

"Small Victories of Survival in a Deeply Homophobic World":

Current Realities and
Paths Forward for
Substance Use in the
LGBTQIA+ Community

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ABSTRACT

According to the National Institute on Drug Abuse, members of the LGBTQIA+ community are disproportionately impacted by problematic substance use (National Institute on Drug Abuse, 2020). Despite this well-documented reality, there is still limited funding and access to substance use treatment for queer and trans people. This exploratory paper surveys the literature on the prevalence of substance use in the LGBTQIA+ community in the United States (US), highlighting the historical and cultural realities leading to this trend within the context of the minority stress model. The article then outlines a path forward, suggesting the best treatment models for social workers in the field. Suggestions include integrated healthcare, trauma-informed, LGBTQIA+-specific treatment models, cognitive behavioral therapy focusing on co-occurring Post-Traumatic Stress Disorder (PTSD) and substance use disorder, harm reduction, and crisis intervention outside of policing.

Keywords: substance use treatment, LGBTQIA+, trans-affirming healthcare, minority stress model, integrated behavioral healthcare, crisis intervention

In a YouTube video by Brujas World (2019), a New York-based feminist street collective and streetwear brand, a group of young people of color stand watching a soccer game, passing around a joint. Meanwhile, a New York City Police Department watch tower looms overhead. What starts as an everyday scene of friends hanging out and playing soccer suddenly morphs into a public health announcement. A powerful voice informs viewers that "deaths due to opioid-related overdoses nearly tripled in 2015" (Brujas World, 2019, 0:40). The voice continues: "This s*** continues to keep Black people, poor people, gay people, sick people, to keep us, punished for our need" (Brujas World, 2019, 0:44). A player on the soccer field suddenly looks dizzy, and their friends run over to help. The voice reminds viewers: "Call your friends if you're using it alone. Carry fentanyl strips with you. Give them to your loved ones. Help them use them. When you're out there, check to see that someone on the subway or sidewalk is breathing" (Brujas World, 2019, 1:01).

According to the National Institute on Drug Abuse (2020), LGBTQIA+ individuals are more likely to suffer from substance use disorders than the cisgender, heterosexual population. This paper explores the prevalence of substance use in the LGBTQIA+ community, barriers to treatment, and suggested paths forward through the lens of the minority stress model. The marginalization of queer and trans populations leads to minority stress, which is a theoretical concept defined by Meyer (2003) as occurring when "stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems," thus increasing the likelihood of substance use and its potential associated risks (p. 674). This model thus posits that minority stress increases the likelihood of substance use, as well as its potential associated risks.

Given the insufficient research and lack of appropriate services for LGBTQIA+ individuals struggling with substance use, this paper argues

that treatment approaches must evolve. Suggested approaches include integrated behavioral healthcare, trauma-informed LGBTQIA+-specific treatment models, strategies that address co-occurring Post-Traumatic Stress Disorder (PTSD) and substance use disorder (SUD), harm reduction methods, and non-police crisis intervention. Approaches with these considerations would better support the needs and well-being of LGBTQIA+ individuals and foster more inclusive and equitable care.

METHODS & LIMITATIONS

Research for this article includes meta-analysis and thematic analysis of various sources from databases including Columbia University Library Online and PubMed. The following search terms were used: “substance use,” “substance use disorder,” “trans-affirming healthcare,” “integrated behavioral healthcare,” “substance use treatment,” “crisis intervention,” “LGBTQIA+ people of color,” “harm reduction,” and “minority stress model.” Sources include five observational studies, four meta-analyses, one pilot study, six surveys, one sample study, one systematic review, 2 pieces of advocacy-oriented content, four creative pieces, and one educational training video. Publication dates range from 2003 to 2023, with most from 2014 forward.

With the intent of surveying the literature, this article analyzes 20 peer-reviewed studies with evidence from 13 additional sources, such as prominent LGBTQIA+ advocacy centers, healthcare facilities, harm reduction centers, news organizations, and companies. The available sources exhibit noticeable disparities in their demographic and topical foci. Among the 20 peer-reviewed articles, 14 discussed substance use, while others explored topics such as minority stress, social services, and the health and mental health issues of these populations. Fourteen articles broadly focused on the LGBTQIA+ community, three on LGBTQIA+ youth, three on the trans population, 2 on the LGB population, and one on the LGBTQIA+ homeless population. Concerning racial demographics, 9 sources on people of color are referenced, including 3 on the Black population and 1 on the Latinx population. Two sources pertain to substance use among people of

color more broadly. Finally, 8 articles discuss substance use in the LGBTQIA+ population, with 1 focusing on youth within that category and 1 solely on trans substance users.

Limitations include a lack of research on substance use treatment in LGBTQIA+ communities (Glynn & van den Berg, 2017). Alarming, the National Survey on Drug Use and Health does not even include sexual orientation or gender identity in demographic surveys (Glynn & van den Berg, 2019). Specifically, data about trans individuals, especially trans men and trans women of color, is practically nonexistent. In addition, there is a huge gap in research on older adults in the community (Crath et al., 2021; Vareed & Mendoza, 2019).

LGBTQIA+ HISTORY, CULTURE, AND REALITIES CONCERNING SUBSTANCE USE

In a Youtube video from an event called "HaHa Harm Reduction," Del Castillo (2017) describes an experiment in which a rat was locked in a cage and provided a water bowl containing heroin. Quickly, the rat became addicted to heroin. When the scientists took the rat out of the cage, they gave it a jungle gym to climb on, lots of space to run, food, and water, and added other rats to the area. Some rats tried heroin but remained disinterested in it; none of the rats in the second cage became addicted to heroin. In the words of Del Castillo, "Is the problem the substance, or is it the cage?" (Del Castillo, 2017, 09:30).

Del Castillo (2017) elaborates that for many LGBTQIA+ individuals, substance use is not so much about the high, but instead about "the safe haven from a hostile world that would not otherwise embrace the rainbow," a statement that illustrates an experience of the minority stress model (04:17). Del Castillo (2017) explains that when healthcare providers are aware of their patients' gender identity or sexual orientation, the patients are more likely to build rapport with their providers and disclose health information, and the providers, in turn, are more likely to screen for and monitor health issues. But for many queer and trans people, that is a luxury. While healthcare spaces have not

always provided a safe space for the LGBTQIA+ community, bars and clubs have always been a central part of the history of the LGBTQIA+ movement (Vareed & Mendoza, 2019). So much of queer culture centers around relationships, connection, community, and chosen family. While bars and clubs can be a liberating source of joy, spaces centered around drugs and alcohol can also come with risks, especially for those with preexisting challenges related to substance use (Vareed & Mendoza, 2019). An example of this is the use of party and play (PNP), which is a term describing the use of party drugs, such as crystal meth and ecstasy, during sex among men who have sex with men (Mallon, 2018).

Additionally, Mallon (2018) finds that lesbians may be particularly at risk for developing substance use disorders. On this topic Mallon (2018) states, "The role of oppression, being part of a marginalized population, and the importance women place on relationships are integral to understanding addiction among lesbian women" (p. 71). This suggests that lesbians may use substances as a way to relate to one another. Therefore, Mallon (2018) argues treatment interventions for people who identify as lesbians should focus on relationship development and "expression of the true self, examining both external and internal homophobia, including addressing shame or a lack of self-acceptance" (p. 71). While Mallon's explanation contains tinges of sexism and stereotyping of women, community building and building authentic connections are time-honored pieces of LGBTQIA+ culture.

Unfortunately, in addition to high rates of substance use in the community, another epidemic, HIV/AIDS, has made a significant mark on LGBTQIA+ history. Much work has been done around the trans population, for example, in the context of HIV risk due to the high prevalence of risk in that group, focusing on HIV/AIDS and substance use within a syndemic framework (Glynn & van den Berg, 2017). The AIDS epidemic points not only to another collective trauma but also to co-occurring illnesses with the potential to be treated together. For example, a summary of 12 studies on LGB youth informs readers that

the most common risk factors for substance use include experiences of victimization, stress, and housing insecurity (Goldbach et al., 2014). Risk factors such as these, in addition to cultural and historical influences on LGBTQIA+ substance users, point toward the necessity for increased research, improved access to care, and treatment for this group.

THE PREVALENCE OF SUBSTANCE USE IN LGBTQIA+ COMMUNITIES

Surveys from the NIDA (2020) confirm substance use is an issue that disproportionately impacts the queer and trans communities. However, the organization elaborates that it is impossible to establish long-term trends on this topic because surveys only recently began to include gender identity and sexuality. Much research on the topic orients this stratification within the minority stress model, which postulates that exposure to discrimination over time by people in marginalized groups leads to higher rates of mental health and substance use challenges (Glynn & van den Berg, 2017). Studies have shown that discrimination and substance use are correlated (Glynn & van den Berg, 2017). Social stigma and discrimination increase the likelihood of harassment and violence. These sources of added stress expose the community to a greater risk of behavioral health vulnerabilities (NIDA, 2020). To compound matters, a disproportionate number of LGBTQIA+ young people go without housing each year in the U.S. LGBTQIA+ youth without housing have excessive rates of substance use issues and mental health challenges, higher rates of suicidal behavior and HIV risk, and are more likely to be victims of violence (Keuroghlian et al., 2014).

Similarly, substance use is comparatively high within the trans community. Among transgender individuals, there are higher rates of use for alcohol, illicit drugs, and non-medical prescription drugs compared with the cisgender population (Glynn & van den Berg, 2017). Reasons for the higher prevalence of substance use among trans people include the prevalence of intimate partner violence, low-income status, housing instability, PTSD, and participation in sex work (Keuroghlian et

al., 2014). In fact, 35% of trans people who have experienced verbal harassment in school, physical or sexual assault, or have been expelled from school report using substances as a coping mechanism for these gender-related traumas (Keuroghlian et al., 2014). Furthermore, the psychological stress of disparities in healthcare access that trans people experience is another trauma that worsens mental health and increases the likelihood of substance use. This stress also leads to decreased healthcare utilization, which puts the trans population at increased risk under the minority stress model (Keuroghlian et al., 2014).

FURTHER DISPARITIES WITHIN LGBTQIA+ SUBSTANCE USE RESEARCH

Despite well-documented disparities, research on the mental health outcomes of LGBTQIA+ people of color lacks nuance and heterogeneity, with many studies grouping people of color into one singular group or looking only at Black and Hispanic populations (Allen & Leslie, 2020; Eisenburg et al., 2022). However, people of color in the LGBTQIA+ community require due diligence and nuance regarding research. For example, Drzadowski et al.'s (2020) study surveyed 200 LGBTQIA+ people of color about their experiences with racism, LGBTQIA+ discrimination, and substance use. The study found that being both a person of color and LGBTQIA+ puts one at a higher likelihood of using all researched types of "illicit drugs," disaggregating data based on experiences of internalized racism, homophobia, and discrimination based on both identity groups (Drzadowski et al., 2020).

Eisenburg et al.'s (2022) study displays that Latinx and Black trans youth are the group with the highest prevalence of substance misuse of their age group. The experiences of multiple marginalizations and minority stress, including racism from within the LGBTQIA+ community, are likely to impact the prevalence of service utilization and completion (Cyrus, 2017). Therefore, a more thorough analysis of varied racial groups' substance use trends, treatment access, and treatment outcomes may help improve health outcomes for those from diverse cultures and experiences. While advocacy groups like the Trevor Project and

mentioned researchers are working toward expanding the research and data on this topic, the absence of earlier research suggests there is still a long way to go (2022 National Survey on LGBTQ Youth Mental Health, 2022.; “*Substance Use and Suicide Risk Among LGBTQ Youth*,” 2022).

ACCESS TO SUBSTANCE USE TREATMENT IN THE LGBTQIA+ COMMUNITY

The reasons canvassed above prove the necessity of using trauma-informed, community-based, holistic, person-in-environment centered treatment modalities for substance use in LGBTQIA+ populations. However, only 17% of substance-use treatment centers provide queer and trans-specific programming (Williams & Fish, 2020). Plus, it can be even more difficult outside of large metropolitan areas such as those in New York and California to find such programs (Senreich, 2010). Despite the clear need for these services, culturally competent substance use treatment remains scarce (Williams & Fish, 2020).

Data is lacking on whether access to queer and trans-specific treatment modalities has improved treatment outcomes compared to programming that is not specific for the LGBTQIA+ population (Senreich, 2010). One exception is a study which examined the outcomes of participants in an Austin, Texas-based recovery housing facility for men who have sex with men (Mericle et al., 2020). The study displayed that relief from minority stress factors while in a queer-specific treatment facility led to positive outcomes according to qualitative analysis, suggesting that replicas of such models might be beneficial. Additional evidence shows that LGBTQIA+ individuals have lower completion and abstinence rates on average in substance use treatment than their cisgender, heterosexual peers, due to a lack of affirmation of their sexual orientation in treatment (Senreich, 2009). Various aspects of the queer and trans experience complicate the potential for success in traditional substance use-related services. Twelve-step programs, such as Alcoholics Anonymous (AA), have higher success rates among those who identify as part of the group and believe in a higher power (Vareed & Mendoza, 2019). Since

LGBTQIA+ people might be more uncomfortable with the religious aspect of 12-step programs due to the fear of certain religious groups displaying homophobia or transphobia (Vareed & Mendoza, 2019), healthcare providers should encourage seeking out LGBTQIA+ specific groups.

In a first-person account, Jain (2019) describes their experience in a Queer People of Color AA meeting in the San Francisco Bay Area: "AA is not the only model that responds to alcoholism. Scholars of the history of the Alcoholics Anonymous program have pointed out that the program often eclipses harm reduction approaches. Even as I dream of the abundance of those options," Jain adds, "I believe in that meeting. In the embodied warmth of the church room in Oakland, in the happy babbling of children, and in the clasped hands of queer people choosing to save each other" (para. 21). A study in British Columbia reflected the sentiment, finding that queer and trans men thought that even existing harm reduction services in their area were usually inaccessible, unsafe, and a space where they experienced judgment from providers (Goodyear et al., 2021). Many participants feared they would face drug charges due to using services. For example, young queer and trans men sometimes chose not to use drug-checking services, which screen for the presence of risky substances, including fentanyl, because of the concern that the police would stop them (Goodyear et al., 2021). Since queer and trans people have had a long history of struggle with police harassment, drug criminalization is a massive issue for the LGBTQIA+ population, especially for people of color, who are even more at risk of police harassment and violence (Goodyear et al., 2021). Professionals in the field should consider these facts when striving to create more accessible substance-use services.

BEST TREATMENT PRACTICES

The following section presents a case for five models of care that have been shown to improve treatment utilization and outcomes by considering statistical differences in substance use among the LGBTQIA+ population, historical and cultural themes of the people,

and treatment access trends. Several models are discussed, including implementing integrated behavioral healthcare to improve access and utilization of care, implementing treatment models tailored for the trans population to address disparities, and providing treatment for co-occurring PTSD and SUD. As these disorders are prevalent among queer and trans people, adopting harm reduction strategies that account for cultural realities within the LGBTQIA+ community and putting into action means of crisis de-escalation outside of policing systems are required actions.

BEHAVIORAL HEALTH INTEGRATION

According to the Integration Academy, "Integrated behavioral health care blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being" ("What is Integrated Behavioral Health? [WIBH?]," n.d., para. 2). When working within an integrated care model, providers must recognize that physical and behavioral health are interrelated and that clinicians working on both sides of the healthcare sphere must work together to treat patients and help them meet their health goals ("WIBH?"). This convenience makes it easier for patients to access behavioral healthcare treatment, which is significant given challenges with access in the trans community. However, most healthcare professionals have not received training to work in that system ("WIBH?"). In the highest level of integrated care, there is complete collaboration between providers in a merged practice within the same building (Keuroghlian, n.d.). Advocating for more training and services in LGBTQIA+-specific integrated behavioral healthcare is imperative in order to reduce the disproportionate risk of substance use. Fenway Health, a Boston-based LGBTQIA+-focused healthcare center, is a leader in this field. Fenway Health psychiatrist Dr. Keuroghlian (n.d.), explains that Fenway's integrative behavioral healthcare improves the patient experience because its holistic approach reduces stigma around substance use and mental health while simultaneously improving access to treatment and reducing healthcare costs. In addition, Keuroghlian affirms that treating opioid use and psychiatric disorders simultaneously has positively impacted outcomes.

TRAUMA-INFORMED, LGBTQIA+-SPECIFIC TREATMENT MODELS

The literature broadly suggests a person-in-environment model that is holistic and also trauma-informed is the best course of action. Due to the disproportionate rates of substance use and lack of access among trans individuals, this section will focus on treatment models for trans substance users. As a treatment model, Behavioral Health Integration for this population should take place in an environment tailored for the LGBTQIA+ community specifically (Keuroghlian, n.d.). Clinicians need to be aware of the minority stress model and implement a trauma-informed framework that centers on the realities faced by people impacted by minority stress and that highlights the strengths of the LGBTQIA+ community (Keuroghlian et al., 2014). Given that queer and trans individuals are more susceptible to having a background of trauma associated with violence compared to the cisgender, heterosexual population, adopting trauma-informed practices is critical in mitigating the likelihood of substance use relapse (Vareed & Mendoza, 2019). Hence, interventions should celebrate identity.

TREATMENT OF CO-OCCURRING PTSD AND SUBSTANCE USE: THE SEEKING SAFETY STUDY

Like in Dr. Del Castillo's (2017) story about the lonely rat in the cage, fostering relationships and community while acknowledging and mitigating the impacts of the societal "cage" of transphobia and homophobia can be essential factors in preventing substance misuse. Supporting individuals impacted by minority stress also requires being trauma-informed. Integrated treatment for people who have suffer from both substance use disorders and PTSD is impactful in improving both diagnoses (Keuroghlian, n.d.). A 2017 study called Seeking Safety sought to address substance use through a holistic model (Empson et al., 2017). Seeking Safety is a treatment program that uses cognitive behavioral therapy for co-occurring PTSD and substance use disorder. It was tested in 12 sessions with a group of women of trans experience

who are HIV positive. The study improved all three outcome measures: PTSD symptoms, alcoholism, and substance use (Empson et al., 2017). This study shows the importance of confronting substance use in the trans community holistically, in line with the concept of integrated behavioral healthcare (Empson et al., 2017).

HARM REDUCTION

Harm Reduction International defines harm reduction as "policies, programmes, and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws" ("What is Harm Reduction?" para. 1). Harm reduction is a rights-based approach that focuses on support without discrimination. This philosophy implies that models which do not prescribe harm-reduction strategies may involve discrimination, which explains why marginalized communities have historically led efforts toward harm-reduction. Ripley Soprano, one of the producers of the Brujas World video, does this well with his production of harm reduction kits, which include practical tools for safer sex and drug use as well as more artistic items, such as a sticker that says "suck d***, carry Narcan" (Kuwabara Blanchard, 2020, para. 6). According to Soprano, "so much of harm reduction practices and theories came out of sex working communities, people who are chemically dependent, sick and disabled people, and communities of care made up of gay men of color and trans women of color" (Kuwabara Blanchard, 2020, para. 5). Soprano expands by asking, "What if the whole kit was super-vibrant and didn't look so clinical? What if it was both a piece of utility and a piece of political propaganda?" (Kuwabara Blanchard, 2020, para. 5). Such creative approaches to harm reduction may reduce stigma and increase service utilization.

Another group which focuses on harm reduction education is Queer Appalachia (Worley, n.d.). Their website explains that "with the disheartening and exponentially increasing rate of opioid use in Appalachia, there is nobody in the region who doesn't play a role" (Worley, n.d., para. 2). On queerness, they state, "As if being queer in rural regions isn't isolating and ostracizing enough, the addition of trying

to recover only further exacerbates these experiences" (Worley, n.d., para. 2). For queer communities, the government has been unsuccessful in providing impactful and accessible services when it comes to substance abuse treatment, especially if the intersection of race is considered (Dradzowski et al., 2022). For this reason, communities have turned to harm reduction and mutual aid practices to support their loved ones and community members in a way that does not rely on government support.

CRISIS INTERVENTION OUTSIDE OF POLICING

The criminalization of substance use is intrinsically linked to the history of racism in the U.S., with disproportionate negative impacts on people of color. Plus, as previously discussed, there is a collective trauma associated with police violence in the LGBTQIA+ community. Hence, building methods of crisis intervention that exist outside of the policing and carceral systems is another critical next step in supporting LGBTQIA+ people who use substances (Alang et al., 2017; Atlas, 2021; Bor et al., 2018; Goodyear & Knight, 2021). For example, implementation of crisis intervention models outside of policing has proven impactful among the general population in Portland, Oregon through the Crisis Intervention Helping out on the Streets program, which proved successful not only in de-escalating crises, but also reducing costs and leading to only a 1% need to obtain police backup ("Cahoots Media Guide," 2020). In addition, implementing this model in communities could increase access to care by drawing a direct line between communities and behavioral health providers, instead of a line between substance users and the carceral system.

CONCLUSION

There is still limited government funding for LGBTQIA+ affirmative substance use-related services and higher substance user rates, help-seeking behaviors, and treatment completion rates (Vareed & Mendoza, 2019). From literature assessment, historical and cultural factors, and statistics, this paper concludes that while more research and funding

are certainly needed to support this vital issue, service models must additionally be rethought to best support LGBTQIA+ communities. Effective models which may reduce the detrimental effects of minority stress on those in the LGBTQIA+ community who use drugs include integrated healthcare, trauma-informed, LGBTQIA+ specific treatment models, cognitive behavioral therapy focusing on co-occurring PTSD and substance use disorder, harm reduction, and crisis intervention outside of policing. In the words of Jain (2019):

What might it look like to build models of care for alcohol abuse that, instead of just including queer people, begin with us in mind? Models that recognize the interconnectedness of social marginalization and alcohol abuse instead of pathologizing alcoholism? That commemorate the small victories of survival in a deeply homophobic world? That to accept and even celebrate that sometimes, you have to hide parts of yourself? (para. 15)

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