

# WHAT TO LOOK FOR When Seeking LGBT-FRIENDLY Addiction Treatment



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*A Free Resource for Friends, Family and You*

The purpose of this manual explains the issues you may wish to consider while choosing a quality LGBT addiction treatment program and how these issues relate directly to you as the patient and to the treatment facility. Recovery Connection is dedicated to helping all people recover from substance abuse addiction. The more information you have about alcohol and drug treatment, the more informed your choice can be.

# What to Look for When Seeking LGBT-Friendly Alcohol & Drug Addiction Treatment Program

Being gay, lesbian, bisexual, transgender or questioning individual can compound the issues underlying drug and alcohol dependence. Research has shown that treatment for specific populations is beneficial for personal growth and the ability to maintain long term abstinence. It is estimated that 20%-30% of the LGBT community are substance abusers, which is higher than the general population.

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Addiction is a disease of the brain and the body. Most people who drink and use drugs excessively will succumb to addiction. In this respect, addiction is non-discriminatory. It doesn't matter who you are, where you were brought up, whether you have a higher education, a management position, go to religious services or live alternative lifestyles, addiction can claim you.

The reality of alcohol and drug addiction is simple as it takes over your life and the lives of those around you. Feeding the body's need for alcohol or drugs becomes your only reality. Drug and alcohol detox and treatment will be necessary. Once the drugs and alcohol have been successfully removed from the body, you are left with the underlying issues that helped create the addiction, whether those are physical or emotional.

Underlying issues need to be addressed directly and immediately after alcohol and drug detox. To be able to maintain abstinence and to build a strong foundation for recovery, a number of factors need to be understood.

Substance abuse treatment provides you with the information to understand the dynamic nature of addiction, as it is not a stagnant condition. Without arresting the disease, it continues to worsen destroying your health, your career, your family and your social life. With the tools provided by treatment, the addict can better identify the triggers, stressors, and cravings that accompany addiction. With the gained support in treatment, you can address addictive thinking processes, environmental influences, the impact of negative thinking, and create coping strategies as well as an aftercare plan to improve your chances of recovery.

The LGBT community is a unique demographic in that it is comprised of a diverse group of

individuals from unique cultures, backgrounds, and upbringings. Despite this diversity within the LGBT community, there is an over arching culture and uniformity of experiences that can help to define specific addiction treatment needs.

Some of the issues relating specifically to the LGBT community and substance abuse treatment include:

- Socialization issues
- Heterosexism bias
- Isolation
- Legal and cultural issues
- Family of origin issues
- Intimacy issues
- Rejection
- Race
- Age
- Class
- Sexual Orientation
- Gender Identity
- Appearance
- Religion
- Coming out and transitioning processes
- Development of self-identity
- Stigmatization and identity concealment
- Grief and loss
- Violence
- Emotional health: anxiety, depression, loneliness, suicidal ideation, etc.
- Parenting issues
- Internalized homophobia

To further complicate the social environment of LGBT, “legal prohibitions against LGBT behavior and discrimination have limited LGBT people’s social outlets to bars, private homes, or clubs where alcohol and drugs often play a prominent role. Growing up in a society that says that LGBT people should not exist and certainly should not act on their sexual feelings could in turn make individuals internalize homophobia”. (Source: SAMHSA, A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals, p. XVIII)

This reality cannot be ignored by either the individual addict or the substance abuse treatment facility. In treating substance abuse, the patient's social environment and psychosocial reality is of great significance. Such issues raised by being LGBT in a society that is not accepting, has a direct impact upon addiction treatment needs and the types of treatment programs available to this specific population.

Like other populations, susceptibility to alcohol and drug addiction is a combination of biological, genetic, psychological, familial, religious, environmental, cultural, and historical circumstances that all contribute to the onset of addiction.

These factors are compounded by the role substance abuse plays in the LGBT social environment. The cycle of addiction, the increase in using and the inability to maintain a healthy physical and emotional state adds to the complications related to addiction.

Health problems related to substance abuse can be exacerbated for LGBT patients when combined with HIV/AIDS, hepatitis, other sexually transmitted diseases. Co-existing mental health disorders such as post-traumatic stress disorder, social phobia, depression or anxiety must be treated in a dual diagnosed treatment program.

The LGBT community is comprised of gay, lesbian, bisexual, transgender, and questioning individuals. Each of these subgroups has a unique set of needs, mental health disorders, and social problems that require specific treatments. Most alcohol and drug treatment facilities do not have designated LGBT treatment programs, nor are they prepared to handle the types of physical, psychological, or psychiatric problems that confront these patients. As a result, many LGBT patients are more likely to remain silent about physical problems "because of fear of stigmatization..." or fear of substandard care in the face of staff bias. Issues faced by addicts who are LGBT patients that need to be addressed are briefly discussed below.

## Issues for Gay Men

"Gay men have a higher risk for Hepatitis A and B, which can spread through sexual contact, particularly through anal sex. In addition, gay men who share injection drug needles are at higher risk for Hepatitis C, and there is some evidence that Hepatitis C is also spread through sexual contact. Often because there is such an emphasis on HIV with gay men, other sexually transmitted infections (STIs) are neglected". Thus, substance abuse and high risk sexual behavior must be part of the treatment approach. (Source: <http://www.nalgap.org/PDF/Resources/TrainerGuide1stEd.pdf>, Module 12, slide 12-4, Trainer Guide: A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals, First Edition, Training Curriculum, The University of Iowa)

## Issues for Lesbians

Comparisons of data on lesbians and women from the general population show that lesbians tend to drink more than other women. It is important to note that lesbians and gay men are less likely to abstain from alcohol use. Higher rates of "heavy" drinking may contribute to higher rates of reported problems.

Alcohol abuse comes with associated problems in the work, family and social arena. Recent studies also illustrate that younger lesbian women are consuming larger amounts of alcohol than older

lesbian women. (Source:<http://www.nalgap.org/PDF/Resources/HP2010CDLGBTHealth.pdf>, Healthy People 2010, Companion Document for LGBT Health, p338)

Lesbian women, compared to women in the general population, are less likely to visit a physician regularly or have pap smear tests or mammograms. Lack of regular medical care places lesbian women at greater risk for cervical cancer as well as for untreated STDs (STIs).

There are also additional health issues that affect lesbian women such as obesity, depression and other mood disorders. All these conditions are directly or indirectly related to substance abuse which only worsens the risk factors and the intensity of any health condition.

## Issues for Bisexual Men and Women

Few substance abuse studies have included sufficient numbers of bisexual persons to permit separate analyses, and no studies to date have focused exclusively on this subset of the LGBT population. Data from bisexual men and bisexual women are usually combined with that of gay men and lesbians. This most likely reflects an unexplored assumption that bisexual men and bisexual women share more in common with gay men and lesbians than with heterosexual men or women. Therefore, many of the studies of presumed gay men or lesbians are likely to include some proportions of bisexual men or bisexual women. Notably, bisexual men are included in studies of gay men in much greater numbers than bisexual women in studies of lesbians. (Source: [http://www.nalgap.org/PDF/Resources/Substance\\_Abuse.pdf](http://www.nalgap.org/PDF/Resources/Substance_Abuse.pdf), Healthy People, 2010, p 332)

According to [womenshealth.gov](http://womenshealth.gov), bisexual women “are more likely to have injected drugs, putting them at a higher risk for sexually transmitted infections (STIs)”. Lesbian and bisexual women feel, for many reasons, that they must hide who they are which can lead to mental health disorders and increased use of substances to handle the feelings such as anger, abandonment, guilt, and shame. According to a study published by Brown University on LGBTQ health, bisexual women report a higher risk of sexual behavior than heterosexual women. Generally, this behavior is associated with drug and alcohol abuse.

## Issues for Transgender Individuals

According to the federal government’s report on treating the LGBT community, research about transgender individuals is lacking. “Gender is increasingly being understood as having a strong cultural definition in addition to precise biological and extensive psychosocial components. Studies frequently and incorrectly include gender-nonconformist individuals under the rubric of gay men or lesbians, in spite of the fact that gender identity is clearly distinct from sexual identity”.

Except for a few studies that specifically examined transgender people, there is little information about illicit substance use among transgender individuals. One study examining the past month substance use of 209 transgender women found that 37% used alcohol, 13% used marijuana, 11% used methamphetamine, 11% used crack cocaine, 7% used powdered cocaine, and 2% used heroin. (Source: <http://www.nalgap.org/PDF/Resources>, Healthy People 2010, CD for LGBT Health, p 339)

In reality, many different groups of people with different sexual preferences, behaviors, and identities identify themselves as transgender. Thus, addiction treatment protocols, as limited as they are, must accommodate the variety of cultures within the transgender group of the

LGBT community. Sadly, a recent study found that —transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, suicide, and are less likely to have health insurance than heterosexual or LGB individuals. (HealthyPeople.gov, 2020).

Substance abuse treatment accessibility for transgender individuals is most problematic except in a truly designated LGBT treatment program that can honor the transgender individual's identity and can make appropriate accommodations for housing, restroom assignments, for example. Treatment is based upon the patient's ability to feel safe and supported. If a transgender person is receiving medically prescribed hormone therapy, some treatment facilities will insist that the hormones be discontinued. This type of bias in clinical diagnosis and treatment, as well as an alcohol and drug treatment facility's inability to handle the complex issues that often accompany the transgender person in addiction treatment, makes it difficult for these patients to recover from substance abuse and other mental health disorders.

It has been reported that in some alcohol and drug treatment programs, transgender individuals have experienced verbal and physical abuse. To that end, if a patient represents herself as female but she is forced to use the men's room based upon her biological gender, the basic premise of treatment of self acceptance and honesty is at risk. Drugs and alcohol, while part of the social environment of the LGBT community, are also part of the coping mechanism for a life lived in silence, deception, fear, and shame.

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Many individuals in the LGBT community engage in polydrug use, especially those drugs closely related to bars, raves, or party scenes including private parties in private homes. These drugs, such as meth, MDMA (Ecstasy), GHB, and others, are linked to risky sexual behaviors and are linked to the issue of STDs (STIs), including HIV and Hepatitis A, B, C.

The problems related to living as a member of the LGBT community are real, serious and complex. The alcohol and drug substance abuse that is prevalent among this community of individuals merely creates more problems. Finding quality alcohol and drug treatment for a LGBT individual is important. Unless you choose an alcohol and drug treatment program that has incorporated the research, existing data, best practices, and protocols much of the known issues will continue to be overlooked, ignored, or dismissed. The chances of recovery are greatly reduced in this circumstance; however, quality and comprehensive LGBTQ addiction treatment can be highly effective.

## Barriers to Seeking Help

Offentimes, LGBT individuals will not openly self identify in the health care system which compound the problems associated with successful drug and alcohol treatment. The hesitation in seeking treatment for those in the LGBT community is understandable but regrettable. With the enhancement of knowledge many barriers can be overcome.

There is evidence that "gay men and lesbians . . . have an increased need for drug and alcohol treatment, and that they face particular barriers in accessing it."

The barriers to treatment for both illicit drugs and alcohol, several of which are cited in Healthy People 2010 for the general U.S. population, are essentially the same for the LGBT communities and include:

- Financial barriers related to inadequate health and disability insurance coverage
- Lack of culturally appropriate treatment methods
- Lack of trained personnel
- Lack of knowledge and information regarding treatment effectiveness

(Source: [http://www.nalgap.org/PDF/Resources/Substance\\_Abuse.pdf](http://www.nalgap.org/PDF/Resources/Substance_Abuse.pdf), Healthy People, 2010, p342)

Other factors that contribute to barriers in seeking addiction treatment are found in the list below.

Social and Behavioral Factors that Impact Health Concerns for the LGBT Community are:

**Sexual Behavior:**

- HIV/AIDS
- Hepatitis A and B
- Enteritis (giardia, amoebas)
- Human Papillomavirus
- Bacterial vaginosis
- Anal cancer
- Other STDs or STIs

**Cultural Factors:**

- Body culture: eating disorders
- Socialization through bars: drug, alcohol, and tobacco use
- Nulliparity: breast cancer
- Parenting: insemination questions, mental health concerns
- Gender polarity in dominant culture: conflicts for transgender and intersex persons

**Disclosure of Sexual Orientation, Gender Identity:**

- Psychological adjustment, depression, anxiety, suicide
- Conflicts with family of origins, lack of social support
- Physical/economical dislocations

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**Prejudice and Discrimination:**

- Provider bias
- Harassment and discrimination in medical encounters, employment, housing, and child custody
- Limited access to care or insurance coverage
- Pathologizing of gender-variant behavior
- Violence against LGBT populations

**Concealed Sexual Identity:**

- Reluctance to seek preventive care
- Delayed medical treatment
- Incomplete medical history (concealed risky behaviors and sexually related complications)  
(Source: Columbia White Paper2LGBT p. 105)

In 1999, the American Public Health Association (APHA) addressed the special public health needs of transgendered persons. In their statement, "The Need for Acknowledging Transgender Individuals within Research and Clinical Practices," the Association:

"Urges the National Institutes of Health and the Centers for Disease Control and Prevention (as well as individual researchers and health care workers) to categorize MtF [Male to Female] and FtM [Female to Male] transgendered individuals as such, and not equate them with gay men or lesbians (unless as appropriate to an individual's sexual orientation in their preferred gender) as well as acknowledging the variation that exists among transgendered individuals". (Source: [http://www.glma.org/\\_data/n\\_0001/resources/live/ColumbiaWhitePaper2.pdf](http://www.glma.org/_data/n_0001/resources/live/ColumbiaWhitePaper2.pdf), p.126)

"Addressing treatment issues for those of the transgender community requires a treatment program that allows an individual to self identify as he or she wishes and not to force identity as the "sex" at birth. Failure to do this compromises the efficacy of treatment".

In the case of inpatient treatment programs, this may result in persons who live full-time as women being housed with men or being required to use male rest rooms. Such policies predictably interfere with the treatment relationship between the addict, the other patients, and the patient's issues concerning identity, the alcohol and drug rehab treatment facility and the treatment staff. None of these are conducive to recovery.

Programs may also inappropriately require transgender persons to stop using cross-gender hormones as part of a treatment or detoxification protocol. This can cause significant mental distress and can reduce treatment adherence and effectiveness". (Source: [http://www.nalgap.org/PDF/Resources/Substance\\_Abuse.pdf](http://www.nalgap.org/PDF/Resources/Substance_Abuse.pdf), p.343)

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Sometimes, individuals who have identified with the LGBT community have rejected everything about mainstream culture. In such circumstances, choosing a LGBT alcohol and drug treatment

program that is friendly to the LGBT community becomes imperative for treatment to be successful.

When a person self-identifies as part of the LGBT community, issues related to using insurance for substance abuse related health care and privacy problems between addiction treatment program, the employer and the insurance companies can have severe negative implications. It should be remembered that patient information is privileged. How your information is handled must have your written approval.

So, what should a member of the LGBT community look for in a drug treatment program?

## Confidentiality

First, you as a patient should understand what the alcohol and drug rehabilitation center's confidentiality rules are and what the written policy states. Personal information should never be allowed to be shared without specific patient permission. "The form must also contain a date, event, or condition on which it will expire if not previously revoked. Consent must last 'no longer than reasonably necessary to serve the purpose of the consented disclosure...'"

The issue of confidentiality encompasses many areas (to include a few):

- legal
- parental rights
- job discrimination
- health services discrimination

The Substance Abuse and Mental Health Service Administration's report on treating the LGBT community for substance abuse argued that because LGBT clients often have no legal protection in many states, protecting clients becomes difficult. Thus, those who identify as LGBTQ should continue to share this information only with those they are confident will respect them and their privacy.

Programs can help their clients review their employment, marital, and parental statuses and assess what steps they might take to protect themselves and their rights. The Federal Rehabilitation Act and the Americans with Disabilities Act prohibit discrimination against individuals with disabilities including individuals who are alcoholics or who have a history of drug abuse. This would also include LGBT patients, as long as the state specifically does not discriminate against the LGBT community.

There should be no disclosure of any information about your sexual orientation or your living arrangements without your approval first. "A Guide to Treatment Improvement Protocol 24" (CSAT 1997) will have detailed information about these issues including subpoenas and court orders. Detailed information about compliance with the regulations can also be found in "The Technical Assistance Publication 13, Confidentiality of Patient Records for Alcohol and Other Drug Treatment" (CSAT [Center for Substance Abuse Treatment], 1999a)

In all manuals published by the government, caution is urged when using self-disclosure. In many states, LGBT persons lack legal protection. You should think before you disclose your sexual identity. This reality becomes problematic when addressing drug and alcohol abuse treatment. Drug and alcohol treatment programs that have credible LGBT programs with

specially trained staff members are more likely to offer the addicted LGBT patient with the best protection and treatment options. For example, HMOs may require regular updates on a patient. It is important to limit the information provided by the addiction treatment facility to the HMO, including information that involves sexual orientation. These are complicated matters that the drug treatment program's staff should be able to help you negotiate. You can find out about a facility's philosophy before entering treatment, thus protecting yourself against bias and legal discrimination.

\*\*\* Consent to share information can be withdrawn at anytime.

## Consideration of Next of Kin

Providing consent for the treatment program to speak with your parents about substance abuse treatment does not include your consent for the treatment facility to disclose your sexual identity or sexual orientation, unless you so designate it. However, information that is important for the treatment of the patient needs to be shared between specific staff members. There are strict limits on the communications of privileged information among staff members and consent or denial of information should be given in written form.

If you choose to have your partner listed as next of kin, rather than your child or your parent, the alcohol and drug treatment program should respect your wishes. Make sure you sign a health care proxy or a medical power of attorney to the person you wish to designate your representative. Otherwise, the family of origin or a natural child may make decisions for you that you would not care to honor.

## Staff Sensitivity and Facility Philosophy

Alcohol and drug treatment programs should have written policies in place that "require staff members to be willing to treat all clients without regard to race, gender, disability or sexual orientation".

According to SAMHSA, substance abuse treatment programs are not always sensitive to the needs of those in the LGBT community. As such, the environment, the language used, and/or staff bias can contribute to further client discrimination.

"Heterosexual treatment staff may be either uninformed about LGBT issues, insensitive to their concerns, or antagonistic toward such individuals...some professional and other clients may falsely believe that a LGBT person's sexual orientation/gender identity caused his or her alcohol or drug use." Such attitudes are a deterrent to treatment success. (SAMHSA report, p 51)

Instead, you should look for a LGBT program that is founded upon self-acceptance as a core component of recovery. This type of program is called LGBT affirmative. It takes treatment a step further than those that are LGBT sensitive. Alcohol and drug addiction treatment centers should have written policies for all staff concerning treatment of clients regardless of race, gender, disability, or sexual orientation "to ensure that the delivery of fair and equitable clinical services is built into the fabric of the organization and does not depend only on personal commitment by staff members". (Source: <http://www.nalgap.org/PDF/Resources/TrainerGuide1stEd.pdf>, Module 14)

A LGBT affirmative treatment program will ensure that all groups deliver research based

therapies, that all members of groups including mixed heterosexual and LGBT groups are informed, and that no bias or homophobic comments are allowed. There should be a policy that any derogatory, provocative, or threatening behavior, comments or jokes aimed at a LGBT client be directly and immediately addressed. A drug treatment program that has open LGBT persons on professional and/or administrative staff provides further non-verbal evidence of a LGBT affirmative environment. Also, LGBT affirmative environments may choose to have physical displays such as signs, photos, or symbols of LGBT acceptance.

There are different schools of thinking about the benefits of segregating members of the LGBT community from the rest of the treatment population. For those treatment facilities that prescribe to segregating LGBT individuals, clients will be in exclusively LGBT groups and treated by LGBT therapists.

The other school of thought relies upon a larger reality: the world we live in is diverse. Our world is not segregated and the alcoholic and drug addict must be able to be comfortable within his or her own identity and be able to negotiate the behaviors of others. This school of thought sees benefit in mixing at least some, if not all groups, and relies upon the research findings spoken of in the SAMHSA on LGBT Treatment Protocol report:

"LGBT clients may have the powerful experience of gaining acceptance and affirmation from peers [in mixed groups]. The acceptance and care that can come from [all] members of groups could be healing for LGBT persons" (SAMHSA report, p56).

It should be remembered that everyone seeking substance abuse treatment will have common program components. The goal of addiction treatment centers is to stop the progression of addiction and provide patients with the skills, knowledge, and support that are needed in order to maintain abstinence. Other issues relating to underlying causes or health conditions such as mental health disorders can and should be addressed in individual and group therapies.

Whether the patient is Native American, Christian, Gay, or a Senior, all who enter drug and alcohol addiction treatment must learn about drugs and alcohol, relapse prevention, after care planning, and the standard components to build a solid foundation upon which recovery is based.

## LGBT Alcohol & Drug Addiction Treatment Program Components

Components of substance abuse treatment program for LGBT will incorporate therapies that can address issues specifically related to the LGBT community's experiences such as violence, harassment, shame, guilt, as well as the core components of addiction treatment.

A drug and alcohol treatment program that is LGBT affirmative will provide participation in LGBT process groups which allows for patient needs to be communicated in a safe environment and enable the patient to:

- Focus on shame related to the patient's experiences
- Increase confidentiality through the therapeutic process building trust
- Address individual sexual identity concerns

- Promote relapse prevention focused specifically on the LGBT social environments that promote healthy behaviors
- Examine domestic violence and sexual abuse as it is related to the LGBT individual and the LGBT community
- Address coming out issues, transitioning stages, and self acceptance
- Accommodate continuation of hormone therapy for transgender individuals
- Offer family therapy (family of origin and/or family of choice)
- Address parenting issues
- Provide dual diagnosis classes
- Educate in medication management
- Create a safe, comfortable and secure treatment environment
- Provide therapists that are knowledgeable about LGBT issues and who are supportive and open
- Create discharge plans that include an enhanced analysis of a patient's social support, living arrangement/environment, employment status or type of employment, and ongoing issues that clients have identified related to their sexual orientation/identity.
- Develop individualized treatment plans and aftercare plans
- Bring in 12 Step programs that are LGBT friendly or specific
- Address the physical and emotional needs of the transgender and intersex individual
- Create a network of resources for the LGBT client

Social support involves the amount of support available to you, which can increase your likelihood of remaining in treatment and in recovery once you leave treatment. Social support often includes the family of origin and/or family of choice (e.g., sexual partner, friends, or others) and should focus on individuals who support clients' efforts to create significant changes) (SAMHSA report, p 57)

## LGBT Treatment Sensitivity Model

Anti-LGBT Treatment	Traditional Treatment	LGBT- Naive Treatment	LGBT Tolerant Treatment	LGBT Sensitive Treatment	LGBT Affirming Treatment
No LGBT Sensitivity	No LGBT Sensitivity	No LGBT Sensitivity	Minimal LGBT Sensitivity	Moderate level of LGBT Sensitivity	Highest Level of LGBT Sensitivity
Antagonistic toward LGBT individuals	No realization that there are LGBT clients	Realization that there are LGBT clients	Recognition of LGBT clients	Several clients and/or staff are open with their LGBT identity	Program primarily targets LGBT population

Treatment focuses exclusively on heterosexuals and excludes LGBT clients	No acknowledgment or discussion of LGBT issues: it is assumed everyone is heterosexual	As an agency, has not yet begun to address the special issues of LGBT population	Some staff may verbalize that it is okay to be an LGBT individual, such discussions are limited to individual sessions	Several workshops and/or groups focus on LGBT issues, they may have LGBT groups or tracks for LGBT issues, group are generally mixed	All workshops designed for LGBT clients, groups affirm the LGBT individual and have LGBT specific materials, groups and workshops are not mixed with heterosexuals
No specific LGBT treatment components	No specific LGBT treatment components	No specific LGBT treatment components	No specific LGBT treatment components	Some specific LGBT treatment components	All treatment components are LGBT specific

Best practices and ongoing research adamantly opposes programs that try to “re-orient” clients to a heterosexual identity. These types of programs are not recommended because they are usually ineffective and raise serious ethical questions. One’s sexual orientation and gender identity should not be viewed as being in need of change. Such treatment approaches become barriers when the LGBT population seeks access to appropriate treatment. (SAMHSA report, p.51)

## Goals of LGBTQ Treatment

By the end of LGBT treatment, you will be able to:

- Define and understand sexual orientation, gender identity, and other aspects of diversity and identity such as appearance, emotions, etc.
- Connect the relationship to diversity, stigma, and the addiction recovery process
- Understand the effect of homophobia and heterosexism on LGBT persons and the various coping mechanisms used both during active addiction and those used in recovery

A LGBT patient may face a variety of additional health problems when entering treatment for addiction that are the same as the physical and mental health crises experienced by other patients in recovery. Many people who abuse substances have co-occurring mental health disorders, affective disorders, eating disorders, or other psychiatric illnesses.

Substance abuse clouds good judgment and contributes to dangerous behaviors that can lead to illnesses such as HIV/AIDS, sexually transmitted diseases (STDs), STI’s, hepatitis, and other injuries. People who abuse substances may have neglected their health and some may have been the victims of domestic violence or hate crimes resulting in posttraumatic stress disorder (PTSD). Suffering from domestic violence, rape, or PTSD impacts all groups of individuals. (SAMHSA report, p.xxi)

More and more individuals are seeking addiction treatment facilities suffering from substance abuse and mental health disorders as well as HIV/AIDS and other diseases. An integrated, interdisciplinary approach to treatment is necessary to address all the issues that influence a patient's ability to regain health and maintain abstinence.

Upon entering the substance abuse treatment program, a psychiatrist or psychiatric nurse will perform a special assessment questionnaire to determine a LGBT person's comfort with self-identity as part of the LGBT community. This assessment becomes an important core element in shaping an individualized treatment plan and an aftercare plan. Below are topics that are part of the assessment process:

- Level of comfort being LGBT person
- Stage of coming out
- What to Look for When Seeking LGBT-Friendly Addiction Treatment
- Family/support/social network
- Health factors
- Milieu of use
- Drug use and sexual identity or sexual behavior connections
- Partner/lover use
- Legal problems related to sexual behavior
- Gay bashing
- Same-gender domestic violence
- Out as LGBT in past treatment experiences
- Correlations of sober periods

## Dual Diagnosis Treatment

The trauma often experienced after or during coming out and the alienation felt by adolescents, young adults, or older adults through social rejection contributes to the use of alcohol and drugs. These issues weigh heavily upon the psyche of anyone. In response to these issues, some LGBT individuals experience depression, anxiety, panic or other mental health conditions.

In an attempt to modulate feelings, the individual may turn to substances. At first, feelings of isolation, alienation, or feelings of otherness may subside. The individual will use again and again to maintain a sense of ease or normalcy. This process sets in motion the addiction process. Sometimes the drug and alcohol addiction happens quickly, or it occurs more slowly. Either way, the mental health disorder resurfaces only with a worsening of symptoms. The drugs may bring the onset of a new mental health condition and further complicate the individual's physical, emotional and psychiatric condition. The combination of a mental health disorder and substance abuse is known as a dual diagnosis. Each one has a profound impact upon the other. Left untreated, both conditions will worsen.

A treatment program that is LGBT affirmative should also provide ongoing and comprehensive evaluations and treatment for the dually diagnosed. Medical staff that is certified in addiction medicine, as well as being expertly versed in mental health disorders and LGBT trauma, should be developing an ever changing treatment plan for the LGBT patient. Such treatment programs are categorized as DDE (Dual Diagnosis Enhanced). These programs can handle any issue that arises during detox, early recovery or the last stages of treatment. The treatment must be able to address simultaneously health issues, addiction issues, and mental health issues.

An integrated program of therapy and treatment must be combined and managed by a single multi-disciplinary team to achieve the best possible long term outcome. A blending of substance abuse treatment, LGBT specific therapies, and mental health treatment is imperative. An effective integrated approach to recovery must be comprehensive, "taking into account a number of life's aspects: stress management, social networks, jobs, housing and activities...". (Source: <http://www.nami.org>, Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder)

The number of drug treatment programs across the country that offer specialty tracts is limited and those that offer specialty tracts in conjunction with dual diagnosis are even fewer. In 2008, 777 of 13,688 (or 6%) of all the facilities surveyed offered these specialized programs. Of that number, 7.1% of these facilities offered a mix of mental health and substance use. 7% of these facilities were private for profit treatment programs compared to 5.8% treatment facilities that were private but nonprofit. Of that number, 5.5% were state run while 2.6% were federally funded. For this reason, carefully researching a program philosophy, staff credentials, treatment components and protocols are significant.

## Glossary of Terms to clarify classification and language

**Bisexual** An individual (male or female) with an affectional and sexual orientation toward people of both genders.

**Circuit Parties** Weekend-long gatherings centering on all-night dances to raise money for HIV/AIDS programs or other charitable causes; also where sexual acting out and drug use is common.

**Closeted or the expression "In the closet"** Not being open with others that one is lesbian, gay, or bisexual.

**Coming Out** The process of becoming aware of and understanding and accepting one's own sexual orientation and/or gender identity followed by the ongoing process of deciding how open to be with others and how much to disclose and to whom.

**Cultural competence** Broadly based and diverse understanding of, and ability to respond and relate to, culturally specific nuances, communication styles, traditions, icons, experiences, and spiritual traditions of a given culture or cultures.

**Dominant culture** The cultural values, beliefs, and practices that are most common, or that are most powerful and influential within a given society.

**Family** Legally defined family is prescribed by legal statute or common law, specifically on the

basis of blood relationship, legal marriage, or legal adoption.

**Family of choice** Persons or group an individual sees as significant in her/his life. It may include none, all, or some members of his/her family of origin. In addition, it may include individuals such as significant others or partners, friends, and coworkers.

**Gay/Gay Man/Youth** A male with an affectionate and sexual orientation toward other men. Gender The emotional and psychological characteristics that classify an individual as female, male, both or neither also include both individual conceptions (gender identity) and societal components (gender roles). Gender, like sexuality, is fluid. The boundaries are not rigid. How one is perceived by the world (identity presentation) may or may not be the same as one's gender identity.

**Gender identity** Person's sense of self as being either male or female. Gender identity does not always match biological sex; for example, a person may be born biologically male yet have a female gender identity.

**Heterosexism** The generalized belief that heterosexuality is the only natural, normal and acceptable orientation and that it is inherently healthier or superior to other types of sexuality. This belief tends to invalidate the needs, concerns and life experiences of lesbians, gay males, bisexuals and transgendered people.

**Homophobia/Biphobia/Transphobia** The experience of fear of, hatred of, or contempt for homosexuals, bisexuals and/or transgender people or fear or hatred of people who are perceived to be gay, lesbian, bisexual or transgender. These phobias can be: 1. External—bias against LGBT people because they are not heterosexual; 2. Internal – the shame, aversion or self-hatred felt by many LGBT people because they are not heterosexual and because they measure themselves by heterosexist standards.

**Internalized homophobia** Internalized self-hatred that gays and lesbians struggle with as a result of heterosexual prejudice. Persons who experience internalized homophobia accept and believe the negative messages of the dominant group as they relate to gay men, lesbians, bisexuals, and transgendered people.

**Lesbian** A woman or female youth with an affectional and sexual orientation towards other women.

**LGBT** Acronym for lesbian, gay, bisexual, and transgender.

**LGBTQ** When added LGBT, "Q" usually refers to questioning, commonly among adolescents. In some references, "Q" may stand for "queer" a word recently taken up by some LGBT activists, despite the aversion many LGBT people have to the word.

**MSM** Men who have sex with men: Men who engage in same sex behavior but do not necessarily self- identify as gay or bisexual.

**Out; out of the closet** Refers to the varying degrees of being open about one's sexual orientation or gender identity.

**Questioning** A young individual who may be experiencing lesbian, gay, bisexual or transgender feelings or urges, but who has not yet identified his or her sexual orientation or gender identity.

**Reparative therapy (also called conversion therapy)** Attempt to change a person's sexual orientation from lesbian, gay, bisexual, or transgender to heterosexual.

**Sexual identity or orientation** Labels people call themselves with regard to their sexuality. Common labels include lesbian, gay, bisexual, bi, queer, questioning, undecided or undetermined, heterosexual, straight, and asexual. Sexual identity evolves through a multistage developmental process, which varies in intensity and duration depending on the individual. Sexual identity also refers to a person's erotic and affectional response to another with respect to gender: heterosexual, lesbian, gay, or transgender.

**Sexual minority** Lesbian, gay, bisexual, transgender, and questioning people as a minority in a predominantly heterosexual population.

**Sexual orientation** The physical and emotional attraction to members of the same sex (homosexual), opposite sex (heterosexual) or both sexes (bisexual). The factors that determine sexual orientation are complex. Many researchers believe that one's sexual orientation is predisposed at birth. While these affectional inclinations may not be recognized or acknowledged for many years, once established they tend not to change.

**Significant other** Life partner, domestic partner, lover, boyfriend, or girlfriend. In some countries, an equivalent term for spouse when referring to LGBT relationships.

**Sodomy laws** State statutes (which vary by state) that prohibit contact between the mouth or anus of one person and the sexual organs of another person, consensual or otherwise.

**Transgender** Person whose gender identity or gender expression is not congruent with his or her biological sex. Often used to indicate a broad range of gender-nonconforming identities and behaviors, including transsexuals (preoperative, postoperative and persons who are not interested in sex reassignment surgery), transvestites, male and female impersonators and "gender blenders" (persons who overtly challenge gender norms for cultural or political reasons). Transgendered persons may be heterosexual, homosexual, bisexual or asexual. Many experience their gender in a way that runs contrary to typical norms about male and female. Transsexual One whose gender identity is that of the opposite sex. There are female-to-male and male-to- female transsexuals. A transsexual may or may not have had sex reassignment surgery.

**Women who have sex with women (WSW)** Women who engage in same-sex behavior, but may not necessarily identify as lesbian or bisexual.

(Sources: What You Should Know About Helping Lesbian, Gay, Bisexual and Transgender Youth Stay Drug Free. DRAFT (2002). Academy for Educational Development, Washington, DC. Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender Health. (2001) Gay and Lesbian Medical Association, under contract for the Health Resources & Services Administration (HRSA), available in electronic format only at [www.gлма.org](http://www.gлма.org) A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. (2001) Substance Abuse and Mental Health Services Administration [http://www.adp.ca.gov/Advisory/CC/pdf/GLBT\\_position\\_paper\\_2004.pdf](http://www.adp.ca.gov/Advisory/CC/pdf/GLBT_position_paper_2004.pdf) attachment A)

It should be noted that the first step in the treatment process is detox. Do not confuse alcohol and drug detox with treatment. It is strongly recommended that detox occur in a medically based detox facility immediately followed by addiction treatment in a formal addiction program.

Chances of staying abstinent are greatly reduced if the client receives only drug and alcohol detox.

Alcohol and drug rehabs are not all equal. The differences in treatment, therapies, and approaches can be radical and that can make the difference in a person's ability to build a strong foundation for continued recovery. If you need help finding a quality drug and alcohol treatment program to suit your specific needs call 1-866-483-2753 now.

\*\* This guide is used only as an informational resource. It does not offer legal or medical advice of any kind. We have provided the information to help you understand the issues facing members of LGBT community when seeking addiction treatment.

## Resources

The Legal Action Center is the only law and policy organization in the United States that fights discrimination against people with histories of addiction, AIDS, or criminal records and advocates for sound public policies in these areas.

The center provides:

- Legal services, including impact litigation
- Policy advocacy and research
- Training, technical assistance, and education

### **National Gay and Lesbian Task Force (Policy Institute)**

121 West 27th Avenue, Suite 501 New York, NY 10001

Ph: 212-604-9830, Fax: 212-604-9831

<http://www.nglft.org>

### **American Civil Liberties Union (ACLU)**

132 West 43rd Street

New York, NY 10036

Ph: 212-944-9800

<http://www.ACLU.org>

The Queer Resources Directory contains tens of thousands of files about various topics of interest to LGBT individuals.

- Gay and Lesbian Medical Association: <http://glma.org/>. Click under “Resources for Patients” to access the LGBT-friendly physician database, list of important things to discuss with your health care provider, and information on hepatitis and depression.
- World Professional Association for Transgender Health at <http://www.wpath.org>
- International Federation for Gender Education at <http://www.ifge.org>