment physical appearance, as a seemingly inexpensive injectable filler, and considers injection silicone an illicit practice and warned that interstate transport of silicone is illegal; and the American Society for Aesthetic Plastic Surgery has written a position statement that discourages the use of liquid injectable silicone for cosmetic enhancement<sup>3-4</sup>; and

WHEREAS, The clinical literature indicated that industrial grade silicone injected into the body may cause medical complications, such as respiratory embolism, infections, scleroderma, toxic shock syndrome, granuloma, neuropathy, lymphadenopathy, rheumatic symptoms, severe autoimmune and connective tissue disorders, and death<sup>4-27</sup>; and

WHEREAS, Limited empirical research suggests that adulterated injection liquid silicone (AILS) is widespread among some vulnerable transgender subgroups (e.g., transgender youth, Male to Female (MTF)<sup>19,23-26</sup>; and

WHEREAS, There exist too few outcomes research that employ mixed methods research to examine psychosocial and environmental determinants that influence the use of AILS, or quantifies the prevalence of AILS use, and its health effect on transgender health,<sup>19,23-26</sup>; and

WHEREAS, Extensive clinical case history of MTF (transwomen) who injected adulterated silicone and experienced negative health effects is well documented. This event is possible especially if adulterated silicone contains oil-based impurities, given under unhygienic conditions, and by unlicensed operators<sup>4-27</sup>; and

WHEREAS, Currently, neither the Centers for Disease Control and Prevention (CDC) nor the Substance Abuse and Mental Health Services Administration (SAMHSA) collect surveillance data on reported medical examiner deaths or emergency room reports of illness or death associated with AILS<sup>23-24</sup>; and

WHEREAS, The *Washington Transgender Needs Assessment Survey*; a survey of 252 self-identified transgender respondents reported that injection silicone rates among transgender persons was 25% in Washington, DC, 30% in New York, and 33% in Los Angeles and Sausa's (2003) study of 24 interviews with trans youth in Philadelphia, PA found that 8% of trans youth had received silicone injections<sup>19,22</sup>; and

WHEREAS, AILS has been shown to stay in the body as long as two to 25 years, migrate from the original point of injection to distal parts of the body and cause tissue damage<sup>10-11,18</sup>; and

WHEREAS, HIV/AIDS is a major health concern among transgender communities, in a sample of 252 transgender individuals in Washington, DC 25% were HIV positive; sharing unclean syringes to inject adulterated silicone, coupled with unprotected sex, places transgender persons at high risk for HIV/AIDS, hepatitis, syphilis, and gonorrhea; and behavioral risks include social isolation and stigma<sup>14,19</sup>; and

WHEREAS, The potential for drug-to-drug interference with prescription antiretroviral drugs and adulterated silicone is unclear, especially for those persons with compromised immune systems, because there are no long term efficacy studies<sup>19,14-15</sup>; and

WHEREAS, Currently, there exist no widely available public health education, silicone harm reduction, or prevention workshops, seminars, or training aimed at increasing knowledge and awareness of the widespread use of AILS or prevalence data highlighting potential allergic reactions and systemic complications as shown in the infectious disease literature<sup>14-15</sup>; and

WHEREAS, There has been no widespread community health partnerships/collaborations with community health educators, health planners, researchers, transgender members, state/local health departments, or social and health agencies that provide medical and behavioral services to transgender persons, particularly youth, to address and resolve this epidemic with evidence-based, theory-driven solutions;

THEREFORE, be it

RESOLVED, That the Society for Public Health Education (SOPHE) discourages the use of adulterated injection liquid silicone behavior, because of its adverse health effects to transgender health and well-being; and be it further

RESOLVED, That SOPHE urges federal, state, and local government agencies, city and state health departments, U.S. Public Health Service, CDC, SAMHSA, and American Academy of Pediatrics:

- To fund evidence-based health education and prevention programs targeted at transgender persons who engage in AILS, an inexpensive and potentially life-threatening contouring filler, particularly among youth;

- To conduct health research to examine the prevalence of injection silicone use in transgender communities, understand patterns of behavior, identify gaps in prevention services, and provide recommendations for alternative methods to modify physical appearance that are not toxic to the human body and tissues;
- To conduct AILS education and awareness training for families, social workers, health planners, and health care providers (e.g., family practitioners);
- To fund opportunities to:
  1. discuss AILS use in urban transgender communities with the aims to examine psychosocial and environmental determinants and make suggestions for eliminating gaps in health services and access to health care
  2. increase silicone harm reduction strategies
  3. offer trans-friendly individual and group counseling with providers trained in providing behavioral health care with transgender populations; and be it further

RESOLVED, That SOPHE will work with the National Association of County and City Health Officials (NACCHO), Gay and Lesbian Medical Association (GLMA), SOPHE Chapters, and other key groups to update a national plan for comprehensive transgender health, consistent with Healthy People 2020 goals for transgender health, and incorporates evidence-based strategies to protect vulnerable, medically underserved transgender populations; and be it further

RESOLVED, That SOPHE encourages city and state health departments and private funding organizations to provide prevention and capacity building grants to conduct community-based participatory research and fund silicone harm reduction programs for at-risk transgender persons, particularly youth; and be it further

RESOLVED, That SOPHE encourages community/university/agency partnerships with transgender-friendly community health clinics and social service agencies to provide access to preventive health services (e.g., screening, case management) to transgender persons and to act as resource and referral sources to support implementation and evaluation of evidence-based and culturally competent harm reduction and prevention programs that improve quality of life and saves lives over time; and be it further

RESOLVED, That SOPHE urges the CDC and SAMHSA to collect, document, and report surveillance data on transgender individuals who have become ill or died as a result of injecting adulterated silicone; and be it further

RESOLVED, That SOPHE appeals to its membership, all primary care providers, allied health practitioners, clinical social workers, community health educators, transgender family members, and all media to be informed about the serious health implications associated with AILS behavior use/misuse in transgender communities across the nation.

## References

1. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. WDC: Available at <http://healthypeople.gov/2020/default.aspx>. Accessed December 23, 2011.
2. National Coalition for LGBT Health. (2004, April). An overview of U.S. trans health priorities: A report by the eliminating health disparities working group. Retrieved December 16, 2004, from <http://www.lgbthealth.net>
3. FDA. (2000, November, 28). Warning letter: AdatoSil™5000 (M490In). Rockville, MD:USDHHS. Retrieved December 15, 2005, from [http://www.fda.gov/foi/warning\\_letters/m490in.pdf](http://www.fda.gov/foi/warning_letters/m490in.pdf)
4. The American Society for Aesthetic Plastic Surgery. (1977). Face: Liquid silicone injections ASAPS-Position. Retrieved December 6, 2005, from <http://www.surgery.org>
5. American Educational Gender Information Services. (2003). Silicone use: Illicit, disfiguring, dangerous: The problem. Medical Advisory Bulletin. Retrieved January 15, 2005, from <http://www.gender.org/advisories/Silicone/html>
6. Anderson, B. (2003). Deaths highlight illegal silicone use: Trans pumping parties reportedly gaining popularity. Washington Blade. Retrieved December 6, 2005, from [http://www.washblade.com/pring.cfm?content\\_id=1097](http://www.washblade.com/pring.cfm?content_id=1097)
7. Bigatá X, Ribera M, Bielsa I, Ferrándiz C (2001). Adverse granulomatous reaction after cosmetic dermal silicone injection. *Dermatologic Surgery*, 27, 198-200.
8. Chastre J, Basset F, Viau F, et al. (1983). Acute pneumonitis after subcutaneous injection of silicone in transsexual men. *New England J Med*, 308, 764-767.
9. Chastre J, Brun P, Soler P, et al. (1987). Acute and latent pneumonitis subcutaneous injection of silicone in transsexual men. *Amer Rev. of Respiratory Disease*, 135, 246-240.
10. Duffy DM. (2002). The silicone conundrum: A battle of anecdotes. *Derm Surgery*, 28, 590-595.
11. Duffy DM. (2003). TNF inhibitors may be effective as intervention. In Gutman C. Ed.). Silicone granuloma management. *Dermatology Times*. Retrieved April 4, 2006 from <http://www.dermatologytimes.com>
12. Duong T, Schonfeld AJ, Yungbluth M, Sloten R. (1998). Acute pneumopathy in a nonsurgical transsexual. *CHEST*, 113, 1127-1129.
13. Ellenbogen R, Ellenbogen R, Rubin L. (1975). Injectable fluid silicone therapy: Human morbidity and mortality. *J Amer Med Assoc*, 234, 308-309.
14. Garofalo R, DeLeon J, Osmer E, Doll M, Harper G. (2006). Overlooked, misunderstood, and at risk: Exploring the lives of HIV risk of ethnicity minority male-to-female transgender youth. *J of Adolescent Health*, 38, 230-236.

15. Hexsel, D., Hexsel, C., & Iyengar, V. (2003). Liquid injectable silicone: History, mechanism of action, indications, technique, and complications. *Seminars in Cutaneous Medicine and Surgery*, 22, 107-114. doi:10.1053/sder.2003.50010
16. Kopf, E., Vinnik, C., Bongiovi, J., & Dombrowski, D. (1976). Complications of silicone injections. *Rocky Mountain Medical Journal*, 75, 77-80.
17. Lomarbd T, Samson J, Plantier F, Husson C, Kuffer R. (2004). Orofacial granuloma after injection of cosmetic filler: Histopathologic and clinical study of 11 cases. *J Oral Pathology Med*, 33, 115-120.
18. Rapaport M. (2002). Silicone injections revisited. *Derm Surgery*, 28, 594-595.
19. Sausa, L. (2003). The HIV prevention and educational needs of trans youth: A qualitative study (Doctoral dissertation, University of Pennsylvania, 2003). *Dissertation Abstracts International*, 64 (04), 1186A. (UMI No. 3087465).
20. Tilleman, T. (2005). *Cosmetic use of injection silicone LIS, approved materials with unapproved procedure: Time to ban "off-label" use?* Unpublished manuscript, Harvard University, MA. Retrieved December 6, 2005, from <http://leda.law.harvard.edu/leda/data/727/Tilleman05.html>
21. Tobin, T. (2001, April 18). 'It's food, drink, and injections'. *St. Petersburg Times*. Retrieved December 6, 2005, [http://www.sptimes.com/New/041801/State/\\_It\\_s\\_food\\_drink\\_and.shtml](http://www.sptimes.com/New/041801/State/_It_s_food_drink_and.shtml)
22. TRM. (2003). Injected silicone. Retrieved December 6, 2005, from <http://www.trsoadmap.com/physical/silicone/silicone-fata.html>
23. Wallace PM., Rasmussen S. (2010). Development of an Interview Guide to Assess Adulterated Silicone Prevalence Among a Transgender Sample in Chicago. *International J of Transgenderism*, 12, 167-175.
24. Wallace P. (2010). Finding self: A qualitative study of transgender, transitioning, and adulterated silicone. *Health Education Journal*, 69(4), 439-446. doi: 0017896910384317.
25. Wallace PM. (2007, September). *Assessing silicone risk among transgender adolescents: A mixed methods study*. Paper presented at the Gay and Lesbian Medical Association, San Juan, Puerto Rico.
26. Wallace PM. (2007, November). *A case for silicone prevention policy: Promoting transgender adolescent health*. Paper presented at the 135<sup>th</sup> annual meeting of the American Public Health Association, Washington, DC.
27. Xavier JM. (2000). Final Reports of the Washington Transgender Needs Assessment survey. Washington, DC. Retrieved 15, 2005, from <http://www.glaa.org/archive/2000/tgneedsassessment111.shtml>