NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Providing Care for Addictions in the LGBT Community

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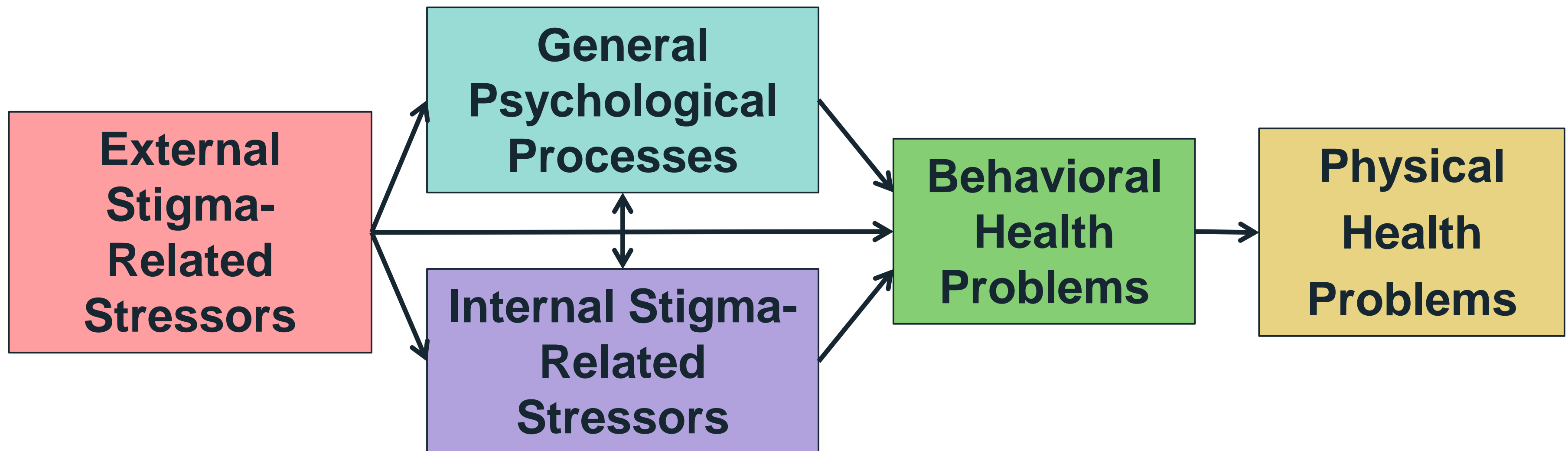
Learning Objectives

1. Describe the relationship of minority stress to the disproportionate prevalence of substance use disorders among LGBT people;
2. Explain how to tailor evidence-based addictions treatments for LGBT populations;
3. Identify specific behavioral health integration strategies to better address substance use disorders in the LGBT community.

Minority Stress Framework



Minority Stress and Substance Use Disorders

- LGBT people have disproportionate substance use disorder (SUD) prevalence as a downstream effect of minority stress;
- Substance use mediates the relationship between life stress and sexual risk among LGBT people;
- SUDs are associated with condomless intercourse and HIV infection;
- SUDs are barriers to HIV pre-exposure prophylaxis (PrEP) adherence in populations at high risk for HIV.

Substance Use among Lesbian, Gay, and Bisexual (LGB) People

- LGB-identified youth initiate alcohol and illicit drug use earlier than non-LGB identified youth;
- Lesbian and bisexual women are at greater risk for alcohol and drug use disorders;
- Gay and bisexual men are at greater risk of drug use disorders;
- Bisexual people are at higher risk for substance use disorders.

A Closer Look: Addictions among Transgender People

- Studies examining substance use disorders (SUDs) among transgender people are rare;
- Reporting of gender identity data (e.g., transgender status) in SUD-related research is limited;
- In the few studies that exist, transgender people have elevated prevalence of alcohol and illicit drug use compared with the general population.

Anti-Transgender Discrimination and Victimization

- Transgender people are at high risk for verbal, physical and sexual victimization;
- A national study of more than 6000 transgender people found 63% had experienced a serious act of discrimination (e.g., medical service denial, eviction, bullying, or physical/sexual assault).

Gender Minority Stress and Substance Use among Transgender People

- Psychological abuse among transgender women as a result of nonconforming gender identity or expression is associated with:
  - 3-4x higher odds of alcohol, marijuana, or cocaine use
  - 8x higher odds of any drug use
- Among transfeminine youth, gender-related discrimination is associated with increased odds of alcohol and drug use.

Gender Minority Stress and Substance Use among Transgender People

- 35% of transgender people who experienced school-related verbal harassment, physical assault, sexual assault, or expulsion reported using substances to cope with transgender- or gender nonconformity-related mistreatment;
- Psychological stress of health care access disparities faced by transgender people is believed to contribute to worse mental health, including disproportionate substance use as a coping strategy.

Substance Use Disorders among Transgender Adults

- Among 452 transgender adults in MA, increased odds of SUD treatment history plus recent substance use were associated with:
  - intimate partner violence
  - PTSD
  - public accommodations discrimination
  - low income
  - unstable housing
  - sex work
- SUDs increasingly viewed as downstream effects of chronic gender minority stress

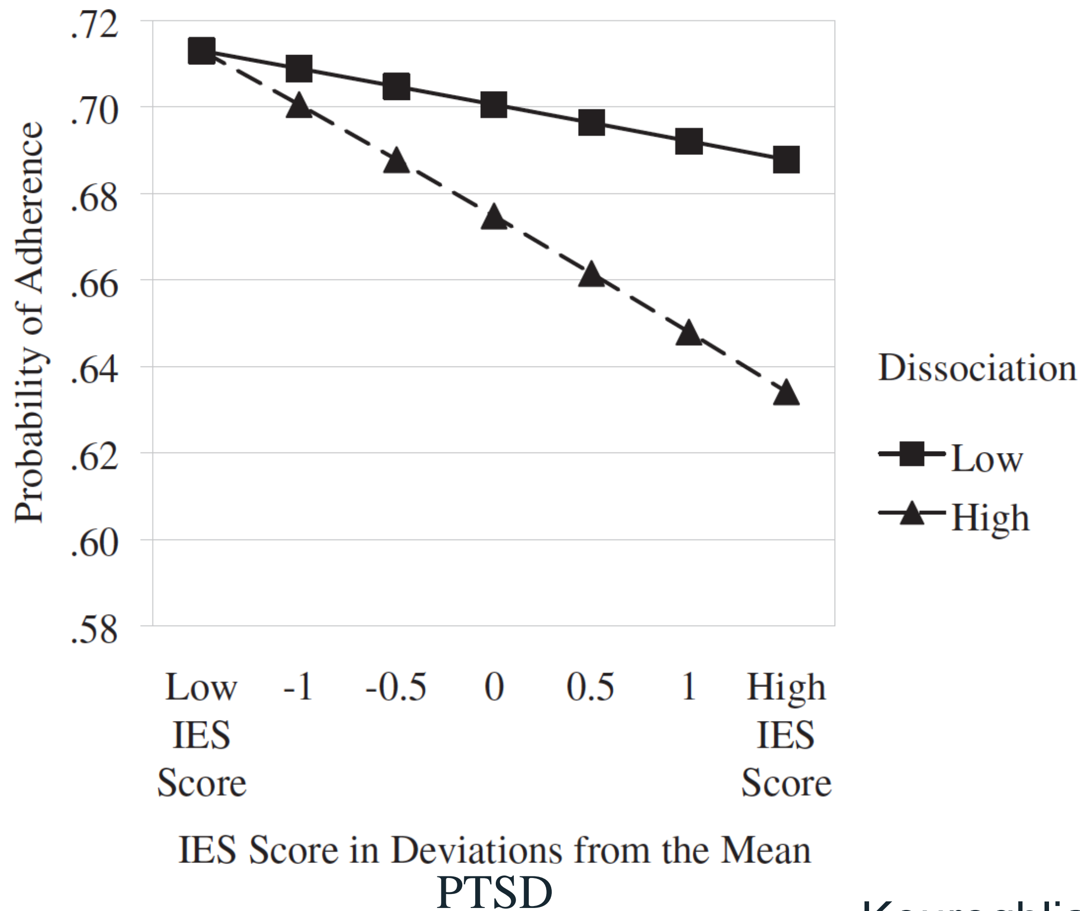
Keuroghlian *et al.* (2015)

Minority Stress and Substance Use among Transgender Adults

	SUD Treatment History Plus Recent Substance Use	
	aOR (95% CI)	p-value
Gender Characteristics		
Mental Health		
Socio-Structural Factors		

Keuroghlian *et al.* (2015)

PTSD and Antiretroviral Adherence



Keuroghlian *et al.*, (2011)

PTSD and Antiretroviral Adherence

- Importance of psychosocial interventions that target posttraumatic stress symptoms to maximize antiretroviral adherence in community populations;
- Integration of trauma-focused treatment services into antiretroviral medication management may effectively improve adherence.

Substance Use and Posttraumatic Stress

- Co-occurrence of SUDs with posttraumatic stress symptoms is highly prevalent:
  - Associated with increased treatment costs, decreased treatment adherence, and worse physical and mental health outcomes;
- Substance use is a common avoidance strategy for posttraumatic stress.

Integrated Treatment for Addictions and Trauma

- Recent shift in focus toward trauma-informed care created a favorable environment in community SUD treatment settings for evidence-based integrated therapies that also target trauma and stress;
- Integrated treatments for SUDs and posttraumatic stress are well tolerated and improve both SUDs and PTSD.

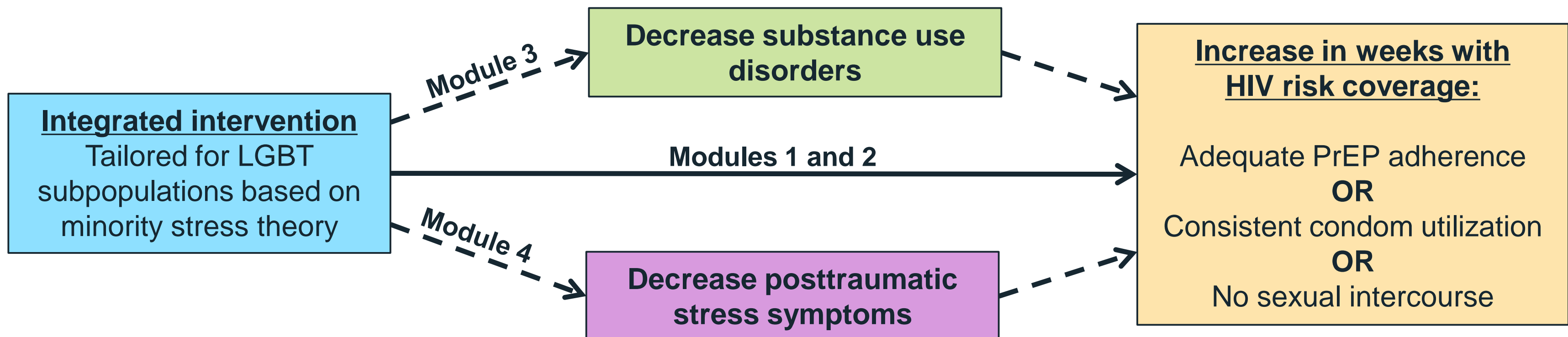
Limitations of Extant Interventions

- Designed for patients meeting full diagnostic criteria for PTSD;
- Lack generalizability to treat subthreshold trauma and stress symptoms resulting more broadly from sexual or gender minority stress;
- Existing interventions not tailored to increase PrEP adherence or improve HIV prevention self-care.

An Integrated HIV Prevention Intervention (10 sessions)

- Module 1: Life-Steps (1 session)
- Module 2: Sexual Decision Making (1 session)
- Module 3: Cognitive-behavioral Therapy for SUDs (4 sessions)
- Module 4: Cognitive Processing Therapy for Gender Minority Stress (3 sessions)
- Module 5. Summary, Review of Past Modules, and Relapse Prevention (1 session)

An Integrated HIV Prevention Intervention



Tailoring Evidence-based Treatments for LGBT Patients

Minority Stress Treatment Principles for Behavioral Health Clinicians

- Normalize adverse impact of minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBT people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender

Cognitive-behavioral Therapy for Substance Use Disorders

- Adapting selected topics and practice exercises from the manual by Carroll
- Focus:
  - Coping With Craving (triggers, managing cues, craving control);
  - Shoring Up Motivation and Commitment (clarifying and prioritizing goals, addressing ambivalence);
  - Refusal Skills and Assertiveness (substance refusal skills, passive/aggressive/assertive responding);
  - All-Purpose Coping Plan (anticipating high-risk situations, personal coping plan);
  - HIV Risk Reduction.

Cognitive-behavioral Therapy for Substance Use Disorders

- Tailoring for LGBT patients:
  - Minority stress-specific triggers for cravings (e.g. nonconformity-related discrimination and victimization, expectations of rejection, identity concealment, and internalized homophobia/transphobia);
  - SUDs as barriers to personalized goals of adequate PrEP adherence or consistent condom use;
  - For transgender patients: assertive substance refusal with non-transgender sex partners; HIV risk from hormone and silicone self-injections; SUDs as barriers to personalized goal of successful gender affirmation.

Cognitive Processing Therapy for PTSD

- Adapting selected components of cognitive processing therapy for PTSD
- Focus:
  - Education about posttraumatic stress;
  - Writing an Impact Statement to help understand how trauma influences beliefs;
  - Identifying maladaptive thoughts about trauma linked to emotional distress;
  - Decreasing avoidance and increasing resilient coping.

Cognitive Processing Therapy for Minority Stress

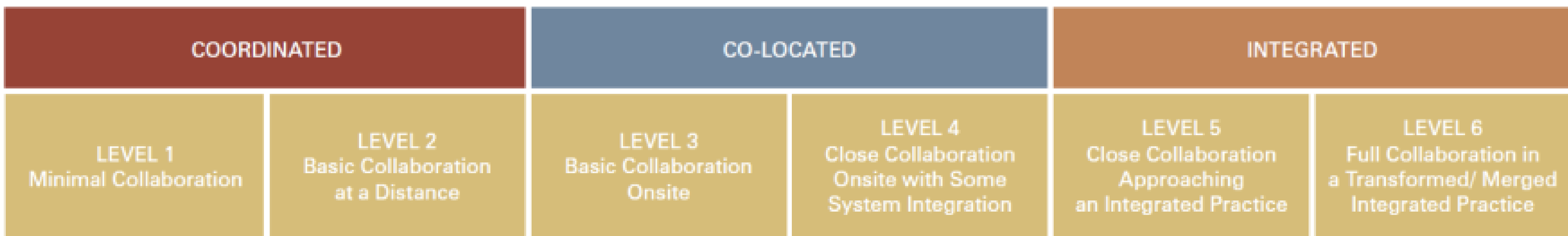
- Tailoring for LGBT Patients:
  - Focus on how LGBT-specific stigma causes posttraumatic stress (e.g. avoidance, mistrust, hypervigilence, low self-esteem);
  - Attributing challenges to minority stress rather than personal failings;
  - Impact Statement on how discrimination and victimization affect beliefs (e.g. expecting rejection, concealment needs, internalized homophobia/ transphobia);
  - Decreasing avoidance (e.g. isolation from LGBT community or medical care);
  - Impact of minority stress on PrEP adherence or condom use.

Behavioral Health Integration (BHI)

What are the Types of BHI?

Spectrum :

- Coordinated
- Co-Located
- Integrated



(Heath, 2013)

Coordinated

- Separate systems and facilities, issue driven
- Level 1
  - Minimal Collaboration
- Level 2
  - Basic Collaboration at a Distance

Co-Located

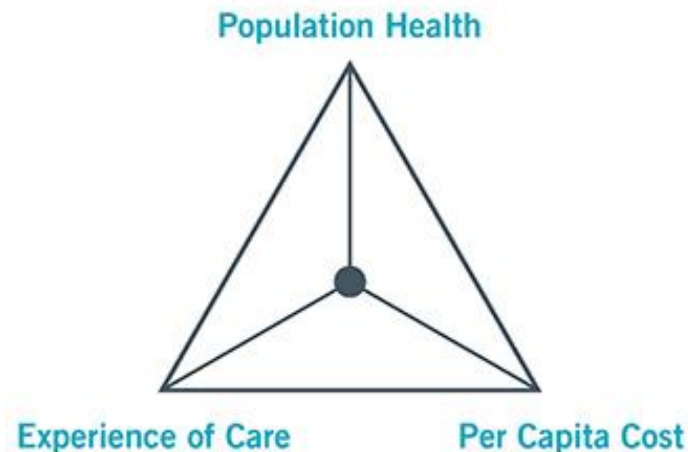
- Level 3
  - Basic collaboration on-site
  - Same facility, separate system
- Level 4
  - Close collaboration on-site with some system integration
  - Same facility, some shared systems
  - Driven by complex patients, regular face-to-face interactions, basic understanding of culture

Integrated

- Level 5
  - Close collaboration approaching an integrated practice
  - Same facility, some shared space, toward same team
- Level 6
  - Full collaboration in a transformed/merged integrated practice
  - Sharing all the same space within same facility
  - One integrated system of team care, roles and cultures blended

Why BHI?

1. Improving experience of care
2. Improving health of populations
3. Reducing per capita costs of health care



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Evidence-based practice to identify, reduce, and prevent problematic alcohol and drug use:

1. Screening

2. Brief Intervention

3. Referral to Treatment

Co-occurring Opioid Use and Psychiatric Disorders: Fenway's Model

- 648 Fenway patients with an opioid use disorder, mostly alongside other psychiatric illnesses
- Dual diagnosis approach to treatment
- Integration of addictions treatment with mental health services
- Fenway's model: Substance Abuse Treatment Program (250 patients/year) within Behavioral Health Department

Summary

- LGBT people have disproportionately high prevalence of substance use disorders compared with the general population;
- Higher prevalence of addictions is a consequence of pervasive minority stress that occurs in the context of stigma-related discrimination and victimization;
- Substance use among LGBT people is often a coping strategy for trauma-related symptoms and can be associated with poor self-care, including compromised engagement in care for HIV treatment and prevention;

Summary

- Evidence-based addictions treatment practices can be tailored for LGBT patients, and integrated with trauma-focused therapies adapted to address minority stress;
- Behavioral health integration is a systems-level approach for health centers to better address substance use disorders, including the opioid epidemic, among LGBT people.

THANK YOU

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