

WE ARE FAMILY, I'VE GOT ALL MY
DRUGS WITH ME!": LGBTQ+
COMMUNITIES AND ADDICTION: RISK
AND PROTECTIVE FACTORS.

Michael P. Chaney, Ph.D., LPC, ACS

Oakland University

W. Nathaniel Mason, M. Ed., NCC

College of William & Mary

PREVALENCE RATES

- Prevalence of diagnosable SUDs is about 20.3 million people (NSDUH, 2018) or 10 percent (GP) (JAMA Network Journals, 2015).
- Approximately 1 in 5 Americans (19.4%) in 2018 had used an illegal substance in the past year.
- LGBTQ individuals are more likely than heterosexuals to struggle with SUDs
- More likely to report histories of familial substance use



<http://www.washingtonblade.com/2014/03/12/del-organizers-mobilize-lgbt-youth/>

SUBSTANCES OF USE & TRENDS



<https://paradigmmalibu.com/blog/page/217/>

- Alcohol
 - 20-25% of lesbians and gay males are heavy drinkers compared to 3-10% heterosexual peers.
 - Gay men (18-23 years) & bi women (24-29 years) highest AUD rates (Peralta et al., 2019)
 - Heavy and problem drinking trends x age
- Cannabis and Tobacco Use
 - LGB use marijuana more than heterosexual counterparts (Schuler & Collins, 2020).
 - Estimated 56% of LGB abuse cannabis compared to 20% of the general population.
 - 31.4% of gay men and 48% of lesbians smoke cigarettes compared to heterosexual men (24.7%) and women (14.9%) (Chaney & Brubaker, 2016).
 - 36% of sexual minority youth smoke cigarettes compared to heterosexuals (14%) (Rosario et al., 2014).
 - Start smoking at younger ages

SUBSTANCES OF USE & TRENDS

- Stimulants
 - Approximately 23-30% of gay males use cocaine compared to 9% of the general population
 - Gay, bisexual, and transgender/NC men are more likely to engage in methamphetamine use compared to other populations
 - Group attitudes about the drugs contributes to use.
 - Cocaine vs. crystal meth (Fazio, Hunt, and Moloney, 2011).
- Opioids/Non-medical prescription drugs (NMPD)
 - NMPD misuse higher among LGB than heterosexuals (Schuler et al., 2019)
 - Lifetime heroin use higher among bisexual men and women
 - Patterns by age



TRANSGENDER AND QUEER PEOPLE OF COLOR

- Transgender
 - Trans youth and adults more likely than cis youth/adults to use alcohol, cigarettes, marijuana, other illicit drugs, and poly-drugs
 - Binge drinking (47%), marijuana (39.6%), illicit drugs (19%)
- Queer People of Color
 - Black and Latina American sexual minority women 4 X more likely to have SUD than hetero women from within own racial group, and 2X as likely as white lesbians (Mereish & Bradord, 2014)
 - Black, Latino, and Multiracial gay/bi men higher risk for SUDs (Talley et al., 2014)
 - Intersection of racism, heterosexism, and sexism a major factor



BIOPSYCHOSOCIAL SYSTEMIC FACTORS

- **LGBTQ+ Identity Development**

- Developmental milestones can be a great source of stress, anxiety, shame and fear.
- Due to powerful emotions, some individuals may use mood-altering substances.

- **Minority Stress, Heterosexism, & Transphobia**

- Physical and emotional stress associated with being a member of a historically stigmatized cultural group has been termed *minority stress* (DiPlacido, 1998, Meyer, 2003).
- Negative experiences (discrimination, bullying, violence, etc.) and negative attitudes from others or towards oneself (internalized heterosexism, concealment of sexual orientation, etc.)
- Inability to self-regulate the negative affect, may develop unhealthy coping strategies such as substance use.

<http://www.lgbtqnation.com>



BIOPSYCHOSOCIAL SYSTEMIC FACTORS

- **Socio-sexual causes**
 - The role of gay bars, clubs, and bathhouses
 - Involvement with LGBTQ+ people and/or regular attendance at gay bars related to alcohol and poly-substance use
 - Anxiety, shame, and guilt associated with same-sex sexual desires and/or initial sexual experiences, integrating drugs and alcohol into the sexual activity
 - Sexual sensation seeking linked to substance use (Kalichman & Cain, 2004).
 - Psychopharmacological characteristics of the drugs themselves.



<http://www.10best.com/destinations/nevada/las-vegas/nightlife/under-21-hangouts/>

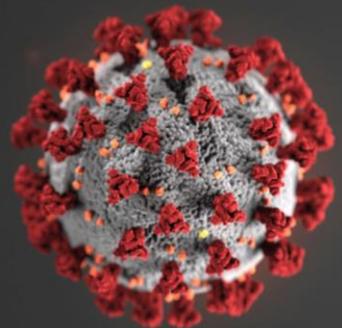
BIOPSYCHOSOCIAL SYSTEMIC FACTORS

- **Queer community functions as a “family”**
 - Connectedness to and participation in the LGBT community were significant predictors of substance use involvement (Demant et al., 2018)
 - LGBTQ+ youth and young adults may perceive this as culturally normative
 - LGB community rejection of bisexual, trans, and queer POC
 - Substance use to regulate feelings of marginalization, exclusion, and conflict
- **Racism/Racial Discrimination**
 - Racial discrimination predicts heavy drinking and drug use through emotion regulation and internalizing symptoms among Black, Latino, and Multiracial GBM (English et al., 2018)
 - Discrimination across multiple domains
 - Substances as coping source and emotion regulation



OTHER FACTORS: CURRENT PANDEMIC

- Minority Stress Theory
 - Before COVID-19, LGBTQ+ community continually faced stressors due to their stigmatized status (Meyer, 2003; Meyer, 2015)
 - Unfair treatment for Asian LGBTQ+ individuals due to unfair discrimination related to COVID-19 (Katz-Wise, 2020)
 - COVID-19 compounds stressors, including isolation, resulting in higher levels of anxiety and depression (Katz-Wise, 2020)
 - Relationship between these symptoms and increased substance use (Brubaker & Chaney, 2017)
 - Specific stressors exist for this community



MINORITY STRESS THEORY, CONT.

- New forms of stress during pandemic (Katz-Wise, 2020)
 - Loss of work and income
 - School closures (unsupportive families, sources of support, etc.)
 - Reduced access to care (particularly for trans/ gender non-conforming)
 - Seeking care for COVID-19 symptoms
 - Reduced access to legal protection
- Stress and loss of support (“chosen families”)
 - Difficult with social distancing (i.e. LGBTQ+ specific venues)
- Unhelpful coping strategies to cope, such as substance use

OTHER STRESSORS DURING PANDEMIC

- Isolation is compounded by a lack of structured support for those with sexual minority status (Hendricks & Testa, 2012)
 - Particularly true for trans and gendered-nonconforming individuals
- Forced disclosure of status (e.g. immunocompromised partner due to HIV) (Samuels, 2020)
- Affects older LGBTQ+ adults at perhaps higher rates (Samuels, 2020)
- Housing for trans students (Samuels, 2020)



PROTECTIVE FACTORS

- Plethora of online 'chosen families' to experience community, affirmation, and sense of bonding (Katz-Wise, 2020)
- Additional organizations can be utilized during this time (see later slide)
- Queer community itself is a protective factor- can be a source of support and way to combat substance use
- Affirmative counselors and treatment



EXPERIENCES IN COUNSELING

- LGBTQ+ populations seek substance abuse treatment over their lifetimes at nearly twice the rate of heterosexuals
- They report negative experiences with the services received.
- Felt less supported in treatment due to heterosexist attitudes of staff and other clients (Cheng, 2003).
- Give substance abuse counselors and programs low ratings on being queer affirming (Matthews & Selvidge, 2005).
- Senreich's (2009) study reported feeling disconnected, not therapeutically supported, and less satisfied with treatment than the heterosexual clients.
- Non-heterosexual and non-cisgender clients had lower rates of abstinence post-treatment.



LGBTQ+ AFFIRMATIVE TREATMENT OF SUDS

- Create safe and supportive spaces to explore and accept non-heterosexual/non-cisgender identities to better understand interplay between sexual orientation, social marginalization, and substance use disorders (Chaney & Brubaker, 2014).
- Recognize strengths and resilience in coping with negative environmental stressors
- An initial list of key counseling considerations.



EIGHT LGBTQ-AFFIRMING COUNSELING CONSIDERATIONS

(BRUBAKER & CHANEY, 2017)

- **Association and socialization.**
 - Explore socialization patterns and affiliations that may promote substance or protect against use.
 - Identify how technology is used to facilitate positive and negative social connections.
- **Same-sex sexual behavior.**
 - Engage in developmentally appropriate discussions about risky same-sex behavior and the role that substances have played in managing difficult emotions or facilitating sexual experiences.
 - Inquire and educate about safe-sex practices and explore how certain drugs may be used prior or during sexual encounters.



EIGHT LGBTQ-AFFIRMING COUNSELING CONSIDERATIONS

(BRUBAKER & CHANEY, 2017)

- **Sexually-transmitting infections (STIs) and other medical issues.**
 - Age appropriate discussions about sexual behavior, needle sharing, and the impact of substance use on physical and mental health can be empowering for clients.
 - Educate about harm reduction.
- **Heterosexism, transphobia, & internalized shame.**
 - Assess for bullying, harassment, violence and any related trauma.
 - Educate about marginalization, internalized heterosexism, and the use of substances to manage related emotions.
- **Multiple oppressed identities.**
 - Explore the intersectionality of multiple identities and related strengths and challenges. Educate about minority stress and its connection to substance use behavior.



EIGHT LGBTQ-AFFIRMING COUNSELING CONSIDERATIONS

(BRUBAKER & CHANEY, 2017)

- **Social support.**
 - Explore involvement and connection with affirming parents, teachers, peers, gay-straight alliances, and affirming mutual support groups.
- **Family issues.**
 - Assessing degree of family support, whether the client has come out to his family, and their reactions are all important.
- **Religion and spirituality.**
 - Assess for religious abuse (Wood & Conley, 2014), which can be difficult terrain for some.
 - Identify where R/S may be a source of support. Help client navigate integration of R/S identities and gay identities, should they wish to do so.



ANTI-RACIST INTERVENTIONS FOR QUEER PEOPLE OF COLOR WITH SUDS

- Three components of antiracist SUD treatment
 - Racial consciousness
 - Non-colorblind approach
 - Protect against microaggressions
- Antiracist Recommendations
 - Assessment
 - Intervention
 - Advocacy



RESOURCES

- www.samhsa.gov (A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals)
- Gay & Sober Meeting Finder (<https://www.gayandsober.org/meeting-finder-usa>)
- The Center (LGBT Community Center). 12-Step resources and LGBTQ+ COVID support groups (<https://gaycenter.org/covid-19-resources/12-step-groups/>)